SENATE

TUESDAY, AUGUST 23, 1960

(Legislative day of Monday, August 22, 1960)

The Senate met at 10 o'clock a.m., on the expiration of the recess, and was called to order by the President pro tempore.

The Chaplain, Rev. Frederick Brown Harris, D.D., offered the following prayer:

O Thou guide of our pilgrim way, new mercies each returning day hover around us while we pray. We come confessing that we live too much in the shallowness and shabbiness about us and that in the rush and clash of busy hours too often we forget the heavenly vision that lifts our eyes to far horizons.

Whatever the new day may hold for us as it commandeers our strength of mind and body and heart, may its appeals lay hold of our wider sympathies and our ability to respond to the needs of Thy children, our brethren.

May the calls of duty and destiny assert their imperative claims upon the highest it is within us to do and to be. We are grateful that in hours of doubt and frustration which pounce upon us all, faith still stabs our hearts.

Put upon the lips of those who here speak for a free people the promise of a brightening future. Send us forth girded with Thy might, until by patience, persistence, and enduring courage we become sufficient for the tasks that in Thy name, and in Thy strength, we must accomplish for the world's redemption. Amen.

THE JOURNAL

On request of Mr. JOHNSON of Texas, and by unanimous consent, the reading of the Journal of the proceedings of Monday, August 22, 1960, was dispensed with.

MESSAGES FROM THE PRESIDENT

Messages in writing from the President of the United States were communicated to the Senate by Mr. Miller, one of his secretaries.

REPORT OF HOUSING AND HOME FINANCE AGENCY — MESSAGE FROM THE PRESIDENT

The PRESIDENT pro tempore laid before the Senate the following message from the President of the United States, which, with the accompanying report, was referred to the Committee on Banking and Currency:

To the Congress of the United States:

Pursuant to the provisions of Section 802(a) of the Housing Act of 1954, I transmit herewith for the information of the Congress the 13th Annual Report of the Housing and Home Finance Agency covering housing activities for the calendar year 1959.

DWIGHT D. EISENHOWER.

THE WHITE HOUSE, *August 23, 1960.*

EXECUTIVE MESSAGES REFERRED

As in executive session,

The PRESIDENT pro tempore laid before the Senate messages from the President of the United States submitting sundry nominations, which were referred to the appropriate committees.

(For nominations this day received, see the end of Senate proceedings.)

MESSAGE FROM THE HOUSE

A message from the House of Representatives, by Mr. Bartlett, one of its reading clerks, announced that the House had passed the following bills of the Senate, each with an amendment, in which it requested the concurrence of the Senate:

S. 2575. An act to provide a health benefits program for certain retired employees of the Government; and

S. 2633. An act to amend the Foreign Service Act of 1946, as amended, and for other purposes.

The message also announced that the House had passed the following bills and joint resolution, in which it requested the concurrence of the Senate:

H.R. 5383. An act to amend section 216 of the Merchant Marine Act, 1936, as amended, to clarify the status of the faculty and administrative staff at the U.S. Merchant Marine Academy, to establish suitable personnel policies for such personnel, and for other purposes;

H.R. 12341. An act to amend section 8e of the Agricultural Adjustment Act of 1933, as amended, and as reenacted and amended by the Agricultural Marketing Agreement Act of 1937, as amended, so as to provide for the extension of the restrictions on imported commodities imposed by such section to imported shelled walnuts, dates with pits, dates with pits removed, and products made principally of dates;

H.R. 12753. An act to amend the Subversive Activities Control Act of 1950 so as to require the registration of certain additional persons disseminating political propaganda within the United States as agents of a foreign principal, and for other purposes; and

H.J. Res. 784. Joint resolution amending the act of July 14, 1960, to extend the time within which the U.S. Constitution 175th Anniversary Commission shall report to Congress.

HOUSE BILLS AND JOINT RESOLUTION REFERRED

The following bills and joint resolution were severally read twice by their titles and referred, as indicated:

H.R. 5383. An act to amend section 216 of the Merchant Marine Act, 1936, as amended, to clarify the status of the faculty and administrative staff at the U.S. Merchant Marine Academy, to establish suitable personnel policies for such personnel, and for other purposes; to the Committee on Interstate and Foreign Commerce;

H.R. 12341. An act to amend section 8e of the Agricultural Adjustment Act of 1933, as amended, and as reenacted and amended by the Agricultural Marketing Agreement Act of 1937, as amended, so as to provide for the extension of the restrictions on imported commodities imposed by such section to imported shelled walnuts, dates with pits, dates with pits removed, and products made principally of dates; to the Committee on Agriculture and Forestry;

H.R. 12753. An act to amend the Subversive Activities Control Act of 1950 so as to require the registration of certain additional persons disseminating political propaganda within the United States as agents of a foreign principal, and for other purposes; and

H.J. Res. 784. Joint resolution amending the act of July 14, 1960, to extend the time within which the U.S. Constitution 175th Anniversary Commission shall report to Congress; to the Committee on the Judiciary.

COMMITTEE MEETINGS DURING SENATE SESSION

On request of Mr. JOHNSON of Texas, and by unanimous consent, the Committee on Interior and Insular Affairs and the Committee on Agriculture and Forestry were authorized to meet during the session of the Senate today.

TRANSACTION OF ROUTINE BUSINESS

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that there be the usual morning hour, and that statements in connection therewith be limited to 3 minutes.

The PRESIDENT pro tempore. Without objection, it is so ordered.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DIRKSEN, from the Committee on the Judiciary, without amendment:

H.J. Res. 658. Joint resolution to authorize and request the President to issue a proclamation in connection with the centennial of the birth of Jane Addams, founder and leader of Chicago's Hull House (Rept. No. 1899).

By Mr. ELLENDER, from the Committee on Agriculture and Forestry, with an amendment:

S. 3339. A bill to provide that the Secretary of the Army shall establish a national cemetery in Fort Reno, Okla., on certain lands presently under the jurisdiction of the Secretary of Agriculture (Rept. No. 1902); and

H.R. 12759. An act to amend title V of the Agricultural Act of 1949, as amended, and for other purposes (Rept. No. 1901).

By Mr. EASTLAND, from the Committee on the Judiciary, without amendment:

S. 3844. A bill for the relief of Woody W. Hackney of Fort Worth, Tex. (Rept. No. 1904).

By Mr. GRUENING, from the Committee on Interior and Insular Affairs, with amendments:

S. 1670. A bill to provide for the granting of mineral rights in certain homestead lands in the State of Alaska (Rept. No. 1905).

By Mr. HART, from the Committee on the Judiciary, without amendment:

H.J. Res. 402. Joint resolution granting the consent and approval of Congress for the States of Virginia and Maryland and the District of Columbia to enter into a compact related to the regulation of mass transit in the Washington, D.C., metropolitan area, and for other purposes (Rept. No. 1906).

By Mr. CHURCH, from the Committee on Interior and Insular Affairs, with an amendment:

H.R. 11813. An act to amend the Menominee Termination Act (Rept. No. 1907).

REPORT ENTITLED "REPORT ON PROCUREMENT" (S. REPT. NO. 1900)

Mr. THURMOND. Mr. President, from the Committee on Armed Services,

AUTHENTICATED U.S. GOVERNMENT INFORMATION GPO

pursuant to section 4(a) of Public Law 86–89, I submit a report entitled "Report on Procurement," which I ask may be printed.

The PRESIDENT pro tempore. The report will be received and printed, as requested by the Senator from South Carolina.

Mr. THURMOND subsequently said: Mr. President, I ask unanimous consent that the Senator from Massachusetts [Mr. SALTONSTALL] may be authorized to file additional views in the report on procurement of the Committee on Armed Services, made pursuant to Public Law 86–89.

The PRESIDENT pro tempore. Without objection, it is so ordered.

REPORT ENTITLED "WASHINGTON METROPOLITAN PROBLEMS: PROGRESS AND PROSPECTS" (S. REPT. NO. 1903)

Mr. BIBLE. Mr. President, I submit the concluding report of the Joint Committee on Washington Metropolitan Problems, adopted by the committee at its final meeting on August 23. This brings to a close the work of the committee, established by House Concurrent Resolution 172, as amended.

I take great satisfaction, on behalf of my colleagues on the committee, in noting the enactment by this Congress of three important pieces of legislation affecting the development of the Washington metropolitan area. In addition to this substantial accomplishment, the committee has published 28 reports and documents, the findings and recommendations of which point to further action. These committee publications, together with extensive pubic hearings on metropolitan problems, have generated a substantial activity by local governments in the Washington area, including important steps by the District of Columbia Commissioners, and thus set in motion efforts to deal with local matters at the appropriate level. The recommendations of the committee, therefore, concentrate upon the interest and responsibilities of the Federal Government for working to insure the orderly development of the metropolitan area.

The committee's work has obliged it to consider many emerging problems of Federal interest that are arising from the vast growth of urban and metropolitan areas. I believe its work will be found of value by other committees of the Congress that are now considering these problems.

Mr. President, I ask that the report be printed.

The PRESIDENT pro tempore. The report will be received and printed, as requested by the Senator from Nevada.

REPORT ON DISPOSITION OF EXECUTIVE PAPERS

Mr. JOHNSTON of South Carolina, from the Joint Select Committee on the Disposition of Papers in the Executive Departments, to which was referred for examination and recommendation a list of records transmitted to the Senate by the Administrator of General Services that appeared to have no permanent value or historical interest, submitted a report thereon, pursuant to law.

EXECUTIVE REPORTS OF COMMITTEES

As in executive session,

The following favorable reports of nominations were submitted:

By Mr. ELLENDER, from the Committee on Agriculture and Forestry:

Carl J. Stephens, of Iowa, to be a member of the Board of Directors of the Commodity Credit Corporation.

By Mr. CARROLL, from the Committee on the Judiciary:

Harold R. Tyler, Jr., of New York, to be Assistant Attorney General.

BILLS AND JOINT RESOLUTION INTRODUCED

Bills and a joint resolution were introduced, read the first time, and, by unanimous consent, the second time, and referred as follows:

By Mr. PROXMIRE:

S. 3876. A bill for the relief of Chieh-Hsia Mao and his wife, Rose Tung-Pei Mao; to the Committee on the Judiciary.

By Mr. WILLIAMS of New Jersey:

S. 3877. A bill to amend title 23 of the United States Code in order to provide more effective coordination between highway planning and other types of community and land-use planning; to the Committee on Public Works.

By Mr. ALLOTT:

S. 3878. A bill for the relief of Margaret Jean Dauel; to the Committee on the Judiciary.

By Mrs. SMITH:

S. 3879. A bill for the relief of Marie McPherson Eighmey; to the Committee on the Judiciary.

By Mr. YOUNG of North Dakota (for himself and Mr. JACKSON):

S.J. Res. 220. Joint resolution establishing a George Washington Carver Centennial Commission; to the Committee on the Judiciary.

SOCIAL SECURITY AMENDMENTS OF 1960—AMENDMENT

Mr. HUMPHREY submitted an amendment, intended to be proposed by him to the bill (H.R. 12580) to extend and improve coverage under the Federal old-age, survivors, and disability insurance system and to remove hardships and inequities, improve the financing of the trust funds, and provide disability benefits to additional individuals under such system; to provide grants to States for medical care for aged individuals of low income; to amend the public assistance and maternal and child welfare provisions of the Social Security Act; to improve the unemployment compensation provisions of such act; and for other purposes, which was ordered to lie on the table and to be printed.

NOTICE OF RESCHEDULING OF HEARING ON NOMINATION OF ARTHUR S. LANE TO BE U.S. DISTRICT JUDGE, DISTRICT OF NEW JERSEY

Mr. EASTLAND. Mr. President, on behalf of the Committee on the Judiciary, I desire to announce that the public hearing originally scheduled on the nomination of Arthur S. Lane, of New Jersey, to be U.S. district judge, district of New Jersey, vice Phillip Forman, elevated, for 10:30 a.m., Friday, August 26, 1960, has been rescheduled for 10:30 a.m., Wednesday, August 24, 1960, in room 2228, New Senate Office Building.

At the indicated time and place all persons interested in the nomination may make such representations as are pertinent. The subcommittee consists of the Senator from South Carolina [Mr. JOHNSTON], the Senator from Nebraska [Mr. HRUSKA], and myself, as chairman.

ADDRESSES, EDITORIALS, ARTICLES, ETC., PRINTED IN THE RECORD

On request, and by unanimous consent, addresses, editorials, articles, etc., were ordered to be printed in the RECORD, as follows:

By Mr. WILEY:

Excerpts from address delivered by him over Radio Liberty.

By Mr. CAPEHART:

Article entitled "A Senator Says—'Let's Abolish Our $1,000-a-Minute Farm Surplus,'" written by Senator MUNDT and published in Mechanix magazine for September 1960.

By Mr. BYRD of West Virginia:

Statement by him on the Social Security Amendments of 1960.

THE ANDERSON-KENNEDY AMENDMENT TO PROVIDE MEDICAL INSURANCE FOR THE AGED

Mr. DODD. Mr. President——

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that the Senator from Connecticut may proceed for an additional 3 minutes, in connection with the subject he wishes to discuss.

The PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DODD. I thank the majority leader.

Mr. President, on June 30, 1960, I spoke on the floor of the Senate in support of the McNamara bill which provided a program of medical care for the aged under the social security system, along the lines popularized by Representative AIME FORAND, of Rhode Island. Since that time those who favor the social security approach have united in support of the Anderson-Kennedy amendment to the social security bill adopted by the Finance Committee.

Senator KENNEDY, Senator MCNAMARA, and Senator HUMPHREY, each of whom had introduced medical bills, have joined as cosponsors of the Anderson proposal.

I speak today in support of that amendment, not only because it is essential that all advocates of an adequate Government medical program for the aged join forces in support of one measure, but also because the Anderson-Kennedy amendment is an excellent measure which would provide comprehensive medical care for our aged and would establish for all time the principle that medical insurance should be an integral part of our social security system.

My support of the Anderson-Kennedy amendment is based upon four premises:

First, 8 out of 10 of our aged are the victims of chronic illnesses of one type or another, illnesses which require longer periods of hospitalization and care than those of younger people;

Second. The average aged person must meet these heavy medical costs on an income that is a bare subsistence level.

Third. It is impossible for the average aged person to purchase adequate medical insurance from private sources, because the cost of comprehensive private insurance is almost as prohibitive as the cost of medical care itself;

Fourth. The only agency with the capacity to properly deal with this huge problem is the U.S. Government, and the most effective and fiscally sound Government approach is the adding of medical insurance for the aged to the present social security system.

The Anderson-Kennedy amendment would provide excellent medical coverage for 9 million people aged 68 and over, and all those who will come after them. While I regret that this bill does not cover persons between the ages of 65 and 68, and that it requires the person covered to pay the first $75 of hospital expenses, I am very much satisfied that in other respects it provides superior coverage to the other major bills that previously have been introduced.

The Anderson-Kennedy amendment provides for 120 days of hospitalization, 240 days of nursing home care, or 365 days of home health services. It also provides for such diagnostic services as X-rays and laboratory tests. It should be remembered also that the committee bill itself has provision, which will not be changed by the Anderson-Kennedy amendment, for medical assistance, in cooperation with the States, for 3.5 million people who are on public assistance or who are medically indigent.

Therefore, this is not a half measure or a mere foot-in-the-door. It is a great landmark in progressive legislation; and if it can be passed, it will be the most memorable achievement of this Congress.

When Representative FORAND first began making the fight for hospitalization benefits as a part of social security, the principal alternative to his proposal was that of doing nothing; and that choice prevailed for a number of years. It is a measure of the success of the Forand proposal that each of the three alternatives now before us involves a rival program of Government action.

It is no longer maintained by the President, or by either party, or by any committee of Congress that the problem of medical care for our aged can be met without a Government program of some kind. So the issue is not now between a Government solution or no solution at all. It is not between a Government solution and a private solution. The issue before us is which of three competing proposals of Government action we shall adopt.

The first is the Anderson-Kennedy amendment, which I support and which I have described.

The second is the committee bill, which was adopted under the leadership of our distinguished and able colleague from Oklahoma [Mr. KERR].

The third is the proposal of the able and respected Senator from New York [Mr. JAVITS].

I believe that the committee bill is a progressive step forward, as far as it goes; but I cannot accept it as the entire answer. To do so would be to ignore the medical needs of three-fourths of our aged people who are not covered, most of whom cannot meet the costs of major illness.

And while I welcome the improved benefits which the Kerr proposal represents, I do not regard this form of assistance as a satisfactory answer even for the minority of aged covered by it. Its beneficiaries must be paupers who submit to a pauper's oath. The kind and amount of aid they will receive, if any, is to be determined by individual States, only 16 of which presently have public assistance programs that provide direct payments for all basic elements of medical care. So I regard the committee proposal as only a partial solution to the problems of the indigent, and no solution at all to the medical problem of the average aged person in this country.

The third alternative is the Javits amendment, which has the approval of Vice President NIXON. The Javits amendment would offer aged people three options: coverage for short-term illness, coverage for long-term illness, or partial assistance in purchasing private insurance.

I will oppose the Javits amendment for the following reasons:

It excludes aged persons whose income is above certain modest levels, thus preventing the achievement of a universal program which treats all Americans uniformly;

It would be dependent for success or failure upon the action or inaction of 50 States;

It would place upon the States a large financial burden, which would in time amount to billions of dollars annually, a burden which they are unwilling and, in many cases, unable to assume;

It is at bottom a continuation of the "dole" or "handout" philosophy financed basically through general taxation by National and State Governments, rather than an insurance system, as proposed by Senator ANDERSON, which allows the individual to contribute for a lifetime for benefits to which he would be fully entitled in his years of retirement;

It provides for a deductible payment by the aged person of $250 each year, plus 20 percent of all his hospital expenses under the long-term illness option, in addition to the annual payment of an enrollment fee, thus providing inadequate protection for people living on subsistence incomes, and endangering public confidence in the program.

I suggest that a bill which has so many options, which is subject to the approval or nonapproval of each of the 50 States, which will have 50 different systems of administration, which requires enrollment fees and has large deductible features, which excludes millions of our aged from its coverage, which is financed according to a variety of formulas, depending upon the income of the State involved, and which imposes a burden, that would soon grow to several billion dollars annually, upon the general revenues of our National and State Governments, is too complicated, too contradictory, too vague, too chaotic, too inadequate to achieve or to retain the degree of public confidence which any program of this kind must enjoy if it is to succeed.

The Anderson-Kennedy amendment is superior to the alternative proposals. It provides more benefits for more people. It provides a fiscally sound method of paying for these benefits. It will in time remove the "dole" element, which today is the outstanding feature of private and public medical aid to the aged, a feature which will be frozen in permanently either by the committee bill or by the Javits proposal.

The Anderson-Kennedy amendment provides the most workable, efficient, and uniform system of administration at the least cost per medical dollar. It envisages no strain on National or State budgets. It does not divide the American people into groups according to their income, and it does not require means tests, financial investigations, or other humiliations. And it recognizes medical insurance as an essential and logical part of any system of social security.

At one stroke, through the passage of the Anderson-Kennedy amendment, we can enable the American people to provide for themselves a full measure of security in their old age. We can remove from the old the burden of medical expense or the tragedy of going without adequate medical care. We can remove from the young the future prospect of becoming a burden upon their relatives and their communities when they are aged and helpless. We can lift from the backs of our communities, our hospitals, and our private welfare agencies the crushing expense of charity medical treatment.

I am convinced that the majority of the American people want us to take this great step forward. It is my earnest hope that the Senate will adopt the Anderson-Kennedy amendment.

ELDERLY COUPLE IN ILL HEALTH URGENTLY NEED MEDICAL ASSISTANCE

Mr. PROXMIRE. Mr. President, recently an elderly couple in ill health and with a modest income wrote to me and told me of their plight, and pleaded for the assistance of those of us whose duty it is to make laws to help them. Their words speak for themselves, Mr. President; and I ask unanimous consent that their letter be printed at this point in the RECORD.

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

DEAR FRIEND: Ever since my husband retired in 1955, it has been very hard to get along on $157.50 per month, figuring gas, lights, fuel, water, and, of course, food. This leaves nothing for clothes or medical care.

My husband has hardening of the arteries and I have high blood pressure. Otherwise, we look good, people tell us, considering we

are both 70 years old. But we would be much better if we didn't have to worry all the time like so many thousands of others do who are in the same boat.

Don't you feel, Mr. P., that the majority of older folks are entitled to a break? Which side, if any, is going to help the older people? Please won't all you men in Congress do your best for us all? God knows we all need help. It would be greatly appreciated and a real Godsend. Please do what you can before it is too late for us all.

Mr. PROXMIRE. Mr. President, as their letter states, the income of this couple is $157.50 a month, and in their letter they show how very difficult it is for them to get along on that budget and to provide for the serious health problems each of them has. The husband has hardening of the arteries, and the wife has high blood pressure, and they have the expenses and problems which go with illness.

Mr. President, ever since the middle of May, I have been placing into the RECORD such letters, which tell of the personal, human problems to which the Senate is finally addressing itself today. Today the Senate will make its decision in regard to how it will provide for our elderly people.

Mr. President, if there has been one consistent note running through these letters, it has been a steady plea for the dignity of enjoying medical assistance as a matter of right, not as a matter of a handout or as a matter of charity from a providential Federal Government or a providential State. Our people want benefits which they have earned by their own contributions made over a lifetime out of their own wages and salaries, and coming to them as a matter of right, a right they had earned.

As the Senator from Connecticut [Mr. DODD] said so eloquently in the remarks he concluded a moment ago, the Anderson-Kennedy amendment provides for exactly the opportunity to receive such assistance as a matter of right. Other proposals before the Senate have their merits, and would do part of the job. But, Mr. President, the most efficient and the most responsible way to handle this very serious and difficult problem which confronts our elderly people is through the social security system.

It is also the way that will unquestionably permit us to achieve a comprehensive system of medical assistance more rapidly than in any other manner.

Last Saturday I engaged in a colloquy with the distinguished Senator from New Mexico [Mr. ANDERSON], author of the amendment, and in the course of the colloquy we discussed the manner in which the social security system had developed. I asked him at that time how long it would have taken the Congress to develop a system of comprehensive pensions for elderly people if we had not relied on social security, social insurance, the payroll tax system; and the Senator from New Mexico answered—and it seems to me his answer is completely irrefutable—that it would have taken a long time, and perhaps it would never have occurred. We would not have been able to solve this problem as comprehensively as we have for those who receive social security if we had had to rely upon general appropriations and general taxation to achieve it.

Mr. President, I earnestly hope the efforts I have been making since the middle of May to call the attention of our colleagues to the plight of elderly citizens in Wisconsin who are suffering from ill health and who need assistance will bear fruition. I hope the issue will be determined about 6 o'clock tonight, when we vote on the Anderson-Kennedy amendment. I fervently hope it will be adopted.

OSCAR HAMMERSTEIN II

Mr. JAVITS. Mr. President, it is with a sense of personal loss and personal grief that I bring to the Senate the news of the passing of Oscar Hammerstein II, one of the great musical figures of our times, one of the most beloved citizens of my home city of New York, a man who graced the American theater and American composition as lyricist in an unparalleled way.

It is probably not as well known as it should be that Oscar Hammerstein worked not only with Dick Rodgers in the famous Rodgers-Hammerstein partnership, a partnership as famous and as productive in terms of music in our country as the famous partnership of Gilbert and Sullivan, but he also worked with Rudolph Friml, Sigmund Romberg, Jerome Kern, Vincent Youmans, and George Gershwin—certainly among the greatest names in our folk theater.

The first time Oscar Hammerstein teamed up with Richard Rodgers was in 1943, and in their first effort together they were responsible for the American historical hit "Oklahoma." They had worked together in the last 18 years. Mr. Hammerstein died at 65; and, as is always true when a great artist makes a public appearance, he plays excerpts from the songs that he wrote. Perhaps today, Mr. President, the Members of the Senate might, in their own minds, run over the tunes and the words as I repeat these titles of great songs, a description which is true of them, so well known and so inherent in American life have they become.

Mr. President, he wrote the lyrics for "Ol' Man River"; "The Last Time I Saw Paris"; "When I Grow Too Old To Dream"; "Only Make Believe."

With Dick Rodgers he wrote the lyrics for, "Oh, What A Beautiful Morning"; "People Will Say We're In Love"; "Some Enchanted Evening"; "Younger Than Springtime."

Mr. President, few of our composers have been responsible for the richness and the beauty which Oscar Hammerstein helped to bring, not only to Broadway, but to the country and the world, for I think we all know that these compositions are deathless in terms not only of our own country, but to people throughout the world.

Let us remember, too, that as recently as 1960 Rodgers and Hammerstein put on "The Sound of Music." Few will forget the poster advertising the play, with Mary Martin, Dick Rodgers, and Oscar Hammerstein arm in arm, looking like the most lighthearted trio that mankind ever knew.

It is said of Oscar Hammerstein that Cole Porter, himself a great composer, was once asked to interpret the most profound change in the musical theater in recent years. He replied, "Rodgers and Hammerstein."

Mr. President, this is a great loss to the artistic, theatrical, and musical life of our country. As is so true of men who have a tremendously creative quality, Oscar Hammerstein was also interested in a better organization of the world. Whatever might be one's views as to the particular ideas he espoused, he was sincerely devoted to some effort to develop international government in the world, and gave it an enormous amount of his time and talent. Indeed, some of his friends thought he gave altogether more effort than he had a right to give, considering the output which he gave of himself in terms of the creativity of his work.

Mr. President, I speak all these things with great feeling because he was a man I knew personally and intimately and well. He visited at my home, and my wife and I visited at his home. He will leave a memory which will live with me always of the gracious, the beautiful, the creative.

Mr. President, as our hearts go out today to Mrs. Hammerstein and the Hammerstein family upon this loss, not only to them, but to the whole world, our hearts must also go out to Dick Rodgers, his constant friend, companion, and partner in work, and also his friend in real life, as the saying goes, to whom this will be a very great blow.

We cannot hope that words will assuage the pain in the heart of so great an artist as Dick Rodgers. We can only hope that the knowledge that he is so beloved and so admired and respected by so many millions will comfort him in this very trying hour.

So, Mr. President, we close a magnificent chapter in the life of our theater and in the life of American musical production with the passing of Oscar Hammerstein II. That rich and wonderful heritage will go down through the ages in the work which he has given us, some of which I have described, and will be a constant inspiration and example to all artists who can truly follow in his great footsteps.

Mr. KEATING. Mr. President, I wish to join my distinguished colleague from New York in paying tribute to Mr. Hammerstein. He has put the matter so ably that there is very little I can add.

Oscar Hammerstein is a man who has brought pleasure and delight to millions of people. His entire life was devoted to improving the lot of others. Almost no one who has visited the great city of New York has failed to come away in a better frame of mind, singing to himself one of Mr. Hammerstein's rich lyrical offerings. It is a rare event when any one person can make such a significant contribution to the life of his times. Mr. Hammerstein's gifts will be sadly missed not only by his family and close friends but also by lovers of song the world over.

To all of his family we of New York offer our deepest sympathy. To those others who have enjoyed his ever bright, ever gay lyrics, one lasting consolation will survive in the immortal life of Mr. Hammerstein's works.

Mr. President, I now desire to speak on another subject.

The PRESIDING OFFICER (Mr. BURDICK in the chair) the Senator from New York has the floor.

STUDY OF POWERS TRIAL CALLED FOR

Mr. KEATING. Mr. President, the trial of U-2 Pilot Francis Gary Powers has attracted the attention of this country and of the rest of the world. The virtually unanimous verdict of Americans is that the Soviet Union used the Powers trial for purely propaganda purposes. The final sentence of 10 years' detention for the unfortunate young flier was unquestionably foreordained by Soviet politicians.

In view of the importance of the trial and in view of the fact that every U.S. flier who goes anywhere near the borders of the Soviet Union seems to be running the risks of a similar rigged ordeal, I believe it would be a wise and constructive move on the part of the State Department to issue a verbatim text of the trial, in English, with comment and analysis. I have written Secretary of State Herter already to inquire whether such a release would be possible. The trial itself has passed into the annals of Soviet bombast, but the full meaning of it deserves careful study by experts in Soviet affairs.

By American standards, the trial was a travesty of justice. The judges—for there was no jury—met only to determine the severity of Powers' sentence. Powers' indictment was drawn up at least 6 weeks ago. The date of trial was set a month ago. But Powers was not allowed an attorney for his defense until all these arrangements had been made. Even then he could not call witnesses in his own defense.

There can be no question that the trial was, as the New York Times so aptly pointed out, a political rather than a personal show. Propaganda, not justice, was the motivation for it. In the eyes of Soviet officialdom, it was the United States, not Francis Powers, which was to be on trial.

That the Communists do not appear to have gotten as much propaganda mileage out of the flamboyantly staged affair as they had apparently hoped must be attributed to the growing sophistication and perception of the free world countries. Certainly the Russians did all they could to squeeze the last bitter drop of publicity from the affair.

In view of all that might be learned from a close study of the trial, I believe the State Department would be doing a wise thing in sharing at least part of their own experienced analysis of this important political phenomenon with interested people the world over. The publication of this material in a readily accessible form would be a very useful cold war document. It would be informative to the general public; and it would be invaluable to Soviet specialists.

The State Department should not, of course, be asked to make public any material which would in any way prejudice the best interests of this country. But surely much that is unclassified could be included in such a report to reveal the full political and judicial implications of this latest Soviet propaganda play.

Mr. President, it has long been clear that the more information we and the public at large have on the workings of Communist minds and the bases of Communist action, the better we shall be able to counteract the nefarious moves of their policy. The Vice President has already revealed the importance he attaches to a careful study of communism by the position paper he released last week on the subject.

Mr. President, we need to continue this kind of thorough research into what makes the Communists tick. A verbatim text of the trial, in English, with commentary by Soviet experts within the State Department, would be invaluable to all serious students of communism, and an interesting document for informed people in all countries. I hope the State Department will give every consideration to the possibility of making such a document available.

PROPOSED CITATION FOR CONTEMPT OF CONGRESS BY HOUSE OF REPRESENTATIVES OF OFFICIALS OF THE PORT OF NEW YORK AUTHORITY

Mr. KEATING. Mr. President, in a telegraphic message of historic significance, Governor Rockefeller and former Governors Harriman, Dewey, and Lehman, of the State of New York, yesterday appealed to all Members of the House of Representatives to reject any request for contempt citations against members of the Port of New York Authority.

This message emphasized that the proposed House citation would mark the first time in the history of the United States that the Congress ever voted to instigate criminal prosecution for contempt against State officials serving a State agency in a matter that concerns the proper exercise of their official State duties.

The message also recounts the efforts which have been made by the authorities in New York and New Jersey, including Governor Rockefeller and Governor Meyner, to resolve any jurisdictional clash between the Congress and the port authority without the necessity for contempt action.

Mr. President, while it of course would not be appropriate for a Member of the Senate to endeavor to tell Members of the coordinate branch what they ought to do under these circumstances, it seems to me it would be a matter of grave concern for any congressional committee, in the purported pursuit of its own interests, to overrun the legitimate rights of State agencies. I cannot escape the impression that with a greater degree of cooperation this very unhappy situation could have been avoided.

In any event, it should be made clear today that whatever action the other body may choose to take on this situation, it does not necessarily reflect the sentiment and the views of this body on the basic issues which have been raised. Each of the Houses of Congress is, of course, the judge of its own proceedings.

I would not want anything that I say today to be construed as an effort to influence the other body. At the same time, it should be abundantly clear that this body also enjoys its independent prerogatives, and that any citation which might be voted in the House of Representatives is a citation of that body and not of the whole Congress.

For some time I have had a bill pending (S. 1515) which would make it possible for the committees of the Senate and House to invoke the aid of the courts in determining the relevancy and privilege of testimony without the necessity of subjecting the witness or witnesses involved to any criminal contempt action. This bill would also serve to greatly expedite the procedure under which such legal questions could be determined in our judicial tribunals. In my mind it would be far more satisfactory if the energies of Congress for the brief time necessary to complete action on this measure were devoted to that objective, rather than to bringing to a head a threatened criminal prosecution of respected and dedicated State officials.

The objections which New York and New Jersey, with the support of interested agencies and newspapers throughout the country, have raised to the jurisdiction of the House committee are constitutional and legal objections of a kind that should be settled in civil proceeding and not by a grand jury indictment.

Mr. President, I ask unanimous consent that the message sent by the New York Governors be printed at this point in the RECORD.

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

AUGUST 22, 1960.

We join together in our respective capacities as Governor of the State of New York and as his immediate predecessors in that great State office to express our concern over the recommendation to be made to the House of Representatives tomorrow that the House cite three respected officers of this State and the State of New Jersey for contempt of Congress. One of these officers is serving our State, on successive appointments by Governor Dewey and Governor Harriman, as the nonsalaried chairman of the Port of New York Authority.

To the best of our information and belief such precipitate and unhappy action would mark the first time in the history of the United States that the Congress ever voted to instigate criminal prosecution for contempt against State officers serving a State agency in a matter that concerns the proper exercise of their official State duties. What is more they will have been cited for carrying out the express and written instructions of the Governors of New York and New Jersey, based on the conclusion of the two Governors that "the furnishing of the internal records now requested, in the opinion of (the Governors) legal advisers, would represent a serious infringement of the rights of the States under the Constitution and

could constitute a dangerous precedent as recognition of Federal authority in an area of State responsibility."

Prior to the issuance of these instructions the three officers had made available to the Congress great volumes of materials amply sufficient to supply all the information with which the Congress could have any proper concern in the pursuance of its legislative functions.

Since last April the Governors of New York and New Jersey, as well as many former Governors, had asked to be heard in opposition to the bill introduced by Congressman EMANUEL CELLER (H.J. Res. 615), which would require that all future projects of our port agency here in New York be conditioned upon the approval of the Congress and the President of the United States, and which would provide also for a continuous right of inspection, review, and approval by the Congress of all books, records, and papers of the port authority. The hearings on this bill have been repeatedly and now indefinitely adjourned by Congressman CELLER with the result that both the two Governors and former Governors of New York and New Jersey have been denied any opportunity to be heard in opposition to this destructive legislation.

Furthermore, the appeal of Governor Rockefeller and Governor Meyner to be heard by Mr. CELLER's committee before any action was taken by his committee on the contempt citations was also rejected by Congressman CELLER.

We are therefore faced with an assertion of Federal power to control State and municipal agencies which would wrench our system of Government from its established foundations. As Governor Rockefeller and Governor Meyner put it in their joint directives of June 25, 1960, to the port authority "the subpena at issue appeared to us and our legal advisers to constitute a novel intrusion by the Federal Government into areas reserved by the Constitution to our respective States and to constitute a precedent which could subject various agencies of State government throughout the Nation to be similarly answerable to Federal authority.

There has thus been precipitated a clash between the Congress on the one hand and the constitutional rights of the people of the States to administer their own governments on the other, which can and should be avoided. We respectfully request you support our position.

NELSON A. ROCKEFELLER.
W. AVERELL HARRIMAN.
THOMAS DEWEY.
HERBERT H. LEHMAN.

THE NATION'S NEWSPAPERS CALL FOR ACTION ON NOMINATIONS OF BICKS AND KINTNER

Mr. KEATING. Mr. President, editorial indignation all across the Nation is being expressed over the Senate delay in confirming the nomination of Robert A. Bicks as head of the Justice Department's Antitrust Division and Earl W. Kintner to the Federal Trade Commission. The transparency of the obstructionism being practiced by the majority party in the Senate is underscored by the strong backing these men have received from objective observers.

It is doubtful whether two more qualified nominations for these posts have ever been submitted to the Senate. The vigor and success with which each man has carried out his duties will long serve as an inspiration and example to all who serve in these important positions. By their dedicated work in their jobs they have brought new life and importance to the work of the Antitrust Division and the Federal Trade Commission.

They have provided effective protection for those who need it most and in keeping with our traditional concepts of justice and fairplay. To delay their confirmation any longer is not in furtherance of the best interests of the American people. An article in the Wall Street Journal of August 22 points up the splendid record made by Mr. Bicks and Mr. Kintner. I ask unanimous consent that it be printed at this point in the RECORD.

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

[From the Wall Street Journal, Aug. 22, 1960]

THE TRUSTBUSTERS—MESSRS. BICKS AND KINTNER SET A FAST PROSECUTION PACE

(By William Beecher)

WASHINGTON.—If the Democrats take over the Government's executive branch next January, they may have a hard time matching the record of the current Republican regime at an old Democratic specialty—trustbusting.

Or if a Nixon administration comes to power instead, its antitrust police work may quite conceivably prove no more energetic than that of the dying Eisenhower regime.

For this administration is drawing to a close with the most vigorous trustbusters of recent times performing in the Government's two key antitrust enforcement posts. They are Robert A. Bicks, head of the Justice Department's Antitrust Division, and Earl W. Kintner, Chairman of the Federal Trade Commission, whose job calls for attacking monopoly and deceptive business practices.

The coming change of administrations, even if one Republican President is succeeded by another, could mean the departure from office of Mr. Bicks or Mr. Kintner or both. And because their personal influence in antitrust policy has been so great, their going could bring a slackening in trustbusting vigor.

No matter who wins the election, Mr. Bicks will turn in his resignation to the incoming President as is customary with top officials in executive agencies. Even a victory by RICHARD M. NIXON would not assure—though it would enhance—his chances of staying on. The Attorney General often is allowed to handpick his antitrust chief. Only if William P. Rogers continues in his current post, is Mr. Bicks expected to remain where he is. And Mr. Rogers' staying on is far from certain.

TERM EXPIRES SOON

Mr. Kintner's case is quite different; his term of office expires next month. The Senate has it within its power during the special session to extend the FTC boss a 7-year job contract. But a move of this sort would require unusual nonpartisanship by the Democratic-controlled upper House, since confirmation of Mr. Kintner would assure 3-to-2 Republican domination of FTC until well into 1962, regardless of who wins in November.

But even confirmation of Mr. Kintner to another hitch at FTC would not necessarily keep him in the top spot, since confirmation would merely be as a member of the Commission, not as chief. The new President would have the right of naming a chairman.

The trustbusting vigor shown under the Eisenhower regime is, of course, much more than a reflection of the personality, character, and beliefs of Messrs. Bicks and Kintner.

It was only in 1950 that Congress strengthened the antimerger provisions of the Clayton antitrust law—a change that, reinforced by later court interpretations, gave the trustbusters an important new legal weapon. All along, the Eisenhower administration has been eager to shed any appearance of favoritism to big business—acting largely on its own. But it's been prodded toward vigorous antitrust enforcement, too, by pressures from the Democratic Congress.

But the zeal of the two incumbent trustbusters has certainly produced new heights in this administration's antitrust enforcement record. While some onlookers have expressed surprise that two such hard-hitting antitrusters should rise from Republican ranks during a Republican administration, Messrs. Bicks and Kintner have a ready answer for this puzzlement. Independently, they argue there is nothing incompatible between a conservative's regard for a free enterprise system and his insistence that such freedom be protected by fair competition in the marketplace. In fact, the one cannot survive without the other, they maintain.

Both men are ambitious and aggressive, with keen analytical minds. Both have piled up impressive records during only about a year for each as head man in his respective shop. But there the parallel ends.

Mr. Bicks is the son of two New York lawyers, was educated at Yale College and Yale Law School and moved into Government service in 1953 as executive secretary of former Attorney General Herbert Brownell's national committee to study antitrust laws.

Mr. Kintner was born on a tenant farm in Indiana. His father died at an early age, leaving Earl's mother as sole support for four youngsters. During the depression of the thirties she sold patent medicines door to door at one time, and at another was a cook for a road construction crew. Mr. Kintner worked his way through DePauw University and earned his law degree at the University of Indiana. He started at FTC in 1948 as a trial attorney.

ACTIVE AGENCY

Since he was elevated by President Eisenhower in June 1959 from general counsel of FTC to Commission Chairman, Mr. Kintner has transformed the small agency into one of the most active in Government. The nomination was to an unexpired term running out September 26, 1960—giving him only 15 months at the helm. Under his hand the Trade Commission has smashed all previous enforcement records.

FTC's rising enforcement score includes plenty of actions of genuine significance. Last fiscal year the Commission challenged the merger of Union Bag & Paper Corp. and Camp Manufacturing Co., and that of Simpson Timber Co. and M. & M. Woodworking Co., as well as assorted acquisitions by Crane Co., Permanente Cement Co., and Continental Baking Co. In the new fiscal year, only about 6 weeks old, FTC has already brought out complaints against acquisitions of other companies by Hooker Chemical Corp., Minnesota Mining & Manufacturing Corp., and Kaiser Steel Corp., among others.

The Justice Department's Antitrust Division has been no less active under Bicks.

He was just crowding 32 years of age when appointed in April 1959 as acting head of the trustbusting corps. Of 95 cases filed during his stewardship, a remarkable won-lost record has been compiled: 24 wins, 9 partial victories (pleas or consent decrees entered into by fewer than all defendants), and only 1 loss. The rest are pending in various stages of litigation. During the past fiscal year, the antitrust division filed more cases—85—than in any year since Thurmond Arnold's peak activity in 1942.

Should both these men leave public service, Mr. Bicks has indicated he would like to practice law in New York, Mr. Kintner, in

Washington. Not a few Government attorneys of the next administration might well suffer nightmares over the prospect of facing either of these legal Goliaths in courtroom combat.

TRANSPORT OF 250 EAST AFRICAN SCHOLARSHIP STUDENTS

Mr. FULBRIGHT. Mr. President, it will be recalled that on last Wednesday, August 17, the junior Senator from Pennsylvania [Mr. SCOTT] made serious charges in the Senate concerning the role of the distinguished junior Senator from Massachusetts [Mr. KENNEDY] in connection with the efforts of the African-American Students Foundation to obtain approximately $100,000 to transport 250 East African scholarship students to the United States. In the discussion which followed, questions also arose concerning the role of the Department of State in this affair.

The following day, August 18, as Chairman of the Committee on Foreign Relations, I addressed a letter to the Secretary of State asking 13 specific questions and also requesting a copy of each letter, memorandum of conversation, or any other document in the possession of the Department relating to this subject. I requested a reply not later than Monday, August 22. That reply was delivered to the offices of the Foreign Relations Committee at approximately 9:20 last evening. I ask unanimous consent that my letter to the Secretary and the Department's reply, which is signed by Assistant Secretary William B. Macomber, Jr., be printed in the RECORD at this point.

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

AUGUST 18, 1960.

Hon. CHRISTIAN A. HERTER,
Secretary of State,
Washington, D.C.

DEAR MR. SECRETARY: I wish to draw your close and urgent attention to an issue discussed on the floor of the Senate last evening. It relates to the efforts of the African-American Student Foundation to obtain approximately $100,000 to transport 250 East African scholarship students to the United States—a project designated as "Airlift Africa, 1960." I believe Mr. Tom Mboya of Kenya made arrangements for these scholarships when in this country last year.

It is our understanding that, in July, Mr. Joseph Satterthwaite, Assistant Secretary for African Affairs, communicated to Mr. Montero of the African-American Foundation the Department's inability to provide the $100,000 for transportation. However, we also gather that the Department last week reversed the earlier unfavorable decision because of the intercession of a Mr. James Shepley, who apparently is on the campaign staff of a nominee for our highest office. We find this sequence of events most disturbing, and would like to obtain answers to the following questions by not later than next Monday.

1. Is it true that Mr. Satterthwaite informed Mr. Montero of the Department's denial of his request for funds?

2. When did this notification occur?

3. What were the reasons for the Department's decision not to provide help?

4. When did Mr. Shepley first approach the Department on this matter? What other, if any, individuals urged assistance on this project?

5. Did members of the Department meet or communicate or negotiate in any other way with Mr. Shepley?

6. If so, when and where and under what circumstances? Who was present?

7. When did the Department reverse its earlier decision? Who participated in the decision?

8. What were the detailed reasons for this reversal? What similar reversals have taken place this year on similar programs?

9. When and how was Mr. Shepley informed?

10. When and how was the decision communicated to the African-American Foundation?

11. Was a press release issued announcing the Department's decision? If not, why not in view of interest in this kind of activity?

12. What funds were used to make this $100,000 available? Public Law 402? Public Law 584?

13. As a matter of policy does the Department encourage or discourage private participation in exchange scholarship programs?

Because of the public attention drawn to the circumstances surrounding this issue, I would appreciate being supplied with a copy of each letter, memorandum of conversation, and any other documents in the possession of the Department relating to this subject which has been of such continuing concern to the Committee on Foreign Relations.

In view of the public interest in this subject, I expect to make copies of this letter available to the press.

Very truly yours,

J. W. FULBRIGHT,
Chairman.

DEPARTMENT OF STATE,
Washington, D.C., August 22, 1960.

The Honorable J. W. FULBRIGHT,
Chairman, Committee on Foreign Relations,
U.S. Senate.

DEAR MR. CHAIRMAN: This will acknowledge receipt of your letter of August 18, 1960 with regard to efforts of the African-American Students Foundation, Inc., to obtain transportation for approximately 240 East African scholarship students to the United Statec for the academic year 1960–61. I hope that you will find the following responsive to your inquiry. Should you wish, the Department will be pleased to make available the documents, on which this reply is based, to you or a representative designated by you.

The sequence of events connected with these efforts insofar as the Department is concerned is as follows:

The representatives of this foundation have had several exchanges of correspondence and discussion with officers of the Department of State. Following a decision by the Department in August 1959 that it could not arrange for U.S. Air Force transportation for the approximately 80 students in this program coming to the United States for the 1959–60 academic year, Mr. William X. Scheinman, then president of the African-American Students Foundation, Inc., on November 18, 1959, wrote to Assistant Secretary Satterthwaite with regard to the 1960–61 program. In this letter Mr. Scheinman reported the foundation's plans to bring 243 students to the United States and again the question was raised of the U.S. Air Force providing the transportation for these students.

On December 10, 1959, Mr. Satterthwaite replied to Mr. Scheinman saying that the Department was keenly aware of the African interest in and need for higher education and of the Department's desire to do everything it properly could to help fill this need but that MATS transportation could not be provided for the 1960–61 program. On January 15, 1960, Mr. Scheinman acknowledged Mr. Satterthwaite's letter and stated that he fully appreciated that, in terms of the existing programs, there was no basis for any branch of the Government to bring the students to the United States in September 1960. He urged, however, that something special be done to allow for the participation of the U.S. Government in this unique and special project.

As far as I can determine, the next approach to the Department on this subject came in June 1960. On June 9, 1960, Mr. Jackie Robinson wrote to the Vice President describing the African-American Students Foundation's 1959–60 and 1960–61 programs and urging that the 1960–61 students be transported here by U.S. Air Force planes. Mr. Robinson expressed the hope, if the latter were not possible, that funds for this transportation might be made available under the President's recently announced special aid fund for Africa. On June 23, 1960, the Vice President wrote to Mr. Robinson emphasizing that he had long supported student and leader exchange programs and expressing his awareness of the excellent work Mr. Robinson had been doing in this field. He informed Mr. Robinson that he had passed on his idea to officials in the State Department and had asked that they give it serious consideration. He said that Mr. Robinson would be hearing directly from the Department and that Department officials would be happy to discuss the project with him. He pointed out that the Air Force is required to charge for all its passengers and suggested that all possibilities be explored in his meeting with State Department officials.

On July 8, Mr. Robinson wired the Department stating his desire to discuss the project with the Department, expressing his concern that he had not heard from us and noting that time was growing short. An officer in the Department's African Bureau attempted to telephone Mr. Robinson that same day but was unable to reach him.

On July 7, Assistant Secretary Satterthwaite had written to Mr. Robinson further to the Vice President's letter of June 23. Mr. Robinson had evidently not received this letter when he sent his wire on July 8. Mr. Satterthwaite explained in his letter of July 7 that the Department had given careful consideration to ways and means by which the Department might be helpful to the foundation but that unfortunately it did not appear possible to comply with either of the two proposals mentioned in Mr. Robinson's letter to the Vice President. He wrote that the question of the Air Force supplying the transportation of the students had been discussed with the Department of Defense and that the latter confirmed that this would not be feasible under current Air Force policies and regulations. With regard to the possibility of using funds from the special program for tropical Africa, Mr. Satterthwaite pointed out that these funds were designed primarily for strengthening institutions in Africa. He also noted that the House of Representatives had voted substantial reductions in this particular program. Mr. Satterthwaite assured Mr. Robinson of the Department's wish to cooperate with the foundation as fully as possible. He again indicated that officials in the Department would be available to discuss the transportation problem or any other matters of interest to the foundation.

Following this, a meeting was arranged on July 14 in the Department between Mr. Scheinman and Mr. Montero of the foundation and officers of the African and Cultural Affairs Bureaus. In addition to going over the matters discussed in Mr. Satterthwaite's letter other subjects were discussed. These included questions regarding the organization of the Department's educational exchange program, the means by which decisions were made to offer scholarships to other countries, the recent scholarship offers to Guinea and the Republic of the Congo, the

relationship of the foundation to personalities and organizations in Africa, arrangements which had been worked out to improve the caliber of students selected, the plans for this year's program, the financial problems of the foundation, and the financial difficulties some of the students had experienced while in this country. The foundation representatives indicated that they had not found Mr. Satterthwaite's reply entirely satisfactory and reiterated their hope for MATS planes or departmental assistance in supplying the funds necessary to provide the transportation for the 1960–61 students. The Department representatives said they could not be encouraging, at least at their level, so far as these specific requests were concerned, but expressed again their sympathy for the objectives of the work of the foundation.

I should explain here that since the inception of the foundation's program, the Department has been concerned not about the program's objectives, but about its implementation. We had been pleased to see some progress since the 1959 program with regard to its student selection process, but we had had disquieting reports regarding certain aspects of the management and support of the students while they were here. Departmental officers attending the July 14 meeting were not reassured on this point.

The Department had believed for some time that the foundation could better carry out its objectives by working through an organization with extensive experience in taking care of foreign students such as the Institute of International Education. In this connection, the Department as a result of the financial difficulties of the students in 1959 had held a number of informal conversations with representatives of the Institute of International Education and had urged them to use their good offices with individuals concerned with the Foundation to try to persuade them to work through the IIE and to use the utmost care in the selection, placement, and everyday care of the students.

In the absence of some such arrangement the Department was not prepared to seek alternative means (to the MATS or special fund proposal) by which the U.S. Government could provide transportation for the students.

On August 13 the undersigned received a telephone call from Mr. James Shepley. Mr. Shepley stated that he was calling on behalf of the Vice President and expressed the hope that the Department would review the request of the foundation and either through the Air Force or in some other manner provide the transportation for the 1960–61 program. He spoke in enthusiastic terms of the foundation's work which he believed to be vital to the long-range interests both of Africa and of the United States.

Mr. Shepley also mentioned to me that he understood that Senator KENNEDY was prepared to arrange for assistance to the foundation's program. I understand that the Vice President was unaware of Senator KENNEDY's interest at this time or any time prior to when the Department's ultimate offer and the foundation's rejection was reported in the press. I also understand that Mr. Shepley, following the Vice President's request, had started work on this project and had been working on it for several days prior to any knowledge of Senator KENNEDY's interest. In his conversation with me Mr. Shepley put his emphasis on the merits as he understood them of the foundation's request. On the basis of these merits, he indicated his strong belief that the Department should have agreed to supply the transportation for the students and asked that the question be reviewed at the top level of the Department.

I told Mr. Shepley that I recalled that a request to provide Air Force transportation for the 1959–60 student group had been turned down about a year ago, that I did not recall the reasons, and that I was not familiar with any of the developments or conversations which had taken place since then. I said I would look into it and call him back. I telephoned him shortly thereafter and explained that I was still not well briefed on this problem but that I had learned of the Department's reservations regarding the manner in which the students were looked out for once they reached this country and of its reluctance to underwrite their transportation here on that account. In view of the Vice President's interest, however, I assured Mr. Shepley that I would raise the question with Under Secretary Dillon with whom I had an appointment on other matters the following day. Mr. Shepley thanked me and requested that he have an answer by August 15 as Mr. Montero was coming to Washington that day.

The following day I reported Mr. Shepley's call to Under Secretary Dillon. He had not previously known of the foundation's proposal, reacted sympathetically to it, and instructed an aid to ask Mr. Robert Thayer, special assistant to the Secretary for the coordination of international educational and cultural relations, to look into the matter to see if the transportation could not properly and appropriately be provided. He stated that if Mr. Thayer should find this to be the case and that the necessary funds could be made available, he was authorized to take the decision to agree to provide the transportation. The Under Secretary suggested Government financing of a charter flight, or alternatively requesting commercial airlines to transport the students without charge on the understanding that the Department would make the necessary certification to enable the CAB to authorize this. The Under Secretary did not believe that Air Force transportation should be provided.

Under Secretary Dillon telephoned Mr. Shepley and indicated that he was sympathetic to the foundation's request and that the Department would try to inform Mr. Shepley of its decision by the following day.

On August 15, Mr. Thayer, in investigating the matter, found that the foundation was now willing to work with the IIE which would solve the problem of the management of the students while in this country. He also found a private source interested in cooperating with the Department of State in seeing that proper financial assistance was made available to the students. Under these circumstances, and in view of the current political situation in Africa which made it clearly of extreme importance that the United States should do everything in its power to emphasize its willingness to assist the people of Africa in every way, and after conversations with the IIE, ICA, and others, Mr. Thayer decided that the Department would either provide the necessary funds or seek, if appropriate, private commercial carriers, willing to donate the transportation. If the latter were not feasible Mr. Thayer placed an outer limit on the Department's contribution of $100,000.

Mr. Thayer then communicated this decision to me and I in turn telephoned it to Mr. Shepley. Mr. Shepley was authorized to inform Mr. Montero of the Department's decision when he talked with him, later in the day. He was also asked to have Mr. Montero get in touch directly with Mr. Thayer to discuss the details of the Department's offer.

Later that same day Mr. Montero telephoned Mr. Thayer to say that the Africa-American Student Foundation would not avail itself of the Department's offer as it had received an offer from a foundation to cover the expenses of the student's transportation.

In view of Mr. Montero's rejection of the Department's offer it is believed that no particular purpose would have been served by the Department's issuance of a press release announcing its action in this matter.

I believe, Mr. Chairman, that the foregoing answers your numbered questions 1–7, the first portion of question 8, and questions 9–11.

With respect to the remaining matters you raise, the Department offers the following comments:

The question as to what "similar reversals" have taken place this year on similar programs would require further detailed study before this information can be furnished to you. Whenever requests are made to the Department under the exchange program, these requests are under constant review to determine whether the situations which resulted in a negative response are changed sufficiently to warrant a reversal.

No specific determination had been made as to what particular funds would be used to make the $100,000 available but Mr. Thayer had received assurances from the financial section of the Bureau of International Educational and Cultural Affairs and from ICA that there were funds legally available for such an airlift.

With regard to your final question, as a matter of policy the Department of State is constantly encouraging private participation in the field of international exchange on the part of responsible individuals and organizations. As you know, the Government's participation is itself a very small part of the overall exchange program conducted by private individuals, institutions, universities, and foundations.

Sincerely yours,

WILLIAM B. MACOMBER, Jr.,
Assistant Secretary.

Mr. FULBRIGHT. I also ask unanimous consent that there be printed in the RECORD at this point in my remarks a telegram I received from William X. Scheinman, vice president of the African-American Students' Foundation.

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

LITTLEFERRY, N.J., *August 20, 1960.*

Hon. J. WILLIAM FULBRIGHT,
Chairman, Senate Foreign Relations Committee, U.S. Senate, Washington, D.C.:

Reference State Department statement August 18 as reported in press department's explanation that decision reversed re transportation 250 East and Central African students because we finally met requirements laid down by the Department is patently incorrect because the Department never laid down any requirements at all. They have repeatedly turned down this request as long ago as 12 months and as recently as the end of July this year, always stating reason as lack of funds. Their reported statement goes on to say that project was turned down on a lower level; but at the July 13 conference at the State Department in Washington Mr. Montero and I were told by the three representatives present, Mr. Derdan, Mr. Picard, and Mr. Snyder, that the project had already been up to the top and rejected. Department's statement then goes on to state the presumed requirements that they claim to have laid down to us, which they say we finally met, were: First, they objected that the original plan was to bring students from Kenya only. This is untrue, and it is clearly stated in my letter to Mr. Satterthwaite of January 15, 1960, that it is proposed "that the 243 students will not come from Kenya alone, but also from Tanganyika, Uganda, northern Rhodesia, southern Rhodesia, Nyasaland, and Zanzibar as well." Second, Department says we have confined our request to Air Force transport only. This also

not in conformance with the facts, because it has always been irrelevant as to what means of transport were used so long as the students got here. In fact, Congressman DIGGS even asked the Department about the possibility of sea transport. Department also reported as saying that we finally arranged to invoke the counsel of other veteran student-aid foundations. This also not in conformance with facts, and the only major foundation whose counsel and assistance we have been able to obtain is that of the Joseph P. Kennedy, Jr., Foundation, and that, of course, only after State Department finally rejected the project. We have correspondence and other material available to support all of the above statements and will appreciate opportunity to testify before your committee so that the record is clear. Inasmuch as at Phelps-Stokes Educational Conference in New York City on July 25 State Department representative, Mr. Snyder, explained very clearly Department could not support Project Airlift-Africa, 1960, we cannot understand how Department can claim that between the date and August 15, when they reversed their decision and did offer transportation costs, that we in any way met any presumed requirements that they are presumed to have laid down. The only significant event that occurred during that period was that following the July 25 conference, the next day, on July 26, Mr. Mboya, Mr. Montero, and myself went to visit Senator KENNEDY at Hyannisport. On that very day Senator KENNEDY agreed to help with a partial commitment, and by August 10, when we met with his representatives in Washington it was agreed Joseph P. Kennedy, Jr., Foundation would meet full commitment. The only stipulation given was that we must not release any publicity whatsoever about the commitment. It is further interesting to note that on Monday, August 15, when Mr. Montero and I were in Washington to meet with Mr. Robert Sargent Shryver, Jr., at 2:30 p.m. that afternoon, that at about 12:30 p.m. Mr. Shepley phoned Mr. Montero and said that he was not yet in a position to make a commitment, but asked us to wait for his return call in another 14 or 30 minutes. At about 1:15 p.m. he did, in fact, phone back to say he was then authorized to make a commitment on behalf of the U.S. Government. Therefore, State Department decision must have been made during that 45-minute period. Mr. Shepley stated that he knew we had a 2:30 p.m. appointment with Mr. Shryver and was, therefore, pressing to make a commitment before we went into that meeting. That meeting, however, was a meeting of education experts to advise the Kennedy Foundation as to how their grant was to be administered, and not whether or not the grant was to be made.

WILLIAM X. SCHEINMAN,
Vice President, African-American Students' Foundation, Inc.

Mr. FULBRIGHT. These documents speak for themselves, and I shall limit myself to only a few comments at this time.

Although the Department's letter leaves a good many questions unanswered, the main point comes through clearly enough. As early as August 1959—1 full year ago—the Department had rejected the Airlift Africa project. It steadfastly adhered to this position in separate decisions of December 1959, July 7, 1960, and July 14, 1960.

Thus the matter rested on August 13, 1960—a Saturday—when Mr. James Shepley telephoned Assistant Secretary Macomber on behalf of the Vice President and expressed the hope that the Department would review the matter. Mr. Shepley, to quote Mr. Macomber's letter, "spoke in enthusiastic terms" of the project. Mr. Shepley's enthusiasm obviously was contagious; for on August 14—a Sunday—Mr. Macomber reported on the matter to Under Secretary Dillon who reacted "sympathetically"—we are not told "enthusiastically"—and ordered the matter looked into.

It is to be noted that prior to Mr. Shepley's telephone call to Mr. Macomber—namely on August 10—a private foundation, the Joseph P. Kennedy, Jr., Foundation, had already agreed to support the full cost of transportation. This is clearly stated in the telegram from Mr. Scheinman.

On Monday, August 15, following Mr. Dillon's instructions, the State Department considered the matter further. The objections which the Department had held for a year quickly evaporated, and $100,000 was found to implement the project—though no specific determination was made as to where the money, which had been in short supply a month before, was coming from.

It is quite clear that the Department reversed itself on what it construed to be the orders of Mr. Shepley. I am not prepared to argue the merits of whether it should, or should not, have taken the substantive decisions which it did take, either before or after the Shepley call. I only deplore, as strongly as I can, a Department which is so susceptible to outside pressures.

It is to be noted that before Mr. Shepley's intervention, the Vice President had already expressed his interest in the project, but that it had been turned down notwithstanding. The matter rested there until Mr. Shepley got information, which he passed on to Mr. Macomber, that the Senator from Massachusetts [Mr. KENNEDY] was prepared to arrange for assistance to the project. Mr. Shepley and the Department thereupon entered the project on a crash basis. Although the Department protests that it "is constantly encouraging private participation in the field of international exchange," it did not bestir itself in this matter until private participation was an accomplished fact and then its interest apparently was mainly in spending public money in lieu of private money.

This, I submit, is rather a sorry performance; and it is compounded when the junior Senator from Pennsylvania attempts to turn it on the junior Senator from Massachusetts for political purposes.

Mr. RUSSELL. Mr. President, will the Senator yield?

Mr. FULBRIGHT. I yield.

Mr. RUSSELL. What position does Mr. Shepley hold?

Mr. FULBRIGHT. I made inquiry of the Financial Clerk of the Senate as to whether or not he is an official of the Senate or whether he is on any payroll of the Vice President's Office or any other, and I am informed that he is not. I am informed by journalists that he is a reporter or a former official of Time magazine, and he is here, I assume, solely for the purpose of assisting the Vice President in the campaign.

Mr. RUSSELL. Mr. President, will the Senator yield?

Mr. FULBRIGHT. I yield.

Mr. RUSSELL. I certainly deplore the influence exerted by Mr. Shepley. I have been trying for several years to save a few dollars for the taxpayers on programs of this nature. I have been happy on any occasion to see private enterprise of any kind venture into the foreign field. I am certainly not opposed to any foundation undertaking such a venture. It seems that in this case $100,000 which a private foundation was willingly furnishing was not utilized, but that for some imaginary political advantage it was decided to let the American taxpayer pay the $100,000.

Mr. FULBRIGHT. It is my information that, as a consequence of this situation, the foundation is going through with its supports of it. However, this effort of the State Department to supplant it seems to me to be a most unusual procedure.

Mr. RUSSELL. I associate myself with the statement that it is certainly a sorry spectacle on the part of the State Department.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. MANSFIELD. I ask unanimous consent that the Senator may have 2 additional minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MANSFIELD. Mr. President, will the Senator from Arkansas yield?

Mr. FULBRIGHT. I yield.

Mr. MANSFIELD. Is it not true that this Mr. James Shepley is a former bureau chief of Time, Life, Fortune in Washington? As a matter of fact, he still is a bureau chief, but is on leave to serve as a campaign assistant to the Vice President. Is that correct?

Mr. FULBRIGHT. That is my information.

Mr. MANSFIELD. Is it not true also that the Kennedy Foundation, as a result of a meeting between Senator KENNEDY and Mr. Tom Mboya, held at Mr. Mboya's request, did agree to give consideration to the proposal advanced by Mr. Mboya and that after due consideration, not $100,000, but $400,000 in a grant was advanced with the proviso—and I think this is very important—with the proviso that there would be no publicity attached to the grant?

Mr. FULBRIGHT. That is correct. The telegram bears that out; it bears out the fact that the only proviso which bears upon this matter was that there would be no publicity to the grant.

Mr. MANSFIELD. So, if there is politics in this matter—and no one will deny that there is not—we know where the politics is, and it is certainly not with Senator KENNEDY or the Kennedy Foundation.

Mr. FULBRIGHT. To me the most amazing thing is the effort of the Senator from Pennsylvania [Mr. SCOTT] to turn the facts around, and in that way to leave exactly the opposite effect to what the actual facts indicate. He seems to try to persuade the Senate and the country that the Kennedy Foundation was rushing in, trying to supplant—

or outbid, as he said—the foundation. It is exactly opposite to what is shown by the documents. The documents speak for themselves, and anyone can interpret them as he sees fit.

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Senator may have an additional 3 minutes, because I see some of our colleagues on the other side of the aisle who apparently have some questions on this point.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KEATING. I will take only a minute. That will be ample time for me to speak on this matter. The Senator from Pennsylvania is not on the floor. I understand that he is in a department of Government downtown, and I hope he is in the State Department trying to expedite funds for this worthy purpose.

I should like to say to my friend from Arkansas that this is a very highly deserving objective. I hope the fact that the Kennedy Foundation considerably raised the ante on the State Department will lead the State Department to join in this matter wholeheartedly, and that both groups will be helpful in achieving this very worthwhile objective, which would certainly further the position of our country among the nations of the world, so many of whom are not of the white, Caucasian race.

Mr. FULBRIGHT. I agree with the Senator's sentiments as to the worthiness of the approach. It is a despicable distortion of the facts, however, to try to make political capital out of this kind of transaction, when I think both parties may have been acting in good faith, and to turn it around and try to show that it is motivated and inspired by the desire to buy votes. I think that is inexcusable. It undermines the validity of our democratic system.

Mr. MANSFIELD. Mr. President, will the Senator yield?

Mr. FULBRIGHT. I yield.

Mr. MANSFIELD. The Senator is absolutely correct. In response to what the Senator from New York has said, I wish to point out that the Kennedy Foundation was not matching the proposal of the State Department; as a matter of fact, it was the other way around, because when the State Department or Mr. Shepley found out that this was going to be done by the Kennedy Foundation, it was then that the State Department was again contacted, and it was then, and only then, that the State Department found the $100,000 somewhere—somewhere that it could not find the money before—and it was then that the offer was made for only 1 year, as compared with the Kennedy Foundation's offer of $400,000 over a 4-year period.

MAINE POLL ON ANDERSON-KENNEDY AMENDMENT TO SOCIAL SECURITY BILL

Mrs. SMITH. Mr. President, I ask unanimous consent to insert in the RECORD a telegram received from the committee on aging from my State of Maine. The Secretary, Muriel P. Frye, has requested that this be called to the attention of the Senate.

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

WATERVILLE, MAINE,
August 22, 1960.

Senator MARGARET CHASE SMITH,
Washington, D.C.:

The majority of the Maine committee on aging favor an Anderson-Kennedy amendment to the social security bill and urge your support. Committee requests that the results of their poll be inserted in the CONGRESSIONAL RECORD.

MURIEL P. FRYE,
Secretary, Committee on Aging, State of Maine, State House, Augusta, Maine.

DREW PEARSON AND EVENTS AT AN EXECUTIVE SESSION OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE

Mr. GOLDWATER. Mr. President, in his column in the Washington Post on August 21, 1960, Drew Pearson with his customary casualness in handling the truth charged, and I quote, that I "in effect called Senator KENNEDY a liar during a closed session of the Senate Labor Committee. He didn't get away with it."

Fortunately, an official reporter was present at that meeting of the committee, and a transcript was taken of what transpired. It was decided by the committee that only one copy of the transcript be transcribed, and that such copy remain in the possession of the committee chairman, and not be made available to either the public or the press. It is obvious that someone who was present at the meeting leaked the story to Pearson, including certain quotations from the confidential transcript in a rather garbled form. Inasmuch as this has been done, I do not feel obligated to observe any agreement of secrecy, and especially I feel that in the interest of accuracy, certain portions of this transcript should be made public.

Several days prior to the executive session of the full committee, the Labor Subcommittee, headed by Senator KENNEDY, met to consider the so-called common-situs picketing bill. The committee rules require four members to be actually present to constitute a quorum for the transaction of business. Only three members actually showed up, but Senator KENNEDY nevertheless moved to report the bill favorably to the full committee and this was done.

I immediately wrote a letter to the chairman of the full committee protesting this violation of our rules. At the subsequent executive session of the full committee, to which Drew Pearson refers, I contended that the subcommittee action should be nullified as in violation of the rules. I now quote from the transcript:

Senator KENNEDY. Mr. Chairman, under the rules of the Senate, and at the time this matter was raised from the door by my friend from Arizona, I called the Parliamentarian and discussed this question with him.

He brought my attention to page 437 of the rules which says: "The Senate operates under the assumption that a quorum is present at all times unless the question is raised or the absence of a quorum is officially shown otherwise, or until a point of no quorum is raised, even though a voice vote is taken and announced in the meantime."

Now let us turn to Drew Pearson, and I quote him:

"I think the Senator from Massachusetts is basing his assumption on the wrong rules," snorted GOLDWATER. "Now when did you talk to the Parliamentarian?"

"I talked to him that day," said KENNEDY.

"Strange," said GOLDWATER. "I talked to him the next day and he said that nobody had talked to him except the members of my staff, that he gave no such ruling."

"Now wait a minute," snapped KENNEDY. He turned to two staff members, John Forsythe and Robert Perrin.

"Who did you talk to?" demanded KENNEDY. Both replied that they had discussed the question with Senate Parliamentarian Charles Watkins.

"The press said Senator KENNEDY visited the Parliamentarian," protested GOLDWATER.

"We asked members of the staff to call Mr. Watkins and get an opinion," said KENNEDY.

Thus Drew Pearson. Now let us see what actually occurred relying on the transcript itself, and I quote therefrom:

Senator GOLDWATER. I maintain that you did not have a quorum here.

Now, when did you talk with the Parliamentarian?

Senator KENNEDY. I talked to him that day. You remember I sent over?

Senator GOLDWATER. Strange, I talked to him the next day, and he said nobody had talked to him except members of my staff; that he gave no such ruling. And he further told me he could not interpret committee rules.

Senator KENNEDY. Now wait a minute. Who did you talk to?

Mr. PERRIN (administrative assistant to Senator MCNAMARA). I talked to Mr. Watkins.

Mr. FORSYTHE. I also talked to Mr. Watkins.

Senator KENNEDY. So there is no question about the conversation with Mr. Watkins.

Senator GOLDWATER. The press said Senator KENNEDY visited the Parliamentarian. Your office must have put that out, because it is here.

Senator KENNEDY. Mr. Chairman, if you will recall, we asked a member of the staff to call Mr. Watkins and get an opinion. So that was done. I do not think we are challenging that.

As the foregoing colloquy makes plain, Drew Pearson's quotations follow the transcript fairly closely. But he does not follow it far enough. Here is the portion he ignores:

Mr. KENNEDY. I suggest that Mr. Forsythe (the committee counsel) and Mr. Bernstein (the minority counsel) meet. We do not have any time to take any action on the bill, anyway, today. That they meet with Mr. Watkins (the Parliamentarian) this afternoon sometime and go through the matter and see if they can get a clear interpretation. If they cannot, then I suggest at the next meeting of the committee we vote.

Mr. Forsythe and Mr. Bernstein met with Mr. Watkins that afternoon. The full committee reconvened in executive session the following Monday, and Mr. Forsythe and Mr. Bernstein reported on their discussion with the Parliamentarian. I quote from the transcript:

Senator GOLDWATER. Now, as to applying Senate rules, we asked Mr. Bernstein and Mr. Forsythe to visit the Parliamentarian. I think I am right in expressing what the

Parliamentarian told them, because he told me the same thing: That he cannot make rules; he cannot make a ruling on subcommittee rules; that they have no bearing on Senate rules nor do Senate rules have any bearing on subcommittee rules. Am I right?

Mr. FORSYTHE. His position was that he, as Senate Parliamentarian, and the Senate itself, had no jurisdiction over actions of subcommittees; that the subcommittee was the creature of the full committee and it was up to the full committee to make whatever determinations they wanted about actions of their agents, which were the various subcommittees.

Is that right, Mike? Do you agree with that?

Mr. BERNSTEIN. Yes.

* * * * *

Senator KENNEDY. The presumption, however, in the Senate is that a quorum is present unless somebody raises a point of order.

Senator GOLDWATER. But the Parliamentarian says it does not apply.

Mr. FORSYTHE. He said he would not rule on it.

Senator GOLDWATER. He cannot rule on it because as he rightly says, the Senate rules do not apply.

I think the record, as I have set it forth, is a sufficient comment on the accuracy of Drew Pearson's column.

In conclusion, I point out the implications of the decision by which the full committee disposed of the objection which I had raised. The committee by a vote of the majority discharged the Labor Subcommittee from consideration of the bill and itself took over such consideration. It was emphasized by some of the Members present that such action was not to be construed as in any way a reflection on the previous action of the subcommittee against which I was protesting. I submit that in effect the full committee sustained my position, and by necessary inference ruled that the action of the subcommittee in reporting the bill in the absence of the necessary quorum was invalid. For it is quite clear that if such subcommittee action had been deemed proper, then the bill would have been officially before the full committee, and there would have been no need to discharge the subcommittee. In discharging the subcommittee from further consideration of the bill and voting to place it in the full committee for action there, the committee in effect declared that the bill had not theretofore been properly before it.

Mr. CLARK. Mr. President, as the senior Democratic member of the Committee on Labor and Public Welfare on the floor, I have listened with interest to the comments just made by the distinguished Senator from Arizona [Mr. GOLDWATER]. I have no doubt that, if he thinks it important, the distinguished Senator from Massachusetts [Mr. KENNEDY] will, at the appropriate time, reply to what the Senator from Arizona has said.

For my own part, having been fairly closely connected with the efforts of the Senator from Arizona—and they were legitimate efforts—to delay action on the situs picketing bill, I am firmly of the view that the action taken by the chairman of the subcommittee to expedite action on the bill—the chairman of the subcommittee being the Senator from Massachusetts [Mr. KENNEDY]—was correct, proper, and within the spirit of the interpretation of the Senate rules, which are intended to prevent unnecessary or undue delay.

I submit that if and when the complete transcript of the hearings before the full committee, at which the action of the subcommittee was elaborately reviewed, is placed in the RECORD, the position I am now taking will be supported by a majority of the Members of the Senate—and, indeed, of the general public, to the extent that they are interested.

I may say that this matter was discussed at great length before the full committee; and on the votes taken, I think I am correct in saying—and I know the Senator from Arizona will correct me if I am wrong—the Senator from Arizona did not receive the support of all the members of his own party on the committee.

In my judgment, the controversy has been blown up far beyond its real import, very much like that of the medieval argument about the number of angels which can dance on the point of a needle. I suggest in somewhat more Shakespearean terms that this subject is "Much Ado About Nothing."

Mr. GOLDWATER. Mr. President, will the Senator yield?

Mr. CLARK. I am happy to yield within the limitations of the rule.

Mr. GOLDWATER. I am afraid the Senator from Pennsylvania misconstrued my remarks this morning. As the Senator knows, we agreed in the executive hearing that there would be one transcript made, and it would be the property of the chairman, to be used by members of the committee for their own personal purposes.

I was very much surprised yesterday to note that somebody in some position with the committee had leaked to Mr. Pearson the contents of the transcript, because he was accurate in his quotations, so far as he used them, which would indicate that he used the only source from which he could get them—the record.

In his column, Mr. Pearson tries to infer that I called Senator KENNEDY a liar. I resent that. I think the result of Pearson's statement in his column is that Pearson has left some serious doubts in the minds of his readers concerning the truthfulness of Senator KENNEDY.

I have never called Senator KENNEDY a liar, and I have never been accused by anyone of having done so, except by Mr. Pearson in his column.

I point out that, in my opinion, the second objection I raised, which was to having the committee meet to consider the bill without a quorum, was in effect sustained by the action of the full committee in relieving the subcommittee of further consideration of the bill.

I will admit to the Senator from Pennsylvania that on the first objection I raised, there was a lot of question within my own mind. I think the ambiguity of the language of the rules is such that the members of the committee who voted with me or against me did so according to their own interpretation. In other words, the rule is not so clear cut as the rule which I consider was violated.

If the Senator will read my remarks, I think he will agree that I was attempting to make it perfectly clear to the public that no one on the committee, including the junior Senator from Arizona, ever sought to call JACK KENNEDY a liar. I am a little resentful of the fact that a member of the press would try to infer such a thing, and then, by doing such a poor job of writing, leave doubts in the minds of his readers as to whether or not the charge is true, not from my point of view, but from Senator KENNEDY's point of view.

I hope this statement will clear the matter up.

Mr. CLARK. I thank the Senator from Arizona for his comment. I have not read the Pearson column. I think the Senator's remarks in that regard are certainly unobjectionable. I am in no position to take any stand one way or the other.

I think we might well let the matter rest where it is. If the Senator from Arizona thinks I said anything unfriendly about him, I assure him that there was nothing further from my mind.

Mr. GOLDWATER. I thank my friend.

I agree with the Senator from Pennsylvania, but in another way, there is no point in arguing about how many devils can dance on the head of a pin.

Certainly I am a believer in the rules. I realize that the Senator from Pennsylvania wants to change the rules of this body, so it can act more quickly; but I do not want it to act that rapidly.

ACCOMPLISHMENTS OF THE U.S. INFORMATION AGENCY DURING THE REPUBLICAN ADMINISTRATION

Mr. BRIDGES. Mr. President, one of the most important activities of our Federal Government today in the field of foreign affairs is propaganda and information. The U.S. Information Agency has contributed a great deal toward the dissemination of truth and knowledge about our country throughout the world.

Recently the senior Senator from Pennsylvania [Mr. SCOTT] rounded up in brief form the activities and accomplishments of USIA during the past 7½ years, and I ask unanimous consent that his report be inserted in the body of the RECORD at this point in my remarks.

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

ACCOMPLISHMENTS OF THE U.S. INFORMATION AGENCY (USIA) DURING THE REPUBLICAN ADMINISTRATION, 1953–60

(By U.S. Senator HUGH SCOTT, of Pennsylvania)

After the Republican administration took office, a special Senate Foreign Relations Subcommittee, headed by Senator BOURKE B. HICKENLOOPER, Republican of Iowa, reported in 1953, after a yearlong review of American oversea information programs, that it had found—

Ineffective coordination of psychological policy;

Duplication and competition in informational activities of U.S. agencies operating abroad;

Ineffective administration, personnel management and evaluation;

Maladjustment of responsibility between Washington and the field;

Failure to secure foreign cooperation in propagating common concepts (anticommunism, need for mutual security pacts, etc.)

Failure to bring about public participation in promoting a better understanding of the United States and in developing mutually beneficial relations with other countries; and

Lack of a common understanding of the fundamental objectives of an American oversea information program.

Since its establishment late in 1953 by the Republican administration as an agency independent of the Department of State, the U.S. Information Agency has brought the oversea information program to a position of acknowledged maturity, credibility and effectiveness.

Last year, for example, the American Public Relations Association was so impressed with the agency's work in furthering "mutual understanding and trust between the people of Thailand and the people of the United States "that it gave to USIS Thailand its 1959 Silver Anvil Award, symbolic of an "outstanding performance in the field of international public relations originating outside the United States."

Clear evidence that English-language broadcasts by the Voice of America have a wide and enthusiastic audience was manifested late in 1959 when more than 65,000 letters poured in from abroad in response to a series of announcements of a VOA survey of the age, location, and program preferences of its listeners. (North Korea, North Vietnam and Albania were the only countries in the world not heard from.)

Conversely, USIA has been the constant object of Soviet vituperation, which is often the criterion for judging the effectiveness of those attacked. In a Radio Moscow broadcast in German on May 27, 1960, USIA was identified as a "dirty factory for the manufacture of lies and slander * * * headed by a theoretician of U.S. imperialism, George Allen."

Here is a partial chronicle of the many steps which have been taken since 1953 to overcome the deficiencies in the oversea information program cited by Senator HICKENLOOPER and his colleagues.

COORDINATION OF POLICY

The Director of USIA has been made a permanent voting member of the Operations Coordinating Board, and is a regular attendant at meetings of the Secretary of State, National Security Council and Cabinet. According to a Brookings Institute report submitted to the Senate Foreign Relations Committee in January 1960:

"At meetings in the (State Department) and in ad hoc interdepartmental groups set up to deal with particular problems, the Information Agency has achieved effective representation. By the presence of its Director in meetings of the National Security Council and in private discussions with the President, the Agency has been able to carry the views and requirements of the information program to the highest levels."

Overseas, USIS officers have become integral members of Ambassadors' country teams throughout the world, in a position to call attention to the public relations aspects of local problems.

The U.S. Advisory Commission on Information, which on many occasions has commended USIA on its progress and on its ability to develop avenues of cooperation with the Department of State on all levels of policy and administration, recently stated: "USIA has obtained more coordinated foreign policy guidance as an independent Agency than when it was in the Department. Many Ambassadors have also attested to the improvements that have been made."

INFORMATION PROGRAM DUPLICATION ELIMINATED

Under the terms of a Presidential directive issued in 1954, ICA ceased operating a separate information program of its own abroad. USIA and ICA have had a basic agreement since then covering the support which U.S. mutual security activities receive within the oversea information program. Close policy and media liaison exists between USIA and ICA in Washington, while at the field level the director of the ICA mission staff and the USIA public affairs officer are key members of the Ambassador's country team. This assures continuous joint assessment of ways to achieve maximum political, economic, and psychological support from U.S. aid in each country.

ADMINISTRATION—EVALUATION

Administration

Close administrative cooperation with the Department of State is evidenced by such steps as scheduling of USIA oversea inspections and audits to coincide with those of the Department and the naming of senior Department officers to USIA employment and promotion panels.

Executive officers have been assigned to several large USIS posts for the purpose of improving budget and accounting procedures, administrative support funds, contracting and procurement, and general post management.

To achieve greater administrative flexibility, the Agency has set aside a contingency fund which can be used by the Director for emergencies and unexpected events on the international scene.

In 1954, the Voice of America was moved from New York to specially designed studios in Washington without an instant's interruption in its worldwide broadcasts. The move has promoted integration with other Agency elements as well as faster and easier coordination with other elements of the Government. (VOA is currently implementing a comprehensive, long-range program for construction of new radio facilities in five different oversea locations, and is also building new transmitters in North Carolina to provide a more reliable and higher quality signal to its relay bases.)

The Agency has alertly modified its media and geographic structure to meet new program challenges and opportunities. In 1958, for example, in line with an explosive expansion of TV internationally, USIA established a separate Television Service headed by a television executive with heavy international experience. This year the mass emergence of African nations from a colonial or protectorate status has been recognized through the establishment of an African area office under an area assistant director.

Evaluation

An inspection staff of first-rank USIA officers has been set up to carry on a continuous, country-by-country examination of the program, with responsibility for inspection of USIS operations and personnel and evaluation of USIS programing.

The Agency's Office of Research and Analysis, organized in 1954, has also provided measurement of reactions to individual Agency campaigns as a program evaluation device, in addition to making continuing assessments of world opinion and analyzing Communist propaganda trends and techniques.

PERSONNEL MANAGEMENT

Today, USIA employs slightly more than 11,000 persons worldwide, as compared with 12,877 in its first year (fiscal year 1954). In recent years, USIA has placed less emphasis in its foreign service recruitment upon the technical mass-media skills. (Many of these skills are available to the Agency abroad and are in fact performed ably and more economically by about 7,100 foreign national employees under the guidance of American officers.) Recruitment emphasis today is more on broader education and training and the ability to communicate effectively with foreign audiences on a direct personal basis.

In its 15th annual report, the U.S. Advisory Commission on Information acknowledged that the Agency has had "singular success * * * with its junior officer training program in Washington (which has) both recognized the importance of personnel who are substantially knowledgeable and who can communicate and develop personal contacts."

The Director of USIA has approved the establishment of a career arm of the Foreign Service Reserve Corps by appropriate administrative rules and regulations. This is designed to give the Agency a career officer system as nearly like the Foreign Service Officer Corps as can reasonably be achieved without legislation. Career legislation has been sought consistently by the Agency since mid-1954, with the President recommending its enactment to the Congress in 1956, 1957, and 1959.

Because the Agency is obviously one which the Communists would like to infiltrate, USIA employment security standards are among the most stringent in the Federal Government. By law, every USIA employee must undergo a full field investigation by the U.S. Civil Service Commission before he can be hired. Even though employees transferred to its rolls when USIA was created in 1953 had been security cleared, to protect the public interest they were reinvestigated in the light of security rules stricter than those in effect when they were originally employed.

Since satisfactory personal adjustment of the individual officer and his family to foreign duty is so important, the Agency is experimenting with a psychiatric and psychological testing program designed to weed out new recruits who give indication that they would probably experience maladjustments and even failure if stationed abroad. In the opinion of the U.S. Advisory Commission on Information, "This is a new and promising service which, if administered carefully, fairly, and humanely, will go a long way toward developing a healthy Foreign Service Officer Corps."

For several years the Agency has given priority to training in languages spoken and read by millions in Asia, Africa, and the Near East. All USIA Foreign Service officers will be required to have a specified high level of proficiency in a Western European language or a satisfactory level in one of the languages of the Far East, South Asia, Near East, or Africa by June 1962.

Training of new employees assigned to work overseas has been intensified in recent years to include a more thorough study of Communist theory and strategy than was formerly required, a more thorough review of American civilization and more hours of work on effective use of communications techniques. With the cooperation of American sponsors in the communications media, civic, industrial, educational, and cultural fields, a highly effective orientation program has also been worked out whereby unusually capable foreign nationals employed by the Agency abroad are brought to the United States to get firsthand knowledge of our country and a picture of American life and democratic institutions through personal observation.

ADJUSTMENT OF WASHINGTON FIELD RESPONSIBILITY

Field officers have been given more discretion and greater responsibility for the development and execution of country plans and programs, the production of materials locally, and the definition and selection of target groups to be reached. USIS staffs

abroad therefore have a high degree of flexibility to meet complex problems and critical situations as they arise and to support country team decisions made on the scene. The Agency provides "overall creative plans and guidance" to the field and monitors field operations through country plans, inspections, and visits of area assistant directors to assure that posts operate in accordance with such plans and guidance.

FOREIGN COOPERATION IN PROPAGATING FREE WORLD CONCEPTS

The Agency has also aided in training personnel of friendly foreign governments—teachers, information specialists, etc.—who in turn instruct their people in democratic processes and conduct programs which bring about awareness of and effective opposition to Communist activity.

USIA has supported development with NATO, CENTO, and SEATO countries of programs which will increase public confidence in such treaty organizations as indispensable elements of an effective free world security system and as the framework within which the member nations can most advantageously exercise their partnership in free world affairs.

The binational center concept—so popular and long established in Latin America—has been extended successfully to other parts of the world, institutionalizing the efforts of foreign nationals and Americans living abroad to improve relations between our countries. Binational organizations (110 in 31 nations) now exist in such far-flung countries as Spain, Italy, Greece, Turkey, Iran, Burma, Thailand, and the Philippines.

The Agency has placed emphasis on the teaching of English to foreign nationals (150,000 a year at present), an activity which now lies at the heart of binational center and USIA cultural center programing. Annual seminars are being conducted for about 5,000 teachers of English in local schools (their pupils numbering about a million), who are not only acquainted with modern teaching techniques but also receive a basic orientation in American life and culture. USIA initiative and encouragement have also led to the establishment of many chairs and departments of American studies in foreign universities.

A high proportion of the films produced or acquired by USIA are now shown abroad by agencies of national and local governments and by civic, religious, and educational groups. Many USIA films are used in the educational systems of foreign countries. In West Germany more than 2 million persons a month see USIA films exhibited by about 500 all-German community film committees. This committee network is the Agency's chief means of noncommercial motion picture distribution there. In Greece groups known as community information councils exhibit USIA films on regular schedules.

In administering the educational exchange program abroad for the Department of State, the Agency has taken special pains to follow up with foreign students upon their return from the United States, encouraging them to give lectures and write articles about their impressions of American life and culture, furnishing them with current information about American progress and achievements in their study specialties, etc. Foreign student "alumni associations" have been established with the help of USIS posts, as indigenous vehicles for making American objectives, policies, and actions better known and understood.

Many foreign publishers have been encouraged, along with American firms, to produce inexpensive foreign-language editions of basic American textbooks, the "Classics of Democracy," and other literature promoting understanding of American life and democratic institutions. Last year alone USIA efforts in this area accounted for the publication of 653 foreign editions in nearly 6.6 million copies in 34 language, and of 1,815,000 copies of low-priced books, including 40 editions in 10 foreign languages and 46 English editions.

PUBLIC PARTICIPATION IN FOREIGN RELATIONS

USIA laid the groundwork for the launching of the people-to-people program by President Eisenhower in 1956. Hundreds of organizations—business, social, professional, representing millions of Americans—have since rallied to the support of the idea. Offering ways for every American to help build friendship and understanding with peoples of other nations, people-to-people projects include exchanges of people and professional know-how, school and town affiliations, letter-writing campaigns, magazine and book collections, hospitality for foreign visitors, and helpful advice for Americans who want to represent their country effectively when they travel abroad. Several large cities have even established umbrella-like people-to-people councils to enlist and coordinate the services of local civic groups and private industry in building international relationships.

The Agency's Office of Private Cooperation furnishes facilitative assistance, as necessary, to the many communities and groups engaged in this massive grassroots diplomacy effort. A 1958 survey of USIA "seed money" grants to help people-to-people committees to launch highly desirable new projects revealed that every USIA dollar granted generated at least $5 of private spending to achieve people-to-people objectives.

In another important area, the Agency has been able to get objective, expert advice on its overseas programing problems from the 16 top American public relations practitioners who comprise its Panel on Public Relations Policies and Techniques.

INFORMATION PROGRAM OBJECTIVES

President Eisenhower succinctly stated in his 1953 directive establishing USIA that the Agency's purpose shall be "to submit evidence to people of other nations by means of communication techniques that the objectives and policies of the United States are in harmony with and will advance their legitimate aspirations for freedom, progress, and peace."

Consistent with this mission, the Agency has concentrated on increasing the reliability of USIA as a source of factual information about the United States. Without in any way cutting down programs that depict American progress and advances in many fields, USIA deliberately omits any suggestion of boasting or bragging which frequently alienate and annoy foreign audiences.

There is "an already general acceptance abroad of the USIA as the reliable and truthful voice of the United States in the exposition of our foreign policies," the U.S. Advisory Commission has said, and "the achievement of this reputation is the best insurance against belief in Communist propaganda and their view of world events."

The Commission notes as evidence of this recognition a May 1959 statement by British historian Arnold J. Toynbee that "after a period of trial and error, the present-day Americans seems to me to have learned that the best way of instilling confidence in the foreign policy of the United States is to give people in other countries the factual information that will make them form their own judgments about the United States and its citizens. In this field, frankness, sincerity, and objectivity always prove to be the best policy."

In line with its overall effort to make the best possible use of Agency resources, USIA has in recent years developed detailed basic planning and guidance papers devoted to major themes (American life and culture, science, atomic energy, disarmament, anticommunism, American economy, minority affairs, women's activities, etc.) on which media should concentrate in their worldwide output. At the same time field staffs have been required to pinpoint their objectives and the themes in their country programs in order to achieve greater concentration of effort and greater impact.

This sharpening of Agency targets and themes has been accompanied by increasingly closer coordination among Agency policy, area and media elements. As a result theme possibilities are analyzed in terms of their exploitation potential and, in concert, the media are able to zero in on a theme and assure that it reaches the widest possible audience in a variety of ways. This multimedia approach has been successfully employed in many instances. To name a few—

1. Atoms for peace—one of the Agency's major themes since President Eisenhower's memorable speech before the U.N. General Assembly in 1953—has been so successful that the Soviet Union, which originally scorned the concept, has had to reverse itself and adopt it, too.

2. Peoples capitalism—emphasizing the opportunities and accomplishments of millions of ordinary Americans under our free economy—has been so well received abroad as a result of effective USIA media cross-play that the Communists have attacked the theme frequently and violently, and continue to pour upon it some of their choicest invective.

3. America's broad-based scientific and technological stature has also been stressed as a major USIA theme, in such activities as comprehensive exhibits on space exploration; timely films like "Nautilus Crosses the Top of the World," prints of which were dispatched abroad within hours of the announcement of the American submarine's historic feat; development of a highly popular portable library of paperback books on scientific subjects; work with oversea science clubs, and assistance with techniques of teaching science, American-style, in the schools of other countries.

4. One of the Agency's foremost long-range programs centers around the culture of America—stressing that America's art is worth seeing, its music worth hearing, its books worth reading; and that the American people place a high value on the spiritual and cultural aspects of life. The U.S. Advisory Commission on Information has also applauded the development in recent years of a more coordinated cultural program permeating all media and has noted considerable improvement in the quality of USIA cultural materials especially during the past 2 years.

The Lincoln Sesquicentennial Celebration in 1959 provided the Agency with a unique opportunity to build a comprehensive year-long, multimedia campaign around the Great Emancipator, whose life and deeds are of interest to peoples in the most remote areas of the world. Thus the Lincoln saga was unfolded in books and other publications (even comic books), exhibits, original and acquired films, radio and TV broadcasts, seminars and lectures, well-publicized ceremonies at which Lincoln busts or other memorabilia were presented to foreign dignitaries, etc.

Atoms for peace, the American economy, science and technology, culture and many other themes were forcefully packaged last summer in the American National Exhibition in Moscow which attracted nearly 3 million visitors. In effect, the exhibition placed 10 acres of the United States in the heart of the Soviet Capital for 6 weeks. In addition to coordinating the event, USIA mounted many of the exhibits, including the

astonishingly successful "Family of Man" photo exhibit by Edward Steichen, depicting the hopes, fears, joys, drives and other human denominators common to all the peoples of the earth. It arranged for the spectacular "Circarama" and "Septorama" film presentations; outfitted the electronic brain which instantaneously answered in Russian thousands of questions about American life, and trained and supervised the 75 bilingual guides who scored such a personal triumph in their contacts with exhibition visitors.

That an exhibition of this magnitude was mounted within 6 months in the face of seemingly insurmountable logistic (to say nothing of political) obstacles is a testimonial to the ingenuity, resourcefulness and effectiveness of USIA and the other governmental and private organizations which also participated. Despite the demands of this massive crash project, the Agency's normal level of worldwide programing was maintained.

SOCIAL SECURITY AMENDMENTS OF 1960

The PRESIDING OFFICER. Under the unanimous-consent agreement, now that the hour of 11 o'clock has arrived, the Senate will resume the consideration of the unfinished business.

The Senate resumed the consideration of the bill H.R. 12580, the Social Security Amendments of 1960.

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that at this time I may suggest the absence of a quorum, and that the time required for it be charged equally to both sides.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. JOHNSON of Texas. Then, Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MANSFIELD. Mr. President, I yield 10 minutes to the Senator from Pennsylvania [Mr. CLARK].

Mr. CLARK. I thank the Senator from Montana.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized for 10 minutes.

Mr. CLARK. Mr. President, I rise in opposition to the Javits amendment, and in support of the Anderson-Kennedy-McNamara amendment to the pending bill, which provides additional medical care for the aged.

My first point is that the Anderson-Kennedy-McNamara amendment clearly is in accord with the Democratic national platform adopted at Los Angeles on July 12 of this year. On the other hand, the Javits amendment is in opposition to that platform.

For the record, I should like to quote the pertinent parts of the Democratic national platform plank which deals with health, as follows:

> We shall provide medical care benefits for the aged as part of the time-tested social security insurance system. We reject any proposal which would require such citizens to submit to the indignity of a means test—a pauper's oath.

And again:

> The most practicable way to provide health protection for older people is to use the contributory machinery of the social security system for insurance covering hospital bills and other high-cost medical services. For those relatively few of our older people who have never been eligible for social security coverage, we shall provide corresponding benefits by appropriations from the general revenue.

And again, under the subtitle "A Program for the Aging":

> Health: As stated, we will provide an effective system for paid-up medical insurance upon retirement, financed during working years through the social security mechanism and available to all retired persons without a means test. This has first priority.

Mr. President, I take that plank seriously, and I am sure that the overwhelming majority of my Democratic colleagues do, too. It is indeed difficult for me to see how the Democratic Members of the Senate could fail to support that plank, here in the Senate, before the end of August, scarcely a month after the platform was unanimously adopted, according to the ruling of the Chair, at Los Angeles.

As the Senator from New Mexico [Mr. ANDERSON] said yesterday, I point out that never during the hearings before the platform committee or during the consideration of the platform by the convention was any question raised by any Democrat in opposition to that plank.

I feel morally committed to support that plank, for which I voted as a delegate. Other Democratic Senators will, of course, be guided by their own consciences.

It is not only the Democratic platform on which we on this side of the aisle base our opposition to the amendment submitted by my good friend, the Senator from New York [Mr. JAVITS], and our support of the Anderson amendment. The overwhelming majority of literate, intelligent, and modern editorial opinion throughout the country supports our position.

Much was made yesterday by my good friend the senior Senator from Florida [Mr. HOLLAND] of a couple of editorials indicating that the Senate was acting with undue haste and that the social security approach was an erroneous one. He quoted from an editorial from the Wall Street Journal, another one from the Baltimore Sun, and a third from the New York Daily News.

These fine newspapers, of course, are entitled to their own opinion. I sometimes think if we wanted to find out how Calvin Coolidge would have stood if he were confronted with these problems, or how Warren Gamaliel Harding would have stood if he were confronted with the problems of today, we could do no better than turn to the editorial pages of those great papers, the Wall Street Journal and the Baltimore Sun.

I submit that the position taken by so conservative an organ of the business community as Business Week summarizes perfectly the case in support of the Anderson-Kennedy-McNamara amendment and in opposition to the Javits amendment. Let me quote from it:

> The problem basically is that the aged are high-cost, high-risk, low-income customers. Their health needs can be met only by themselves when they are young or by other younger people who are still working. The only way to handle their health problem, therefore, is to spread the risks and costs widely. And that can best be done through the social security system to which employers and employees contribute regularly.

This position taken by the conservative Business Week has been supported by the New York Times, the Washington Post, the distinguished commentator Walter Lippmann, and a host of other people who have really studied this problem in the interest of getting something effective done to help our older people.

I submit the overwhelming weight of newspaper and commentator authority is in support of the Anderson amendment and in opposition to the Javits amendment.

Only social security can do the job in the field of medical care which so urgently needs doing. Here are the reasons why:

First. Only through social security can the risk be spread over virtually our whole population.

Second. Social security offers a system of prepayment through the period when a person is most apt to have earned income.

Third. Social security provides its benefits as a matter of right and requires no humiliating means test.

There are many objections, on the other hand, to the administration-Javits proposal, which bypasses the social security system.

Most States are not able now to provide the funds which would be required as their contribution. The recent Governors' conference went on record against plans along the lines of both the administration proposal and that of the Senator from New York. A leading advocate of the approach incorporated in the Anderson-Kennedy-McNamara amendment is the distinguished Governor of New York, Governor Rockefeller.

The administrative costs of the administration-Javits proposal would be fantastically wasteful, if not downright prohibitive.

Governor Lawrence, of Pennsylvania, has estimated that 700,000 people in our Commonwealth might be expected to participate immediately. Hundreds of caseworkers would have to be hired to investigate the required income test. A collection agency would have to be established to collect the $10 fee and other payments which each participant would have to make. A separate legal staff in each State would have to be set up to investigate fraudulent claims. There would have to be additional office space, equipment, and supplies to do the job, all of which would be expensive.

In contrast, placing medical care in social security would require no such monumental new apparatus. There

would be no income test—hence, no State-employed caseworkers, no new collection agency, and so forth. Social security would simply provide a mechanism for payment, a mechanism which is already in existence.

The Senator from New York has commented that the social security approach is practically a sales tax and that it taxes most heavily those at the lower end of the income scale. Let me point out that his proposal depends substantially on State revenues, which are derived mainly from sales and excise taxes. Most of the State tax increases since World War II have been in general sales taxes. The way to make the impact of social security taxes more progressive is to raise the taxable wage base—as many of us would favor doing—not to fall back on far more regressive State tax systems.

My attention has been called to an excellent editorial in the Washington Post of this morning, entitled "Security With Dignity," which, generally speaking, supports the position I have just taken. I thank the Senator from Michigan for calling my attention to it, and I ask unanimous consent that the editorial may appear at this point in the RECORD.

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

SECURITY WITH DIGNITY

In the range of its benefits and its emphasis on preventive medicine, the plan proposed by Senator JAVITS and endorsed by Vice President NIXON for medical care for the aged seems extremely appealing. It is now being put forward as a compromise proposal on the theory that it might be acceptable to President Eisenhower although it is much more generous and comprehensive in its coverage than the administration's "medicare" program. It is also markedly superior in every respect to the bill passed by the House and to the bill reported out by the Senate Finance Committee.

To adopt the Javits plan would nevertheless be a misfortune, we believe. It embraces two serious defects. Its benefits would be available only to persons over 65 with an annual income under $3,000 ($4,500 for a couple)—a relatively generous cutoff but nevertheless entailing a means test for eligibility. And it would be financed through a complicated system of Federal-State matching grants under which participation would depend upon State legislatures and be subject to variations among the States.

The funds for the program would have to be appropriated each year by Congress and State legislatures. Participation in the program's benefits would be voluntary; but there would be nothing in the least voluntary about the taxes levied to support it; everyone would share in paying those.

Insurance against the health hazards of old age seems to us an integral and inescapable aspect of social security—logically a part of the social security system which has helped to stabilize the national economy and safeguard the welfare of individual Americans for the past quarter century. The costs of such insurance would be met through a slight increase in the payroll tax levied equally upon wage earners and wage payers and would give Americans, as a matter of earned right—without having to prove themselves paupers—medical and hospital care in retirement years.

Such a program would, as AFL-CIO President George Meany put it the other day, "bring real security with dignity to the lives of our senior citizens." Senator ANDERSON'S amendment would accomplish this. Even at the cost of getting no program at all through this short session of Congress, the Democrats should not settle for anything less.

Mr. CLARK. Mr. President, I yield back the remainder of my time.

Mr. JAVITS. Mr. President, I yield 10 minutes to my colleague from New York [Mr. KEATING].

The PRESIDING OFFICER. The Senator from New York is recognized for 10 minutes.

Mr. KEATING. Mr. President, I rise in support of the amendment which has been offered and so ably presented by my distinguished colleague. I am happy to be a cosponsor of this measure, which seems to me to be an extremely realistic approach to the health needs of the aged. I commend my distinguished colleague for his sponsorship of this proposal and for the depth of understanding which he has displayed in the debate over the past several days, during which he has so vigorously presented the case in favor of the amendment which is now before the Senate.

But it is not simply the arguments which my colleague has made here which are to be commended. He and the many experts in this field with whom he has worked so diligently have devoted countless hours of hard thinking and responsible planning to the framing of a health-insurance-for-the-aged program which is consistent with the fundamental structure of our Federal system and is geared to the special health and medical needs of the aged.

My colleague has placed before us a plan which consolidates the best thinking of the President of the United States, the Vice President, Secretary Flemming, the leading health and medical spokesmen in the Cabinet, experts from every part of our Nation, and countless aged persons who have written to us to tell us of their most pressing health needs and to suggest ways in which they may be met.

I recognize full well that many Members support the alternative approach which is before us and which was introduced by the distinguished Senator from New Mexico. I nevertheless feel that the needs which have been expressed by the aged are best met by the program which has been introduced by my colleague.

Mr. CARLSON. Mr. President, will the Senator yield?

Mr. KEATING. I yield.

Mr. CARLSON. I appreciate very much the Senator's yielding to me. I think it is also important to point out a seminar was conducted by the College of Physicians and Surgeons earlier this year. I think the summary in the memoranda, which is contained in the hearings, if the Senator will permit me to do so, should be read into the RECORD.

Mr. KEATING. I am happy to have the Senator do so.

Mr. CARLSON. The summary of the memorandum reads as follows:

The problem of health care for those 65 years old and over is distinct from the problem of health care for those under that age; Federal assistance is necessary in handling any health care program for the aging; and any such health care program should be voluntary, with contributions by the beneficiary as well as by State and Federal governments. These are the major conclusions that may be drawn from the papers and discussions of those who engaged in the conference.

I think it is important to note that the amendment of the Senator from New York meets those requirements. It is voluntary. It requires contributions from the individual, from the State, and from the Federal Government.

Mr. KEATING. That is very true, Mr. President.

I appreciate the fact that the distinguished Senator from Kansas has brought this out. Since he is a member of the committee which has considered this entire matter, I know he speaks with a voice of authority.

I do not intend to dwell on the basic tenets of governmental theory upon which the proposal now before us is based, nor do I intend to repeat the excellent arguments made yesterday by my colleague on the relative merits of the two basic financial approaches to the health needs of the aged. I prefer instead to concentrate on a number of practical considerations which I believe should be taken into account in reaching a decision on the issue which is before us.

First, I am convinced it would be a cruel hoax to pass a social security health insurance measure today unless we make it perfectly clear to everyone—and this includes those older citizens who would be immediately affected—that such a measure will very likely not be signed into law this year. I insist this should be made clear. It would be unfair to do otherwise. Whether or not one is in agreement with the position which the President has taken, the President has certainly made his intentions extremely clear.

Furthermore, the House of Representatives undoubtedly would reject any social security health insurance proposal which we adopt. The powerful Ways and Means Committee of that body has already turned down this approach, by quite a decisive vote. Perhaps my colleague from New York remembers what the vote was in the House Committee on Ways and Means.

Mr. JAVITS. Mr. President, if the Senator will yield, it is my recollection the vote was not less than 2 to 1.

Mr. KEATING. That is my recollection, that the vote was at least 2 to 1. The House as a whole was not able, although it may have wished to do so, to muster the necessary strength to reserve the committee action.

We have no evidence whatever before us, Mr. President, that the House would now be prepared to accept what it has already rejected out of hand.

Even if the House were to completely reverse itself and to accept a social security measure along the terms of the Anderson proposal, it is clear, it seems to me, that the President would not accept it.

The President has made it abundantly clear that he is not prepared to accept the social security approach in any way, shape, or form.

Of course, I have no actual knowledge as to what the President will do. I have no secret pipeline to the White House. I do not have a Dick Tracy two-way wrist radio to keep in touch with the activities of the President or of those around him. I do not think anyone needs one. The President has made it altogether clear that the social security approach is not acceptable to him.

As I have said, whether or not one is in agreement with our position, it certainly has been made clear that any such approach will mean we shall have no legislation at this session.

Every Senator who votes for the Anderson amendment—and I do not by any means suggest it is not an honest preference on his part—must recognize the fact that in doing so he is saying to all who would be eligible for the health insurance that they will have to wait a couple of years longer for it. It may well be that it would be worth waiting in order to get a particular kind of program. I do not think so. I am very much convinced of the merits of the plan which has been advanced by the group, led by my distinguished senior colleague.

For those who may still be undecided as to the two alternatives, I point out that ours is a proposal which can be passed today and which, without much question, would be acceptable to the House of Representatives, and would be signed by the President, to go into effect shortly thereafter. Indeed, this is the only plan which contemplates going into operation on October 1 of this year. All of the other plans are expected to be in operation not before July 1 of next year.

This seems to me to be a very compelling practical argument in favor of the passage of the amendment before us.

The PRESIDING OFFICER. The time of the Senator from New York has expired.

Mr. KEATING. Mr. President, will my colleague yield me another 5 minutes?

Mr. JAVITS. Mr. President, I yield 5 additional minutes to my colleague.

The PRESIDING OFFICER. The Senator from New York is recognized for 5 additional minutes.

Mr. KEATING. Mr. President, another practical matter of importance which I want to stess relates to the relative benefit packages of the two alternatives to be voted upon today.

I do not think anybody would dispute the fact that the benefit package in the amendment offered by my colleague is far superior to that offered in the Anderson amendment or, for that matter, to that offered in any of the other alternatives proposed.

The amendment before us would give the individual the choice as to whether he wishes to emphasize first cost coverage or insurance against long-run illness, or what the administration has called catastrophic illness. One program might suit one person while the other may be more appropriate for and suitable to his neighbor.

Within the two programs, our amendment would provide hospital care, physician's services, surgical services, and nursing home care; and, in the catastrophic program, laboratory and X-ray services, drugs, dental services, and home nursing.

The broad range of services in these two benefit packages offers a number of advantages. First, it is a "no fooling" proposition. By this I mean it does not, by promising only hospital care, ignore or further aggravate the existing serious national shortage of hospital facilities.

Mr. President, with a program limited to hospital care we may well have to turn a lot of people away from the doors. We shall perhaps be turning away people with very serious illnesses, to make way for those with minor illnesses who want to benefit under their insurance program.

That seems very serious to me. If everybody is to be given free hospitalization, it will naturally mean many will go to the hospitals who normally would be taken care of, as they could be under the proposal offered by my colleague, in a nursing home or by home care. In fact, by specifically including home care, home physician's services, and nursing home care in the proposal offered by my colleague [Mr. JAVITS] we may prevent people who are newly covered under a plan, who formerly had more limited plans, from going to hospitals when they do not need to in order to take advantage of their insurance benefits. Under the Anderson proposal those people would have to go to the hospital to obtain the benefits.

Good health insurance must be geared to the special needs of the aged, and must be varied in its benefit packages. If a man needs a doctor we cannot say to him, "Sorry, my friend, you are only covered for hospitalization, so go lie down for a while." Having a health-insurance-for-the-aged program which is unduly limited as to types of benefit is like asking a man to hammer a nail with a pair of pliers.

To sum up, I want to add my support to the very fine arguments which have been presented by my senior colleague during the past several days of debate.

At this moment, taking all present circumstances into account, I feel strongly that the best and most realistic course for the Senate would be to pass the very manageable and responsible program which we have put forth. I hope that any Senators who may still be "on the fence" will think hard, and in doing so, will recognize that of the available alternatives, the bill of which I am a cosponsor offers the best and most immediate solution to the health needs of our Nation's senior citizens.

Mr. President, at this point, if I may be permitted to do so, I should like to address a couple of questions to my colleague, who has studied this subject so thoroughly.

Am I correct that the proposd Anderson amendment would cover only those who come under the social security system, and that anyone who did not come under that system would not be within the purview of the Anderson amendment?

Mr. JAVITS. That is my understanding, and I draw that from section 226(a), page 2, of the Anderson amendment, which conditions entitlement upon attaining the age of 68, and entitlement under section 202 for monthly insurance benefits under OASI.

Mr. KEATING. Is it not true, furthermore, that the benefits in the Senator's plan would be extended to those who are not under social security?

Mr. JAVITS. As well as for those who are.

Mr. KEATING. The benefits would, I feel, be superior to those contained in the Anderson amendment as well as to those contained in the Kerr bill.

Mr. JAVITS. I believe so. I point out also that the fundamental direction, as the experts tell us, is for preventive care. At least the option for preventive care is something better than is provided under the Anderson amendment, and the comprehensive care package in the case of catastrophic illness is, I believe, superior to it, too.

Mr. KEATING. Much has been made here by the opponents of this plan and those who favor the social security approach, of the opposition of the Governors conference. Does not the Senator from New York feel that it is a perfectly natural reaction for a Governor of a State, without in any way impugning his motives, to prefer to have a health plan handled through a Federal system rather than one in which the State would participate?

Mr. JAVITS. It seems to me that is elementary. The State Governors are not eager to raise money for the purpose of paying their share of these programs if they can get them without doing so. So who would expect any other reaction? We could hardly expect anything else but that the Governors should say, "Sure, let the Federal Government do it."

Mr. KEATING. Under the plan of the senior Senator from New York, the beneficiary has three options; am I correct?

Mr. JAVITS. That is correct.

Mr. KEATING. He may select whichever one he feels best fits the particular problems which he faces and which his family faces?

Mr. JAVITS. The Senator is exactly correct.

Mr. KEATING. I think this answers the questions I wanted to ask. After the further presentation which my distinguished colleague makes today, I may have some further questions. In closing, I again commend him for the very great diligence which he has shown and the very constructive plan which he has presented.

Mr. JAVITS. I am very grateful to my dear friend and colleague, the Senator from New York.

Mr. SALTONSTALL. Mr. President, will the Senator yield?

Mr. JAVITS. I yield 7 minutes to the Senator from Massachusetts.

Mr. SALTONSTALL. Mr. President, I support the amendment of the Senator from New York as an improvement on the administration bill. I believe Mr. Flemming himself believes that the amendment is an improvement, and supports the Javits amendment.

I think the essential feature of the Javits amendment as opposed to the so-called Anderson amendment is that it is

voluntary. I think the best forms of medical care that we can have are those which embody a combination of the voluntary desires on the part of the individual and the cooperation of the State and the Nation.

The Federal Government can well contribute help to America's aged citizens in meeting the cost of high—and in some respects, as the technical experts in the field term it, "catastrophic"—medical expenses.

I have tried to make clear my own beliefs about this need and to contribute emphatically and directly to this end by introducing the administration's proposal of broad benefits—the so-called medicare bill, and cosponsoring the more recent proposal embodying the same basic principles filed by Senator JAVITS. His proposal improves that which I filed.

The number of people in the United States age 65 and over is increasing at the rate of 1 million every 3 years. There are today 16 million of these older citizens—nearly 9 percent of our total population. Income for older people is drastically smaller than in the case of lower age groups—a substantial portion of our aged have personal incomes of less than $1,000 annually. On the other hand, the average old person has from 2 to 3 times as much chronic illness as a typical young citizen. Medical care expenses of our old people are close to two times as much as for the general population. General medical costs have gone up 46 percent in the last 10 years; and two-thirds of our aged have no private health insurance.

The problem of keeping healthy is, simply, compounded for older people. First, their medical costs are more expensive than for younger age groups. Second, since their so-called productive years are drawing to a close or are already over, they have less money with which to cover these costs.

Perhaps the most serious aspect of this social problem is the heavy insecurity and apprehension, the depression and despair suffered by people in their old age, knowing that their illnesses may be more serious and last longer than previously and probably that there will be less money to cover the costs.

Because of these striking facts there is general agreement that some plan of Federal assistance in this field should be provided in addition to existing Federal programs providing grants-in-aid to support State old-age assistance programs. No one person, group, or one political party has a monopoly on the urgency of this issue or the conviction that something must be done about it. The question is what plan should it be; how should this matter be approached.

S. 3784, the administration proposal which I filed, is based on the following essential beliefs about Federal assistance to cover medical expenses of the aged; it must be voluntary—that is, placed outside of compulsory social security schemes, paid for out of general revenues rather than by a special tax; it must not be discriminatory; it must meet the specific need of helping out cases of chronic, long-term illness; it must involve some participation on the part of the individual in providing for his own welfare; it must involve State sharing and State administration of the program; and it must not act to clog already jammed medical facilities and institutions.

The proposal which the Senator from New York [Mr. JAVITS] has introduced and which I and seven other Senators cosponsored is essentially a blending of the medicare concept and an earlier bill introduced by the Senators from New York [Mr. JAVITS and Mr. KEATING], the Senator from Pennsylvania [Mr. SCOTT], and others.

I want to make it clear that far from being inconsistent with S. 3784, the new Javits proposal embodies the basic principles and provisions of that bill, as Secretary of Health, Education, and Welfare Flemming has recently made clear.

The Javits bill provides three optional plans from which participants can select the one they feel is best suited to their individual need: First, a diagnostic and short-term illness benefit plan emphasizing preventative medicine.

From my experience in studying this plan, it is always wiser to keep a man healthy than to help him get well after he is sick. A healthy man is an asset to himself, to his State, and to his Nation. A sick man is not an asset either to himself or to his Nation.

Second, a major medical services plan emphasizing chronic and long-term illness; and third, an optional private insurance benefit plan, covering 50 percent reimbursement of private program's cost up to $60.

Those people over 65 years of age who do not earn over $3,000 annually—couples, $4,500—would be eligible under this bill. Federal payments for the program would range from two-thirds for the poorest State to one-third for the richest State, averaging 50 percent and paid for out of general revenues. The annual Federal cost under this proposal is estimated at from $320 million to $460 million; the State cost up to $520 million. The States would administer the plan as outlined in the Medicare proposal.

The first two options under the Javits measure constitute minimum requirements to qualify for the Federal-State partnership. In addition to this, the Federal Government would participate in the cost of improving these plans up to a per capita cost of $128 per year for benefits—that is, up to the level of benefits provided by the administration's original bill.

The Javits plan calls for individual enrollment fees to be determined by the States according to the participant's income and with the approval of the Secretary of Health, Education, and Welfare. Its third option—the major long-term illness benefits plan—requires payment by the individual participant of 20 percent of costs after a deductible of $250, as under S. 3784.

What we now have under the new proposal is a more flexible plan both in terms of the type of benefits offered and the level of benefits covered; an aged medical care program which directly and specifically meets the particular kind of need involved, which allows wide freedom of choice for the individual, and which stresses ability to pay in both participating States and individuals.

The first Medicare program has been criticized because it faced the danger of States withholding their participation in a broad and expensive program of high benefits, and because it put heavy emphasis on covering the cost of chronic illnesses without sufficient treatment for cases of short-term illness. The new measure has answered these questions, while following the basic principles of the earlier proposal which I have outlined. The States can now accept a limited version of the earlier plan or scale the benefits upward, according to their financial ability. The citizens of States agreeing to participate can select the first option under the program if they feel first-dollar costs for short-term and preventative treatment is more helpful in their particular case.

The Javits proposal represents substantial progress in finding legislation to answer the question before us.

Mr. McNAMARA. Mr. President, I yield 10 minutes to the distinguished Senator from Ohio.

Mr. YOUNG of Ohio. Mr. President, at the outset I state with all the emphasis I can muster that I support H.R. 12580, the bill to amend the social security law. I support it, although I hope later in the day or tomorrow to vote for amendments which will make it a better bill than it is in the form reported by the Committee on Finance. At 2 o'clock today I propose to vote against the Javits amendment, and at 6 o'clock this evening I propose to vote in favor of the Anderson amendment.

The amendment which we are considering, offered by the distinguished senior Senator from New York [Mr. JAVITS], is a step backward, in my judgment, although it certainly has meritorious features.

The Democratic National Convention this year adopted a platform which is designated "The Rights of Man." That platform was adopted a few short weeks ago. In it there is an obligation which the junior Senator from Ohio recognizes and intends to adhere to. It is my hope that the Senators of my party, the Democratic Party, will recognize the obligation of the Democratic platform. I should like to read a few excerpts from it:

> Illness is expensive. Many Americans have neither incomes nor insurance protection to enable them to pay for modern health care. The problem is particularly acute with our older citizens, among whom serious illness strikes most often.

Mr. President, protracted illness or extended surgical and hospital care should not be a financial calamity afflicting citizens who are 68 years of age and over. Stupendous debt should not be the penalty that the aged and the relatives of the aged should have to pay when serious illness comes into their homes. The social security system should be perfected and amended to take care of this situation.

The platform then goes on to provide:

We shall provide medical care benefits for the aged as part of the time-tested social security insurance system. We reject any proposal which would require such citizens to submit to the indignity of a means test—a "pauper's oath."

The amendment of the senior Senator from New York requires a means test sometimes called a needs test, compelling our aged to take that humiliating step.

The platform goes on to say:

For young and old alike, we need more medical schools, more hospitals, more research laboratories to speed the final conquest of major killers.

I will read one more paragraph from our Democratic platform, because I feel there is an obligation on the part of Senators who are members of the Democratic Party to support that platform. If within a few weeks we are to shoot down the platform of our Democratic Convention, or today vote against the social security concept by supporting the Javits amendment, let no one point to the junior Senator from Ohio and say his was the assassin's bullet.

The Democratic platform states—and I feel an obligation to support it, and I want to support it, and I am glad to support it—

The most practicable way to provide health protection for older people is to use the contributory machinery of the social security system for insurance covering hospital bills and other high-cost medical services. For those relatively few of our older people who have never been eligible for social security coverage, we shall provide corresponding benefits by appropriations from the general revenue.

That is a clear-cut pledge. The amendment we will vote on at 2 o'clock, in my judgment, is a violation of that pledge. The 87th Congress convenes in about 4 months, in January 1961, for the welfare of the Nation and for the peace of the world. If the bill reported by the committee, as amended, does not take satisfactory care of the elderly people who are not now covered by social security, it will be a very simple thing to act a few months from now. The Presidential veto, which now hangs over the Senate will not then be hanging over the Senate, I am thankful to state.

We shall, for those relatively few of our elderly people who have never been eligible for social security coverage, provide corresponding benefits by appropriations from the general revenue. I support the committee bill, but I submit at this time an amendment——

The PRESIDING OFFICER. The time of the Senator from Ohio has expired.

Mr. McNAMARA. Mr. President, I yield to the Senator from Ohio the time necessary for him to conclude his statement.

Mr. YOUNG of Ohio. I thank the Senator from Michigan.

Mr. President, I submit an amendment to the pending bill. The amendment would extend the coverage of the Social Security Act to the physicians and surgeons of the Nation. I ask unanimous consent that the amendment lie on the table and be printed.

The PRESIDING OFFICER. The amendment will be received and printed, and will lie on the table.

Mr. YOUNG of Ohio. Mr. President, I have made it clear that I support the Anderson amendment and shall vote for it at 6 o'clock tonight. I shall vote for other liberalizing amendments, also.

Mr. President, when on August 14, 1935, Franklin D. Roosevelt signed the social security bill, the old age, survivors, and disability insurance program became the greatest law for the welfare of the American people ever enacted by Congress. We want to maintain this program. It is actuarially sound, and we propose to keep it so.

President Roosevelt stated on the day he signed the act:

This is a cornerstone in a structure which is being built but which is by no means complete. What we are doing is good, but it is not good enough.

It is well known that at that time the most powerful lobby opposing social security and urging its defeat, just as it is the most powerful lobby today, urging the adoption of the Javits amendment, was the American Medical Association.

Mr. JAVITS. Mr. President, will the Senator yield?

Mr. YOUNG of Ohio. I shall be happy to yield a little later.

Mr. JAVITS. I shall yield a minute of my time to the Senator from Ohio.

Mr. YOUNG of Ohio. I shall yield in a moment. If the American Medical Association is not opposing the Javits amendment, which we are now debating, I shall be very glad to learn that. I consider that there are many meritorious features in the proposal of the senior Senator from New York. I have so stated. However, I oppose the Senator's amendment because it is not tied to the social security system, which even the Governor of the State of New York has declared is the proper approach. I now yield to the distinguished senior Senator from New York.

Mr. JAVITS. I yield the Senator from Ohio 1 minute. I know the Senator from Ohio, and have great affection for him. I know he would not wish to be unfair. The American Medical Association is not backing my proposal. The only clue I have to their attitude is that the Senator from Wisconsin [Mr. PROXMIRE] and I debated with Dr. Annis, of Florida, on a television program relating to this type of legislation. I think the Senator from Wisconsin will bear out my statement that from what we could learn, Dr. Annis was clearly opposed to the Anderson proposal and to my own.

Mr. YOUNG of Ohio. The fact that the American Medical Association—that is, the ruling clique of delegates in control of it—is not supporting the Javits amendment enhances my present opinion of the Senator's amendment. It has many good features. Nevertheless, I hope it will be defeated because I believe the Anderson amendment is a better amendment; and I believe we can adopt the better amendment on the floor of the Senate later today.

Mr. President, the house of delegates of the American Medical Association has been operating in a high-handed, arbitrary, dictatorial manner. In my State of Ohio and in the States of Pennsylvania, New York, and New Jersey, physicians and surgeons have asked to be included within the beneficent provisions of the Social Security Act. I hold in my hand, for example, many telegrams and letters—almost 40—which I have received in the last few days from physicians and surgeons in all parts of Ohio. They all contain messages similar to those which I now read:

Please vote to support amendments to restore physician coverage in social security. Doctors desire that.

Please use your influence to restore coverage of physicians.

Vote for social security coverage for physicians.

Here is a package of telegrams.

Although the physicians and surgeons, in referenda taken in various States, have expressed a wish to be included within the Social Security Act, those willful men, holding onto their jobs and operating the American Medical Association as their own private property, have succeeded in having coverage for doctors stricken out of the bill reported by the Senate Committee on Finance.

The pending bill has many good features. It permits those who are covered by social security to earn $1,800 per annum after retirement instead of only $1,200; and even the $1,800 will, we hope, be liberalized a little later today. Disability benefits now commence at age 50. That is a misfortune for men and women who have been gainfully employed, who have paid premiums into the social security fund, but who have then suddenly become stricken at age 30, 35, or 40 and are totally and permanently disabled and may never again be gainfully employed. At the present time, under the social security system, such unfortunate persons must wait until they reach the age of 50—if they live that long—before participating in retirement benefits. Under the amendment of the committee such payments would begin immediately, regardless of a person's age.

The American Medical Association has made it very difficult for the aged of our country, who are not in good circumstances, to pay from their own funds for hospitalization, surgical and medical expenses. The little group of willful men who run the American Medical Association have upped the requirements for admission to medical schools. They have, in fact, so acted that there is an acute shortage of medical schools and medical departments in our universities.

The fact is that due to the actions, over the years, of the leaders of the American Medical Association, there is an acute shortage of trained physicians and surgeons in every section of the United States. The situation is becoming more acute. As it becomes more acute, the cost of medical and surgical attention zooms upward.

Mr. President, I should not admit this publicly, but as a young lawyer, with a young wife, in my first year in the practice of law in my home State of Ohio, I made $710. Today, when a man leaves

medical school as a practicing physician and surgeon, he does not have to struggle, as the present Presiding Officer of the Senate, the distinguished junior Senator from North Dakota [Mr. BURDICK], and other Senators, as young lawyers, struggled in their earlier years. Immediately, the income of a young physician or surgeon is very substantial and rises rapidly.

The highest paid group of professional men in the country are physicians and surgeons. Now the dictators of the American Medical Association are seeking to impose restrictions which would bar doctors from foreign nations, despite their training and admission to the practice of medicine in their own countries, from employment in hospitals in the United States in any capacity; this despite their training and experience in their own countries.

Twenty-five years ago the American Medical Association lobbied against and fought the social security proposal. It denounced it as state socialism and socialized medicine. Mr. President, social security was and is neither.

Despite the fact that physicians and surgeons in Ohio and other States have voiced, by overwhelming vote on every referendum taken, their desire to have the benefit of coverage in our social security program, during recent years the American Medical Association lobby has opposed coverage under this beneficent program for physicians and surgeons of the United States. That is the present policy of that small clique.

Despite their wishes, physicians and surgeons form the only professional group who do not pay social security premiums and are not covered by annuities purchased in the Old-Age and Survivors' Insurance System, affectionately known to millions of Americans as our social security system.

This AMA group fought the Forand bill and was instrumental in causing its defeat in the Committee on Ways and Means of the House of Representatives, and is fighting liberalization of the social security system to provide some hospitalization, nursing, and surgical benefits for elderly retired persons in need. It did that despite the fact that there was nothing in the Forand bill, or in any other seriously considered legislative proposal to liberalize the social security law, which would prevent individuals from employing the physicians and surgeons of their own choosing, or would prevent physicians and surgeons from choosing not to be so employed by any individual they may not desire to attend.

Mr. President, the bill now before us is a good one. It is an extension of our social security system. The actuaries of the Department of Health, Education, and Welfare, who serve under the direction of the Secretary, a member of President Eisenhower's Cabinet, agree that this bill is a good one, and point out that the Anderson amendment will be actuarially sound and will continue to be so, with its small increase of the present premium—an additional one-fourth of 1 percent paid by employers and employees and three-eighths of 1 percent paid by the self-employed.

Mr. President, the United States is the only important nation in the entire world in which there is not some form of universal state insurance for sick, aged people.

Anyone with a sense of history realizes that the social security system will always remain with us. Since the time when President Franklin D. Roosevelt first proposed it to the Congress and since he signed the Social Security Act in 1935, not one Republican presidential candidate has ever advocated repeal of the Social Security Act, although Republican candidates for the presidency like to orate against the New Deal. I doubt that any presidential candidate will ever advocate its repeal.

It is a fact that officials of the Eisenhower administration have adopted the theory of private old-age health insurance on a voluntary basis. Governor Nelson Rockefeller very accurately stated that this proposal is fiscally unsound. His position on this tremendously important subject is that the social security law should be amended and liberalized, and that surgical and hospital care and attention for our aged should not be on a Government-grant basis, at the taxpayers' expense, but should be tied to the Old-Age and Survivors' Insurance System.

We of the majority in the Congress, have all along proposed that.

Mr. President, let us liberalize and amend the Social Security Act in the ways provided by the Anderson amendment. Let us reject the Javits amendment. Then, let us go forward and provide hospital care and attention for our aged, but not on the basis of a Government grant at the expense of the taxpayers. Instead, let us tie this program to the Old-Age and Survivors' Insurance System, as is proposed in the Anderson amendment.

Whether the physicians and surgeons in the Nation are included under social security is a matter of relatively little concern, to be frank, to some Members of Congress who over the years have been amazed at the failure of the House of Delegates of the American Medical Association to respond to the wishes of the majority of the physicians and surgeons of the country. The intelligent and forward-looking physicians and surgeons who have been clamoring for social security coverage, many of whom have been sending me telegrams in which they ask to be included, are not properly represented by that little group of dictators.

Mr. McCARTHY. Mr. President, will the Senator from Ohio yield to me?

Mr. YOUNG of Ohio. Yes, Mr. President; I yield to the distinguished junior Senator from Minnesota.

Mr. McCARTHY. I thank the Senator from Ohio for yielding to me.

Mr. President, I wish to add to comments I made on yesterday in regard to a so-called scientific sociological study which was the subject of a release issued by the American Medical Association on Monday, August 15. The release reads in part as follows:

> An independent national survey just completed by university sociologists emphatically proves that the great majority of Americans over 65 are capable of financing their own health care and are prepared to do so on their own, without Federal Government intervention.

The release also states:

> The study disproves some dangerous misconceptions about the aged. Dr. Larson said it shows that most of these persons are in good health, not sick, and are in moderately good financial condition, not hardship cases.

The release goes on to cite a number of participants or, in the study at least, persons who were said to be participants by Mr. Wiggins and Mr. Schoeck, the authors of the report.

On August 18 the Wall Street Journal published an article by the same two men, Mr. James Wiggins and Mr. Helmut Schoeck. I must note that the article was published on the editorial page of the Wall Street Journal, and on that page the Wall Street Journal does not always follow the same standards of objectivity that it follows on its financial pages, and does not seem to impose upon its editors and those who contribute to its editorial page the same objective standards that it imposes upon its Washington reporters.

But, in any case, the Wall Street Journal published an article based on the so-called scientific study which was the object of the release by the American Medical Association.

Mr. President, on yesterday I inserted in the RECORD comments by a number of sociologists who, according to Mr. Wiggins and Mr. Schoeck, are said to have participated in the study. I should like to quote from a few statements made by some of those sociologists, who have commented since the release was made.

One of them, Professor Noel P. Gist, professor of sociology at the University of Missouri, wrote as follows:

> The AMA news release, intentionally or otherwise, ignored these qualifications. Instead, it has presented data on a limited and restricted sample of older persons as if this sample were representative of the aged population in general. For this reason the statements in the AMA news release are both misleading and deceptive. The average newspaper reader would probably not be sufficiently informed to detect this deception.

Mr. Leonard Z. Breen, associate professor of sociology and coordinator of research in gerontology at Purdue University, at Lafayette, Ind., wrote to the Senator from Michigan [Mr. McNAMARA], the chairman of the Senate Subcommittee on the Aged, a letter from which I quote the following:

> I must report that I was appalled to read the paper which I found to be of poor quality of scientific research technique and writing. Indeed, I regretted at that point that I had been so naive as to have accepted the paper without having seen it in advance, especially since it would be presented before an audience of internationally known scientists who might think of this as representing American sociology. Fortunately, I had taken the precaution of appointing a well-known, highly competent research sociologist as the discussant of the paper following its presentation (a standard procedure in meetings of this kind).
>
> I discovered also that a press release had been prepared and distributed prior to the presentation of the paper: this press release had not been prepared by the press staff of the congress, and I do not know now

who did prepare it. The release was couched in such terms, however, which made it apparent that there were motivations in its release other than the dissemination of scientific knowledge.

I read further from the same letter to the Senator from Michigan:

I hope the above comments make clear what I intend; namely (a) we did not see the paper prior to its presentation at the congress, (b) it is far below the quality expected of a professional researcher, (c) it is totally misleading, and (d) it was discredited by the professional research scientists present at the congress meeting where the paper was presented.

Mr. President, it seems strange to me that the American Medical Association would give publicity to such a report, which indicated that 90 percent of the people over 65 years of age have no medical problems.

As all of us well know, the medical profession has been very particular in opposing attempts of amateurs to diagnose disease. The medical profession generally argues that a person should be examined by a competent member of the medical profession. But here we find the American Medical Association, apparently without any hesitation, taking the word of a group of sociologists that only 10 percent of people over age 65 have any medical problems.

I suggest that the medical profession look to the American Medical Association about this matter, because if such an attitude is continued, the point might come when the American Medical Association would recommend a self diagnosis and a kind of "do it yourself kit" so that a person would not need to consult a doctor at all.

This morning another wire was received, addressed to the Senator from Michigan [Mr. McNAMARA], again making comment on this same study. The author of that telegram is Miss Ethel Shanas, senior study director of the National Opinion Research Center. I should like to read from this telegram at this point:

At the request of Senator McNAMARA, I am sending you a brief statement on the paper, "A Profile of the Aging: U.S.A.," by James W. Wiggins and Helmut Schoeck.

In general, I agree with Professors Wiggins and Schoeck that the "aged" cannot be considered as a single homogeneous group. Persons 65 years of age and over may differ greatly from one another. Wiggins and Schoeck have made this point in an admirable fashion.

That is an obvious point. I think it is generally accepted that one aged person is not like every other aged person. The Senator would agree; would he not?

Mr. YOUNG of Ohio. That is correct.

Mr. McCARTHY. But the fact is that the Wiggins and Schoeck study did not really cover a cross section of the aged. After making this fine and rather obvious statement, they then sorted out about 35 percent of the aged and made their study on that particular group. For example, they did not take into account those on old-age assistance. They left that group out. They did not include in their study any excepting people over 65 who were members of the white race. They left out all other groups. They moved on down, eliminating one group after another, after having said that if one is going to study persons over 65 years of age, one should take into account the fact that they vary greatly one from another.

The wire continues:

I am concerned, however, about certain of the findings in the Wiggins and Schoeck paper which are in disagreement with findings from the study of the health needs of older people with which I am associated. My concern stems from Wiggins and Schoeck's claims that "each person in the universe from which the sample was taken had an equal chance to be included in the sample."

That is an elaborate statement:

Each person in the universe from which the sample was taken had an equal chance to be included in the sample.

The sample was not taken from the universe, I assure the Senator from Ohio.

Continuing with the telegram:

And that "respondents were found through the use of area probability sampling" in our study; also, every older person in the noninstitutional population had an equal chance of being located and interviewed, and our respondents were located through the use of area probability methods. Theoretically, if in both studies the samples represent all older people, and all such persons have equal chances of being located and interviewed, differences between the two samples should fall within the range of sampling error. In the National Opinion Research Center study our findings on the utilization of health resources have been compared with the reports of the national health survey; our reports on income have been compared with the reports of the U.S. Census Bureau and the Social Security Administration. Both the health survey and the Census Bureau employ area probability samples. In all of these comparisons, the degree of agreement has been good between our reports and these independent studies.

I am therefore concerned to find major areas of disagreement between Wiggins and Schoeck and our own research. By disagreement, I do not necessarily mean contradictions between Wiggins and Schoeck's findings and our findings. I would consider as a disagreement any difference in the magnitude of the replies to comparable questions where such a difference in magnitude could not be explained by sampling variation.

Careful reading of the Wiggins and Schoeck paper, however, leads me to believe that the authors have not employed an area probability sample as the term is commonly used in the literature. What they have is a quota sample drawn in 25 different areas of the United States. They are, therefore, not correct in saying "Every person in the universe from which the sample was taken had an equal chance to be included in the sample (P &)". Because of the differences in sampling technique, the Wiggins and Schoeck findings cannot be compared with those of the National Opinion Research Center study. The Wiggins and Schoeck study apparently is based on what the statistician Edward Deming has called a "chunk" of the population. (W. E. Deming, 1950, Some Theories of Sampling New York: John Wiley & Sons, p. 8). The National Opinion Research Center study, on the contrary, resembled in general design the design used by the Census Bureau and other governmental agencies.

Because of the limited time available to me I shall comment only on the financial data in the Wiggins and Schoeck paper. I am not clear from the paper whether the authors are speaking of individual income or couple income when they state "The modal cash income reported was between $2,000 and $3,000. Half of the respondents reported incomes in excess of $2,000 per year and 1 of 20 reported more than $10,000 annual income (p. 9).

Income data is usually reported in terms of medians rather than modal categories. In our study we reported a median income of $1,935 for men and $880 for women. In describing these medians we said:

"The median income of persons 65 years of age and older with money income in 1956 as reported in this survey was $1,300. For men who had some money income the median was $1,935, for women it was $880. These medians derived from the National Opinion Research Center sample are probably somewhat higher than the true figures, as a result of the methods of tabulation used, that is, wherein husband and wife both received income from social insurance programs or from public assistance, the total income for the couple was reported as the husband's income because of the difficulty in differentiating between the amounts received by each member of the couple. The Census Bureau for the year 1956 reports a median income of $1,421 for men with income and a median income of $738 for women with income.

These figures are in direct contradiction to those which were included in the Wiggins and Schoeck report.

I ask unanimous consent that the remainder of the telegram from Dr. Ethel Shanas, senior study director of the National Opinion Research Center, be included at this point in the RECORD.

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

Over one-third of all persons 65 and over reporting money income in this survey had incomes of less than $1,000 a year in 1956 if persons with no money income of their own (including wives whose total income is reported by the husband) are added to that group whose money income was less than $1,000 a year, it may be estimated that about one-half (52 percent) of all persons aged 65 years and over had money incomes of less than $1,000 in 1956 (Ethel Shanas, "Financial Resources of the Aging," Health Information Foundation, p. 3).

Unpublished data from our study indicate that in 1956 the median income for couples both of whom were 65 years of age or over was $2,215 for couples where the male head was 65 years of age or older and the wife under 65, the median income was $2,625 our modal income categories for couples, based on 1956 data, was $1,000 to $1,999.

In conclusion, because of the limitations of the Wiggins and Schoeck sample, finding from their interesting and suggestive research cannot be generalized to the total older population of the United States.

Yours sincerely,

ETHEL SHANAS,
Senior study director, National Opinion Research Center.

Mr. McCARTHY. Mr. President, any Member of Congress who has taken note of the AMA release or anyone who has been moved by the Wall Street Journal article should look at these figures and note the contradiction.

Mr. YOUNG of Ohio. Mr. President, I express my complete agreement with the statement made by the Senator from Minnesota.

I ask this question of the distinguished Senator from Minnesota. He and I were both delegates at the Democratic National Convention a few weeks ago. I

was a humble delegate at large from the State of Ohio. The distinguished Senator from Minnesota has been acclaimed throughout the Nation as having made one of the greatest nominating speeches ever made in a national convention of any political party in the history of this Nation.

Does not the junior Senator from Minnesota feel that now, a few weeks after this convention, and for all time, there is a moral obligation on the members of the Democratic Party in the Senate to support the social-security approach and to expand and liberalize the social security system?

Mr. McCARTHY. If the proposal to develop a medical aid program as a part of the social security system had been initiated only at the convention, I would say we should come back in the next session and enact it into law. But this whole concept has been before Congress for a long time. We have had hearings on it and have had statements from many persons who are concerned with the problems of the aging, so I think we have an obligation in that regard—an obligation which was also sustained in adoption of the platform at the convention.

Those who are so critical of the welfare state seem to be in a position of suggesting, instead of the welfare state, a sort of hand-out state. If I must make a choice between the two, I will take the welfare state.

Mr. JAVITS. Mr. President, I yield 10 minutes to the Senator from Connecticut [Mr. BUSH].

The PRESIDING OFFICER. The Senator from Connecticut is recognized for 10 minutes.

Mr. BUSH. Mr. President, I regret very much that we are rushing, in a politically charged atmosphere, to a vote on an issue of such tremendous importance to the people of the United States, especially the older people.

A few days ago I came across an article published in the Hartford Times, the headline of which is "Folsom Voices Caution Against Medical Aid Rush."

The article says that the former Secretary of Health, Education, and Welfare, who succeeded Mrs. Hobby in that job, said, "This is no time to be enacting far-reaching legislation 'in a political atmosphere' which would have a profound effect on the future."

He also said, "Congress has not given adequate study to the situation."

I agree with that, Mr. President. I do not think this problem has been given adequate study. I have in my hand the record of the hearings on the committee bill which is before the Senate, on the whole subject. There were 2 days of hearings, on June 28 and June 30. I submit that with regard to an issue of this magnitude this is entirely inadequate treatment. It is most unfortunate that we find ourselves in a position of having to vote upon this serious matter at this time.

Mr. President, the article from the Hartford Times gives the views of Mr. Folsom. He suggests the appointment of a nonpartisan commission to study and to report back by March 1. I considered offering an amendment, which would be an amendment to the committee bill, calling for the establishment of such a commission by law, but after appraising the political situation in the Senate I concluded it would be an idle gesture and would get nowhere, so I shall not offer the amendment.

However, I ask unanimous consent to have the article from the Hartford Times printed in the RECORD at this point.

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

FOLSOM VOICES CAUTION AGAINST MEDICAL AID RUSH

(By Paul Martin)

WASHINGTON.—Former Welfare Secretary Marion B. Folsom urged Congress yesterday to defer action on a Federal health insurance plan for old folks until after the 1960 election.

He said this is no time to be enacting far-reaching legislation "in a political atmosphere" which would have a profound effect on the future. He also said Congress has not given adequate study to the situation.

"There is no rush," Mr. Folsom declared. "This problem has been coming on us for years. There is no emergency to justify hasty legislation. We ought to give plenty of study to something like this before we do anything."

Instead of rushing into a new program in an election year, Mr. Folsom suggested that an advisory commission be appointed to study the entire field of health insurance for persons over 65 years of age, with instructions to report by next March 1, to the next Congress and the new administration.

Such a commission, he said, should include representatives of the medical profession, insurance industry, employers and labor unions, and the public. It should be given an appropriation and an adequate staff to conduct the study.

To avoid political partisanship, he said the commission might be appointed jointly by the chairmen of the Senate Finance and House Ways and Means Committee, both Democrats, and the Secretary of Health, Education and Welfare in the Eisenhower administration, a Republican.

"This is the logical way of getting the best possible program," Mr. Folsom observed. "This is a complicated business. We should go about it as we have the Social Security Act in the past. You would be surprised how much agreement you can get on a plan, once the facts are known."

The Democratic nominees for 1960, Senators JOHN F. KENNEDY of Massachusetts and LYNDON B. JOHNSON of Texas, have listed a compulsory health insurance program under the social security system as "must" legislation for this bobtail session of Congress.

However, the House has passed and the Senate Finance Committee has approved a limited program of medical care for old folks, to be handled by the States and financed out of the Treasury general fund, as proposed by President Eisenhower.

Mr. JOHNSON wants to make health insurance the next order of business in the Senate, after the pending minimum wage bill. Mr. KENNEDY has threatened a floor fight to expand the program and put it under social security taxes, as demanded by labor unions.

Mr. Folsom, now a director of the Eastman Kodak Co., Rochester, N.Y., is regarded as an authority on health and welfare programs. He helped draft the original 1935 Social Security Act, and served on two advisory commissions under Presidents Roosevelt and Truman.

Mr. BUSH. Mr. President, I think the senior Senator from New York [Mr. JAVITS] has rendered a very real service to the country in connection with this entire subject. This is not a new subject for him. As he pointed out himself, he introduced a bill more than 10 years ago very similar to the pending amendment upon which we are going to vote at 2 o'clock. I venture to say the Senator from New York has more background on this subject than any other Member of the Senate of the United States. I am grateful to him for his exposition of his own amendment, which to me, in the limited amount of time I have had to grasp the details of this important matter, makes a lot of sense.

First, we must realize it is quite clear that the House of Representatives will not support the so-called social security approach to this issue. The House has said so in its own proposed legislation. It would be idle for us, in my judgment, to pass such a measure, because it would simply mean there would be no legislation at all this year. If we are going to approach the issue in good faith and try to get a bill passed, I think we should support the committee bill, which I certainly intend to do.

It is equally clear, of course, that the President would veto a compulsory plan. How do we know that? He has said so. He said so plainly in his press conference a few days ago. Therefore, as I have said, I intend to support the committee bill as the first step in the right direction, because it would provide for those who are in dire need and distress.

Of the other alternatives which have been submitted, the Javits amendment appeals to me principally, and more than the others, because it is, first, a voluntary plan. It is designed for those who are 65 years of age and older who wish to be protected against health hazards but who cannot afford the full cost of such insurance.

Secondly, it is a program in which the subscriber himself pays a modest fee toward the cost of his protection. This fee the Senator from New York has estimated to range from $9 to $12.80 per year at the start.

Third, the plan would be participated in by the State governments and Federal Government. This is important, I think, because it stresses the responsibility of the States in this matter. The States are closer to the people than the Federal Government. I believe in this kind of welfare program the States should have control over the administration of the program. The Javits amendment clearly places the responsibility for administration upon the States. It also gives each State the option of buying insurance under the plan, if that seems to be the most logical way for the State to handle its responsibilities.

Fourth, the Javits proposal appeals because it would be financed from the general revenues. The budget of the Department of Health, Education, and Welfare is now about $3½ billion a year. It is true the Javits amendment would add something on the order of $450 million a year to that budget. But, Mr. President, it seems to me this approach

to the Federal Government's participation in the program is correct, because it would put the burden of assistance upon all the taxpayers, and not primarily upon the lower income workers in the social security system. It would not exempt a very large group of taxpayers who would be those best able to afford it, namely, those whose incomes are larger than the $4,800 a year which is the highest amount upon which social security taxes are paid. Everybody in the United States would have a part in the welfare program, exactly as we participate in the entire budget of the Department of Health, Education, and Welfare.

This is a welfare measure. It is for the welfare of individuals and it is for the welfare of the country. For that reason, Mr. President, the burden should be borne as a national one in the budget of the United States.

I have objected to the social security approach because it would exclude many people from the program and it would also exclude many people from supporting the program who, in my view, if there is to be such a program, have a responsibility to it which they are well able to discharge.

Mr. President, one thing which appeals to me particularly about the Javits approach is the emphasis upon preventive medicine.

As I have said repeatedly, if we can keep people out of hospitals, we shall do them a greater service than we could by taking care of such people while they are in hospitals. That is one of the strongest points in the Javits approach to this whole issue.

Finally, it has been very clearly indicated that the Javits amendment is acceptable to the President of the United States. It seems most likely he would sign the bill with that amendment. Therefore if we really want legislation and not a political issue, the Senate should vote to agree to the Javits amendment today. We have assurance from the President and the Secretary of Health, Education, and Welfare, who has given months of exhaustive attention to this subject, that the Javits approach is in line with their thinking.

I shall support the committee bill and the amendment offered by the distinguished Senator from New York [Mr. JAVITS], and I am grateful to the Senator for yielding to me this time.

Mr. JAVITS. I thank the Senator from Connecticut. Will the Senator yield back the remainder of his time?

Mr. BUSH. I yield back the remainder of the time allotted to me.

Mr. JAVITS. Mr. President, I yield 10 minutes to the Senator from Pennsylvania.

Mr. SCOTT. Mr. President, I have been associated with health insurance legislation since my early days as a Member of the House of Representatives.

I have cosponsored the Javits amendment since its inception, because of my conviction that we must recognize the needs of millions of our older citizens for adequate health care.

In 1949 I joined with the senior Senator from New York [Mr. JAVITS], Vice President NIXON, Secretary of State Herter, and the junior Senator from Kentucky [Mr. MORTON] in offering a health care bill which embodied the basic principles and approach of the present Javits amendment.

I do not want to repeat what has been so ably presented by my colleague, the senior Senator from New York [Mr. JAVITS]—although I am sure more time is needed to permit a better understanding of what the Javits amendment offers—and particularly to offset the widespread promotion of the Forand-type legislation.

The two amendments before us today represent a conflict of philosophies:

The Javits amendment would preserve the dignity of the individual to select and contribute to his own care; the established right of the State to administer and participate—if it so desires—in a program designed to utilize professional and commercial services through normal and established channels. It builds on existing agencies.

The Anderson amendment would force a program of compulsory participation in health insurance upon a large segment of workers through increased taxation upon employer and employee; it would foster a superstructure of bureaucratic expansion; it would benefit (at this point) millions who have made no contribution to their health insurance; and it would establish for the future a socialized medical program, forced upon both the professional medical men and the working public.

There are certain points I would like to emphasize.

Some doubts have been expressed that the Javits amendment may not have the endorsement of both President Eisenhower and Vice President NIXON.

I believe those doubts were dispelled by the announcements made by the Secretary of Health, Education, and Welfare at his press conference yesterday—which appeared in all of the newspapers this morning.

I ask unanimous consent that a part of that report be printed in the RECORD at this point in my remarks.

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

Arthur S. Flemming, Secretary of Health, Education, and Welfare, today joined Vice President NIXON in endorsing a scaled-down version of the administration's original Federal-State plan for medical care for the aged.

Flemming threw his support behind a medical aid bill introduced by Senator JACOB K. JAVITS, Republican of New York, and eight other Senators on Saturday.

"I like the plan," Flemming told a news conference. He said that he had not discussed it with President Eisenhower in detail but he added that the President had "made it clear" to him that the Javits bill was consistent with the general principles endorsed by the administration in the medical care battle.

Flemming repeated his view that the basic issue involved in the controversy is whether the Nation would be "regimented" or whether old people should be given an option to join a voluntary medical insurance program financed by both Federal and State general tax revenues.

Flemming said he had met with NIXON earlier today and that NIXON had shown no hesitancy in endorsing the Javits bill which would amend a measure voted out by the Senate Finance Committee.

Flemming estimated that the Javits bill would cost from $720 million to $960 million, divided 50–50 with the States. This compares to a cost estimate of $1,200 million for the administration's original medicare insurance package offered last spring as an alternative to the Democratic-backed social security proposal.

The HEW Secretary said the Javits plan also differs from the administration's original plan in that it provides an optional plan for diagnostic service and short-term illness benefits. The old plan focused entirely on insurance for long-term catastrophic illnesses.

Mr. SCOTT. The Javits amendment does encompass the administration proposals, furthermore, it provides a more comprehensive coverage at considerably less cost,

With all due respect for the sincerity of my colleagues who are sponsoring the Anderson amendment and who endorse the social security approach—it is my conviction through contact with thousands of older citizens and through observation of the public relations job done by those favoring the increased social security tax approach—that they are deluding those who will be forced to participate, and misleading millions who need to benefit, but will not.

To supersede upon the old-age and survivors insurance program, paid for by the employer and the employee, an enforced participation in a health insurance program, which will immediately benefit between 11 and 12 million over 65's, who have never contributed a cent to the program, is in my opinion a windfall—the cost of which should be borne by all taxpayers and not just by those employers and employees who are presently paying into the social security fund.

The combined social security tax is now 6 percent. It will increase to 9 percent within a few years. I do not think for a moment that the one-half of 1 percent additional tax which it is estimated will take care of the Anderson amendment health program will do so, or that it will remain static any more than the present social security tax has done.

It has been brought out earlier that the fundamental difference between the Javits-administration approach and the Anderson or Forand approach is recognition of the dignity of the individual and his desire to shoulder what he can of his own health program.

In my opinion, this is a very important consideration. Our older citizen is still an important thinking and acting part of our economy. He wants to be able to select his own plan of coverage and his own medical doctor or medical services. The problems is that present-day medical costs have made it impossible for him to afford the amount or even the kind of medical care he needs most.

To hold out as a bonanza a federally enforced social security tax health insurance plan to the 58 million workers who are now covered under old-age and survivors insurance is misleading propaganda. A person who would pay into OASI today for health insurance—might continue to do so for 30, 40, or 50

years before attaining age 68, and the privilege of participating in its benefits. And he may never benefit if death overtakes him before reaching that age.

Why should we delude the younger worker into thinking this program is for him, when for a decade or a half century he may be paying into a fund for the benefit of the older retired worker who happens to be covered by old-age and survivors insurance at the time of enactment?

And let us not delude our older citizens over 65 who have not been covered by old-age and survivors insurance, or those workers whose employment is not covered by social security. There are millions.

The Anderson amendment does not cover any worker not covered under social security, and it does not apply to any older person, now 65 or over, who is not insured under old-age and survivors insurance.

What of those over 65 dependent upon small incomes or upon their families, who would not qualify under the Anderson amendment, or might not qualify under the indigent requirements of the Kerr-Frear provisions of H.R. 12530, as reported; for example, teachers, farmers, civil service workers, railroad employees, and physicians, as well as many other smaller groups?

I say this with all due regard for the provisions contained in the committee bill, which covers those who are on public assistance, or those whose incomes are so small as to make medical care an impossibility.

The Javits-administration proposal takes the "bitter pill" out of these probabilities.

It adds to the committee amendment a voluntary medical insurance program—tailored by means of three options to the different categories of medical care and services the subscriber may require or select.

Priority is given to preventive care, which sound medical practice dictates to forestall the hazards of chronic illness, and which emphasizes physicians' care rather than overutilization of hospital and institutional facilities. This option is available at once to the subscriber, with no deductibility and no coinsurance.

For the individual who can pay his own preventive care but wants to protect himself against long-term illness, there is the option, wherein the Federal and State Governments pay the major cost of lengthy hospitalization and related services after the individual incurs medical expenses of $250.

Third, is the option for the person who wants to purchase his own insurance coverage, aside from the State administered plan. He may receive 50 percent of his premium expense for a private health insurance policy—not to exceed $60 per year.

I commend my colleague, the senior Senator from New York on the maximum estimates he has submitted in connection with his amendment. I think they are outside estimates, based, as he has said, upon full participation by all States and almost all of the estimated eligible persons.

This would be desirable, but I do not think it will be the outcome.

Most States have means of finding matching funds for an attractive program, but it is impossible to estimate how many persons will apply or subscribe for this insurance. Certainly it will be a gradual development, and not one that will bring a sudden impact upon the taxpayer, and upon our medical facilities.

An estimated Federal cost of $450 million for the Javits amendment, plus an estimated $200 million under the committee bill for the public assistance and medically indigent aspects—paid for by all of the people, for all of the people—is not to be compared with the weight of paying for a social security-Federal superstructure and an increased tax burden upon the covered workers alone, who are already heavily tax-burdened.

And who will the worker, now contributing to old-age and survivors insurance, be paying for?

Mr. President, there is no way provided under the Anderson amendment for excluding the wealthy, the millionaire, the comfortably fixed person, who is thoroughly capable of paying for any kind of medical insurance he desires.

There is no way of excluding high income people from benefitting under the plan as laid down in the Anderson amendment. Limitation on earned income is the only limitation placed upon recipients of old-age and survivors insurance. Income received from investments—be it in the millions—does not exclude the insured.

What will be the reaction of the low income worker when he realizes that he is contributing to benefits for those who can well afford to pay for it themselves?

The Javits amendment has an income limitation for participation of $3,000 for the individual, $4,500 for the married couple. We want to reach and serve the older citizen living on a reduced income, which cannot stretch to cover the cost of expensive or extensive medical care.

The Javits amendment far surpasses any proposal yet before us in serving those who have served us in the prime of their life—and who deserve a better share in the benefits and comforts which medical science can offer.

Mr. President, I am very eager that we secure a proper, fair, and just medical care bill for our older citizens. I believe that of all the programs submitted, the Javits program best fits the needs.

Mr. President, I ask unanimous consent to have printed in the RECORD at this point, as a part of my remarks, an article entitled "Congress: Medical Issue," published in the New York Times of August 21.

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

CONGRESS: MEDICAL ISSUE—THREE PLANS ARE PROPOSED TO DEAL WITH INCREASING NEED OF OLDER PERSONS FOR HEALTH INSURANCE

(By Tom Wicker)

WASHINGTON, August 19.—The Senate of the United States comes to grips next week with what many believe to be the most potent political issue in domestic politics: the high cost of medical care for the Nation's 16 million persons over 65.

It is not simply that there are so many of these people—9 percent of the population. It is not even that their number is growing—by about 1,000 daily—so that by 1975 there will be 20 million in this age group.

Two other factors aggravate the issue, emotionally as well as economically. They are the high and increasing cost of medical care, particularly drugs and medicines, and the fact that so many younger persons have to devote part of their incomes to the support of aged relatives who can no longer support themselves.

ACUTE NEED

Moreover, it is precisely in the 65-and-over age group that the most acute need is felt for hospital and nursing care, and for the marvelous but costly drugs of the postwar era. Most people spend about $19 a year for drugs; those over 65 spend about $42 a year.

Paying for such services and medications is a real problem for many oldsters, about half of whom have incomes of $1,000 or less. Almost 2,500,000 Americans are old-age assistance recipients; they are officially paupers. An undetermined number—estimated as high as 10 million—are not needy in a strict sense but probably could not pay stiff medical bills.

Private insurance helps those who can afford it—but not enough. About 35 to 40 percent of persons over 65 were reported insured for health care in 1956 by the Census Bureau.

Most States provide varying levels of medical services for the aged—from the approximately $17,000 a year spent by Alabama and Montana to the $26 million expended by New York.

THREE PLANS

When the Senate debate opens tomorrow there will be three specific proposals, each backed by powerful segments of public opinion and political influence. Here are the provisions and the arguments for and against each.

First. The committee bill: This is a measure originated in the House Ways and Means Committee and expanded by the Senate Finance Committee. It has the backing of powerful Senate conservatives in both parties, with southern Democrats providing a basic core of support.

This bill would provide Federal participation in a State payment of $12 a month, specifically for medical care, to 2,400,000 persons on old-age assistance—although not all of them would need it. It also would permit Federal participation in State payments to older persons not on old-age assistance but unable to pay medical bills—probably less than 1 million of them.

The cost to the Federal Government would be $30 million in this fiscal year, and $160 million in the first full year, to be paid from general revenues. Its opponents point out that it would cover not many more than 1 million needy oldsters, would be dependent upon recurring appropriations at both State and Federal levels and would impose a "degrading" means test upon beneficiaries.

Its supporters contend that it helps only those who need help and spreads the cost among all taxpayers. The plan appeals to poor States, with big relief rolls, and is put forward as one that President Eisenhower would not veto.

KENNEDY PLAN

Second. The social security approach: This is embodied in the Kennedy-Anderson amendment, which liberal Democrats will seek to add to the committee bill. It is backed by Senator JOHN F. KENNEDY, the Democratic presidential nominee; and by the Democratic platform.

The plan would impose an additional one-quarter of 1 percent tax on employers and employees to build up a fund from which medical benefits would be paid, when

needed, to those who are eligible to receive old-age and survivors insurance payments and who are over 68. There are about 8,500,000 of these persons, but not all are receiving OASI payments.

The social security approach would not reach the needy aged, but its proponents seek to combine it with the committee bill, which would. Those who received social security medical benefits would get them regardless of their means. They could choose their own doctors, hospitals and nursing homes, and payments would be made directly from the Government to these vendors of medical care.

Benefits would include 120 days' hospital care, 240 days' home nursing care, 360 home health visits and diagnostic outpatient hospital services.

The plan would be fully self-financed, except that hospital patients would pay the first $75 of costs. There would be no drain on the Federal Treasury and no dependence on State appropriations.

VETO THREATENED

President Eisenhower calls this "compulsory medicine" and threatens a veto. Others point out that it puts the burden on the 70 million participants in social security, and that those who are already receiving OASI payments would contribute nothing for the new medical benefits. The American Medical Association calls the plan socialized medicine.

The social security approach, however, has powerful labor union, university and public support.

3. Contributory insurance: Originally proposed by President Eisenhower, this approach will be put forward by Senator JACOB K. JAVITS and other liberal Republicans in a somewhat altered form. It would provide Federal-State payments to help individuals defray the costs of private, voluntary health insurance.

Those subscribing could choose a major medical services plan, a preventive and short-term medical option, or payment of part of the cost of an existing private insurance policy. The cost to the participating individuals would vary according to their means. The minimum would be 10 percent.

Persons over 65 would be eligible to participate, except those with annual incomes over $3,000 individually or $4,500 for couples, and those needy aged covered by the committee bill—to which the Javits plan would be added. Senator JAVITS estimated that about 11 million would be eligible, in addition to those covered by the committee bill. The cost to the Federal Government would be about $450 million yearly.

Beneficiaries would choose their own medical vendors, with payments made much as in ordinary private health insurance plans. Benefits would vary according to the basic option chosen by the participant.

KEY BLOC

The original battle lines thus are fairly clear. In the final analysis, however, much depends upon the attitude of liberal Republicans. If they fail to put across the Javits insurance amendment, will they support the liberal Democrats in the social security approach, or rest content with the committee bill?

If the former, they will have to buck the opposition of Vice President NIXON, their presidential nominee, who has consistently opposed social security as a vehicle for medical benefits. If the latter, they will be accepting less than they desire and opening the way for the Democrats to exploit the issue against their party in the fall campaign.

Liberal Democrats concede they need a few Republican votes to put over the social security plan. They also know that a social security bill would face tough going in the House of Representatives, where a narrower measure than the committee bill has been passed already. They acknowledge that President Eisenhower has plainly signified his intent to veto a compulsory medicine bill.

CLEAR STRATEGY

But their strategy is clear. They will go to the country as the friends of the old folks. If their bill becomes law they can point with pride. If President Eisenhower vetoes it, they can view with alarm. If they cannot pass it, they will try to blame the Republicans.

The latter course, if it becomes necessary, may take some doing. For the real balance of power is held by the fiscal conservatives, most of whom are southern Democrats. Their strategy is the simplest of all. They will vote against any and all liberalizing amendments to the committee bill—Senator KENNEDY and the Democratic platform notwithstanding.

Mr. PROUTY. Mr. President, I yield myself 15 minutes.

The PRESIDING OFFICER. The Senator from Vermont is recognized for 15 minutes.

Mr. PROUTY. Mr. President, Congress and the American people generally can ignore no longer the fact that one of the most important problems facing this Nation is how to provide adequate health care for our growing number of senior citizens.

There are approximately 15 million persons now age 65 and over in the continental United States—or about 8 percent of the population. Every day the number increases by about 1,000.

It is currently estimated that by 1970 we can expect to have approximately 20 million persons in the United States age 65 and over—about 9 percent of the population. Roughly two-thirds of the aged are between 65 and 75, and one-third are over 75. More than 2 million are over 80.

Census Bureau estimates of the 1958 income of the aged show that 60 percent of the individuals over the age of 65 had incomes of less than $1,000. Census figures also show that half of the families with older persons at the head had no more than $2,600 income in 1958.

How do the 15 million people of this country, past 65, most of whom are without jobs, and living on small incomes, meet the costs of medical care? Only about 40 percent of these people have some hospitalization insurance, notwithstanding the fact that voluntary insurance coverage for the aged has been increasing proportionately more rapidly than for all age groups.

Dr. Wilma Donahue, chairman of the division of gerontology at the University of Michigan, says that—

> Many old people neglect chronic illness (with greater cost later), others obtain medical care by sacrificing other essentials of healthful living, or turn to relatives for help.

She believes the mounting number of admissions of older patients to mental hospitals is one example of the effects of worry and lack of preventive and restorative medical care of this group. Many elderly people and even some middle-aged persons are emotionally beset by fears of becoming sick and not being able to pay for medical care. This insecurity, Dr. Donahue says, is the basis for what is called widows' disease, in which an elderly woman becomes overtaken by the fear that her money will not last until the end of her life.

It is only when we look at the financial aspects of medical care for the aged that we can see clearly how great our problems are.

Expenditures for medical care are more unevenly distributed among the aged than among younger persons. Very large expenditures for medical care occur about one and one-half times more frequently for the aged than for the total population. The costs of insurance and other prepayment for the aged generally are higher than for younger persons.

Persons age 65 and over require more days of hospital care per capita than any other age group. Available data on hospital use by the aged population show considerably more hospital use for persons 70 and over than for those 65 to 69. There are widely varying estimates of the annual number of days of hospital care per 1,000 aged, but it is safe to say that those 65 and over have more than twice as many days of hospitalization per 1,000 population as does the population as a whole.

More than 20 percent of all patients in nervous and mental hospitals are 65 and over. In private mental hospitals, about 42 percent are 65 and over.

In 1955 the tuberculosis case rate for persons age 65 and over was 83.2 per 100,000 as compared to 46.4 per 100,000 for the total population.

Data from a 1954 survey of patients in chronic disease hospitals in five States showed an average length of stay for all patients of 15 months; however, one out of six patients had been in the hospital for 5 years. The median age of these patients was 70 years.

Ninety percent of the patients in proprietary nursing homes are 65 years of age or over; and the average age of nursing home patients is 80 years.

The number of physician visits per person is 1.5 to 2.5 times as high for persons aged 65 and over as for the general population. The proportion of aged persons with 15 or more physician calls—home or office—per year is almost twice that of all age groups.

Mr. President, I think the facts which I have given make it unmistakably clear that there must be produced at this session of Congress a law which will give a greater health protection to the aged.

Basically, there are three approaches to the health-care problem which have been presented to the Senate. It is clear from the public statements of the President that he would be willing to give his approval to two of these proposals and that he would flatly reject the third. No one has any doubt about the fact that either the Javits proposal, of which I am a cosponsor, or the committee-reported bill would be acceptable to the White House. There is no clearcut division of sentiment in the Senate which would give one of the proposals a substantial margin of support not enjoyed by the others. However, one thing cannot be contradicted and that is the fact that a bill for medical aid for the aged, founded on the social security system, has no hope of becoming a law.

Listen to what the President of the United States said at his most recent press conference if you have any doubt about this situation:

I am for a plan that will be truly helpful to the aged, particularly against illnesses which become so expensive, but one that is freely accepted by the individual. I am against compulsory medicine, and that is exactly what I am against, and I don't care if that does cost the Treasury a little bit more money there. But after all the price of freedom is not always measured just in dollars.

The President is firm in his position and will not yield on the basic issue of the compulsory approach versus the voluntary approach. He feels, and perhaps rightly so, that the Anderson amendment and proposals like it would be the cornerstone of a compulsory national health scheme which once applied to the aged would soon be made applicable to all Americans regardless of age.

For the last two decades Republican Members of Congress have brought forth countless health insurance and related proposals for financing personal health services. Almost all of these have been devised on a voluntary basis. The interest of our party in providing health care to take care of the cost of major illness is without equal in legislative history. During the years 1949 through 1955 Senators Flanders and Ives fought for the enactment of a voluntary prepayment program for the entire population with Federal subsidy where needed. During those same years the distinguished senior Senator from Vermont and the distinguised senior Senator from Alabama also fought for their own bill which would bring voluntary health insurance within the reach of low-income families.

Between 1946 and 1949 the beloved Senator Taft of Ohio pushed a State-operated program for the medically indigent.

Senator Hunt, of Wyoming, introduced a national voluntary health insurance plan for persons with incomes under $5,000.

As early as 1940, 20 years ago, the Republican candidate for the Vice Presidency, Henry Cabot Lodge, advocated grants to the States to subsidize certain high-cost drugs and medical services.

Regrettably, all of these voluntary health care proposals met with little, if any, action. Had any of the major ones been adopted, we would not be having the problems we are facing today.

Mr. President, although there is a lot of talk about pushing on to new frontiers, I am reminded about the parable which formed the basis for the great speech of Russell Conwell entitled "Acres of Diamonds." Senators will remember that the principal character in this speech traveled all the way around the world in search of a fortune only to later find that a fortune was there for the taking in his own backyard.

For 20 years excellent voluntary health-care proposals have been sitting right in the backyard of the Senate and the Javits amendment, which is before the Senate, embodies the best of these proposals.

It is my understanding that in the highly unlikely event that the Anderson amendment were approved by the House and Senate and by the White House that the wealthy people in the country would pay very little toward a program of health care for the aged.

This is what the distinguished senior Senator from Oklahoma had to say on the point when he addressed the Senate on August 15:

I am advised by the representatives of the Department of Health, Education, and Welfare * * * that about 40 percent of the national income would make no contribution to the fund if it were secured from a social security tax.

Such a situation seems to me highly discriminatory because the cost of the Anderson program would fall on those who can least afford to pay for it.

The administration has been forthright in advising Congress with respect to a health care program for the aged. The President has set down four criteria which should be met in any health care bill.

Let us look for a moment at the criteria approved by the administration. First, that the plan should be voluntary; second, that it should be financed in part by the individual; third, that it should be financed in part by Federal-State cooperation; and, fourth, that the Federal Government's share of the financing should come from the general revenues.

It is the President's philosophy that the greatest in terms of wealth should help to pay for medical services needed by those in the lowest income brackets.

I have previously pointed out that the Anderson amendment will be paid for in large measure by those whose incomes are $4,800 or less.

In other respects the Anderson proposal is prejudicial to the welfare of those with small incomes.

Under the Anderson amendment the subscriber must pay the first $75 of costs. Under the Javits proposal which I have cosponsored, the individual pays no initial medical care costs whatsoever.

Reliable figures furnished by the Department of Health, Education, and Welfare bring sharply to focus the fact that 90 percent of those over the age of 65 who are hospitalized have stays averaging about 14 days. The median hospital stay for all aged citizens is 21 days.

Those of us who support the Javits amendment feel that it is carefully drawn to meet the needs of older persons as they have been revealed by the Department of Health, Education, and Welfare and other responsible sources.

Basically, the Anderson program is one geared to catastrophe and not designed to take care of the typical problem of the older person.

I say this because the Anderson program provides for 120 days of hospital care or 240 days of nursing home care or 365 days of health services in the home.

The distinguished senior Senator from New York spotlighted the shortcomings of the Anderson bill when he said:

If we are going to legislate a program which marks such a tremendous wrench from the traditional way in which our country has handled its medical care problems, we are at least entitled to the comfort of knowing that this is something essential to the overwhelming majority of our people over 65. But essentially the thrust of this program for long-term hospital care applies to roughly 10 percent of those over 65.

I cite as authority for this point the findings of experts who met in a seminar which I conducted with the College of Physicians and Surgeons in New York. I will key the Senate to the report of that very fine seminar, with the names of those who participated, who are probably among the most eminent doctors in the field of geriatrics in the United States.

That report showed that what was very desirable for our older people was preventive health care of the kind which is afforded by my amendment, and which is not afforded by the amendment of the Senator from New Mexico [Mr. ANDERSON] without any invidious comment on that score, except to show the thrust of these particular bills.

Mr. President, another important advantage of the Javits proposal over the Anderson amendment lies in the fact that all those over 65 years of age may take advantage of the Javits health care program while on the other hand the Anderson amendment applies only to those 68 years of age and over. Well over 2½ million older persons will be denied opportunity to get greater health care protection by reason of the higher age limit in the Anderson proposal.

The distinguished senior Senator from New York made it remarkably obvious yesterday why his plan is superior to the social security approach when he said:

We are constantly inhibited in the social security plan in terms of costs, because we do not want the social security taxes to get out of line. Under the social security taxes, a burden is put on only 60 percent of the income of the individuals of the country. I started to develop this point before: As between Democrats and Republicans—the whole world is turned topsy-turvy—the Democrats are for a program, on the whole—I do not say every one of them will vote that way—which puts this responsibility on the part of the population which is in the lowest income level, and only on part of the population. Hence, it becomes subject to the very argument which has been made here so often against the sales tax as a method of financing the Federal Establishment. The social security tax is put on about 70 million payers who are responsible for 60 percent of the income. On the other hand, my plan puts the responsibility on the totality of the income of persons who pay income taxes, because it comes out of the general revenues, and therefore spreads the burden widely and upon the basis of ability to pay, rather than on the basis of wage brackets, which come into consideration under social security. It seems to me in this case the roles of the parties have been reversed, and in quite an extraordinary way.

Under the Javits proposal, of which I am a cosponsor, an individual will have an opportunity to choose the approach best suited to his personal health problems and financial status. There are three options under the Javits plan: (1) the option of preventive care; (2) the option of catastrophic care; (3) the option enabling the individual to participate in the presentation of a health insurance policy of his own.

Under the first option in the Javits amendment, the individual gets very large benefits which begin at once.

There is no deductible to discourage him from getting the preventive medical care he needs.

Contrast this with the Anderson plan, the McNamara bill, and the Forand-type plan which tend to promote hospitalization and deemphasize the importance of preventive treatment.

Mr. President, the second option in the Javits plan takes cognizance of the fact that millions of Americans over the age of 65 can afford a part of the cost of catastrophic illness but could not bear the major portion of such illness. Under the second Javits option which is geared to the needs of those with a modest income, an individual would have to pay his first $250 of the cost of a catastrophic illness and 80 percent of the remainder would be absorbed by Federal and State contributions.

There are still other Americans, Mr. President, who would like to select their own medical care or health insurance policy. For these older citizens, the Javits amendment presents a third option which would embody a governmental contribution of up to $60 a year to help them pay for the policy they deem appropriate for themselves.

Mr. President, every time a program of Federal-State cooperation is presented in the House or Senate there are always those who say, "Let the Federal Government do the entire job; the States might not want to participate." To those who make this bland assertion I would say that the record of the States in their response to grant programs is a superb one.

The general health grant program began in 1936. Before the program had been in operation 1 year all States were participating. The same is true of the tuberculosis control program, the water pollution program, and the hospital and medical facilities construction program.

The cancer control and mental health programs were instituted in 1948. By the end of the first year 49 States were participating in the cancer program and 45 States in the mental health program.

The maternal and child health services program was initiated in 1936. By the end of 1 year 47 States were participating and by the end of 3 years all States were giving full cooperation.

These figures and facts should put to rest the doubts of those who feel that the States are negligent in facing up to responsibilities in health care and related fields.

I do not know whether the junior Senator from Massachusetts has ever been under social security but if such should be the case, he would certainly be entitled to benefits under the Anderson amendment, the cost of which would be absorbed by those principally in the lower income brackets. The same would be true of other wealthy people.

Mr. President, I think it is significant too that there are millions of farmers who retired before those in agricultural occupations were covered by social security. They would be given some protection under the committee reported bill if they are in receipt of old-age assistance or are medically indigent. But, Mr. President, some of these farmers do not fit into the old-age assistance or medically indigent categories. Notwithstanding their modest means, however, they would be given no help by the Anderson amendment or the Kerr bill.

Under the Javits proposal, they could take out health insurance with some degree of Federal and State assistance.

In closing, Mr. President, may I point out that I support the Javits proposal because its cost would be shared by the general population while the cost of the Anderson proposal would be carried principally by those in the lower income groups.

I favor the Javits proposal because it emphasizes the importance of preventive medicine and makes it possible for an older person without funds to get care immediately—in contrast to the Anderson amendment which requires the older person to scrape up a deductible.

I favor the Javits proposal because it contains three options, any one of which the individual may choose according to the lights of his needs and financial resources.

I favor the Javits proposal because it will permit 2¾ million individuals between the ages of 65 and 68 to get help in securing health care protection while the Anderson amendment would deny people in this category assistance.

I favor the Javits proposal because it meets the criteria laid down by the administration and stands a good chance of becoming a law.

Lastly, I favor the Javits proposal because it will not be the cornerstone for any compulsory national medical scheme but represents instead another hallmark in the longstanding tradition of Federal-State cooperation in meeting pressing problems.

I think the Senate can have every confidence that if the Javits proposal is adopted, it will be approved by the White House. This confidence is based on a statement issued by the Secretary of Health, Education, and Welfare at his most recent press conference. This is what the Secretary had to say:

> I have not yet discussed in full detail with the President the proposal for medical care for the aged which was introduced in the Senate on Saturday by Senator JAVITS, on behalf of himself and eight other Senators. The proposal, however, is consistent with the basic principles which the administration has stated should be found in any program for medical care for the aged.

I yield back the remainder of my time.

Mr. JAVITS. Mr. President, I wish to thank the Senator from Pennsylvania [Mr. SCOTT]—I was not in the Chamber when he completed his remarks—and the Senator from Vermont [Mr. PROUTY] for the most eloquent way in which they have explained their stand for my amendment, and also for understanding it so well. I think this demonstrates, too, the fact that my amendment is a clear and understandable alternative and should go out that way to the country as we talk on it here today.

Mr. President, a parliamentary inquiry.

The PRESIDING OFFICER. The Senator from New York will state it.

Mr. JAVITS. May I be informed as to the time which has been consumed?

The PRESIDING OFFICER. The Senator from New York has 33 minutes remaining; the other side has 36 minutes remaining.

Mr. JAVITS. May I suggest that perhaps the Senator from Michigan [Mr. McNAMARA] might use some time?

Mr. President, I ask unanimous consent that there may be a call for a quorum, without the time being charged to either side.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. JAVITS. Mr. President, I ask unanimous consent that the order for the quorum call may be rescinded, and that the time taken for the quorum call may be charged equally to both sides.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

Mr. HARTKE. Mr. President, I should like to speak for 10 minutes in the time of the opponents of the Javits amendment.

Mr. McNAMARA. Mr. President, I yield to the Senator from Indiana as much time as he needs to make his presentation.

Mr. HARTKE. Mr. President, we are, in my judgment, now debating one of the most important and crucial domestic issues to confront the Congress in a quarter of a century.

It was just 25 years ago when the Congress and the President, working together, succeeded in enacting into law a program providing some semblance of security to our citizens.

Of course, at that time, there were great cries of socialism, welfare state, and other such epithets that tended to becloud the issue. But a great President and a great Congress refused to be "bullied," intimated, or swayed from carrying out its constitutional responsibility of providing for the general welfare—and I mean the welfare of all of our citizens.

But when this great social security program was enacted, our leaders foresaw that it was a new system, that it was just a foundation, and that time would indicate the weaknesses and strengths of it, and experience would guide congressional action in improving it.

There are in this body today Senators who were serving in Congress 25 years ago when this program was debated and approved. They will, I am sure, recall the words used in the Senate report in 1935, in which it was stated that insecurity of the American citizen and reliance on public charity stem from four sources: First, unemployment; second, old age; third, disability and loss of the wage earner; and fourth, illness.

Congress, over the years, has acted boldly in meeting some of these threats to the security of the individual.

We have provided a system of unemployment compensation which has been improved periodically.

We have attempted to remove the fear of growing old, by permitting retirement under the social security program. And I may add that we provided benefits under this program as a matter of right, not charity.

We have provided a system of disability insurance which we hope will be improved by the provision in the pending social security bill permitting the totally and permanently disabled to retire at any age if certain basic requirements are met. And this, too, is a matter of right, not charity.

Time—a quarter of a century—has shown the wisdom of the bold action taken in 1935. All but the most skeptical—and there are some—admit that this program has been one of the greatest humanitarian programs in the history of our Nation.

But, Mr. President, great as this program has been, it is still sadly deficient in meeting one of the grave threats to economic and personal security—the fear of illness in old age, when income is severely limited, and when illness and the need of medical care are the greatest.

There is a grave human need, Mr. President; and I challenge anyone here today to prove otherwise.

I do not believe it necessary to go through all of the elaborate statistics in order to prove that there is a pressing human need. The administration admits it. The Democrats admit it. The aged and their families agree. And the experts in health and medical economics have proven it.

All of these accept the facts of the special health needs of aged Americans, their limited financial means to pay for these basic needs, and the limited role of insurance companies in solving the problem.

So what we are really debating here, Mr. President, is not whether there is a pressing and critical human need, but, rather, how we are to fill it.

At this point, Mr. President, I want to emphasize my support for the medical care amendment approved by the Senate Finance Committee, and authored by my good friends and colleagues on the committee, the distinguished senior Senator from Oklahoma [Mr. KERR] and the distinguished junior Senator from Delaware [Mr. FREAR]. I compliment them for improving the old-age-assistance program and for providing for additional funds for other needy individuals.

But, Mr. President, that measure does not provide an adequate medical care program for all of our senior citizens. It must be supplemented. We can do that in either one of two ways: We can accept the Eisenhower-Nixon-Javits public charity approach, or we can accept the dignified, time-tested, prepaid social security approach.

I do not wish to be critical of our great President. But I would like to ask who is leading whom.

If I recall correctly, earlier this session the Senator from New York submitted a proposal which was similar to the one now pending. Soon thereafter the President said he had a program of his own which the Secretary of Health, Education, and Welfare would present to Congress. At that time, I believe we were playing follow the leader, and Vice President NIXON soon thereafter endorsed the administration proposal.

Now we play the game in the reverse order: The Senator from New York offered his proposal; the Vice President, we are told, endorsed it; and the President at the 11th hour, just yesterday, announced that it has his support.

This situation is, of course, confusing to many of us. The President never did submit a bill embodying his recommendations. When the President submitted his budget proposal, the message did not even contemplate any program of medical care for the aged. The President's state of the Union message did not mention the need for such a program.

Mr. RANDOLPH. Mr. President, will my distinguished colleague yield to me?

Mr. HARTKE. Mr. President, I am delighted to yield to the distinguished Senator from West Virginia.

Mr. RANDOLPH. I do not wish to interrupt the Senator's presentation of the various plans, including the one now reluctantly approved by the White House. But when the Senator from Indiana mentions the threat of veto, it is necessary to call attention again to the fact that proposed legislation passed by the Congress goes to the President, either for his approval or for his disapproval. If he disapproves a measure which has been passed by the Congress, he returns it to the Congress with his veto message, in which he states his objections to the action by the Congress.

But constantly during this administration we have been faced with the Presidential threat—and I use that word advisedly—that if the Congress does not write proposed legislation in a certain manner, it will be subject to a veto; we have been told that either directly or by implication.

I think it is clear that there has been arrogated to themselves by those on Pennsylvania Avenue a power which under the Constitution is not possessed by the Executive under the checks-and-balances system under which we operate.

Mr. HARTKE. Mr. President, certainly the distinguished Senator from West Virginia has spoken the truth.

In substantiation of the point he has made, let me point out that at the hearings held by the Finance Committee, I had the following colloquy with the Secretary of Health, Education, and Welfare, as appears in the hearings on page 178:

Senator HARTKE. Since you state the need is so great and that Federal action is necessary, if the Congress should accept the benefits which you propose, and if we accepted the deductible provisions which you have proposed and if we extended the coverage to help those who are not covered under the social security program, but either in one of two fashions put on an attachment that the payment be by social security or by payroll tax, would your oversensitivity to this particular approach be such that you would still oppose this legislation?

Secretary FLEMMING. I so indicated to Senator DOUGLAS and I will indicate again.

Senator HARTKE. And in your opinion, would you recommend to the President that if all of these conditions were accepted, would you recommend to the President that he veto such a bill?

Secretary FLEMMING. I normally don't discuss communications that I either send or might think in terms of sending to the President on a matter that is properly before the President. The President has stated time and again that he will not indicate what he will do with a piece of legislation until it is on his desk. Certainly it would be inappropriate for me as a member of his administration to comment on a hypothetical situation as to whether or not I would recommend or not recommend.

Senator HARTKE. Let me change it then: Would you be very strongly opposed to it to such an extent that you would feel it would be unacceptable legislation from the viewpoint of the Secretary of Health, Education, and Welfare?

Secretary FLEMMING. I stated to Senator DOUGLAS and I have stated to you that I would be opposed to the legislation. I stand on that.

The truth is the administration is using the veto threat and clever parliamentary manipulations in an all-out effort to prevent any really workable medical-care program for the aged. That threat runs through all the veins of this debate; and if one had any doubt about it, the doubt was completely dispelled when the current issue of Business Week tipped the hand of the administration, as follows:

NIXON's original measure to provide $1.4 billion annually from the Treasury funds for "catastrophic" illnesses has found meager support in the Senate. However, the measure may be put forward as a last-ditch effort to try to block a social security financed program.

So that is the last-ditch effort that is coming before us.

Mr. President, I did not mean to be diverted from my remarks on the two possible alternatives. However, it does become disconcerting to see this matter made a political football. I should like to comment briefly on the two approaches. In doing so, I am trying to consider on a purely human-need basis this problem of health insurance for the aged.

I think the issue has been resolved to three questions:

First. Who shall benefit from such a program?

Second. Shall eligibility be a matter of right or a matter of charity?

Third. How shall the program be financed?

Now, I propose to answer these questions as logically and dispassionately as possible.

First. Anyone who chooses to should have the right to benefits, just as anyone who chooses has the right to enjoy social security retirement benefits. The social security program is the only one which treats all Americans alike and in which virtually every American worker today participatess. It provides the nearest-perfect base for this health insurance program.

Shall we deny to the senior citizens of Indiana, for instance, the benefits of a health insurance program simply because a State administration has not the concern or the energy or the ability to set up a program? We have seen

in this Congress that the Federal-State system of rural libraries has no participation in Indiana, and about one million citizens of my State are, thus, denied access to libraries.

Second. I see old age health insurance as something which ought of right to be available for every American. Every plan except social security plans puts a needs test upon the individual who applies. It calls upon one who has paid for his home to sacrifice that before he can be eligible. It calls upon a senior citizen to beg for assistance.

Let us recall for a moment what Franklin Delano Roosevelt said about the social security program:

> I see an America where those who have reached the evening of their life shall live out their years in peace, in security, where pensions and insurance * * * shall be given as a matter of right to those who through a long life of labor have served their families and their Nation so well.

Did Jesus tell the sick and the poor to pawn their clothes before the community would help them? Did Isaiah tell the people to cast off the aged and let them shift for themselves? Did they put a price tag on mercy and justice and righteousness?

Charity medicine, I submit, is poor medicine.

Third. In the matter of financing, much has been said. Much of what has been said merely clouds the issue.

I think we can all agree on certain facts. If a person is eligible for benefits and he must be confined to a hospital for a goiter operation, for instance, the cost is the same—exactly the same—no matter how the hospitalization and surgery are paid for. It costs a certain amount whether the individual pays himself, whether it is through an insurance carrier, whether the State pays, as the administration proposes, or whether it is financed through social security. There is no bargain basement, no fire sale for health insurance. It is foolish to state that one plan is less costly than another. The only way any plan can be less costly is to eliminate beneficiaries or benefits. In any case, it has nothing to do with financing.

If, indeed, any financing plan is less costly, it should be social security because the necessary administration is set up and in operation. Only the social security program is one in which virtually every worker participates and would be in position to lay aside in escrow an amount for protection of his health in the evening of his life when health needs grow and income declines.

Here we are in 1960 quibbling over facts and figures, listening to the same old record of those who have eyes, but seeth not; of those who have hearts and nerves, but do not feel. The old phonograph record spins, but the label is that of 1935. When social security was debated in 1935, the record proclaimed: "When individuals realize that they can definitely count upon public monetary aid except in cases of adversity, the incentive for individual self-help, thrift, and forethought is weakened; and increasing proportions of the population receive support from public funds."

These are the words used in the 1930's. How familiar they seem today. Yet, self-help, thrift, and forethought still fit into the scheme of things today. And social security has worked, is working, and will continue to work.

Mr. McCARTHY. Mr. President, will the Senator yield?

Mr. HARTKE. I am happy to yield to the Senator who is a member of the Finance Committee.

Mr. McCARTHY. Is not the Senator aware of the fact that approximately 18 to 20 million veterans either have available or actually do use the veterans' medical care program? Is there any indication that their incentive or their American spirit has in any way been dulled as a result of that program?

Mr. HARTKE. To the contrary, their incentive has been strengthened and their future has been lightened with regard to their ailments and medical care.

Mr. McCARTHY. Does the Senator think it is un-American for veterans to receive medical care under the veterans' program?

Mr. HARTKE. Not only is it not un-American, but it is a part of the spirit and a part of the American way of life.

Mr. McCARTHY. It has not had any effect upon their spirit of patriotism, or their dedication to the free enterprise system, and all the other elements that go to make up the American way of life, has it?

Mr. HARTKE. The Senator from Minnesota, as he usually does, has stated the case quite well. So far as the opponents of the social security approach are concerned, they do not want to meet the type of challenge which the Senator, in a few words, has stated.

I care not whether a specific bill is called the Forand bill, the McNamara bill, the Anderson bill, or the Kennedy bill so long as its program is sound. They are alike in that they all would provide guaranteed, definite, and self-respecting programs of medical benefits for millions of senior Americans through a system of self-financed, pay-as-you-work hospitalization and related insurance.

Mr. President, the issue, simply put, is this: The Nixon charity approach, based on inadequate State welfare programs and payments out of pocket during retirement, versus the social security approach, based on contributions while one is working and then benefits—as a right—when one is retired.

The principle of social security is well established. I doubt there is one in this Chamber who favors the repeal of this great and humanitarian act. We cannot, however, overlook the fact that there are those who would tear down the principle of social security—the edifice upon which it is built. Those who would circumvent this social security system in a health insurance program for the aged would tear down social security, because such circumvention defeats the very principle of social security—prepaid assistance for the aged as a matter of right, in dignity. We who favor financing a health program for the aged through social security are attempting to build up the edifice.

Mr. President, we cannot simply look at cold statistics when we consider this problem.

No citizen of this great Nation is a mere statistic.

Had our great Founding Fathers been influenced by statistics we never would have become the great democracy we are today—the greatest nation in the world.

We have become great because we believe in the human dignity of man. We consider all men as individuals. This is why we are different from some other nations of the world.

I can only refer those who fear every action we take in providing for the welfare of our citizens to our Constitution. Have they so little faith in that great document and the safeguards it contains?

Mr. President, we cannot be misled. We cannot afford to avoid the challenge. We must act now. And we must act boldly. Meeting this challenge and removing one more fear of growing old is democracy at its finest. Let us permit our citizens to help themselves. And let us follow the dignified approach embodied in our social security program.

If we do not, we shall still have a program under which only two groups in our society today can afford to be sick when they are old—one must be destitute, or one must be rich. That is not the proper way to provide for our people.

I should like to ask my distinguished friend, the Senator from New York, a few questions. Is it not true that, with respect to the enrollment fee which the Senator has provided in his proposal, there is a provision for either $9 or $12, but such a fee is the minimum fee, and the States could set a higher fee if they so desired?

Mr. JAVITS. That is correct; that is the fee which is stipulated. I think it is fair to say we estimate that to be about the optimum amount which would be charged to the individual.

Mr. HARTKE. Would not my distinguished friend agree that this is, in and of itself, a heavy tax on an unemployed retired group, and that it is equal to or more than the social security tax of $12 annually to be paid by a full-time employed younger worker under the Anderson proposal?

Mr. JAVITS. I do not agree. I think both of us have already agreed that the Kerr-Frear approach would look after the people who have no capability at all in respect to health care. Therefore, we are now talking, realistically, about the people who have some capability. I do not see there is any barrier with regard to the effectiveness of the plan involved in the very modest fee.

Mr. HARTKE. I should like to ask my distinguished friend from New York a question with regard to page 16903 of the CONGRESSIONAL RECORD for Saturday, August 20, on which page there is printed a table showing the number of people it is estimated will participate in the program under the Javits plan, and the cost estimates for the States and the Federal Government.

How was the assumption of 75 percent participation by the 11 million persons eligible to participate in the program factually arrived at?

Mr. JAVITS. It is strictly an estimate of the Department of Health, Education, and Welfare. The expert from the Department is serving the Senator's side as actively as he is serving our side. We are all using the same figures, which I think is a good thing.

Mr. HARTKE. Assuming that is correct, how were the cost estimates factually determined?

Mr. JAVITS. In exactly the same way. The cost estimates are the estimates of the Department of Health, Education, and Welfare. Again I wish to have my colleague note that I think our actuaries made the cost estimates in regard to the Anderson proposal exactly as they made the cost estimates in regard to mine.

Mr. HARTKE. The only thing I wish to point out is that in the State of Kansas it is estimated there will be 116,000 participants, though there is a total aged population of nearly 250,000. This would not provide anything for the additional 130,000.

In New York, there is an estimated actual aged population of 1.6 million, and the estimate for participation in this program is 924,000.

Mr. JAVITS. I think, if my colleague will allow me to say so, we would not get anywhere if we tried to argue about the validity or the invalidity of the figures which have been equally made available to us, upon which both of us have figured our examples. I am not prepared to argue that the figures are invalid. I have accepted them. I have premised my case upon them. I think the other side has done the same. It would be futile to get into that question. I do not think either of us could win.

Mr. HARTKE. In other words, so far as we are concerned, we cannot really come to a good conclusion as to the apparent difference between those figures?

Mr. JAVITS. I do not feel that way at all. I feel that both of us have relied on the most authoritative information we could obtain from people who know, who appear to be acting with great objectivity. I have relied upon the figures. I strongly commend to my colleague that his side must do the same. Otherwise, both of us will get nowhere.

Mr. HARTKE. The point is, it remains true that in the States of New York, with 1.6 million people in this category, under the Senator's proposal only 924,000 would be covered.

Mr. JAVITS. New York may have special circumstances. There is disability insurance and all kinds of State programs which have an effect as to the number participating. That is why I think the Department of Health, Education, and Welfare is a better judge than we are.

Mr. HARTKE. I should like to ask the Senator a question in regard to another point. Since the date of the initiation of the Federal-State programs the old-age assistance program has included a form of cash payment. There has been medical care available to old-age assistance recipients through federally aided public assistance vendor payments.

How many States have taken full advantage of the Federal grant?

Mr. JAVITS. I had a chart printed in the RECORD in that regard. I could show it to the Senator. I do not wish to use the Senator's time, because I do not think he has too much time remaining.

Mr. HARTKE. That is the chart on page 282 of the report of the Finance Committee. It is not in the RECORD. I believe the Senator will find it on page 282 of the report.

Mr. JAVITS. When I speak affirmatively I will answer the Senator's question. I do not wish to intrude upon the Senator's time, because I do not think he has much time remaining.

Mr. HARTKE. I think my distinguished friend would agree with me that the States are not fully participating at the present time; is that not correct?

Mr. JAVITS. I should like to supply that fact when I speak.

Mr. HARTKE. Does my distinguished friend disagree with my assertion that the States are not fully participating at this time?

Mr. JAVITS. I will say to my dear colleague, his distinguished friend simply does not know at the minute. When he knows he will state the answer. [Laughter.]

Mr. HARTKE. I have a great admiration for the Senator. The Senator knows that.

Do not a large percentage of the aged persons have medical expenses each year amounting to more than $500?

Mr. JAVITS. I can answer that question. According to the figures of the Department of Health, Education, and Welfare 15 percent of the persons who are over 65, or 2,250,000, have total medical expenditures on the average of $700 per year, not including nursing home care, and that is quite regardless of income. It is 15 percent of the totality of those over 65.

Mr. HARTKE. Assuming that is a fact, and I am not disputing the fact, how would a person know whether he would be better off, under the Senator's proposal, to take option No. 1 or option No. 2? In other words, how would he know he would be better off to take the so-called preventive medicine option as opposed to the catastrophic illness option?

Mr. JAVITS. I think that is one of the virtues of my proposal. The individual can determine for himself in his own circumstances which option he requires for his own protection. I believe a person with a very small income would want the preventive care. I would say a person with a modest income would desire the catastrophic illness plan. I think that is one of the advantages given a person, a choice based upon his own circumstances.

Mr. HARTKE. He would not know what might happen to him in the future. He would not know whether he would have a catastrophe or need preventive care.

Mr. JAVITS. I respectfully submit that the Federal Government would not know, either. I would rather have the citizens run their own business than be led around by the hand by somebody in Washington, D.C.

Mr. HARTKE. This is exactly the point. Under the social security program we would not have the Federal Government calling doctors and hospitals. The doctors and hospitals would determine the care. No Government agency would tell the people what to do under the social security approach. The doctors would have freedom of choice, without socialized medicine.

If such a person were to have a catastrophic illness, how would he switch from option No. 1 to option No. 2, or could he?

Mr. JAVITS. He could switch in different years if he decided his circumstances were such that he wished to take another type of insurance.

Mr. HARTKE. Let us assume that this man will live for a period of 15 years. That is the average number of years a man is expected to live at the age of 65. Let us assume that in each year he has a chronic illness which costs him about $400. Which of the options should he take, in the opinion of my distinguished friend?

Mr. JAVITS. I did not understand the Senator's question.

Mr. HARTKE. A man ordinarily has a life expectancy of about 15 years when he reaches the age of 65. That is the anticipation at the present time. In each of these years let us assume a man has a chronic illness which costs him $400 annually. Which option should he take?

Mr. JAVITS. I think that all depends upon his circumstances. He would determine what kind of an insurance policy he would buy, or any other kind of protection. He could not forecast the future. I do not think anybody in Washington, D.C., is in a better position to do it than the person himself.

Mr. HARTKE. How would this man at 65 know he would live for 15 years? How could he anticipate that, so as to make an intelligent decision?

Mr. JAVITS. In the first place, the coverage under my plan would cover the man for the rest of his life. There is no argument about that. Whatever plan he should choose would depend upon his circumstances. He could change his mind every year. It seems to me that freedom of choice is very much more commendable than tying the man down to some plan which the Government thinks is good for him.

Mr. HARTKE. Mr. President, I yield the floor.

Mr. JAVITS. Mr. President, I yield 5 minutes to the distinguished Senator from Hawaii [Mr. FONG].

Mr. FONG. Mr. President, today nearly 16 million Americans are 65 years of age or older. Through the miracle of modern medicine, by 1970 there may be 20 million in this age bracket.

Paradoxically, the blessing of longer life is mixed with special problems of a serious nature, such as health care for

the aged. When these people most need medical attention, they may be least able to afford it.

Both major political parties this year acknowledged in their platforms that this is a national problem. And now the Senate of the United States is deliberating various proposals to meet that national problem.

It is my privilege and pleasure to cosponsor with eight of my colleagues a comprehensive amendment which adds on to the pending Kerr-Frear proposal recommended by the Senate Finance Committee.

Mr. President, the senior Senator from New York [Mr. JAVITS] on Saturday made a detailed presentation of our amendment. I shall not burden the record with repeating the various details of the preventive care option, of the long-term illness option, and of the option for private health insurance. The minimum and maximum packages under these options are set forth quite clearly on pages 16900 and 16901 of the CONGRESSIONAL RECORD for August 20.

Mr. President, my purpose in speaking today is to emphasize that the benefits under the Javits amendment are very generous, even in the minimum package. Furthermore, there is every expectation that time and experience will lead to improvements.

The medical care benefits are realistic—they will meet actual needs of our older citizens which are revealed by U.S. medical use statistics. And, the benefits provided meet the widely differing needs of our people age 65 and over.

For example, in the preventive medical care option, the minimum package includes 12 home or office visits by a physician. It includes the first $100 of ambulatory, diagnostic, laboratory, or X-ray services. It includes 24 home nurse service calls as prescribed by a physician. When necessary, on the certification of a physician, it provides 21 days of hospital or equivalent nursing home care.

This is a first cost program; there is no deductibility and there is no coinsurance. The individual gets the benefit at once, as soon as he needs it, enabling him to obtain protection before chronic illness has set in.

Mr. President, I point out that this is the only proposal before the Senate which provides for preventive medical care.

In addition to generous and realistic benefits, our amendment is eminently practical. It uses existing facilities, yet avoids the defect of some other pending amendments which would overload our hospitals. It recognizes that different individuals have different medical care needs. It recognizes the different individuals have differing preferences, including a preference for private health insurance.

Our amendment recognizes the variations that exist among States, as well as among people.

Our 180 million Americans are not all cast in the same mold. We are each individuals in our own right. We live differently from each other. We work differently. What would be an excellent medical care plan for one person might not meet the needs of another person. Therefore, we cosponsors of this amendment believe we should have several options to enable each individual to choose the plan most appropriate and suitable for himself. Furthermore, we provide that he may from time to time have the opportunity to subscribe to one of the options if he wishes to make a change.

Similarly, our States are not all 50 identical miniatures of a Central Government here in Washington. Our States differ, too, and the Javits amendment recognizes that fact of life. There are those who contend that a plan which depends on State cooperation will not provide the necessary medical care because some States may not rise to the occasion to meet the needs of their people. This same argument could have been made about the many Federal-State grant programs and the many Federal-State cooperative programs.

But the States have joined in these national programs and I am confident they will in such an urgent program as that of medical care for their senior citizens.

Apart from the 2.4 million persons on old-age assistance who will receive added medical care benefits under the pending bill, our amendment will cover 11 million persons, a greater number than are covered under the Anderson social security amendment.

Our amendment has a further advantage besides generous, realistic benefits, a choice of programs, flexibility, and broad coverage: the cost is minimal, to the Federal Government, to the States, and to the individual.

Furthermore, these costs are widely spread. In the case of the Federal Government, the program would be financed out of general revenues to which all taxpayers contribute. Social security financing would lay all the Federal burden on the limited number of persons who pay social security taxes—and it would put an unwarrantedly heavy burden on those in the lower economic pay scales.

The weight of equity is on the side of general-revenue financing. Let all taxpayers share the cost of the medical care program. More and more people are living longer. It is only proper, in my opinion, for these costs to be borne by the greatest number of persons possible.

Our amendment has the further advantage of avoiding property criterion for eligibility in the program, and of avoiding the need for a pauper's oath which is so repugnant to our people. Our amendment bases eligibility solely on income reported on their Federal income tax forms. Terms of the amendment, as I have already stated, would permit coverage of an estimated 11 million persons age 65 or over.

Today, we in the Senate are not confronted with a partisan issue.

We are faced with the question of how best to meet the medical care needs of those citizens over 65 years of age.

The amendment before us, which I have cosponsored, gives greater coverage and greater benefits to more people than any other proposal now before the Senate. It includes the medically commended preventive care option which no other plan contains. The cost is modest and is spread widely so that the burden is not excessive on any one person or any one group. Our amendment offers freedom of choice to elderly persons in need of medical care and is in the finest tradition of our American system of meeting human needs.

I urge adoption of the Javits amendment.

I thank my colleague for yielding to me.

Mr. JAVITS. I thank my colleague for his fine statement.

Is there a speaker on the other side who wishes to address the Senate? If not, I yield myself 5 minutes. First I yield to the Senator from West Virginia [Mr. RANDOLPH], who wishes to ask a question.

Mr. RANDOLPH. Mr. President, I am grateful to the Senator from New York for yielding. I do not wish to be argumentative. I am attempting to be objective in the questions I shall ask.

What would be the total administrative costs under the plan advanced by the Senator from New York [Mr. JAVITS] with the support of other Senators?

Mr. JAVITS. I have had no estimate of the State cost of administration beyond the experience which the States have had in respect to old age assistance. I would not, of course, claim an analogy between the two. Therefore I must tell the Senator that I do not have an estimate of the administrative cost.

I should like to ask the Senator from West Virginia in turn to give me an estimate of administrative costs under the proposed social security plan.

Mr. RANDOLPH. I shall be glad to do so. Before I do, however, I wish to indicate that the Federal, State, and local costs naturally should be combined in calculating the total administrative cost. The present social security cost, as the Senator knows, is approximately 2 percent; the medical care program as advanced under the Anderson amendment, joined in by nine other Senators, including the Senator from West Virginia, is estimated very conservatively at approximately 5 percent.

In answer to the question which the Senator from New York did not answer in detail, I believe that the plan proposed by the Senator from New York would cost not 5 percent, but approximately 11 percent. I believe that to be true. I think it would be more costly because of the collection of enrollment fees from the aged. I believe that there would be added costs which would come from the detailed and oftentimes difficult explanations which frankly would have to be made. The option of buying private insurance, I believe would cause the administrative cost to be increased.

I have indicated my belief that the cost of his plan would be approximately 11 percent, while the cost of the so-called Anderson plan, with which I am in accord, would be 5 percent or less.

Mr. JAVITS. Of course, the cost of the Anderson plan would be borne by the Federal Government alone, and whatever cost there would be, would be shared

by the States under my plan. I shall address myself to that subject later.

I yield back the remainder of the time I have yielded myself. I yield 5 minutes to the distinguished Senator from Kentucky [Mr. COOPER].

Mr. COOPER. Mr. President, I strongly support the amendment offered by the senior Senator from New York, [Mr. JAVITS], as a substitute for the amendment offered by the junior Senator from New Mexico [Mr. ANDERSON]. Both of these amendments offer a medical care plan. When we vote, we will express our choice between these plans, our judgment of their merits, and of their ability to provide an adequate medical care plan for persons over 65 years of age. Let us never forget that it is those who need medical care that should be the only object of our consideration, not the interest of either political party, or any advantage that may be drawn from what we do in this special session of Congress.

I am a cosponsor of the Javits amendment. I support it because I believe it does offer a better medical care plan than the Anderson amendment. Yesterday, Senator Javits made a magnificent analysis of his amendment, and there is no need for me to repeat much of what he said.

Comparing the Javits and Anderson amendments with respect to the benefits offered those who need medical care, I do make these points:

First, the Javits amendment would provide benefits for persons when they reach the age of 65, while under the Anderson amendment, benefits would not be available until the age of 68. I do not need to argue that in this respect the Javits amendment is superior.

Second, the medical care benefits provided by the Javits amendment are much more adequate and appropriate to the needs of those who must have medical care than are the benefits which would be provided by the Anderson amendment. The Anderson plan does not provide for the payment of physicians—for calls at home, in the doctor's office, or in the hospital. It does not provide for the payment of drugs—of medicine—and every person knows their cost. The Anderson amendment provides payment of hospital and nursing home costs. No provision is made for the less serious ailments—or for preventive care. It has been estimated that it would reach only 15–20 percent of those who need medical care—that is, those who must spend a protracted period in hospitals or nursing homes.

By comparison, the Javits amendment provides for doctor's care at home or in the doctor's office, for preventive medical care, for diagnostic and laboratory costs, drugs, nursing care and hospitalization. It provides for every needed kind of medical care.

The cost of the Javits amendment, to those who actually need help, is certainly moderate. If his plan should be chosen—and as I have shown, it is certainly more generous than the Anderson hospitalization provision—the cost would be approximately $10 per year per individual. If a second option is chosen under the Javits amendment, one offering wide benefits and provision for long illnesses and serious operations, the cost would be $12.80 per year per individual. For those who pay no income tax, no payment would be required.

Of course a basic difference between these two plans is in their method of providing funds to pay for medical benefits. The Anderson plan would furnish assistance only to those who have met the requirements of the social security system—some 8,500,000 persons—and then only limited medical care. The Javits plan would be available to approximately 11 million individuals whose income does not exceed $3,000 and for couples, $4,500. Objections are raised against the Anderson social security system plan, or any social security plan, upon the basis that it is nonvoluntary. I recognize this objection. But I say for myself that, unlike some who oppose medical care plans based on the social security system, I do not take the position that the social security system should not be used in a comprehensive medical care plan. It may be found by the Congress, after thorough consideration, that the social security system is a proper element in a comprehensive plan to reach all people over 65 years of age; and if proof develops that this is true, I would not oppose it.

My chief concern is that a plan be adopted which will serve the greatest number of people, and which will most effectively meet their needs for medical care. I recognize that the social security system plan could be more easily put into effect and administered, but I believe there is great merit in a plan which calls for contributions by the Federal Government, by State governments, and for small contributions by individuals who can pay.

So much for the merits, which I can discuss only in this brief fashion at this time. I turn now to another issue. One question to which we must direct our attention is whether it is possible to secure a carefully considered medical aid bill at this session.

The Javits amendment is sound, and has been carefully developed. If it is adopted today by the Senate, and the House concurs, I believe there is a good chance that it will become law.

I respect wholly Senator ANDERSON, his sincerity and his constructive efforts. But the Anderson medical care plan is a makeshift, and does not meet adequately the needs of those who require medical care. If it should be adopted, I assume it would be vetoed. If this is true, and I think it is. we will end up with no bill—not even the bill passed by the House which, while it is in no sense an adequate medical care bill, would provide aid to millions of our needy, particularly those on old-age assistance, and both those who support the Javits amendment and those who support the Anderson amendment accept the bill voted by the House of Representatives—because they are offered as amendments to it.

I want an adequate medical aid plan. But I have been concerned that we would adopt at this special session, without full consideration and thorough knowledge, a makeshift medical care plan. Frankly, I do not think that the subject of medical care has had the consideration, the analyses, the care that it deserves—and that the people it will serve deserve. In the atmosphere of this special session—one preceding a presidential campaign, and when it is generally considered that medical care has been brought up for its political effect upon the presidential campaign—I believe it impossible to consider fully and objectively this most important subject.

It is wrong not to deal fully and fairly with this subject. And it is cruel and cynical to treat people over 65 as footballs in a political campaign. The Congress can and will pass an adequate medical care plan, on its merits, in the early part of the next session—for the benefit of the older people and not as a vote-getting issue in this political campaign.

The best interests of our country, and of those people over 65 who desperately need medical aid, will be best served by voting for the Javits plan, which at least has been carefully considered, and by voting against the Anderson amendment.

I make it clear again that I support medical care for the aged—but I object to its political use in this session.

Mr. JAVITS. Mr. President, I am very grateful to my colleague from Kentucky. It is well known in the Senate that I have only the highest regard and deep affection for him. He more often than anyone else bespeaks the conscience of the Senate as frequently and in as timeless a way as the Senator from Kentucky has just done. I ask what the state of the time is, by way of a parliamentary inquiry.

The PRESIDING OFFICER. The Senator from New York has 11 minutes.

Mr. JAVITS. And the other side has how much time?

The PRESIDING OFFICER. The other side has 4 minutes remaining.

Mr. JAVITS. I yield myself 5 minutes. I should like, in the remaining minutes of the debate to address myself to a few questions which have been raised with respect to my amendment, by way of rebuttal.

First and foremost, I am deeply concerned and affected by the complete mix-up in the minds of some speakers between the plan contained in the bill and my plan, and the indiscriminate reference to both of them as a means test plan or a charity plan. One of the speakers even called it the Nixon charity plan. That just is not true.

I do not believe the committee plan is a charity plan. Every recipient under the old age assistance program would resent any such label, which in that case, of course, would apply to him for receiving old age assistance, as well as the additional benefits; and my plan is not a charity or a means test plan either.

It would be just as cruel—and I would never do this, of course—to say to Senator ANDERSON, "Why do you cruelly exclude those between age 65 and age 68, instead of letting them into this fine program, when we all know they need it?" One would never do that, because

we realize that the Senator from New Mexico is architecting a plan according to the means available.

Now let us look at the facts. In my amendment we set up the qualification of a man or woman who does not pay any income tax. I refer to page 13, line 15 of the amendment. If the person did not pay an income tax, that is it; he is immediately eligible.

That applies probably to 80 percent of all the older people in the country. If his income did not exceed $3,000, as an individual, or $4,500, as a married man, or a couple, such person is eligible. It is based strictly on the income tax return, and I am sure any person would be happy to certify that he did or did not file a tax return.

If there are to be any slurs cast upon those in need, I should like to ask the proponents of the Anderson amendment: "Is it all right to have a means test for the benefits, but not have a means test for the payoff?"

The proponents would tax those who do not earn more than $4,500. Is that a means test? Is mine a means test? That is nonsense.

Mr. LONG of Louisiana. Mr. President, will the Senator yield?

Mr. JAVITS. I yield.

Mr. LONG of Louisiana. Under social security we are taxing those who pay no income tax at all, as in the case of a man and wife who make $125 a month.

Mr. JAVITS. I thank the Senator from Louisiana. As long as he has interjected this fine bit of information, I would say that he touched a chord last night that was extraordinary.

What he said was, "What did you do when the social security system came into effect? Did you cover folks who had paid nothing?" Of course we did not.

Only 4 percent of those who were over 65 on August 14, 1935, when the social security system took effect, participated in the system, because Congress imposed strict rules as to eligibility based upon a payment of at least six quarters of coverage.

Of the 7,957,000 persons aged 65 or over in the United States, only 4 percent, or 340,000, who were over 65 participated in the system when it was first established. I think that is a significant point, as it bears upon the fact that this does not do any such thing. This embodies them all right into the system and lets the rest pay the bill.

This is the big difference between myself and those on the other side. I say, certainly, we have a responsibility for the aged; but it is a responsibility of all of us, not merely of the people who pay social security taxes. Let us all pay the bill. Let us all pay the bill for welfare both in the States and in the Federal Government.

One other point which I think is very important has just come up in the debate. When the Federal Government decided to adopt a plan for its employees, one would have thought it would pick the best and wisest plan for them. What plan did it pick? It picked the kind of plan I am now advocating. The employees contribute just about half the cost of the low option plan. They contribute something like five-eighths of the cost of the high option plan. The coverage is bought from private agencies. The Federal Government selected exactly the plan I am advocating. I think that is significant when we discuss whether this proposal is a gimmick for a campaign year or is a deeply entertained plan based on honest conviction.

I think this is the clincher. No one has yet stood up and stated whether it is 85 percent or 90 percent of the older people, or 84 percent or 93 percent. The fact is that the overwhelming majority of the older people do not need 120 days in a hospital. What they need is the kind of care they will get under my program. They need the care of physicians and the care of nurses. They need ambulatory and X-ray services. They need drugs. They do not need 120 days in a hospital. In other words, we will legislate a plan for 10, 15, or 16 percent of the aged, instead of a plan for 85 or 90 percent simply because it is felt that they should come under social security.

I am as good a liberal as any other Senator. I do not have to get it under social security. I can use my head and my 11 years of experience in Congress to find a better way.

Mr. President, I ask unanimous consent that there may be a quorum call, the time for the quorum call to be charged to neither side.

Mr. ANDERSON. Mr. President, if the Senator will withhold his request, I should like to ask unanimous consent that a technical expert on health, education and welfare from the General Counsel's Office may be permitted to be on the floor of the Senate during the discussion of the so-called Anderson amendment.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

Mr. JAVITS. Mr. President, may I inquire how much time remains?

The PRESIDING OFFICER. The Senator from New York has 3 minutes remaining; the opponents have 3 minutes remaining.

Mr. JAVITS. Mr. President, I suggest to the Senator from Montana that there be a quorum call, the time for the quorum call to be charged to neither side.

Mr. MANSFIELD. Mr. President, I should like to yield the remaining time on our side to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota is recognized for 3 minutes.

Mr. HUMPHREY. Mr. President, I shall use the 3 minutes to make a summary in relation to the Javits amendment which provides a medical service plan for the aged. What I shall say has undoubtedly been emphasized in other parts of the debate.

What disturbs me about the proposal of the distinguished Senator from New York, who is well known for his genuine humanitarianism, is that his proposal, up until today, has lacked, through its preliminary stages, any of the support which it now seems to enlist as a last minute effort. I inquire if we are really to believe that the administration is sincere in the endorsement of this proposal, because it seems to me to have every mark of a political maneuver. I say this in the light of 2 years of stalling by the administration and the lack of any kind of support for any kind of workable medical program for the elderly.

On June 29 of this year the Secretary of Health, Education, and Welfare, when he appeared before the Committee on Finance, did not support the proposal which is before us; instead, he favored a bill which had not even been born, a bill which had not even been written, a bill which had not even been presented before the committee.

The Director of the Bureau of the Budget, Mr. Maurice Stans, on July 12, 1960, in a letter to the chairman of the Committee on Finance, the distinguished Senator from Virginia [Mr. BYRD], differed with Secretary Flemming on the provisions of the House bill for medical services for the medically indigent. Mr. Stans feared that the cost would be extravagant. Yet the Javits proposal, in the main, is at least in a form similar to the bill to which I referred, which had been introduced in the House.

So far as I know, this particular proposal, the Javits proposal, up until today, has not had the support of a single one of the many organizations which are concerned about medical care for the elderly.

It is a fact, of course, that the Anderson amendment has the support of the AFL-CIO—of organized labor; it has the support of the American Nurses Association and of the American Public Welfare Association.

However, the proposal before the Senate, with all due respect for it, does not command the support of the American Medical Association, the American Nurses Association, and the American Public Health Association. So far as I know, it does not command the support of a single organized group, including the Blue Cross Association.

This body has been lectured repeatedly, and Congress has been scolded often, by the administration for fiscal irresponsibility. The committee bill will cost somewhere in the neighborhood of $300 million; the Javits amendment, about $450 million. I say, most respectfully, that not one bit of financing has been provided for the proposal before us.

Fiscal irresponsibility means appropriating money which we do not have. Fiscal irresponsibility means suggesting to the public that we will do things for which we cannot pay.

Mr. President, the only fiscally responsible proposal is the one which has been offered by the distinguished Senator from New Mexico [Mr. ANDERSON] and his cosponsors. The proposal of the Senator from New York [Mr. JAVITS] lacks not only fiscal responsibility; it lacks organized support, as well.

Mr. JAVITS. Mr. President, I yield myself the remaining 3 minutes. The Senator from Minnesota is entitled to

an answer to the question he has raised, and I think it is a fitting point upon which to end the debate.

The administration came to my plan very slowly. I cannot say right now that I have the support of the administration. From what I know from the Secretary of Health, Education, and Welfare and from the Vice President, whose support I have, I assume that the President would very likely sign such a bill if it were passed.

Let us remember that the administration developed to this position by the fact that it presented its own program, in which I myself punched holes on account of its deductibility feature, grants, and the lack of preventive care.

If I have won something of a fight for my own party and within the administration, I think that is great. I have won something of which I would not want to deprive or shortchange myself.

Second, as to the element of support, certainly the American Medical Association does not support my program. It does not support any program, other than that for the needy, in which the Federal Government participates. Most of the welfare organizations have been supporting the social security approach.

But, Mr. President, the virtue of my program is that it follows the fundamental principle in which we have administered medical care, and will be administering it, even under the bill. Under the Frear-Kerr proposal in this bill, the States will simply have to extend what they are going to do anyhow in order to encompass my program, whereas under the social security scheme we have a brandnew sociological design. The bill which I have proposed provides better benefits, benefits which are more closely apportioned to what the American people need, than does the Anderson program, both in terms of eligibility at age 65 and in terms of a fine package of preventive care, with no deductibility of $75, or anything else, as would have to be paid under the Anderson proposal. My program will meet the first-cost medical care to provide for the individual who must have it when he needs it.

Mr. President, it is a plan entirely in the main stream of what we have been doing; and it is unnecessary to make the sharp break into a totally new and untried area of social security, because we can do all the things we want to do under this program.

I hope my amendment will be successful.

The PRESIDING OFFICER. The time available to the Senator from New York has expired.

Mr. DIRKSEN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The Chief Clerk called the roll, and the following Senators answered to their names.

[No. 304]

Aiken	Bush	Case, S. Dak.
Allott	Butler	Church
Anderson	Byrd, Va.	Clark
Bartlett	Byrd, W. Va.	Cooper
Beall	Cannon	Cotton
Bennett	Capehart	Curtis
Bible	Carlson	Dirksen
Bridges	Carroll	Dodd
Burdick	Case, N.J.	Douglas
Dworshak	Keating	Pastore
Eastland	Kefauver	Prouty
Ellender	Kennedy	Proxmire
Engle	Kerr	Randolph
Ervin	Kuchel	Robertson
Fong	Lausche	Russell
Frear	Long, Hawaii	Saltonstall
Goldwater	Long, La.	Schoeppel
Gore	Lusk	Scott
Green	McCarthy	Smathers
Gruening	McClellan	Smith
Hart	McGee	Sparkman
Hartke	McNamara	Stennis
Hayden	Magnuson	Symington
Hickenlooper	Mansfield	Talmadge
Hill	Monroney	Thurmond
Holland	Morse	Wiley
Hruska	Morton	Williams, Del.
Humphrey	Moss	Williams, N.J.
Jackson	Mundt	Yarborough
Javits	Murray	Young, Ohio
Johnson, Tex.	Muskie	
Jordan	O'Mahoney	

Mr. MANSFIELD. I announce that the Senator from New Mexico [Mr. CHAVEZ], the Senator from Arkansas [Mr. FULBRIGHT], and the Senator from South Carolina [Mr. JOHNSTON], are absent on official business.

I also announce that the Senator from Missouri [Mr. HENNINGS] is absent because of illness.

Mr. KUCHEL. I announce that the Senator from Iowa [Mr. MARTIN] is absent, by leave of the Senate, on official business.

The PRESIDING OFFICER (Mr. CANNON in the chair). A quorum is present.

The yeas and nays have been ordered.

Mr. DIRKSEN. Mr. President, a parliamentary inquiry.

The PRESIDING OFFICER. The Senator from Illinois will state it.

Mr. DIRKSEN. What is the pending question on which the Senate is about to vote?

The PRESIDING OFFICER. The question is on agreeing to the amendment proposed by the Senator from New York [Mr. JAVITS], on behalf of himself and certain other Senators.

On this question, the yeas and nays have been ordered; and the clerk will call the roll.

The legislative clerk called the roll.

Mr. MANSFIELD. I announce that the Senator from New Mexico [Mr. CHAVEZ], the Senator from Arkansas [Mr. FULBRIGHT], and the Senator from South Carolina [Mr. JOHNSTON] are absent on official business.

The Senator from Missouri [Mr. HENNINGS] is absent because of illness.

I further announce that if present and voting, the Senator from New Mexico [Mr. CHAVEZ], the Senator from Arkansas [Mr. FULBRIGHT], and the Senator from Missouri [Mr. HENNINGS], would each vote "nay."

Mr. KUCHEL. I announce that the Senator from Iowa [Mr. MARTIN] is absent by leave of the Senate on official business.

The result was announced—yeas 28, nays 67, as follows:

[No. 305]

YEAS—28

Aiken	Dirksen	Mundt
Allott	Dworshak	Prouty
Beall	Fong	Saltonstall
Bridges	Goldwater	Schoeppel
Bush	Hickenlooper	Scott
Capehart	Hruska	Smith
Carlson	Javits	Wiley
Case, N.J.	Keating	Young, N. Dak.
Cooper	Kuchel	
Cotton	Morton	

NAYS—67

Anderson	Gruening	Monroney
Bartlett	Hart	Morse
Bennett	Hartke	Moss
Bible	Hayden	Murray
Burdick	Hill	Muskie
Butler	Holland	O'Mahoney
Byrd, Va.	Humphrey	Pastore
Byrd, W. Va.	Jackson	Proxmire
Cannon	Johnson, Tex.	Randolph
Carroll	Jordan	Robertson
Case, S. Dak.	Kefauver	Russell
Church	Kennedy	Smathers
Clark	Kerr	Sparkman
Curtis	Lausche	Stennis
Dodd	Long, Hawaii	Symington
Douglas	Long, La.	Talmadge
Eastland	Lusk	Thurmond
Ellender	McCarthy	Williams, Del.
Engle	McClellan	Williams, N.J.
Ervin	McGee	Yarborough
Frear	McNamara	Young, Ohio
Gore	Magnuson	
Green	Mansfield	

NOT VOTING—5

Chavez	Hennings	Martin
Fulbright	Johnston, S.C.	

So the amendment offered by Mr. JAVITS for himself and other Senators was rejected.

Mr. JOHNSON of Texas. Mr. President, I move to reconsider the vote by which the amendment was rejected.

Mr. KERR. Mr. President, I move to lay that motion on the table.

The PRESIDING OFFICER (Mr. CANNON in the chair). The question is on agreeing to the motion to lay on the table the motion to reconsider.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The pending question now is on agreeing to the so-called Anderson amendment. The agreement is that the vote will come at 6 o'clock. The time is to be equally divided. The Senator from New Mexico [Mr. ANDERSON] controls the time in favor of the amendment, and the minority leader [Mr. DIRKSEN] controls the time in opposition.

Mr. KERR. Mr. President, a parliamentary inquiry.

The PRESIDING OFFICER. The Senator will state it.

Mr. KERR. Is it the unanimous-consent agreement that we shall vote at 6 o'clock, or is it that we shall vote not later than 6 o'clock?

The PRESIDING OFFICER. Not later than 6 o'clock.

Mr. KERR. In other words, if all Senators who desire time have used the time they wish to use, the vote could occur prior to 6 o'clock?

The PRESIDING OFFICER. The Senator is correct. The vote could occur before 6 o'clock.

Mr. ANDERSON. Mr. President, I yield 2 minutes to the Senator from Montana [Mr. MANSFIELD].

The PRESIDING OFFICER. The Senator from Montana is recognized for 2 minutes.

Mr. MANSFIELD. Mr. President, in the past several years, my distinguished senior colleague [Mr. MURRAY] and I have cosponsored legislation which would provide a more equitable method for computing the self-employment income of farmers under the Social Security Act. Since the time that the farmers were brought in under the self-employed category of the Social Security

Act we have received a number of complaints from farmers who feel they are not receiving equitable treatment.

Only the other day a constituent wrote to me advising that he had recently become completely disabled at the age of 60 but he is being denied disability payments because he did not make a profit on his farming operation during 1956, which gave him only 16 units in the past 5 years as a self-employed farmer, and his previous credits under the Social Security Act as an employee are not being considered.

I think that there is some justification in my constituent's complaint about the disability provision of the act, since he is totally disabled with 44 units of credit. He should be able to draw retirement with this record of contribution to the social security fund. He points out that others with as low as six units to their credit are receiving benefits.

I would like to ask the distinguished chairman of the Senate Finance Committee, the Senator from Virginia [Mr. BYRD], if there are any proposed changes in the status of farmers under the Social Security Act contained in the general provisions of H.R. 12580?

Mr. BYRD of Virginia. There are no changes with respect to the farmers which are not applicable to all other social security coverage. As the Senator from Montana no doubt knows, the disability provisions have been changed so as to make people eligible whenever they become disabled, instead of at the age of 50. There have been no basic changes relating to farmers.

Mr. MANSFIELD. I thank the chairman of the committee.

Mr. CURTIS. Mr. President, will the Senator yield?

Mr. MANSFIELD. I yield to the Senator from Nebraska.

The PRESIDING OFFICER. The time of the Senator from Montana has expired.

Mr. ANDERSON. Mr. President, I yield 2 additional minutes.

The PRESIDING OFFICER. The Senator from Montana is recognized for 2 additional minutes.

Mr. CURTIS. Mr. President, I believe the record will show that when the disability benefits were originally put into the act it was pointed out by the Senator from Nebraska that farmers were discriminated against because they did not have previous service upon which to rely. The Senator has pointed up a problem which exists. I hope at the earliest practical time the farmers can be given parity with other people.

Mr. MANSFIELD. Mr. President, I express my thanks to the Senator from Nebraska for his interest in this matter. I know, since the Senator comes from the State of Nebraska, he is aware of the problem involved.

I should like now to direct a question to the able junior Senator from New Mexico [Mr. ANDERSON]. Will farmers who qualify under the self-employed category be included among those eligible for benefits under the medical care program as proposed in the Anderson amendment to H.R. 12580?

Mr. ANDERSON. The answer is "Yes."

Mr. MANSFIELD. I thank the Senator.

Mr. ANDERSON. Mr. President, because he desires to speak upon a different subject, I yield 3 minutes to the able Senator from Ohio [Mr. LAUSCHE].

SUBSIDIES FOR LEAD AND ZINC

Mr. LAUSCHE. Mr. President, last week the Senate passed a bill to provide for subsidies to the zinc and lead mining industries of this country. In the discussion which was had in regard to the bill it was clearly demonstrated that if the bill were now in effect a lead mine operator producing 2,000 tons would be paid a subsidy of $200,000 in 1 year, and he would employ 40 persons. The number of 40 divided into $200,000 produces a subsidy of $5,000 for the employment of one individual.

The argument was made on the floor of the Senate that these uneconomical operations ought to be continued in existence and that we ought to help provide the employment which would come as a result of passage of the bill. The bill was passed, although it was evident that the taxpayers would be paying $5,000 to hire one person in these mining operations.

In the discussion on the bill, I pointed out that a precedent would be established, and that in all probability there would be brought before the Senate bills asking for subsidization of fluorspar, magnesium, tungsten, and other metals.

In this morning's mail I received word that when the helium bill (H.R. 10548) is considered in the Senate, there will be offered an amendment to subsidize the mining of fluorspar. It has taken about 5 days for the precedent which was established to take hold.

The argument in regard to the subsidization of fluorspar is that the industry is impoverished, rendered so by the importation of fluorspar, and that we ought to subsidize up to 100,000 tons of acid fluorspar per year at the rate of $10 per ton, and in addition we ought to subsidize up to 90,000 tons of metallurgical fluorspar at the rate of $7.50 a ton.

The precedent was established last week. The train of events which are to follow have begun today.

The PRESIDING OFFICER. The time of the Senator from Ohio has expired.

Mr. LAUSCHE. Will the Senator yield 2 more minutes?

Mr. ANDERSON. I yield 2 additional minutes.

Mr. LAUSCHE. It may sound vain, but I predict that we will have before the Senate and the Congress within the next 2 years bills to provide for subsidies for tungsten, for magnesium, for ceramics, and so on. If it comes to that, perhaps the Senator from Ohio will be compelled to join the program, and may ask for the subsidy of the impoverished coal mines in southeastern Ohio.

In Ohio the ceramic industry is in difficulty. It would be entitled to a subsidy. I merely make that statement to point out what lies ahead. I shall oppose the proposed subsidy for fluorspar in the same manner that I opposed the subsidy for zinc and lead. I do not know when the bill to provide for such subsidy will be brought up, but I shall object to any suspension of the rules and will object to any unanimous-consent request or proposal that is made in connection with that bill.

I am very grateful to the Senator from New Mexico for yielding to me.

MESSAGE FROM THE HOUSE

A message from the House of Representatives, by Mr. Bartlett, one of its reading clerks, announced that the House had passed, without amendment, the following bills and joint resolution of the Senate:

S. 68. An act to provide for continued delivery of water under the Federal reclamation laws to lands held by husband and wife upon the death of either;

S. 1781. An act to facilitate cooperation between the Federal Government, colleges and universities, the States, and private organizations for cooperative unit programs of research and education relating to fish and wildlife, and for other purposes;

S. 1857. An act to promote the foreign trade of the United States in grapes and plums, to protect the reputation of American-grown grapes and plums in foreign markets, to prevent deception or misrepresentation as to the quality of such products moving in foreign commerce, to provide for the commercial inspection of such products entering such commerce, and for other purposes;

S. 2369. An act for the relief of Sachiko Kato;

S. 2388. An act relating to the separation and retirement of John R. Barker;

S. 2576. An act to authorize the addition of certain donated lands to the Everglades National Park;

S. 2711. An act to quiet title to certain lands within the Nez Perce Indian Reservation, Idaho, and for other purposes;

S. 2772. An act to authorize the Secretary of Agriculture to convey land in the town of Cascade, El Paso County, Colo.;

S. 3030. An act for the relief of Michiko (Hirai) Christopher;

S. 3053. An act for the relief of the State of Connecticut;

S. 3070. An act to provide for the removal of the restriction on use with respect to certain lands in Morton County, N. Dak., conveyed to the State of North Dakota on July 20, 1955;

S. 3160. An act to provide for the striking of medals in commemoration of the 100th anniversary of the founding of the State of Idaho as a Territory;

S. 3264. An act to abolish the Arlington Memorial Amphitheater Commission;

S. 3532. An act to provide for the striking of medal in commemoration of Century 21 Exposition to be held in Seattle, Wash.; and

S.J. Res. 68. Joint resolution providing for the establishment of the New Jersey Tercentenary Celebration Commission to formulate and implement plans to commemorate the 300th anniversary of the State of New Jersey, and for other purposes.

ENROLLED BILLS AND JOINT RESOLUTION SIGNED

The message also announced that the Speaker had affixed his signature to the following enrolled bills and joint resolution, and they were signed by the Vice President:

S. 107. An act to amend title XI of the Merchant Marine Act, 1936, relating to Federal ship mortgage insurance, in order to

include floating drydocks under the definition of the term "vessel" in such title;

S. 2830. An act to amend the Library Services Act in order to extend for 5 years the authorization for appropriations, and for other purposes; and

S.J. Res. 207. Joint resolution to suspend for the 1960 campaign the equal-opportunity requirements of section 315 of the Communications Act of 1934 for nominees for the offices of President and Vice President.

AMENDMENT OF FOREIGN SERVICE ACT OF 1946

Mr. MANSFIELD. Mr. President, I ask that the Chair lay before the Senate the amendment of the House of Representatives to S. 2633, which was passed by the Senate on September 9, 1959, and returned to the Senate by the House on August 22, 1960, with an amendment in the nature of a substitute.

The PRESIDING OFFICER (Mr. BURDICK in the chair) laid before the Senate the amendment of the House of Representatives to the bill (S. 2633) to amend the Foreign Service Act of 1946, as amended, and for other purposes, which was, to strike out all after the enacting clause and insert:

That this Act may be cited as the "Foreign Service Act Amendments of 1960".

SEC. 2. Section 416 of the Foreign Service Act of 1946, as amended, is amended to read as follows:

"SEC. 416. (a) A person appointed as a staff officer or employee shall receive basic salary at one of the rates of the class to which he is appointed which the Secretary shall, taking into account his qualifications and experience and the needs of the Service, determine to be appropriate for him to receive.

"(b) Whenever the Secretary determines that the needs of the Service warrant the appointment of staff officers or employees in a particular occupational group uniformly at a rate above the minimum rate of the applicable class, he may adjust the basic salary of any staff officer or employee in the same class and occupational group who is receiving less than such established rate."

SEC. 3. Section 417 of such Act is amended by striking out "(b)" in the first sentence.

SEC. 4. Section 431 of such Act is amended by striking out in the first sentence of paragraph (a) the phrase "the termination of time spent on authorized leave, whichever shall be later," and inserting in lieu thereof the phrase "upon termination of his service in accordance with the provisions of paragraph (b) of this section,"; and by amending paragraph (b) of this section to read as follows:

"(b) The official services of a chief of mission shall not be deemed terminated by the appointment of a successor but shall continue until he has relinquished charge of the mission and for such additional period as may be determined by the Secretary, but in no case shall such additional period exceed fifty days, including time spent in transit. During such period the Secretary may require him to render such services as he may deem necessary in the interests of the Government."

SEC. 5. Section 441 of such Act and the heading to such section are amended to read as follows:

"CLASSIFICATION OF POSITIONS IN THE FOREIGN SERVICE AND IN THE DEPARTMENT

"SEC. 441. (a) Under such regulations as he may prescribe, and in order to facilitate effective management, the Secretary shall classify all positions in the Service at posts abroad, excluding positions to be occupied by chiefs of mission, and in the case of those occupied by Foreign Service officers, Reserve officers, and staff officers and employees, he shall establish such positions in relation to the classes established by sections 412, 414, and 415, respectively. Positions occupied by alien employees and consular agents, respectively, shall be allocated to such classes as the Secretary may establish by regulation.

"(b) Under such regulations as he may prescribe, the Secretary may, notwithstanding the provisions of the Classification Act of 1949, as amended (5 U.S.C. 1071 and the following), classify positions in or under the Department which he designates as Foreign Service officer positions to be occupied by officers and employees of the Service, and establish such positions in relation to the classes established by sections 412, 414, and 415."

SEC. 6. Section 444 of such Act and the heading to such section are amended to read as follows:

"COMPENSATION PLANS FOR ALIEN EMPLOYEES

"SEC. 444. (a) The Secretary shall, in accordance with such regulations as he may prescribe, establish compensation plans for alien employees of the Service: *Provided*, That such compensation plans shall be based upon prevailing wage rates and compensation practices for corresponding types of positions in the locality, to the extent consistent with the public interest.

"(b) For the purpose of performing functions abroad, other Government agencies are authorized to administer alien employee programs in accordance with the applicable provisions of this Act."

SEC. 7. Title V of such Act is amended by adding at the beginning thereof the following new section:

"POLICY

"SEC. 500. It is the policy of the Congress that chiefs of mission and Foreign Service officers appointed or assigned to serve the United States in foreign countries shall have, to the maximum practicable extent, among their qualifications, a useful knowledge of the principal language or dialect of the country in which they are to serve, and knowledge and understanding of the history, the culture, the economic and political institutions, and the interests of such country and its people."

SEC. 8. (a) The heading to section 516 of such Act is amended to read as follows: "ADMISSIONS TO CLASS 7 OR 8".

(b) Section 516 of such Act is amended by striking out "SEC. 516." and inserting in lieu thereof "SEC. 516. (a)" and by adding at the end thereof a new paragraph (b) which shall read as follows:

"(b) The Secretary may furnish the President with the names of those persons who have passed such examinations and are eligible for appointment as Foreign Service officers of class 8, whom he recommends for appointment directly to class 7 when in his opinion, their age, experience, or other qualifications make such an appointment appropriate."

SEC. 9. (a) Section 517 of such Act is amended by striking out the words "A person who has not served in class 8" which appear at the beginning of the first sentence, and inserting in place thereof the following: "A person who has not been appointed as a Foreign Service officer in accordance with section 516 of this Act".

(b) Section 517 of such Act is further amended by striking out the second and third sentences of such section.

SEC. 10. (a) The heading to section 520 of such Act is amended by striking out the phrase "REINSTATEMENT AND RECALL" and substituting in lieu thereof the phrase "REAPPOINTMENT, RECALL, OR REEMPLOYMENT".

(b) The first sentence of paragraph (a) of section 520 of such Act is amended by inserting a period after the word "Service" where is appears for the third time, and by striking out the remainder of that sentence.

(c) Paragraph (b) of section 520 of such Act is amended to read as follows:

"(b) The Secretary may recall any retired Foreign Service officer temporarily to duty in the Service whenever he shall determine such recall is in the public interest."

(d) Section 520 of such Act is further amended by adding at the end thereof a new paragraph (c) which shall read as follows:

"(c) Notwithstanding the provisions of title 5, United States Code, section 62, and title 5, United States Code, section 715a, a Foreign Service officer heretofore or hereafter retired under the provisions of section 631 or 632 or a Foreign Service staff officer or employee hereafter retired under the provisions of section 803 shall not, by reason of his retired status, be barred from employment in Federal Government service in any appointive position for which he is qualified. An annuitant so reemployed shall serve at the will of the appointing officer."

SEC. 11. Section 528 of such Act is amended by striking out in the second sentence of such section the phrase "subsection (d), section 7, of the Classification Act of 1923" and substituting in lieu thereof the phrase "the Classification Act of 1949".

SEC. 12. Section 531 of such Act is amended to read as follows:

"SEC. 531. The Secretary may, under such regulations as he may prescribe, appoint staff officers and employees on the basis of qualifications and experience. The Secretary may make provisions for temporary, limited, and such other types of appointment as he may deem necessary. He is authorized to establish appropriate probationary periods during which newly appointed staff officers or employees, other than those appointed for temporary or limited services, shall be required to serve. The Secretary may terminate at any time, without regard to the provisions of section 651 or 652, or the provisions of any other law, the services of staff officers or employees appointed for temporary or limited service and of other staff officers or employees who occupy probationary status."

SEC. 13. Section 532 of such Act is amended to read as follows:

"SEC. 532. Under such regulations as he may prescribe, the Secretary may assign a staff officer or employee to any post or he may assign him to serve in any position in which he is eligible to serve under the terms of this or any other Act. A staff officer or employee may be transferred from one post to another by order of the Secretary as the interests of the Service may require."

SEC. 14. (a) Section 571 of such Act is amended by striking out paragraphs (a), (b), (c), and (d), and the heading to such section, and inserting in lieu thereof the following:

"ASSIGNMENTS TO ANY GOVERNMENT AGENCY OR INTERNATIONAL ORGANIZATION

"SEC. 571. (a) Any officer or employee of the Service may, in the discretion of the Secretary, be assigned or detailed for duty in any Government agency, or in any international organization, international commission, or international body, such an assignment or combination of assignments to be for a period of not more than four years, except that under special circumstances the Secretary may extend this four-year period for not more than four additional years.

"(b) If a Foreign Service officer shall be appointed by the President, by and with the advice and consent of the Senate, or by the President alone, to a position in any

Government agency, any United States delegation or mission to any international organization, in any international commission, or in any international body, the period of his service in such capacity shall be construed as constituting an assignment within the meaning of paragraph (a) of this section and such person shall not, by virtue of the acceptance of such an assignment, lose his status as a Foreign Service officer. Service in such a position shall not, however, be subject to the limitations concerning the duration of an assignment contained in that paragraph.

"(c) If the basic minimum salary of the position to which an officer or employee of the Service is assigned pursuant to the terms of this section is higher than the salary such officer or employee is entitled to receive as an officer or employee of the Service, such officer or employee shall, during the period such difference in salary exists, receive the salary and allowances of the position in which he is serving in lieu of his salary and allowances as an officer or employee of the Service. Any salary paid under the provisions of this section shall be the salary on the basis of which computations and payments shall be made in accordance with the provisions of title VIII. No officer or employee of the Service who, subsequent to the date of enactment of the Foreign Service Act Amendments of 1960, is assigned to, or who, after June 30, 1961, occupies a position in the Department that is designated as a Foreign Service officer position, shall be entitled to receive a salary differential under the provisions of this paragraph."

(b) Paragraph (e) of section 571 of such Act is amended by striking the phrase "with heads of Government agencies" where it appears in the second sentence and by redesignating the paragraph as "(d)".

SEC. 15. Section 575 of such Act is amended by striking out all after the word "accordance" and inserting in lieu thereof the phrase "with the appropriate provisions of titles III and IX of Public Law 402, Eightieth Congress (62 Stat. 7 and 13; 22 U.S.C. 1451–1453, 1478 and 1479)."

SEC. 16. Title V of such Act is further amended by adding at the end thereof the following new section:

"FOREIGN LANGUAGE KNOWLEDGE PREREQUISITE TO ASSIGNMENT

"SEC. 578. The Secretary shall determine annually the number of Foreign Service officer positions in a foreign country which shall be occupied only by an incumbent who has a useful knowledge of a language or dialect commonly used in such country. After December 31, 1963, the prescribed quota of language officers shall be maintained for each country: *Provided*, That the Secretary may make exceptions to this policy when special or emergency conditions exist. The Secretary shall establish foreign language standards for assignment abroad of officers and employees of the Service, and shall arrange for appropriate language training of such officers and employees at the Foreign Service Institute or elsewhere."

SEC. 17. Section 625 of such Act and the heading of such section are amended to read as follows:

"WITHIN-CLASS SALARY INCREASES OF FOREIGN SERVICE OFFICERS AND RESERVE OFFICERS

"SEC. 625. Any Foreign Service officer or any Reserve officer, whose services meet the standards required for the efficient conduct of the work of the Service and who shall have been in a given class for a continuous period of nine months or more, shall, on the first day of each fiscal year, receive an increase in salary to the next higher rate for the class in which he is serving. Without regard to any other law, the Secretary is authorized to grant to any such officer additional increases in salary, within the salary range established for the class in which he is serving, based upon especially meritorious service."

SEC. 18. Title VI of such Act is amended by inserting after section 625 the following new section and the heading thereto:

"RELATIONSHIP BETWEEN PROMOTIONS AND FUNCTIONAL AND GEOGRAPHIC AREA SPECIALIZATION

"SEC. 626. The achievement of the objectives of this Act requires increasing numbers of Foreign Service officers to acquire functional and geographic area specializations and to pursue such specializations for a substantial part of their careers. Such specialization shall not in any way inhibit or prejudice the orderly advancement through class 1 of any such officer in the Foreign Service."

SEC. 19. The heading "PART D—SEPARATION OF FOREIGN SERVICE OFFICERS FROM THE SERVICE" under title VI of such Act is amended to read as follows: "PART D—SEPARATION OF OFFICERS AND EMPLOYEES FROM THE SERVICE".

SEC. 20. Section 631 of such Act and the heading to such section are amended to read as follows:

"FOREIGN SERVICE OFFICERS WHO ARE CAREER AMBASSADORS OR CAREER MINISTERS

"SEC. 631. Any Foreign Service officer who is a career ambassador or a career minister, other than one occupying a position as chief of mission or any other position to which he has been appointed by the President, by and with the advice and consent of the Senate, shall upon reaching the age of sixty-five, be retired from the Service and receive retirement benefits in accordance with the provisions of section 821, but whenever the Secretary shall determine it to be in the public interest, he may extend such an officer's service."

SEC. 21. Section 632 of such Act and the heading to such section are amended to read as follows:

"PARTICIPANTS IN THE FOREIGN SERVICE RETIREMENT AND DISABILITY SYSTEM WHO ARE NOT CAREER AMBASSADORS OR CAREER MINISTERS

"SEC. 632. Any participant in the Foreign Service Retirement and Disability System, other than one occupying a position as chief of mission or any other position to which he has been appointed by the President, by and with the advice and consent of the Senate, who is not a career ambassador or a career minister shall, upon reaching the age of sixty, be retired from the Service and receive retirement benefits in accordance with the provisions of section 821, but whenever the Secretary shall determine it to be in the public interest, he may extend such participant's service for a period not to exceed five years."

SEC. 22. Subparagraphs (1) and (2) of paragraph (b) of section 634 of such Act are amended to read as follows:

"(1) one-twelfth of a year's salary at his then current salary rate for each year of service and proportionately for a fraction of a year, but not exceeding a total of one year's salary at his then current salary rate, payable without interest, from the Foreign Service Retirement and Disability Fund, in three equal installments on the 1st day of January following the officer's retirement and on the two anniversaries of this date immediately following: *Provided*, That in special cases, the Secretary may in his discretion accelerate or combine the installments; and

"(2) a refund of the contributions made to the Foreign Service Retirement and Disability Fund, with interest as provided in section 841(a), except that in lieu of such refund such officer, if he has at least five years of service credit toward retirement under the Foreign Service Retirement and Disability System, excluding military or naval service that is credited in accordance with the provisions of section 851 or 852(a), may elect to receive retirement benefits on reaching the age of sixty in accordance with the provisions of section 821. In the event that an officer who was separated from class 4 or 5 and who has elected to receive retirement benefits dies before reaching the age of sixty, his death shall be considered a death in service within the meaning of section 832. In the event that an officer who was separated from class 6 or 7 and who has elected to receive retirement benefits dies before reaching the age of sixty, the total amount of his contributions made to the Foreign Service Retirement and Disability Fund, with interest as provided in section 841(a), shall be paid in accordance with the provisions of section 841(b)."

SEC. 23. Section 635 of such Act and the heading to such section are amended to read as follows:

"FOREIGN SERVICE OFFICERS RETIRED FROM CLASS 7 OR 8

"SEC. 635. Any Foreign Service officer in class 7 who is appointed under the provisions of section 516(b) and any Foreign Service officer in class 8 shall occupy probationary status. The Secretary may terminate his service at any time."

SEC. 24. Section 636 of such Act is amended by striking out the phrase "Any Foreign Service officer" and inserting in lieu thereof the phrase "Any participant in the Foreign Service Retirement and Disability System".

SEC. 25. Section 641 of such Act is amended to read as follows:

"SEC. 641. All promotions of staff officers and employees to a higher class shall be made at a higher salary on the basis of performance and merit in accordance with such regulations as the Secretary may prescribe."

SEC. 26. Section 642 of such Act and the heading thereto are amended to read as follows:

"WITHIN CLASS AND LONGEVITY SALARY INCREASES

"SEC. 642. (a) Under such regulations as the Secretary may prescribe, any staff officer or employee whose services meet the standards required for the efficient conduct of the work of the Service shall receive an increase in salary at periodic intervals to the next higher salary rate for the class in which he is serving. Without regard to any other law the Secretary is authorized to grant any such officer or employee additional increases in salary within the salary range established for the class in which he is serving, based upon specially meritorious service.

"(b) Under such regulations as the Secretary may prescribe, any staff officer or employee who has attained the maximum salary rate prescribed by section 415 for the class in which he is serving may be granted from time to time an additional salary increase beyond the maximum salary rate for his class in recognition of longevity or proficiency in the Service. Each such salary increase shall be equal to the maximum salary rate increase of the applicable class and no person shall receive more than four such salary increases while serving in the same class."

SEC. 27. Section 701 of such Act is amended by adding at the end thereof the following: "The Secretary may also provide to the extent that space is available therefor appropriate orientation and language training to spouses of officers and employees of the Government in anticipation of the assignment abroad of such officers and employees. Other agencies of the Government shall wherever practicable avoid duplicating the facilities of the Institute and the training provided by the Secretary at the Institute or elsewhere."

SEC. 28. (a) Paragraph (a) of section 704 of such Act is amended by striking out "1923" in the two places where it appears and inserting in lieu thereof "1949".

(b) Section 704 of such Act is amended by adding at the end of such section a new paragraph (e) which shall read as follows:

"(e) The Secretary may, under such regulations as he may prescribe, in the absence of suitably qualified United States citizens, employ persons who are not citizens of the United States by appointment to the staff of the Institute either on a full- or part-time basis or by contract for services in the United States or abroad at rates not in excess of those provided by the Classification Act of 1949, as amended (5 U.S.C. 1071)."

SEC. 29. (a) Section 803(b)(2) of such Act is amended to read as follows—

"(2) have paid into the Fund a special contribution for each year of such service in accordance with the provisions of section 852(b)."

(b) Section 803 is further amended by adding at the end thereof a new paragraph (c) which shall read as follows:

"(c)(1) In accordance with such regulations as the President may prescribe, any Foreign Service staff officer or employee appointed by the Secretary of State who has completed at least ten years of continuous service in the Department's Foreign Service, exclusive of military service, shall become a participant in the System and shall make a special contribution to the Fund in accordance with the provisions of section 852.

"(2) Any such officer or employee who, under the provisions of paragraph (c)(1) of this section, becomes a participant in the System, shall be mandatorily retired for age during the first year after the effective date of this paragraph if he attains age sixty-four or if he is over age sixty-four; during the second year at age sixty-three; during the third year at age sixty-two; during the fourth year at age sixty-one, and thereafter at age sixty.

"(3) Any officer or employee who becomes a participant in the System under the provisions of paragraph (c)(1) of this section who is age 57 or over on the effective date of this paragraph, may retire voluntarily at any time before mandatory retirement under paragraph (c)(2) of this section and receive retirement benefits under section 821."

SEC. 30. Section 804 of such Act is amended to read as follows:

"SEC. 804. (a) Annuitants shall be persons who are receiving annuities from the Fund and all persons, including surviving wives and husbands, widows, dependent widowers, children and beneficiaries of participants or annuitants who shall become entitled to receive annuities in accordance with the provisions of this Act, as amended, or in accordance with the provisions of section 5 of the Act of May 1, 1956 (70 Stat. 125).

"(b) When used in this title the term—

"(1) 'Widow' means the surviving wife of a participant who was married to such participant for at least two years immediatley preceding his death or is the mother of issue by such marriage.

"(2) 'Dependent widower' means the surviving husband of a participant who was married to such participant for at least two years immediately preceding her death or is the father of issue by such marriage, and who is incapable of self-support by reason of mental or physical disability, and who received more than one-half of his support from such participant.

"(3) 'Child' means an unmarried child, under the age of eighteen years, or such unmarried child regardless of age who because of physical or mental disability incurred before age eighteen is incapable of self-support. In addition to the offspring of the participant and his or her spouse the term includes (a) an adopted child, and (b) a step-child or recognized natural child who received more than one-half of his support from the participant."

SEC. 31. Section 811 of such Act is amended to read as follows:

"SEC. 811. (a) Six and one-half per centum of the basic salary received by each participant shall be contributed to the Fund for the payment of annuities, cash benefits, refunds, and allowances. An equal sum shall also be contributed from the respective appropriation or fund which is used for payment of his salary. The amounts deducted and withheld from basic salary together with the amounts so contributed from the appropriation or fund, shall be deposited by the Department of State in the Treasury of the United States to the credit of the Fund.

"(b) Each participant shall be deemed to consent and agree to such deductions from basic salary, and payment less such deductions shall be a full and complete discharge and acquittance of all claims and demands whatsoever for all regular services during the period covered by such payment, except the right to the benefits to which he shall be entitled under this Act, notwithstanding any law, rule, or regulation affecting the individual's salary."

SEC. 32. (a) Paragraphs (a), (b), and (c) of section 821 of such Act are amended to read as follows:

"SEC. 821. (a) The annuity of a participant shall be equal to 2 per centum of his average basic salary for the highest five consecutive years of service, for which full contributions have been made to the Fund, multiplied by the number of years, not exceeding thirty-five, of service credit obtained in accordance with the provisions of sections 851, 852, and 853. However, the highest five years of service for which full contributions have been made to the Fund shall be used in computing the annuity of any participant who serves as chief of mission and whose continuity of service as such is interrupted prior to retirement by appointment or assignment to any other position determined by the Secretary to be of comparable importance. In determining the aggregate period of service upon which the annuity is to be based, the fractional part of a month, if any, shall not be counted.

"(b) At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death and terminating upon the death of such surviving wife or husband. The annuity payable to the surviving wife or husband after such participant's death shall be 50 per centum of the amount of the participant's annuity computed as prescribed in paragraph (a) of this section, up to the full amount of such annuity specified by him as the base for the survivor benefits. The annuity of the participant making such election shall be reduced by 2½ per centum of any amount up to $2,400 he specifies as the base for the survivor benefit plus 10 per centum of any amount over $2,400 so specified.

"(c)(1) If an annuitant dies and is survived by a wife or husband and by a child or children, in addition to the annuity payable to the surviving wife or husband, there shall be paid to or on behalf of each child an annuity equal to the smallest of: (i) 40 per centum of the annuitant's average basic salary, as determined under paragraph (a) of this section, divided by the number of children; (ii) $600; or (iii) $1,800 divided by the number of children.

"(2) If an annuitant dies and is not survived by a wife or husband but by a child or children, each surviving child shall be paid an annuity equal to the smallest of: (i) 50 per centum of the annuitant's average basic salary, as determined under paragraph (a) of this section, divided by the number of children; (ii) $720; or (iii) $2,160 divided by the number of children."

(b) Section 821 of such Act is further amended by adding new paragraphs (d), (e), and (f) which shall read as follows:

"(d) If a surviving wife or husband dies or the annuity of a child is terminated, the annuities of any remaining children shall be recomputed and paid as though such wife, husband, or child had not survived the participant.

"(e) The annuity payable to a child under paragraph (c) or (d) of this section shall begin on the first day of the next month after the participant dies and such annuity or any right thereto shall be terminated upon death, marriage, or attainment of the age of eighteen years, except that, if a child is incapable of self-support by reasons of mental or physical disability, the annuity shall be terminated only when such child dies, marries, or recovers from such disability.

"(f) At the time of retirement an unmarried participant may elect to receive a reduced annuity and to provide for an annuity equal to 50 per centum of the reduced annuity payable after his or her death to a beneficiary whose name shall be designated in writing to the Secretary. The annuity payable to a participant making such election shall be reduced by 10 per centum of an annuity computed as provided in paragraph (a) of this section and by 5 per centum of an annuity so computed for each full five years the person designated is younger than the retiring participant, but such total reduction shall not exceed 40 per centum. No such election of a reduced annuity payable to a beneficiary shall be valid until the participant shall have satisfactorily passed a physical examination as prescribed by the Secretary. The annuity payable to a beneficiary under the provisions of this paragraph shall begin on the first day of the next month after the participant dies. Upon the death of the surviving beneficiary all payments shall cease and no further annuity payments authorized under this paragraph shall be due or payable."

SEC. 33. (a) Paragraphs (a), (b), and (c) of section 831 of such Act are amended to read as follows:

"(a) Any participant who has five years of service credit toward retirement under the System, excluding military or naval service that is credited in accordance with provisions of section 851 or 852 (a)(2), and who becomes totally disabled or incapacitated for useful and efficient service by reason of disease, illness, or injury not due to vicious habits, intemperance, or willful misconduct on his part, shall, upon his own application or upon order of the Secretary, be retired on an annuity computed as prescribed in section 821. If the disabled or incapacitated participant has less than twenty years of service credit toward his retirement under the System at the time he is retired, his annuity shall be computed on the assumption that he has had twenty years of service, but the additional service credit that may accrue to a participant under this provision shall in no case exceed the difference between his age at the time of retirement and the mandatory retirement age applicable to his class in the Service.

"(b) In each case, the participant shall be given a physical examination by one or more duly qualified physicians or surgeons designated by the Secretary to conduct examinations, and disability shall be determined by the Secretary on the basis of the advice of such physicians or surgeons. Unless the disability is permanent, like examinations shall be made annually until the annuitant has reached the statutory mandatory retirement age for his class in the Service. If the Secretary determines, on the basis of the advice of one or more duly qualified physicians or surgeons conducting such examinations that an annuitant has recovered to the extent that he can return to duty, the annuitant may apply

for reinstatement or reappointment in the Service within one year from the date his recovery is determined. Upon application the Secretary shall reinstate any such recovered disability annuitant in the class in which he was serving at time of retirement, or the Secretary may, taking into consideration the age, qualifications, and experience of such annuitant, and the present class of his contemporaries in the Service, appoint him or, in the case of an annuitant who is a former Foreign Service officer, recommend that the President appoint him, by and with the advice and consent of the Senate, to a class higher than the one in which he was serving prior to retirement. Payment of the annuity shall continue until a date six months after the date of the examination showing recovery or until the date of reinstatement or reappointment in the Service, whichever is earlier. Fees for examinations under this provision, together with reasonable traveling and other expenses incurred in order to submit to examination, shall be paid out of the Fund. If the annuitant fails to submit to examination as required under this section, payment of the annuity shall be suspended until continuance of the disability is satisfactorily established.

"(c) If a recovered disability annuitant whose annuity is discontined is for any reason not reinstated or reappointed in the Service, he shall be considered to have been separated within the meaning of section 834 as of the date he was retired for disability and he shall, after the discontinuance of the disability annuity, be entitled to the benefits of that section or of section 841(a) except that he may elect voluntary retirement in accordance with the provisions of section 636 if he can qualify under its provisions."

(b) Section 831 of such Act is further amended by adding new paragraphs (d) and (e) which shall read as follows:

"(d) No participant shall be entitled to receive an annuity under this Act and compensation for injury or disability to himself under the Federal Employees' Compensation Act of September 7, 1916, as amended, covering the same period of time. This provision shall not bar the right of any claimant to the greater benefit conferred by either Act for any part of the same period of time. Neither this provision nor any provision of the Act of September 7, 1916, as amended, shall be so construed as to deny the right of any person to receive an annuity under this Act by reason of his own services and to receive concurrently any payment under such Act of September 7, 1916, as amended, by reason of the death of any other person.

"(e) Notwithstanding any provision of law to the contrary, the right of any person entitled to an annuity under this Act shall not be affected because such person has received an award of compensation in a lump sum under section 14 of the Act of September 7, 1916, as amended, except that where such annuity is payable on account of the same disability for which compensation under such section has been paid, so much of such compensation as has been paid for any period extended beyond the date such annuity becomes effective, as determined by the Secretary of Labor, shall be refunded to the Department of Labor, to be paid into the Federal Employees' Compensation Fund. Before such person shall receive such annuity he shall (1) refund to the Department of Labor the amount representing such computed payments for such extended period, or (2) authorize the deduction of such amount from the annuity payable to him under this Act, which amount shall be transmitted to such Department for reimbursement to such Fund. Deductions from such annuity may be made from accrued and accruing payments, or may be prorated against and paid from accruing payments in such manner as the Secretary of Labor shall determine, whenever he finds that the financial circumstances of the annuitant are such as to warrant such deferred refunding."

SEC. 34. Section 832 of such Act is amended to read as follows:

"SEC. 832. (a) In case a participant dies and no claim for annuity is payable under the provisions of this Act, his contributions to the Fund, with interest at the rates prescribed in sections 841(a) and 881(a), shall be paid in the order of precedence shown in section 841(b).

"(b) If a participant who has at least five years of service credit toward retirement under the System, excluding military or naval service that is credited in accordance with the provisions of section 851 or 852(a)(2), dies before separation or retirement from the Service and is survived by a widow or a dependent widower, as defined in section 804, such widow or dependent widower shall be entitled to an annuity equal to 50 per centum of the annuity computed in accordance with the provisions of paragraph (e) of this section and of section 821(a). The annuity of such widow or dependent widower shall commence on the date following death of the participant and shall terminate upon death of the widow or dependent widower, or upon the dependent widower's becoming capable of self-support.

"(c) If a participant who has at least five years of service credit toward retirement under the System, excluding military or naval service that is credited in accordance with the provisions of section 851 or 852(a)(2), dies before separation or retirement from the Service and is survived by a wife or a husband and a child or children, each surviving child shall be entitled to an annuity computed in accordance with the provisions of section 821(c)(1). The child's annuity shall begin and be terminated in accordance with the provisions of section 821(e). Upon the death of the surviving wife or husband or termination of the annuity of a child, the annuities of any remaining children shall be recomputed and paid as though such wife or husband or child had not survived the participant.

"(d) If a participant who has at least five years of service credit toward retirement under the System, excluding military or naval service that is credited in accordance with the provisions of section 851 or 852 (a)(2), dies before separation or retirement from the Service and is not survived by a wife or husband, but by a child or children, each surviving child shall be entitled to an annuity computed in accordance with the provisions of section 821(c)(2). The child's annuity shall begin and terminate in accordance with the provisions of section 821(e). Upon termination of the annuity of a child, the annuities of any remaining children shall be recomputed and paid as though that child had never been entitled to the benefit.

"(e) If, at the time of his or her death, the participant had less than twenty years of service credit toward retirement under the System, the annuities payable in accordance with paragraph (b) of this section shall be computed in accordance with the provisions of section 821 on the assumption he or she has had twenty years of service, but the additional service credit that may accrue to a deceased participant under this provision shall in no case exceed the difference between his or her age on the date of death and the mandatory retirement age applicable to his or her class in the Service. In all cases arising under paragraphs (b), (c), (d), or (e) of this section, it shall be assumed that the deceased participant was qualified for retirement on the date of his death."

SEC. 35. A new section 834 is hereby added to such Act as follows:

"DISCONTINUED SERVICE RETIREMENT

SEC. 834. (a) Any participant who voluntarily separates from the Service after obtaining at least five years of service credit toward retirement under the System, excluding military or naval service that is credited in accordance with the provisions of section 851 or 852(a)(2), may, upon separation from the Service or at any time prior to becoming eligible for an annuity, elect to have his contributions to the Fund returned to him in accordance with the provisions of section 841, or to leave his contributions in the Fund and receive an annuity, computed as prescribed in section 821, commencing at the age of sixty years.

"(b) If a participant who has qualified in accordance with the provisions of paragraph (a) of this section to receive a deferred annuity commencing at the age of sixty dies before reaching the age of sixty his contributions to the Fund, with interest, shall be paid in accordance with the provisions of sections 841 and 881."

SEC. 36. Section 841 of such Act is amended to read as follows:

"SEC. 841. (a) Whenever a participant becomes separated from the Service without becoming eligible for an annuity or a deferred annuity in accordance with the provisions of this Act, the total amount of contributions from his salary with interest thereon at 4 per centum per annum, compounded annually at the end of each fiscal year through June 30, 1060; semiannually as of December 31, 1960; annually thereafter as of December 31, and proportionately for the period served during the year of separation including all contributions made during or for such period, except as provided in section 881, shall be returned to him.

"(b) In the event that the total contributions of a retired participant, other than voluntary contributions made in accordance with the provisions of section 881, with interest at 4 per centum per annum compounded annually as is provided in paragraph (a) of this section added thereto, exceed the total amount returned to such participant or to an annuitant claiming through him, in the form of annuities, accumulated at the same rate of interest up to the date the annuity payments cease under the terms of the annuity, the excess of the accumulated contributions over the accumulated annuity payments shall be paid in the following order of precedence, upon the establishment of a valid claim therefor, and such payment shall be a bar to recovery by any other person:

"(1) To the beneficiary or beneficiaries designated by the retired participant in writing to the Secretary;

"(2) If there be no such beneficiary, to the surviving wife or husband of such participant;

"(3) If none of the above, to the child or children of such participant and descendants of deceased children by representation;

"(4) If none of the above, to the parents of such participant or the survivor of them;

"(5) If none of the above, to the duly appointed executor or administrator of the estate of such participant;

"(6) If none of the above, to other next of kin of such participant as may be determined by the Secretary in his judgment to be legally entitled thereto.

"(c) No payment shall be made pursuant to paragraph (b)(6) of this section until after the expiration of thirty days from the death of the retired participant or his surviving annuitant."

SEC. 37. Section 851 of such Act is amended to read as follows:

"SEC. 851. For the purposes of this title, the period of service of a participant shall be computed from the effective date of appointment as a Foreign Service officer, or, if appointed prior to July 1, 1924, as an officer or employee of the Diplomatic or Consular Service of the United States, or from the date he becomes a participant under the provisions of this Act, as amended, but all periods of separation from the Service and so much

of any leaves of absence without pay as may exceed six months in the aggregate in any calendar year shall be excluded, except leaves of absence while receiving benefits under the Federal Employees' Compensation Act of September 7, 1916, as amended, and leaves of absence granted participants while performing active and honorable military or naval service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States."

SEC. 38. (a) Paragraphs (a), (b), and (c) of section 852 of such Act are amended to read as follows:

"(a) A participant may, subject to the provisions of this section, include in his period of service—

"(1) civilian service in the executive, judicial, and legislative branches of the Federal Government and in the District of Columbia government, prior to becoming a participant; and

"(2) active and honorable military or naval service in the Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States.

"(b) A person may obtain prior civilian service credit in accordance with the provisions of paragraph (a)(1) of this section by making a special contribution to the Fund equal to 5 per centum of his basic annual salary for each year of service for which credit is sought subsequent to July 1, 1924, and prior to the effective date of the Foreign Service Act Amendments of 1960, and at 6½ per centum thereafter with interest compounded annually at 4 per centum per annum to the date of payment. Any such person may, under such conditions as may be determined in each instance by the Secretary, pay such special contributions in installments.

"(c)(1) If an officer or employee under some other Government retirement system, becomes a participant in the System by direct transfer, such officer or employee's total contributions and deposits, including interest accrued thereon, except voluntary contributions, shall be transferred to the Fund effective as of the date such officer or employee becomes a participant in the System. Each such officer or employee shall be deemed to consent to the transfer of such funds and such transfer shall be a complete discharge and acquittance of all claims and demands against the other Government retirement fund on account of service rendered prior to becoming a participant in the System.

"(2) No officer or employee, whose contributions are transferred to the Fund in accordance with the provisions of paragraph (c)(1) of this section, shall be required to make contributions in addition to those transferred, for periods of service for which full contributions were made to the other Government retirement fund, nor shall any refund be made to any such officer or employee on account of contributions made during any period to the other Government retirement fund, at a higher rate than that fixed by section 811 of this Act for contributions to the Fund.

"(3) No officer or employee, whose contributions are transferred to the Fund in accordance with the provisions of paragraph (c)(1) of this section, shall receive credit for periods of service subsequent to July 1, 1924, for which a refund of contributions has been made, or for which no contributions were made to the other Government retirement fund. A participant may, however, obtain credit for such prior service by making a special contribution to the Fund in accordance with the provisions of paragraph (b) of this section."

(b) Section 852 of such Act is further amended by adding at the end thereof new paragraphs (d) and (e) which shall read as follows:

"(d) No participant may obtain prior civilian service credit toward retirement under the System for any period of civilian service on the basis of which he is receiving or will in the future be entitled to receive any annuity under another retirement system covering civilian personnel of the Government.

"(e) A participant may obtain prior military or naval service credit in accordance with the provisions of paragraph (a)(2) of this section by applying for it to the Secretary prior to retirement or separation from the Service. However, in the case of a participant who is eligible for and receives retired pay on account of military or naval service, the period of service upon which such retired pay is based shall not be included, except that in the case of a participant who is eligible for and receives retired pay on account of a service-connected disability incurred in combat with an enemy of the United States or caused by an instrumentality of war and incurred in line of duty during a period of war (as that term is used in chapter 11 of title 38, United States Code), or is awarded under chapter 67 of title 10 of the United States Code, the period of such military or naval service shall be included. No contributions to the Fund shall be required in connection with military or naval service credited to a participant in accordance with the provisions of paragraph (a)(2) of this section."

SEC. 39. Such Act is amended by adding after section 854 a new section as follows:

"RECOMPUTATION OF ANNUITIES OF CERTAIN FORMER PARTICIPANTS

"SEC. 855. The annuity of each former participant under the System, who retired prior to July 28, 1956, and who at the time of his retirement had creditable service in excess of thirty years, shall be recomputed on the basis of actual years of creditable service not in excess of thirty-five years. Service which was not creditable under the System on the date a former participant retired, shall not be included as creditable service for the purpose of this recomputation. The annuities payable to such persons shall, when recomputed, be paid at the rates so determined, but no such recomputation or any other action taken pursuant to this section shall operate to reduce the rate of the annuity any such person is entitled to receive under the System."

SEC. 40. The heading "PART H—OFFICERS REINSTATED IN THE SERVICE" under title VIII of such Act is amended to read as follows: "PART H—ANNUITANTS RECALLED, REINSTATED OR REAPPOINTED IN THE SERVICE OR REEMPLOYED IN THE GOVERNMENT".

SEC. 41. Section 871 of such Act is amended and a heading is added thereto as follows:

"RECALL

"SEC. 871. Any annuitant recalled to duty in the Service in accordance with the provisions of section 520(b) or reinstated or reappointed in accordance with the provisions of section 831(b) shall, while so serving, be entitled in lieu of his annuity to the full salary of the class in which he is serving. During such service, he shall make contributions to the Fund in accordance with the provisions of section 811. When he reverts to his retired status, his annuity shall be determined anew in accordance with the provisions of section 821."

SEC. 42. A new section 872 is hereby added to such Act as follows:

"REEMPLOYMENT

"SEC. 872. (a) Notwithstanding any other provision of law, any officer or employee of the Service, who has retired under this Act, as amended, and is receiving an annuity pursuant thereto, and who is reemployed in the Federal Government service in any appointive position either on a part-time or full-time basis, shall be entitled to receive the salary of the position in which he is serving plus so much of his annuity payable under this Act, as amended, which when combined with such salary does not exceed during any calendar year the basic salary such officer or employee was entitled to receive under section 412 or 415 of the Act, as amended, on the date of his retirement from the Service. Any such reemployed officer or employee who receives salary during any calendar year in excess of the maximum amount which he may be entitled to receive under this paragraph shall be entitled to such salary in lieu of benefits hereunder.

"(b) When any such retired officer or employee of the Service is reemployed, the employer shall send a notice to the Department of State of such reemployment together with all pertinent information relating thereto and shall cause to be paid, by transfer or otherwise, to the Department of State funds necessary to cover gross salary, employer contributions, and gross lump sum leave payment relating to the employment of the reemployed officer or employee. The Department of State shall make to and on behalf of the reemployed officer or employee payments to which he is entitled under the provisions of paragraph (a) of this section, and shall make those withholdings and deductions authorized and required by law.

"(c) In the event of any overpayment under this section the Secretary of State is authorized to withhold the amount of such overpayment from the salary payable to such reemployed officer or employee or from his annuity."

SEC. 43. (a) So much of paragraph (a) of section 881 of such Act as precedes subparagraph (1) thereof is amended to read as follows:

"(a) Any participant may, at his option and under such regulations as may be prescribed by the President, deposit additional sums in multiples of 1 per centum of his basic salary, but not in excess of 10 per centum of such salary, which amounts together with interest at 3 per centum per annum, compounded annually at the end of each fiscal year through June 30, 1960; semiannually as of December 31, 1960; annually thereafter as of December 31, and proportionately for the period served during the year of his retirement, including all contributions made during or for such period, shall, at the date of his retirement and at his election, be—".

(b) Paragraph (c) of section 881 of such Act is amended by deleting the word "annually" and inserting in lieu thereof the phrase "as is provided in paragraph (a) of this section", and by changing the words "withdrawal from active service" at the end of such paragraph to "separation from the Service".

SEC. 44. Section 912 of such Act is amended by changing the heading thereto to read "LOAN OF HOUSEHOLD FURNISHINGS AND EQUIPMENT" and by inserting between the words "with household" the word "basic" and by inserting between the words "household equipment" the phrase "furnishings and".

SEC. 45. Section 913 of such Act and the heading thereto is amended to read as follows:

"TRANSPORTATION OF MOTOR VEHICLES

"SEC. 913. The Secretary may, notwithstanding the provisions of any other law, transport for or on behalf of an officer or employee of the Service, a privately owned motor vehicle in any case in which he shall determine that water, rail, or air transportation of the motor vehicle is necessary or expedient for all or any part of the distance between points of origin and destination. Not more than one motor vehicle of any such officer or employee may be transported under authority of this section during any four-year period, except that, as a replacement for such motor vehicle, one additional motor vehicle of any such officer or em-

ployee may be so transported during such period upon approval, in advance, by the Secretary and upon a determination, in advance, by the Secretary that such replacement is necessary for reasons beyond the control of the officer or employee and is in the interest of the Government. After the expiration of a period of four years following the date of transportation under authority of this section of a privately owned motor vehicle of any officer or employee who has remained in continuous service outside the continental United States (excluding Alaska and Hawaii) during such period, the transportation of a replacement for such motor vehicle for such officer or employee may be authorized by the Secretary in accordance with this section."

SEC. 46. (a) Section 1021 of such Act is amended by inserting the phrase "the Department including" immediately prior to the phrase "the Service" wherever it appears in this section.

(b) Section 1021(a) is further amended by striking out the phrase "if recommended by the Director General" and inserting in lieu thereof the phrase "at the discretion of the Secretary".

SEC. 47. Section 11 of the Act of August 1, 1956 (70 Stat. 890), is hereby amended by inserting after the phrase "Government-owned vehicles" the phrase "or taxicabs", and by inserting after the phrase "public transportation facilities" the phrase "other than taxicabs".

SEC. 48. Paragraph (4) of section 104(a) of the Internal Revenue Code of 1954 (26 U.S.C. 104(a)(4)) (relating to the exclusion from gross income of compensation for injuries and sickness) is hereby amended to read as follows:

"(4) amounts received as a pension, annuity, or similar allowance for personal injuries or sickness resulting from active service in the armed forces of any country or in the Coast and Geodetic Survey or the Public Health Service, or as a disability annuity payable under the provisions of section 831 of the Foreign Service Act of 1946, as amended (22 U.S.C. 1081; 60 Stat. 1021)."

SEC. 49. The following headings and sections in the Foreign Service Act of 1946, as amended, are hereby repealed:

(1) Section 442 of such Act and the heading thereto.

(2) Section 525 of such Act and the heading thereto.

(3) Section 576 of such Act and the heading thereto.

(4) Section 577 of such Act and the heading thereto.

SEC. 50. Any person who occupies a position in the Department of State to which he was appointed by the President, by and with the advice and consent of the Senate, at the time that he was an active Foreign Service officer, and who while holding this position has retired for age as a Foreign Service officer, and who on the effective date of this section, continues to hold such position is hereby reinstated, effective as of the date of such retirement, to active status as a Foreign Service officer and shall be entitled to all the provisions of the Foreign Service Act of 1946, as amended, as though he had never retired.

SEC. 51. Notwithstanding the provisions of this Act, existing rules and regulations of or applicable to the Foreign Service of the United States shall remain in effect until revoked or rescinded or until modified or superseded by regulations made in accordance with the provisions of the Foreign Service Act of 1946, as amended by this Act, unless clearly inconsistent with the provisions of this Act or the provisions so amended.

SEC. 52. Notwithstanding any other provisions of law, any Foreign Service staff officer who accepted an appointment as a Foreign Service Reserve officer in the Department of State during the period beginning September 1, 1958, and ending December 31, 1958, both dates inclusive, shall not be separated from the Foreign Service before the expiration of his original appointment as a Foreign Service Reserve officer, except as authorized by section 637 or 638 of the Foreign Service Act of 1946, as amended.

SEC. 53. (a) The provisions of this Act shall become effective as of the first day of the first pay period which begins more than thirty days after the date of enactment of this Act, except as provided in paragraph (b), (c), (d), and (e) of this section, and except as otherwise provided in the text of this Act.

(b)(1) The provisions of paragraph (c)(1) of section 803 of the Foreign Service Act of 1946, as amended by section 29(b) of this Act, shall become effective on the first day of the first month which begins more than one year after the date of enactment of this Act, except that any Foreign Service staff officer or employee, who at the time this Act becomes effective meets the requirements for participation in the Foreign Service Retirement and Disability System, may elect to become a participant in the System before the mandatory provisions become effective. Such Foreign Service staff officers and employees shall become participants effective on the first day of the second month following the date of their application for earlier participation.

(2) The provisions of paragraph (c)(2) of section 803 of the Foreign Service Act of 1946, as amended by section 29(b) of this Act, shall become effective on the first day of the first month which begins more than three years after the date of enactment of this Act.

(c) The amendment made by section 31 of this Act, with respect to a contribution to the Foreign Service Retirement and Disability Fund to be made by the Department, shall become effective July 1, 1961.

(d) The amendment made by section 39 of this Act shall take effect on the first day of the first month which begins more than thirty days after the date of enactment of this Act.

(e) The amendment made by section 48 of this Act shall be effective with respect to taxable years ending after the date of enactment of this Act.

Mr. MANSFIELD. Mr. President, I move that the Senate disagree to the amendment of the House, ask for a conference with the House of Representatives thereon, and that the Chair appoint the conferees on the part of the Senate.

The motion was agreed to; and the Presiding Officer appointed Mr. FULBRIGHT, Mr. SPARKMAN, Mr. MANSFIELD, Mr. HICKENLOOPER, and Mr. CAPEHART conferees on the part of the Senate.

SOCIAL SECURITY AMENDMENTS OF 1960

The Senate resumed the consideration of the bill (H.R. 12580), the Social Security Amendemnts of 1960.

Mr. ANDERSON. Mr. President, I yield 10 minutes to the able senior Senator from Michigan [Mr. McNAMARA], who is a leader in the field of care for the aged, and who has the respect of all of us.

Mr. McNAMARA. Mr. President, I thank the distinguished Senator from New Mexico.

Much has been said in the past few days about the estimated cost to individuals under the social security approach in order to help solve the problems of medical care for the aged.

Strangely, those who would pay the cost are strongest for the social security approach to the problem before the Senate. If we analyze the subject, it is not hard to understand why. The participant would pay one quarter of 1 percent of $4,800 per year, which I understand is about $12. Twelve dollars a year would represent less than the cost of a pack of cigarettes a week.

The working people of this country, who are now covered by social security, believe that the program that has been offered in the bill, supplemented by the program embraced in the Anderson amendment, is well worth the cost to the individual.

The bill and the Anderson amendment would not only take care of those who are not covered by social security when their time to retire comes, but it would also help to take care of those who have been covered by social security and are now retired.

Certainly the plan is a bargain.

The charge of opponents of the Anderson amendment that the cost of one-quarter of 1 percent under the social security system approach is of alarming concern to the working people of this country is a gross exaggeration, I am sure.

I repeat that it would cost the individual less than the cost of a pack of cigarettes a week to provide the proposed insurance, not only for himself, but for those who are now retired and were formerly covered under the social security system.

The subcommittee of the Committee on Labor and Public Welfare which is charged with carrying on studies of the health problems of the aged, as well as many other problems of the aged, in the past 18 months has traveled throughout the country and has held a series of hearings in Washington. The members of the committee then took to the road and heard the testimony of hundreds of older people themselves.

Everywhere we went outside Washington we devoted part of our hearings to direct testimony from older folks themselves. They had an opportunity to be heard; consequently we know their problems firsthand.

We found that the greatest mental anguish of older folks is caused by worry over health and the high cost of health care in declining years. This is their No. 1 problem. There are many other problems, but this is the one with which we in the Senate are concerned at this time. Everywhere we went that point was emphasized. The aged want medical costs paid for, or to have the assurance that they will be paid for if they run into a serious illness that requires hospitalization.

Mr. RANDOLPH. Will the Senator yield?

Mr. McNAMARA. I am happy to yield to the distinguished Senator from West Virginia, who traveled with the subcommittee around the country, and who was probably our most active member. It was certainly good to have him on

these assignments. His great interest in the subject has been most helpful to the entire committee and the staff.

Mr. RANDOLPH. I thank my colleague from Michigan. I will not labor the RECORD on the particular point which is being discussed by the Senator from Michigan, who is not only a student, but an expert in this field. I use the word "expert" advisedly.

I believe it is important that the RECORD show that prior to the vote on the Javits amendment, it was pointed out in the hearings which were held throughout the country that there was practically unanimous approval of the program which would place the responsibility for medical care within the framework of our social security system. That information was brought to us by persons who are themselves authorities in this field, and who came before the subcommittee to testify on the problems of the aged and aging.

Also I wish to reinforce the statement of the Senator from Michigan, chairman of the subcommittee, with respect to the anguish and the concern, regarding medical costs of the aged of our country, which was the paramount problem presented in all the hearings.

I again commend our subcommittee chairman for his intense interest in this subject and his enlightened thinking. We oppose the medieval concept of charity, but would make workable a plan where the employer and the employee would assume the necessary costs. In the twilight years of their lives I want our aged, though they walk the earth with slow and measured steps—to take them with dignity.

I believe the editorial approval of the social security framework within which to begin a medical care program, as advocated in the Charleston, W. Va. Gazette of yesterday, is valid. Our State's largest newspaper in circulation and geographical coverage said:

As many Republican editorialists are gleefully noting these days there is a split in the Democratic Party on certain issues. The social security bill with respect to a decent, adequate medical care and hospitalization program for the aged is a perfect example.

At their convention in Los Angeles the Democratic delegates adopted a program to be implemented through the regular social security processes which have over the years proved feasible and fiscally sound in the handling and distribution of other welfare programs. The Democratic nominees for President and Vice President—Senator JACK F. KENNEDY and Senator LYNDON B. JOHNSON—are supporting the action taken at the convention.

The Eisenhower administration also has a program to help our senior citizens. Coverage is limited, and payment will be dependent upon State participation, because the Federal and State Governments are to share costs. Incidentally, speaking of splits, Gov. Nelson A. Rockefeller, the GOP Governor of New York, has denounced the subsidy proposals of the administration plan as "fiscal irresponsibility."

On return to Washington after the conventions, the Senate Finance Committee, controlled by southern Democrats and conservative Republicans, scrapped the program overwhelmingly endorsed at Los Angeles and voted out the administration measure. KENNEDY and JOHNSON through use of amendments are vowing an all-out fight to rescue their bill, but odds admittedly are against them.

This, then, is what is causing joy in Republican circles—the prospects of a bitter struggle between conservative and liberal Democrats and eventual defeat to the party's leaders immediately before they take their presidential campaign to the American people.

As we see it, there is only one fly in the GOP ointment—the voters and their right to speak out on November 8. Should KENNEDY lose his fight, he must appeal to the electorate on this issue, for there is no comparison between the two measures. The Democratic bill will provide the medical care that is needed. The administration plan is a sham and plays directly into the hands of the American Medical Association, which has fought the whole idea of medical care for the aged from its inception.

"Our older people," KENNEDY has said, "do not want charity. They do not deserve to be treated like charity cases. They should be eligible for health benefits the way they are eligible for retirement benefits—as a right they have earned."

Defeat of the liberal Democratic bill to protect our senior citizens in times of sickness will provide KENNEDY with dramatic and forceful ammunition in the campaign ahead—just the sort of human issue that could snatch victory from defeat.

I ask unanimous consent to place, at this point in my remarks, the following telegram.

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

Hon. JENNINGS RANDOLPH,
U.S. Senator,
Senate Office Building, Washington, D.C.:

On behalf of over 2,400 registered professional nurse members of the West Virginia Nurses Association, Inc., I urge your support of the extension and improvement of the contributory social insurance to include health insurance for beneficiaries of old age, survivors and disability insurance and nursing service, including nursing care in the home, as a benefit of any prepaid health insurance program.

MARGARET A. FABRY,
Associate Executive Director, West Virginia Nurses Association, Charleston, W. Va.

Mr. McNAMARA. I thank the Senator from West Virginia. His remarks indicate his enthusiasm for the program.

I should like to point out some of the conclusions we reached after the study that took place throughout the country.

The first conclusion was that the aged have high potential and actual disability and heavy costs of medical care.

Second, the aged, especially the retired, have markedly reduced incomes and limited liquid assets which are not replenishable.

Third, private insurance policies cannot meet their needs, either in terms of costs or benefits.

Fourth, the aged should not be required to undergo the humiliation of meeting medical costs through the charity approach.

Fifth, the aged and the aging prefer to obtain medical benefits through an insurance system to which they themselves contribute and receive benefits as a matter of right.

The system of OASDI now covers 9 out of 10 working Americans. It has been tested by experience. It is the efficient, effective method, and should be extended to include the financing of the basic medical needs of the aged.

Mr. CLARK. Mr. President, will the Senator yield?

Mr. McNAMARA. I am happy to yield to my colleague.

Mr. CLARK. I should like to buttress what my friend from Michigan just told the Senate about the conclusions of the Special Committee on the Aged and Aging of which he has been the very able chairman.

I had the honor of serving on that committee and to participate in some of the hearings and deliberations of the committee. I had occasion to hold a hearing in Pittsburgh, in my State, slightly over a year ago, which was absolutely swarming with elderly citizens, demanding the social security approach to the health and elderly problem. I do not have much doubt that the findings of our committee, which have been stated by the Senator from Michigan, are amply and overwhelmingly supported by the testimony which I heard.

In my judgment, the so-called survey made by a couple of people from Emory University, in Atlanta, Ga., purporting to show that the elderly people do not want aid for their health problems, and do not want aid through social security, is completely unscientific and absolutely wrong, and should be given no credence by Senators as they make up their minds on how to vote on the pending amendment.

The PRESIDING OFFICER. The time of the Senator from Michigan has expired.

Mr. ANDERSON. I yield 5 additional minutes to the Senator from Michigan.

Mr. McNAMARA. The Senator from Pennsylvania has made a fine contribution to the debate. I thank him for it and for his contribution in the hearings and in the preparation of the report.

I was discussing the conclusions we had reached following the hearings. Certainly, the senior citizens with whom we talked throughout the country, as well as the children of those senior citizens, indicated over and over again that they do not want charity, but want to live their declining years in dignity, as Americans are entitled to live.

The proposal to make paupers out of people because they are what is called medically indigent is a step backward. It is really a step back toward the poorhouse. We got rid of poorhouses generally in this country, starting in the 1900's. That is what the old folks had to look forward to—"over the hill to the poorhouse." That was a threat to society and a weakness of our social system in those days. We have gone a long way since then under our present social security law.

Now it is proposed to make paupers out of people before they will get any medical assistance in their declining years. That is a step backward from the advances we have made since the days of "over the hill to the poorhouse."

I certainly hope that this country, in 1960, will be more concerned with the human dignity of elderly Americans, who

have made a great contribution to our economic structure as well as to our social heritage, and will treat them better than has been proposed by the opponents of the Anderson amendment.

I support the Anderson amendment, and I support the social security approach. In so doing I am convinced that I am following the dictates of the people we came in contact with throughout the country, not only the older people and the retired people, but also the children and grandchildren of these people, who at last are conscious of the fact that it can happen to them too.

I yield back the remainder of my time.

Mr. DIRKSEN. Mr. President, I yield 15 minutes to the distinguished Senator from Utah.

Mr. BENNETT. Mr. President, I have listened with interest to my colleagues discussing the merits of the various approaches to solve the medical care problems of our aged. It is my intention to confine my remarks to the bill which has been favorably reported to the floor by the Senate Finance Committee and the substitute proposal offered by the Senator from New Mexico [Mr. ANDERSON]. However, before taking up the comparison of these two bills, I would like to discuss the implications of a word which has been thrown around freely by those who oppose the Senate Finance Committee bill. That word is "need."

Essentially, we should approach this problem from two points of view—national need—and individual need. National need is, of course, the sum total of individual needs, as further modified by measurement of the extent to which they are not now being met by existing programs to care for medical problems of the aged.

There has been no real showing of the existence of a pressing national unmet need that demands immediate action.

There are 16 million persons in the United States 65 or over, only one-half million of whom can be classified as suffering from chronic illness. According to the Health Insurance Association of America, 49 percent of persons 65 or over are now covered by health and medical insurance.

Unquestionably there is a small segment of the aged who are chronically ill who do not have the financial means to meet high medical expenses. This group can and should be provided for and their needs will be met under the bill reported by the Senate Finance Committee.

NO POPULAR GROUND SWELL

During the months in which this legislation has been pending before Congress, I have received from constituents in Utah only a handful of what I would consider personally written letters urging the adoption of a medical care program tied to social security. It is true that I have received several hundred identical form letters inspired by labor unions and other pressure groups urging approval of the Forand approach to this problem. I have also received a great many postal cards, all from the State of Michigan, with a caption "Cast Me Not Off." I suspect these have been inspired by some pressure group, and while not explicit they infer preference for a medical care bill tied to the social security program. Generally, however, I have not received mail in sufficient volume to indicate there is any great ground swell demanding the enactment of a particular medical care program. In fact, most of the mail received from my State has indicated just the opposite—that there is no emergency which would require a crash program in this area.

Perhaps my own State of Utah, because of its historical development, has largely taken care of the needs of its aged population in an exemplary manner. This has been accomplished not only through the State health and welfare department, but through our individual families, and through the very effective and extensive welfare program of the Mormon Church.

One of the most recent and comprehensive studies to be made on the medical needs of the Nation was recently completed by Drs. James W. Wiggins and Helmut Schoeck. Dr. Wiggins presented a paper entitled "A Profile of the Aging" to the Fifth Congress of the International Association of Gerontology, at San Francisco, Calif., on August 11. The following pertinent facts have been extracted from the Wiggins report:

Nine of every ten older persons report they have no unfilled medical needs.

Ninety percent of those 65 or over reported they enjoy good or fair health.

Sixty-eight percent said they could pay for a medical emergency out of their own means.

Half of the persons queried reported income in excess of $2,000 per year; one out of 20 had income in excess of $10,000.

Most of the aged reported net worth in excess of $10,000.

Sixty percent did not think a new Federal program could do anything for them personally.

Majority indicated life was much easier for them than for their aged parents.

Ninety percent could think of no medical needs that were not being taken care of.

Eighty percent are members of a church. If special care was needed from outside the family, twice as many elderly Americans would prefer to get such assistance from their church rather than from the Government.

Much of what has been reported in the past about the health and welfare of older persons is based upon inaccurate data derived from the experiences of a generation ago or from the studies of the hospitalized or chronically dependent.

We can therefore conclude from the Wiggins report that the great majority of Americans over 65 are capably financing their own health care and prefer to do it without Federal Government intervention.

NATIONAL NEEDS

What then is the extent of the national need for medical care? What are the existing programs to meet this need? And how much unmet need is there?

The most practical way to answer these questions is by using the approach suggested in the Finance Committee bill and actually measure needs of individuals for medical care. This can only be determined by a program which within itself measures individual needs in individual cases. But this is decried as degrading and as charity by opponents of the committee's bill. So we are told we must impose this program on all of our workers under the Social Security Act to give people a right to medical care whether they have a need or not.

EUROPEAN EXPERIMENTS WITH SOCIALIZED MEDICINE

If we adopt the social security approach, we lose sight of needs and substitute rights which could produce a program far more extensive and costly than necessary and lead us rapidly down the road to national medical socialism. In this regard, we should look at what has happened in a number of European countries where medical care programs have been instituted. In England and in the Scandinavian countries, experiences with socialized medicine have been both costly and disappointing. Only recently Sweden has had to impose an additional 4 percent sales tax on top of other taxes to help finance their lagging medical care program. Disillusionment with these experiments in socialized medicine has been expressed not only by the recipients, but also by Government leaders who first sponsored these plans. The rosy glow is now turning to gray disappointment, and Europeans are realizing that governmental control of medicine is for the most part a complete flop.

MAJOR REASONS FOR SUPPORTING FINANCE COMMITTEE BILL

There are four major reasons why I prefer the approach contained in the bill reported by the Senate Finance Committee:

First. It takes care of everyone over 65 on the same basis. This is the fairest way and is in the best American tradition.

Second. It provides the most benefits for all of the aged at the least cost and is spread over the broadest tax base both Federal and State.

Third. It uses existing State systems for handling public health and welfare problems and preserves the greatest freedom of choice for the aged themselves.

Fourth. It will provide a permanent solution to the problem so that Congress will not have to be faced with enacting new legislation each session.

Let us look at each of these four areas in detail.

I. THE FINANCE COMMITTEE BILL WILL TAKE CARE OF EVERYONE ON THE SAME BASIS

First. Everyone uses same local agency.

Second. Same system works for everyone over 65.

Third. Will actually develop figures to determine need.

Under the Anderson bill there will be:

First. Two parallel agencies in each community—one State-operated and one Federal.

Second. Some people will always use a State agency.

Third. Others will use State agencies at ages 65 to 68, social security thereafter.

Fourth. Others will use social security until limited benefits are exhausted, then return to State agency.

Fifth. The actual needs of our aged may never be known for certain under the Anderson plan.

II. UNDER THE FINANCE COMMITTEE BILL, THE GREATEST BENEFITS ARE PROVIDED FOR THE MOST PEOPLE AT THE LEAST COST, SPREAD OVER THE BROADEST TAX BASE

First. Provides almost complete benefits: Inpatient hospital services, skilled nursing home services, physician services, outpatient hospital services, organized home care services, private duty nursing services, therapeutic services, major dental treatment, laboratory and X-ray services, and prescribed drugs.

Second. Costs are related directly to need—no excess "entitlement" to encourage overuse.

Third. Spreads cost over broadest tax base—full range of shared Federal and State taxes.

Fourth. It is a real pay-as-you-go system.

On the other hand, the Anderson proposal:

First. Has serious limits in that it only covers those persons over 68 and leaves a gap of those in the age bracket from 65 to 68. This plan also entails a $75 deductible feature which would place an undue burden on those most urgently in need of medical care. In addition, coverage is limited to 180 units each compared to unlimited coverage under the Finance Committee bill. Outpatient service and diagnostic treatment are also limited.

Second. This plan would substitute entitlement by "right" in place of actual need and would thus encourage overuse and abuse of the system.

I have always remembered a personal experience I had 25 or 30 years ago. A little company with which I was connected instituted a system to provide sick benefits for employees. One employee suddenly became sick almost every other day. When the visiting committee went to call on him one day, they found him in bed with his clothes on. They chided him for it and asked him why. His answer has been ringing through my mind ever since.

He said, "I means to have my share."

I am certain there are many persons who will attempt to have their share on the basis of entitlement rather than need.

Third. The Anderson plan would concentrate the entire cost on a narrow Federal tax basis of the first $4,800 of worker's income. Inasmuch as social security taxes are already due to rise to 9 percent of the payroll by 1969, this would place a tremendous burden on the low-income workers of the Nation. Secretary of Health, Education, and Welfare Arthur Flemming testified before the Senate Finance Committee that if medical care is tied to the social security program, it will not be long before payroll taxes will rise to 20 percent.

Fourth. In reality, contrary to statements of advocates of the Anderson plan, this system would not be a pay-as-you-go plan, but in fact, is a real handout to those over 65 and will be paid for by approximately 58 million workers covered by social security who are now under 65. The 9 million persons over 65 who are now receiving social security will receive a gratuity for which they have contributed absolutely nothing to the social security fund for the benefits which they receive. To make up this deficiency, those who are now employed will have to contribute a larger share to the fund. This would mean every six workers would have to, in addition to their own share, pay the cost or give a free ride to one person who is already retired.

III. THE SENATE FINANCE COMMITTEE BILL PROVIDES FOR USE OF EXISTING SYSTEMS AND CAN BE PUT INTO EFFECT IMMEDIATELY

First. Except for Veterans' Administration, all personal health problems are now handled by State and local authorities.

Second. Local agencies already exist—manned by experienced people—which can absorb this new burden with least difficulty.

Third. The needs test is an accepted part of many Federal programs—Veterans' Administration, farmers disaster loans, small business loans, assistance to blind, aid to permanently disabled, old-age assistance.

Fourth. The system can be put into effect immediately—October 1—without any delay for State enabling legislation. The Anderson plan would not go into effect before July 1, 1961, for hospital services and January 1, 1962, for all other services.

On the other hand, the Anderson proposal would:

First. Put a new Federal agency in the local health field.

Second. Require parallel organizations.

Third. Destroy present social security relationship with beneficiaries. Benefits are now paid directly to the beneficiaries, but under medical care will be paid to hospitals, doctors, and so forth. Benefits are now based on contributions beneficiary has paid into fund, but under Anderson plan, persons will receive benefits without regard to contributions.

Fourth. Destroy traditional doctor-patient relationship by interjecting Government as third party, thus leading to poorer medical service.

Fifth. Require compulsory contributions for a service that may never be needed—or for which other private insurance arrangements have been made

IV. IT WILL PROVIDE A PERMANENT SOLUTION TO THE PROBLEM, BECAUSE IT IS BASED ON EXISTING PROGRAM

The Senate Finance Committee proposal can operate indefinitely with only minor changes to existing medical care programs now in operation in the various States. Such is not the case with the Anderson proposal, since this is only the first step down the road to complete socialization of all medicine. It is a "foot in the door," the opening wedge driven by those who want and seek to socialize not only medical care, but many other traditional American institutions.

Based on present experience with the social security program, we can expect the liberals to exert political pressure:

First. To reduce the age from 68 to 62.

Second. To increase the range of benefits.

Third. To increase the rate of tax. For instance, the Health Insurance Association of America says the Anderson bill level premium cost of 0.50 percent of payroll is completely unrealistic and should be at least 1.40 percent to meet the medical costs which will be encountered under the plan.

Fourth. Although the Anderson plan does not now include doctors, it could be expanded to doctors as proposed in the Gore bill and then the door would be wide open for socialized medicine. The Gore bill was before the Finance Committee and was rejected at that time.

Fifth. When private local hospitals and other services fail to meet priorities, pressure for separate social security hospitals will build up. We already have separate VA hospitals for the same reason.

Mr. President, I ask unanimous consent to have printed following my remarks a letter I have received from the Health Insurance Association of America. This letter indicates that the 0.50 percent of payroll cost estimated for the Anderson plan is far too low and unrealistic. Based on historical records of the health insurance companies of America, which have had broad experience in dealing with the medical problems of the aged, the cost of the amended Anderson proposal should be set at 1.40 percent of payroll. This would indicate what I have already stated, that we can expect the cost of this new medical care program to rise tremendously in the years ahead if the Anderson plan is adopted.

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

HEALTH INSURANCE
ASSOCIATION OF AMERICA,
Washington, D.C., August 19, 1960.

Senator WALLACE F. BENNETT,
Senate Office Building,
Washington, D.C.

DEAR SENATOR BENNETT: You have invited our attention to the amendment to H.R. 12580 submitted by Senator DOUGLAS at page 16231 in the CONGRESSIONAL RECORD for August 11, 1960, and have requested our comment on the cost figures submitted by Mr. Robert J. Myers, Chief Actuary of the Social Security Administration in connection with this proposal. In addition, you have requested that we give you a cost estimate on the proposed amendment to H.R. 12580, as presented by Senator ANDERSON at page 16545 of the CONGRESSIONAL RECORD for August 17, 1960.

Our staff has carefully reviewed the estimates given by Mr. Myers in connection with the Douglas proposal. In presenting his cost estimates, Mr. Myers gives no indication of the bases upon which such estimates have been developed. We assume, therefore, in view of the order of magnitude of his estimates, that similar methodology was employed as is contained in prior cost estimates developed by the Department of Health, Education, and Welfare in connection with other proposed legislation in the same field, e.g., H.R. 4700. The insurance business is already on record with respect to its critique of such methodology. May I direct your attention to the testimony of Mr. E. J. Faulkner, representing the three insurance associations, given before the House Ways and Means Committee on July 16, 1959. In particular, I call your attention to the appendix of this statement beginning on page 20 of the enclosed reproduction.

Employing similar methodology for the amendment proposed by Senator DOUGLAS, with appropriate adjustment for the effect on hospitalization costs of a $75 deductible, we would estimate the cost of the program as follows:

(a) For the first year, a cost of $1,331 million which is equivalent to 0.61 percent of taxable payroll.

(b) A level premium cost of 1.60 percent distributed as follows: hospitalization 1.30, nursing home .10, home care .06, and diagnostic outpatient hospital service .14.

It will be noted that our level premium cost estimate is about 3 times that of Mr. Myers and that our first year cost estimate is almost double his.

Turning to the proposed amendment of Senator ANDERSON, we would estimate the cost of that program as follows:

(a) For the first year a cost of $1,242 million which is equivalent to 0.57 percent of taxable payroll.

(b) A level premium of 1.4 percent of payroll.

I trust we have answered your questions specifically and we will be happy to provide any additional factual material should you desire.

Very truly yours,

ROBERT R. NEAL.

Mr. BENNETT. Mr. President, I ask unanimous consent to have printed at this point in the RECORD a letter from a widow in Utah which, to me, is a most powerful appeal for the defeat of the social security approach to this problem.

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

MURRAY, UTAH,
August 17, 1960.

Senator WALLACE F. BENNETT,
Washington, D.C.

DEAR MR. BENNETT: I am not writing this letter as a Republican or as a Democrat, but as an American citizen who loves her country very much. I hope and pray that for the benefit of hundreds of thousands of citizens all over America that this letter can be read in Congress.

I listened to every word and every action that took place at both the Democratic and Republican conventions. I stood up in my own living room when the "Star Spangled Banner" was played at the opening in Los Angeles, and pledged allegiance to our flag. Tears ran down my cheeks. No matter how important or unimportant we are, no matter how rich or how poor we are, we are all citizens of this great land of ours, and what affects any person who carries a social security card will affect every worker in America that carries one.

I have lain awake nights worrying about the proposed bill for medical aid to the aged, that is proposed by Mr. KENNEDY and the Democrats. I have studied it from every angle, and I sincerely feel that to allow this bill to be passed, and by doing so, without the consent of the people, would be the most disastrous thing that has ever been imposed on the American public.

Countless thousands of people who are already financially prepared to take care of themselves when they retire would be required to pay and pay.

And what about the poor man who is taxed to death? Can he afford to pay out large sums of money for the rest of his working years? What if he died before he was retired? Would all the thousands of dollars he has been forced to pay out do him any good? Would this money go back to his wife and children, or into a general fund?

I am in favor of some form of medical aid to the aged, but on an individual basis. Each person should be allowed to decide whether he wants it or not and to pay accordingly.

If this bill is allowed to go through, not only will the people who are covered now under this new plan suffer, but our children and grandchildren for the rest of their lives.

It is undemocratic to impose such a thing on the people (for their own good).

We do not want communism in America, but this bill is as near to communism as we will ever get and not be under the direct rule of a Russian leader.

Who is to say who needs this help and who doesn't?

I am a widow without financial help from anyone. I did not even receive social security when my husband died. I have taught school and reared two sons. Everyone knows what kind of a living every teacher has been able to make up until now—and even now.

I have no way of knowing how I will live when I retire, and I still owe thousands of dollars on my small home, but I will fight this proposed bill with every ounce of blood in my body.

Now, let's look at another side of this situation:

Can anyone deny the fact that the minute a person knows he is going to be able to go to the doctor or hospital any time he needs to or decides to, that he will stop striving to take care of himself?

I know of many people that save all their lives to be able to take care of themselves when they are old.

They pay for life insurance policies, buy war bonds, patch clothes, go without, and work like slaves to achieve security.

Anyone who would stop to think seriously about this matter would know that people would stop saving for this particular situation.

This will destroy their morals, and create a "don't care—easy come attitude."

Does this not do away with the very thing that has made America great—the desire to stand on one's own feet and go ahead?

No one knows when sickness or an accident will strike. But what about the bums, the drunkards, the leeches, the spendthrifts, and the lying hypocrites? Are the persevering, saving, and hard-working people of America going to be made to sacrifice their lives and money for these people?

I may be wrong, but every bit of intelligence I possess, and every beat of my heart tells me I am right.

I pray to God that this undemocratic, demoralizing bill will never be imposed on any intelligent, hard-working citizen.

I appeal to you—men of foresight—leaders of our beautiful United States—fight this bill with all the determination that the men that made our great Constitution had—when we became a free and independent country.

I am sure that if the public will investigate this bill and find out what it will do to their lives, their self-respect, and their integrity, that they would also feel as I do.

Let us pray that they can become properly informed. I appreciate the privilege of being able to write to such a fine and intelligent leader, and I hope that this letter will not be in vain.

I pray that many people who have the right to help to keep America free will hear this sincere and heartfelt plea from just one citizen in hopes that it will help to keep our "Government of the people—for the people—by the people" the way it was meant to be—for free citizens who do not wish to have their privileges and liberties taken away from them.

Respectfully yours,

EDNA H. THURMAN.

Mr. BENNETT. Mr. President, for the reasons I have stated, I urge the Senate to reject the Anderson amendment and approve the bill as reported by the Finance Committee.

I yield back the remainder of my time.

Mr. CARLSON. Mr. President, how much time did the Senator from Utah yield back?

The PRESIDING OFFICER. The Senator from Utah yielded back 3 minutes.

Mr. CARLSON. I thank the Chair. I now yield 15 minutes to the distinguished Senator from South Carolina.

Mr. THURMOND. Mr. President, Alexander Dumas once said, "There are virtues which become crimes by exaggeration." Current political concern for the medical care available to the Nation's aged, it seems to me, is now in danger of falling into this category.

An unequivocal recognition of responsibility for the welfare of the incapacitated, whether from causes of age, youth, disease, or misfortune, has long been deemed a distinguishing mark of a truly civilized society. The fulfillment of this responsibility by individuals is a virtue. When exaggerated and distorted by the extreme heat of the political arena, the resultant excesses are not only crimes against society, but are barbaric.

The Senate's consideration of proposals for medical benefits for the aged is both ill-timed and premature. It is ill-timed because of the proximity to the presidential election, when the course that best lends itself to a slogan with emotional appeal might well constitute an irresistible temptation to forsake the action dictated by the facts and sound judgment. It is premature because the many facts which will contribute to a knowledgeable decision on this issue will be forthcoming in the White House Conference on the Problems of the Aged, to be held next January.

Judging from the discussion of this matter in the press and the debate here on the Senate floor, some obvious misconceptions as to the problems of the aged prevail. The advances in medical science in the past few decades have caused a marked increase in the number of citizens of advanced age in our society. At the same time, the useful and productive portion of life has increased proportionately to the increase of the life span itself. As the average age of the population rises, we must bring ourselves to the realization that the time has come to reappraise upward our conception of the age at which incapacitation for work and income production becomes prevalent. It would be a serious mistake to assume that the group incapacitated by advanced age has increased disproportionately to the general population.

It would be equally fallacious to assume that all, or even a large proportion, of those who are retired or are within the brackets of what we conceive as the retirement age are financially unable to provide medical care for themselves. Neither would it be correct to assume that advanced age is always accompanied by an upsurge of illnesses requiring medical care and treatment.

In their proper perspective, the costs of medical care for other than the institutionalized patient are but one element of the cost of living. Undeniably,

medical care for the aged, on the average, accounts for a larger percentage of the family or individual budget than it does in the budget of younger persons. This is not due solely to increased illnesses, however, but is also due to other shifts in need, due to changed circumstances. The elderly citizen has usually completed the financial effort that accompanies the raising of a family, and finds interests in activities less expensive than those which appeal to the younger.

The cost of medical care is increasing, as are the costs of all services and commodities. Medical costs have risen either more or less than costs of other services and commodities, depending on the base period for which the increase in costs is computed. In the period 1936–56, the per diem cost of hospital care increased 265 percent; and from 1956 to September 1959, another 22 percent. Yet there is every indication that the actual service through hospital care has also increased, as is illustrated by the decline in the number of hospital days per patient illness from 12.6 days in the 1928–43 period to 8.6 days in the 1957–58 period.

Since medical care is one element of the cost of living, it is prudent to examine, in the initial stages of the approach to this problem, the income of the aged as a group. In doing so, we should be cautious to avoid a common error of accepting statistics for more than they are worth. Repeatedly it has been asserted—and correctly, to the best of my knowledge—that three-fifths of all persons aged 65 and over have money incomes less than $1,000. True as this is, it proves nothing. The wife of an elderly $50,000 per year executive, who has no income of her own, falls into the class of persons over 65 who have income less than $1,000. One would hardly class her, however, as in dire need of funds for medical care or other necessities.

It must also be taken into consideration that a person over 65 has an advantage in disposable income over a younger person with equal income. A young couple with two children and earnings of $4,000 pays approximately $365 in Federal income and FICA taxes, while a couple over 65 with $2,000 from social security and $2,000 income from other sources would pay no Federal taxes on the $4,000 income.

Another factor which bears on any appraisal of income of the aged as a group is their assets. A mortgage-free home releases income for purposes other than housing. Currently, over 70 percent of old-age and survivors disability insurance beneficiaries own their own homes, and 87 percent of these are mortgage free. In the 6 years from 1951 to 1957, the median net worth of a retired worker and his wife increased from $5,610 to $9,616, or 71 percent. In addition, no other age bracket shows as favorable a liquid asset position as does the group aged 65 and over. According to the census figures, the average income for all persons over 65, including those on public assistance, was $2,100 for males and $800 for women.

When considered in the light of a general decrease in several areas of financial responsibility that accompanies retirement, the decreased tax bite of the National Government, and the cushion provided by the increasing existence of substantial assets, these income figures do not justify the picture of gloom and doom that is being presented to the publice, both at home and abroad, in regard to the status of our elder citizens' financial ability to meet their physical needs, including medical care. When considered objectively, the situation is not really so calamitous; and, even more encouraging, it is improving.

Today, over 19 million workers are covered by private pension plans which have total assets of nearly $40 billion. By 1965, these are expected to have assets of $77 billion. According to Health Insurance of America, about 43 percent of Americans over 65 are now covered by some form of health insurance. Furthermore, it is estimated that the proportion of coverage of those who want and need it will reach 75 percent by 1965, and 90 percent by 1970.

This, then, is the other side of the coin picturing the existence of a catastrophic emergency in the form of inability of all persons over 65 to afford medical care. The need for medical-care programs at the hand of the Government cannot be tied to the nonhomogeneous group of persons over 65 referred to as the "aged."

Of the 15.4 million persons in the United States over 65 years of age, about 16 percent, or 2.5 million, receive some form of public assistance. Since public assistance programs, in widely varying degrees, are conditioned on need, it is safe to assume that this group of elder citizens is financially incapable of meeting the general cost of living, including costs of medical care, without public assistance. It may also be assumed that there is an additional group with sufficient income to meet normal costs of living, including medical care, that would be financially incapable of meeting a prolonged or catastrophic illness.

Even with the group so defined, the situation is not as desperate as one might be led to believe. Forty States have some form of medical-care provisions in their old-age assistance plans, and 16 States have direct or money payments for all essential items of medical care. South Carolina's program provides for direct payments for hospital care and nursing-home care. These statistics illustrate conclusively that an all-inclusive, compulsory medical-care program directed by the Government is not needed. They also illustrate that considerable additional information is essential for an objective appraisal of the scope, seriousness, and complexity of the overall problem. It would be much the better part of wisdom for the Congress to make further determinations of fact, before proceeding from a half-cocked position to a new program.

Although there is too little information available to make it possible to determine the actual breadth of the problem of lack of means to securing medical care for those within the group aged 65 and over, there is an overabundance of information and facts to illustrate the foolhardiness of any approach to the problem which utilizes the framework of the old-age and disability insurance program.

Mr. President, I cannot escape the conclusion that the overwhelming majority of Americans today suffer from the illusion that the social security program is financed along insurance principles. We know, of course, that nothing could be further from the truth. Insurance programs set aside the premiums that are paid by the insured, or at least a substantial portion thereof, in a trust fund or reserve which accumulates interest to provide the funds which eventually will be utilized to pay the benefits guaranteed by the insurance policy. The old-age and survivors disability insurance program, on the other hand, does not hold intact the contributions of workers and their employers, but, on the contrary, utilizes these payments in the first priority for payments of benefits of workers already retired in the year in which the contributions are made. In some years, contributions do not even balance benefit payments, much less administrative expenses. For instance, in 1959, total contributions were $8.52 billion, while benefit payments to retirees were $9.84 billion, and administrative expenses were $184 million. Therefore, for the year 1959, there was a deficit of $275 million. Since current contributions are utilized to meet current benefit liabilities, the trust fund remains at a meager level, and the interest on the trust fund is a relatively minor factor in the accrual of financing benefits, compared to interest on reserves in a true insurance program.

In 1939, when the OASDI program was inaugurated, the basic concept on which the Congress accepted the program was hinged to the principle that benefits would be payable in fixed dollar amounts. The system was also designed so that it would be workable under conditions of an expanding economy. In other words, the benefits schedule is so arranged and calculated that there must be an increasing number of salaries on which taxes are levied, in order to meet current benefit liabilities. When originally discussed in the Congress, the social security program was conceived as one in which the benefits payable through the program would remain constant, as would the rates of contribution as originally established. All of us are quite aware that repeatedly Congress has increased the benefits, as was essential if the inflation which we have experienced was to be offset and total impotency of the program to be avoided. These increases in benefits required a compensating increase in contribution rates directly and/or an increase in the salary base on which they were levied.

Contrary to many of the statements made on the 25th anniversary of the system, the OASDI program has really not yet provided its financial soundness. We know very well that both political and inflationary forces will repeatedly demand further increased benefits. In the absence of complete irresponsibility,

additional contributions must be required to meet the increases. At some point, however, we shall reach the breaking point, for total contributions are already scheduled to reach 9 percent of the first $4,800 of wages. Although it is impossible to foretell at just what point the break will come, it is obvious that the cycle of increased benefits and increased contributions must come to a halt, for at some point the wage earners, even if not the politicians, will rebel at further tax levies on wages. This situation could easily become even more crucial should our economy suffer a serious recession or depression, for the system is designed to operate successfully only in an expanding economy. Even so, under a high cost estimate, the old-age and survivors insurance trust fund will decrease from a maximum of about $55 billion in 20 to 25 years from now until it is exhausted in 1997.

Mr. President, millions of Americans have placed their complete confidence in the old-age and survivors insurance system to provide them with funds for retirement in their latter years. In reliance on this system, not only have they neglected to establish retirement plans in private sources, but, indeed, they have had no choice but to place such funds as they earn for this purpose in the old-age and survivors insurance program. A failure in the program would literally mean the economic destruction of millions of Americans. Although the soundness of the program, in my opinion, yet remains to be proved, we should at the very least treat the program in the manner best calculated to insure its continued solvency.

The medical care proposals which would utilize the framework of social security are not only unneeded, but, if enacted, would materially decrease the probability of continued solvency of the system. The proposal for medical-care benefits within the OASDI program—to which, for lack of a better name, I shall refer to as the Forand proposal, since apparently it was first introduced by Representative FORAND—would completely change the original concept of the OASDI program from one guaranteeing fixed dollar benefits to one which guarantees specified services. The fixed-dollar-benefit concept has the advantage of being resistant to inflation, although we must admit that in times of inflation there is a likelihood that it will not provide the resources in purchasing power for which it was originally intended. The guaranteeing of services, as contrasted to fixed dollar benefits, would not withstand the ravages of inflation, but would be marked by increasing costs of benefits as the cost of services themselves increase, and would tremendously increase the pressures for additional contributions to keep the fund solvent. Such a change in concept would materially hasten the day when the point of rebellion at further increased contributions would be reached. Whereas the present system, based on fixed dollar benefits, might be impaired by a relatively serious depression in the economy, the Forand-type concept would subject the fund to bankruptcy from possibly even a mild, extended recession of the economy.

Mr. President, we have no right to jeopardize the OASDI program by grafting on this new concept of guaranteeing services, in addition to dollar benefits. Rather than weaken this program, we should concentrate on checking the inflation which nullifies the purchasing power of fixed dollar benefits, in order that the confidence of the millions of contributors to the system will not be betrayed.

I cannot comment on this Forand proposal, Mr. President, without restating that it is socialized medicine, for it does not seek to provide the funds with which to obtain medical care; but, on the contrary, it seeks to provide medical service itself. In any approach of this sort, the Federal Government must control the disbursement of funds. It must decide the benefits to be provided. It must set the rates of compensation for hospitals, nursing homes, dentists, and doctors. It must audit and control Government expenditures to hospitals, nursing homes, and patients. It must establish and enforce standards of hospital care and medical care. These are but the basic and usual safeguards that accompany the spending of tax funds. Is anyone so naive as to believe that the National Government could exercise these responsibilities without affecting the quality of medical care received? The Government, not the patient and physician, will determine the quality and extent of medical care under the Forand proposal, and this is socialized medicine.

The disadvantages of socialized medicine are not merely reprehensible because there is a bad connotation placed on the word "socialized." The evil lies in the deterioration of the quality of service which inevitably results, to the detriment of the patient, from the Government's efforts to standardize a service which is by its very nature a personal service, and must so remain if it is to be of a high quality.

Mr. President, in this discussion of the proposals before us, I have refrained from utilizing either the constitutional or philosophical approach, and have attempted to discuss the various plans from the standpoint of sound judgment, need, and practicality. I realize, of course, that my approach to the problem is conservative—as is my philosophy—and consequently, I have sought to examine the problem in the light of the facts, removed from the utopian dreamworld of radical thought that appears to be prevalent in our political society. I could also just as well have adopted a constitutional approach, for I am convinced that the Forand proposal is repugnant to the intent and spirit of the Constitution.

In speaking at all, I am fully aware that I am joining in what we all know is an exercise in futility, for regardless of the outcome of the Senate's votes on the various proposals, there is very little likelihood that we will create more than a political issue, if that. Perhaps it is optimism on my part to harbor a sincere hope that the Senate of the United States will at least reject the Forand proposal, if it will not take the even wiser course of postponing any action on this subject until a more objective and better informed consideration can be obtained. Our actions and discussions in this fish bowl arena are more than ever in the eyes of the entire public, both American and foreign, and I cannot conceive that our actions and debate on this political, as contrasted to legislative, issue are well designed to promote respect and high regard for this parliamentary body.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. CARLSON. Mr. President, may I inquire how much time the proponents have and how much time the opponents have on the pending amendment?

The PRESIDING OFFICER. The proponents have 86 minutes; the opponents have 82 minutes.

Mr. ANDERSON. Mr. President, I yield 10 minutes to the Senator from Indiana [Mr. HARTKE].

The PRESIDING OFFICER. The Senator from Indiana is recognized for 10 minutes.

Mr. HARTKE. Mr. President, I rise to support the Anderson amendment, of which I am a cosponsor. There is a present, pressing, and timely need for this proposal. That need has been enforced by statements made by the administration, Secretary Flemming, and by practically every person who has spoken on the floor.

I think there is a minority still living in the country who feels there is no problem, but I think we can dispense with that viewpoint by the generally accepted knowledge that there is a real problem which exists now. In that connection I can agree with the distinguished Secretary of Health, Education, and Welfare, Mr. Flemming, that we must act, and should act, in this Congress; that we should not wait.

I asked him specifically, at the hearings, whether we should wait until after the White House Conference. He said "No." He thought we had sufficient facts to enable us to come to an intelligent decision.

Basically, the question comes down to the fact we have 10 million people who are in need of medical care. No one contends that all these 10 million are indigent, or that all these 10 million are paupers. The problem before us is whether we are going to take care of most of these people, or only those who are indigent or who are paupers and need medical care, or whether we are going to go further.

I previously stated I intended to support and am in agreement with the committee approach as sponsored by the Senator from Oklahoma [Mr. KERR] and the Senator from Delaware [Mr. FREAR], but there was a lady in my office the other day. I asked her, "How do you feel about the medical care bill?" She said, "Well, I think we will have to wait and see how it comes out. I know these people need help. I know these aged people cannot meet their medical bills."

Mr. President, she has faith that this group of elected representatives are going to do what they think is right;

they are going to do something in the interest of the people; they are going to do what is best for giving us a program of medical care for the aged—not what is best for any particular group, not what is best for the doctors, hospitals, or nurses, not what is best for any particular selfish group which is interested in keeping these people at their mercy and forcing them to beg for help.

If we do not provide a satisfactory answer at this session, or very shortly in the coming session, then there will be a very serious reproach coming from these people, which none of us wants to happen.

So I think the question is: Do we accept the principle of social security, or do we not accept it? If we do not accept the principle of social security, then we cannot accept the principle of the Anderson amendment. But if we do accept the principle of social security, and agree that the social security program has worked well, then this approach is the answer to this particular problem.

Some persons say this is the same old story year after year. This is not the same old story. This is a story that is going to become increasingly new. Every child born today has a right to know the answer. One of every four of them can expect to live to the age of 83; the other three can expect to attain at least the age of 63. There will be children of the age of 60 who will have parents living. If science continues its advances, there probably will be more people reaching the age of 100. So the number of people who are going to need medical care in the future is going to increase constantly.

The question is: Are we going to put this burden on the general tax revenues? Are we going to raid the Treasury for the money that will be needed? Or are we going to proceed in an orderly fashion, on a pay-as-you-go method, in which younger people will pay into the fund while they are earning money, so we can make sure that a person does not have a specter hovering over him, the question of "When I get sick, will my children be able or be willing to provide for me, or will I have to sell my home and, hat in hand, ask the Federal Government or State government to give me help?" That is really what the problem is.

So far as the old-age and survivors' insurance program is concerned, I think it is a good program. It just does not go far enough. If medical care is to be extended to help the aged, it will have to be paid for either out of the Treasury or from the earnings of working people. Some persons say one method is less expensive than another. The least expensive method is the social security approach, because the machinery is already established. Another establishment does not have to be created. Investigators do not have to be sent out to learn whether a man has the means to pay for his medical care or not. Those items will be added expenses under any other method than social security.

Under this approach, every one of the 70 million people covered by social security can be provided for, in orderly fashion, and we can prevent the problem, rather than deal with it after it occurs.

This is a question of whether we want an insurance program or merely a relief progam.

I call attention to the resolution which was adopted at the Governors' conference on June 29, 1960. Thirty Governors signed the resolution, asking that the social security approach be adopted. These people know that their States cannot stand an additional drain on their finances, and that the best approach is the orderly procedure of contributions from employees during their working years. I read from the resolution:

> Whereas the Governors' conference for many years has been acutely aware of the growing number and complexity of problems faced by our increasing population of senior citizens, including health and medical care, employment and income maintenance, provision of suitable housing, and enrichment of leisure time activities; and
>
> Whereas the most pressing of these problems is the financing of adequate health and medical care: Now, therefore, be it
>
> *Resolved by the 52d annual meeting of the Governors' conference,* That Congress be urged to enact legislation providing for a health insurance plan for persons 65 years of age and over to be financed principally through the contributory plan and framework of the old-age survivors and disability insurance system; and be it further
>
> *Resolved,* That the States support and participate actively in the forthcoming White House Conference on Aging to the end that public and private agencies be stimulated and encouraged to develop approaches to all the problems of the aging.

I think we can summarize the points of the program very briefly. These principal points can be made as to why this approach is the best approach.

First, contributions would be collected from nearly all persons who work for a living.

Contributions would be payable, under this amendment, only while the individual is employed.

Contributions, under this amendment, would be levied in some measure commensurate with the ability to pay.

Contributions, under the amendment, would be levied in the individual's working lifetime, not during the period he is not earning or is in retirement.

Contributions, under the amendment, would not be related to the number of dependents a person has.

The employer would be required by the amendment to pay one-half of the cost. Under some other plans the employer would pay part of the cost, and under some plans the employer would be required to pay all of the cost.

The benefits under this plan would not be cancellable. The benefits under this amendment would not be limited during a person's lifetime. Under the amendment, the benefits would be more adequate than under many private plans.

Finally, the cost of administering the plan under our amendment would be less than the cost of administering existing private life insurance plans.

I sincerely believe that if Senators will vote upon the measure based upon whether they feel it will provide for an orderly method of insurance, instead of what might be related to political considerations, they will support the Anderson amendment.

Mr. ANDERSON. Mr. President, I yield 3 minutes to the Senator from Ohio [Mr. LAUSCHE].

Mr. LAUSCHE. Mr. President, I wish to make a few comments about the amendment now pending before the Senate. Before I do so I should like to ask the sponsor of the amendment, the Senator from New Mexico [Mr. ANDERSON], a question.

In the event the Anderson amendment is agreed to, what will be the situation with respect to those elderly citizens who are not now within the purview of the social security law?

Mr. ANDERSON. I think those persons would be adequately covered under the provisions of the committee bill and under the so-called Kerr amendment.

Mr. LAUSCHE. It is the position of the Senator from New Mexico that his amendment would provide coverage for all elderly persons who are now within the operations of the social security law?

Mr. ANDERSON. Who are past the age of 68 years.

Mr. LAUSCHE. Who are past the age of 68?

Mr. ANDERSON. That is correct.

Mr. LAUSCHE. Those who are not under the coverage of the social security law who are past the age of 65 will be covered by the committee recommendations?

Mr. ANDERSON. Provided the State makes its appropriation.

Mr. LAUSCHE. Yes.

Mr. President, since 1945, in discussing social security laws, numerous have been the times when I have declared my concept of what ought to be done with respect to the Government providing social security. In effect, I have repeatedly stated I did not subscribe to the philosophy of giving doles and subsidies, but I believed in a system which was actuarially sound, operated in a businesslike manner under which payments were to be made out of a fund which was built up through joint contributions by employers and employees.

That philosophy has been with me, I would say, for at least 15 years. I believe a fund created in that manner in all probability will be prudently managed, since it places a joint responsibility on the employer and the employee, and in all probability it will be based upon a sound actuarial foundation and will be conducted with businesslike operations.

My belief is that the elderly people of our Nation are in need of this type of service. I think not only of the indigent but also of those who through prudence and thrift have accumulated a modest estate.

The PRESIDING OFFICER. The time of the Senator from Ohio has expired.

Mr. ANDERSON. I yield the Senator 3 more minutes.

The PRESIDING OFFICER. The Senator from Ohio is recognized for 3 additional minutes.

Mr. LAUSCHE. Mr. President, it is a rather dominant and frightening prospect for an elderly person to find, in the twilight days of life, that whatever he has accumulated through prudence is to be dissipated as a result of the huge costs which come in caring for one's self, especially during an illness in the mature years of one's life. I have in mind specific instances when people have told me, for instance, "I have assembled enough to have a modest home. I am proud of my home. I do not wish to see it dissipated, but I cannot see my way clear to save it if I have to carry these inordinate medical expenses."

The costs of living for the aged, especially those to fight disease, have become extraordinarily large. I need not discuss that, because it is generally understood that medical expenses, including drug costs and nursing services, are beyond the ability of the ordinary person to carry.

On that foundation, it is my judgment that the program of providing medical service cannot be avoided.

Next I shall discuss the question of whether I should support the Anderson amendment. I assume, on the basis of what I have said, if I did not support it I would be belying every one of these statements which I have made in the last decade and a half.

I am not giving my support to the proposal on the basis of its political implications. I am not giving it my support on the basis of the threats which are being made in the reception room against those who do not support it.

I recognize that support is being given to that measure on this floor by Senators who have espoused a social security philosophy that is entirely inconsistent with the method suggested in the financing of the program by the amendment of the Senator from New Mexico.

To reiterate and to summarize, it is my firm conviction that the funds out of which payments should be made for the social security approach should be accumulated through current contributions jointly made by employers and employees or earmarked taxes. Funds should not be established for that purpose except where it is inescapable, as it is in the situation before us, in which we would find ourselves with a large number of people uncovered under the law unless the committee proposal were adopted. I think we would encounter danger if we created this fund solely out of general taxpayers' money.

It is on that basis that I shall vote for the Anderson amendment. My vote would be cast clearly on the basis of the principles which I have established in my own mind as to the manner in which these funds ought to be established.

I thank the Senator from New Mexico for yielding to me.

Mr. ANDERSON. Mr. President, I yield to myself 1 minute. In that 1 minute I wish to say that when I yielded time to the Senator from Ohio I had no idea on which side of this question he would speak. I appreciate more than he can ever understand his statement that he is not taking his position on the basis of political motives but on the basis of a life devoted to the study of the needs of the people. I thank him and compliment him for that.

Mr. LAUSCHE. Mr. President, will the Senator yield me 2 additional minutes?

Mr. ANDERSON. I yield.

Mr. LAUSCHE. The position which I have taken here is completely consistent with the positions I have advocated on this floor with respect to subsidies.

There are entirely too many subsidies paid by all the taxpayers who are being taxed. The speed with which we are passing such subsidy bills is growing. My position on the bill is completely consistent with what I have declared to be my concept of free government. It is consistent with my fear that we are trying to buy votes by passing bills to provide subsidies. I do not claim that to be the purpose of the committee proposal.

I repeat that in my judgment we should not have had this special session. Politics are permeating it from beginning to end. What I have said is consistent with what I espoused during the entire 3½ years I have been in the Senate.

Mr. AIKEN. Mr. President, will the Senator yield?

Mr. ANDERSON. I yield 7 minutes to the Senator from Vermont.

Mr. AIKEN. It is always very difficult for me to disagree with my friend, the able junior Senator from New Mexico, with whom I have worked very closely since the days when he was one of our truly great Secretaries of Agriculture. However, when I discovered that under the social security approach to the problem which we are now considering only about 50 percent of the people of my State over the age of 65 could qualify for benefits, there was nothing left for me to do except to oppose that approach to this problem.

I think most of us in considering matters of this kind reduce our feelings to human terms and go a little further than that, perhaps, to reduce it to an individual human effect. I take that approach myself very frequently. In the case of the amendment offered by the Senator from New Mexico, I simply started down the road from my home to see how the proposal would affect my neighbors who are of the age of 65 or over.

As I went down the road, the first case to which I came was that of a man who is 86 years old. He was a farmer, but he has not been able to work his farm for a living since the time before which farmers could qualify for social security. Therefore he has no social security card.

Farther along the road there was another man who is 74 years of age. He has spent most of his life as a farm laborer, having worked on one farm or another. However, approximately 10 years ago arthritis afflicted him and he had to stop work. He cannot have a social security card because he could not qualify for one after he became technically eligible.

Going down the valley a mile or so farther, I came to the first school teacher I ever had in my life. She is still living and is about 90 years old. As far as I know, she is in fair physical condition, but she retired not only before the days when she could qualify for social security, but I am afraid before the days when she could qualify for retirement funds in my State as well. I know that she does not have very much on which to live; but she could not qualify for the old age health insurance provided in the Anderson amendment.

The younger sister of that teacher, who is 77 years old, lives there also.

I think she receives some teacher's retirement pay, though it is inadequate. Nevertheless, she retired, too, in the days before teachers were eligible for social security benefits.

Going into the town I found a man who has been self-employed most of his life, and who has helped other people in performing public spirited work for the town. I know that he is critically ill. I know also that his medical expenses must have run into hundreds, or even thousands of dollars during the last year or two. I cannot say for sure that he is not covered, that he has no social security card, but I do not think he has.

There are, then, the firemen and policemen who have retired on a pension of perhaps $1,200 or $1,500 a year. Firemen and policemen have been eligible for social security in my State only during the last few months, when Congress made them eligible. They would be left out of any benefits proposed by the Anderson amendment.

I have other neighbors who would qualify. One man lives a short distance from me. He worked at a place where I know he had a social security card. This last summer, however, he inherited, as I am informed, approximately $1 million. He has given up the job that he had and is self-employed at the present time; he probably will be self-employed the rest of his life. Of course, he can keep up his social security payments on up to $4,800 of his earnings a year if he wishes to. Nevertheless, if he does not wish to, when he reaches the age of 68 under the proposal before us, he may receive the full benefits without paying another nickel.

Another of my neighbors is the most prosperous farmer in town. After 1950 he incorporated his farm and paid himself a salary of $4,200 a year, which was the maximum social security earning base at that time. He will qualify for the benefits. However, dozens of other neighbors who are operating marginal farms did not have the money to incorporate, and did not even have the money to pay into social security. They would not qualify under the Anderson amendment.

As I said, only about 50 percent of the people over 65 in my State would qualify for benefits proposed by the Anderson amendment. Some of the remaining 50 percent I am sure would qualify under the Kerr-Frear bill. I cannot say how many. Now let us come a little closer to the Senate. The proposal we are asked to vote on is discriminatory, and we do not have to go outside the Senate Chamber to find discrimination. Some of the Members of the Senate have social security cards, and others do not. They are paid $22,500 a year, and some of them

could qualify for benefits under the Anderson disposal, and some of them could not.

When I think of these people back home, who have worked all their lives, but who cannot qualify for social security, and therefore would not be eligible for benefits under the amendment we are asked to adopt now, then I believe I would be rather coldblooded if I voted to enact legislation which excludes them from the benefits.

Mr. CURTIS. Mr. President, will the Senator yield very briefly?

Mr. AIKEN. Yes; I am happy to yield, even though I do not know how much time I have.

The PRESIDING OFFICER. The Senator has 1 minute remaining.

Mr. CURTIS. The distinguished Senator from Vermont is making a very fine point. The proposal would pay benefits to many people who do not need them at all, and it would reduce the take-home pay of everyone in the country.

Mr. AIKEN. I am talking only about cases with which I am familiar. I cannot go into the details. Many of these people have been covered, or will be covered. I realize that the heaviest part of the cost will be placed on those who are 20 to 40 years of age and are raising families. It has been explained here that millionaires would escape paying any important part of the cost of the program, whereas a young man, between the age of 20 and 40, who may have several children, will not only have to pay his share of this health insurance program, but will also have to carry insurance to carry him and his family, and will not only have to pay the $10 fee, but also the $150, at a time when the family can least afford to do so.

Finally, I say we would be very foolish to undertake to legislate this program at a time when it cannot fail to be a political matter. I believe we ought to consider it at the beginning of the next session, when we will have a new Congress, and when the election will not be impending, and at a time when we can act sanely and put through legislation which will cover all the people and require all the people to pay the cost of the program. There is much more I could say, but I know that time is in demand.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. CARLSON. Mr. President, I yield 4 minutes to the Senator from Colorado.

Mr. ALLOTT. Mr. President, I believe in helping those who need help. I voted for the Javits approach and will support the committee bill because either represents a more realistic program of medical care than this "bobtailed" amendment now before us. Opponents of the committee bill would have it appear there is a great ground swell of sentiment among the elderly, indeed among people of all ages, for a social security health program. This problem, we are to understand, has popped up suddenly in a Presidential election campaign after apparently lying dormant for many years. Contrary to this, it has been with us for some time.

Many older persons have written through the years expressing a desire for increased social security money benefits, no question about that. This undoubtedly is the No. 1 problem on the minds of our needy elder citizens—enough funds to enable them to lead their lives in dignity and in security. Further burdening the Social Security System with a medical program financed by ever higher social security taxes can only postpone and make more unlikely any increase in regular benefits.

The Secretary of Health, Education, and Welfare has predicted that these taxes could rise in the foreseeable future to 15 or 20 percent of taxable income, if health care benefits are brought into the program. He noted—with reason—that Americans would rebel at such a tax piled on their already tremendous Federal and State income taxes.

During the past year or so, Members of the Senate have had a firsthand look at the problem through the hearings by the special Senate Labor Subcommittee on Problems of the Aging. This subcommittee, headed by the esteemed senior Senator from Michigan, went all over the country to sample, on the spot, the opinions of older people.

Town-meeting-like forums were held at which members of the audience were invited to stand up and tell the Senators how they felt about the problems of aging, and what solutions they sought. Here surely was a fine time and opportunity for the aged to demonstrate their enthusiasm for a social security health bill, or for any new Federal health program, for that matter.

But some of the meetings, despite much advance newspaper publicity, were ill attended. At some relatively few spectators were on hand. And of those that did speak their minds, a majority did not even mention health care financing as a major problem. And I am informed only a small fraction of the older people who did talk about health called for a social security approach.

One responsible segment of our population has already made its views on the subject known, and very forcefully. That is the Nation's newspapers, the great bulk of which have been outspoken about their opposition to bringing a health program under the social security system. Some 5,000 editorials have been written in the past year or so urging the Congress to reject the social security plan. The Washington Star put it well when it said:

> Both the young and old may someday question the price of insurance rewritten by Uncle Sam in election years.

Even the Washington Post, one of the few newspapers to support the social security approach, has decided that the heat and passions of the election-minded Congress is not the best atmosphere in which to develop sound and lasting legislation, and said the whole matter should be put off until next year.

The Christian Science Monitor calls the social security plan "a way to overload social security." The growth of private, voluntary health insurance, this newspaper declares, has been phenomenal and—I quote—"greatly preferable to Government-administered compulsory health insurance."

The Los Angeles Times says that—

> We think the insurance companies, encouraged by business, endorsed by an unsplintered medical fraternity, and supported by the whole public, can do better with health and medical care, and that Americans, young and old, will be better for the private effort.

The Chattanooga Times states:

> We hope and we believe that these very real needs can be met through private, volunteer initiative, which has worked a near miracle through the Blue Cross, Blue Shields, and other plans largely since World War II.

I could go on and on, quoting from newspapers in city after city, both Democratic and Republican journals. Here is just a random list of newspapers that have attacked a social security health plan: The Houston Chronicle, Wall Street Journal, Little Rock Democrat, New York Daily News, Los Angeles Herald-Express, New York Herald Tribune, Denver Post, Honolulu Star Bulletin, Chicago Sun-Times, New Orleans Times-Picayune, Baltimore Sun, and so forth. A rollcall of most of the great newspapers of America.

The New York Daily News summed up the major arguments against the social security plan about as well as any. The catches in this approach, the News says, are:

> 1. That it would give socialized medicine a foot in the U.S. door;
>
> 2. Would cost so much as to endanger the entire social security setup; and
>
> 3. Would most likely lead to extensions of free medical care to other groups as time went on—meaning heavier and heavier costs each year.

Mr. President, the committee bill avoids these pitfalls. It relies on established channels of aid for the needy of our country. Some have referred to the bill as moderate, or cut down, strange adjectives to use for the expenditures of hundreds of millions of dollars to give a helping hand to old persons who do not have the means to pay their medical bills.

The humanitarian committee bill sets no limits on the amount of health-care benefits the near-needy aged could receive as does the social security plan. It epitomizes the "help thy neighbor" philosophy of the Federal-State public assistance program—to help those who are in need of assistance, the proper and fitting role of Government.

Mr. President, I should like to make some comments on how the proposal would affect one State. Of course, I speak of my own State, the great State of Colorado. In Colorado, according to a communication which I have in my hand, written to me by Guy R. Justis, director of the department of public welfare, there are 146,700 persons in Colorado over the age of 65. They represent 8.1 percent of the total population of the State.

As of February 28, 1959, the Department of Health, Education, and Welfare reported a total of 59,344 persons in Colorado who were receiving OASI, or

social security. Relating this figure to the total estimated population aged 65 and over, we find that slightly more than 40 percent of Colorado residents aged 65 and over are receiving OASI.

Therefore, approximately 39 percent of Colorado old-age pensioners 65 and over were also receiving OASI. A total of 546 class B pensioners—those between the age of 60 and 65—also were receiving either OASI or OAS disability payments. The 546 class B pensioners receiving such payments represented 14 percent of the 3,769 cases.

On the basis of the figures which I have obtained from the Colorado records, it would appear that 58,570 Colorado residents aged 65 and over are not receiving either OASI or old-age pensions, or a combination thereof.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. CARLSON. I yield 1 additional minute to the Senator from Colorado.

Mr. ALLOTT. Thus, 39.9 percent of persons over 65 would not be covered by a bill based on social security, such as the present amendment offers. Many of these are the ones who need help most. To say that such a bill solves the problem is a farce and a fraud upon our elder citizens.

In order that the figures may be spelled out in more detail, as well as to show additional information on the medical plan now provided for those under the public assistance program, and sent to me by the very capable director of the Department of Public Welfare of Colorado, I ask unanimous consent that his letter, dated May 5, 1960, be included in the RECORD at this point as a part of my remarks.

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

STATE OF COLORADO,
DEPARTMENT OF PUBLIC WELFARE,
Denver, Colo., May 5, 1960.

Hon. GORDON ALLOTT,
U.S. Senate,
Washington, D.C.

DEAR SENATOR ALLOTT: In response to your letter of April 28, 1960, concerning the impact of the Forand bill or other related legislation upon Colorado, we are glad to send you the following information:

1. According to an estimate of the Colorado State Planning Division there are 146,700 persons in Colorado aged 65 and over. On the basis of this estimate, persons 65 and over represent 8.1 percent of the total population of the State.

2. As of February 28, 1959, the Department of Health, Education, and Welfare reported a total of 59,344 persons in Colorado who were receiving OASI. Relating this figure to the total estimated population aged 65 and over, slightly more than 40 percent of Colorado residents aged 65 and over are receiving OASI.

3. In March 1960, 18,530 Colorado old age pension recipients also were receiving OASI payments. The total number of pensioners 65 and over in March 1960 was 47,315. Therefore, approximately 39 percent of Colorado old-age pensioners 65 and over were also receiving OASI. A total of 546 class B pensioners (those between the ages of 60 and 65) also were receiving either OASI or OASDI payments. The 546 class B pensioners receiving such payments represented 14 percent of the 3,769 cases.

4. On the basis of the figures cited above, it would appear that 58,570 Colorado residents aged 65 and over are not receiving either OASI or old-age pension or a combination thereof. Thus 39.9 percent of persons over 65 would not be covered by a bill based on social security. Since only about 59,344 persons aged 65 and over in Colorado are receiving OASI, the remaining 87,356 would be dependent upon their own resources or the Colorado old-age pension.

5. The Colorado old-age pension medical care plan is limited by constitutional amendment to an expenditure of $10 million in each fiscal year. To summarize, the current medical care plan, as approved by the State Board of Public Welfare, includes the following benefits for recipients of old-age pension in Colorado.

(a) Hospitalization, drugs, and physicians' services in the hospital (including surgery).

(b) Nursing home care for pensioners who are patients in nursing homes approved by the Colorado State Department of Public Health.

Under this program a pensioner who is a patient in a nursing home pays $100 toward the cost of such care from his monthly old-age pension payment or from his pension payment plus any other income, such as OASI. He is allowed to retain $6 a month to meet his own personal needs.

His payment to the nursing home is supplemented by vendor payments from the old-age pension medical care fund which are made directly to the nursing home. The amount of such payments is related to the quality of service offered by the nursing home and the amount of care required by the individual pensioner. The maximum amount of the vendor payment is $95 a month. This amount, added to the $100 paid by the pensioner, makes a maximum of $195 a month that can be paid to a nursing home through the Colorado old-age pension program.

Pensioners in nursing homes also are eligible for a certain amount of physicians' services and for drugs prescribed by physicians.

(c) A limited program of physicians' home and office calls for pensioners living in their own homes.

(d) Transportation allowance to enable pensioners to receive medical care.

To supplement this brief summary of the Colorado old-age pension medical care program, we are enclosing a reprint of an article by A. Paul Shermack, assistant executive director of Colorado Medical Service (Blue Shield plan) which appeared in the Rocky Mountain medical Journal for January 1960. This article goes into more detail concerning the background and content of the old-age pension medical care program.

With respect to the last question in your letter, if some bills were passed which tied health insurance to OASI, the Colorado State Department of Public Welfare would look upon this insurance as a resource which our old-age pensioners would be expected to make use of before they would be eligible to receive medical care benefits under the Colorado old-age pension medical care program. This policy would be similar to our present policy in that an applicant for old-age pension is asked to apply for OASI if it appears he may be eligible for social security benefits.

It was good to hear from you and I hope the information which we have compiled will be of assistance to you in evaluating the impact of proposed legislation upon aged residents of Colorado.

Sincerely yours,

GUY R. JUSTIS,
Director.

Mr. ANDERSON. Mr. President, I yield 10 minutes to the Senator from Minnesota.

Mr. McCARTHY. Mr. President, I have tried to follow the debate during the 3 days the Senate has been considering the pending business. The charge that comes up again and again is that somehow or other the proposal in the Anderson amendment is for socialized medicine, and that the alternative, in the committee bill, or what was proposed in the Javits amendment, escapes the brand of socialism. Yet I note again, in reviewing the debate, that the arguments made in favor of the other proposals seek to show that almost every citizen in the country who is over the age of 65 will be covered under the program, which is essentially a Government program, although in part it involves the participation of the State governments.

I have never seen a definition of socialism which would establish the distinction that if it is done by the Federal Government it is socialistic, but if it is done by a State government it is somehow unsocialistic.

In each case, the program is a Government program. The laws are enacted by legislatures, either State or Federal, and the distinction is not one of socialism as against antisocialism or some other form of political or economic ideology.

The Javits amendment, for example, was proposed as one which would cover some 11 million people over the age of 65 in addition to or outside of the 2.4 million who were covered under the present old-age assistance program.

The second point which has been raised—and much attention has been given to this point—is that of the freedom or lack of freedom on the part of the patient to select his own doctor. I think we should make an honest, realistic examination of the current practice in the United States with respect to the selection of a doctor.

In the first place, as the distinguished Senator from New Mexico [Mr. ANDERSON] has established repeatedly, his amendment in no way sets any limit upon the freedom of a person who may participate under the social security medical aid program to select his own doctor. However, let us examine the general practice today. How much freedom does an individual have in the selection of a doctor? How far afield can he go? How many doctors has he available from whom he can make a choice? In almost every small town there is only one doctor, and he is the doctor of everybody in that town. One may, under some circumstances, go to the next town to find a general practitioner. Usually, however, that kind of selection is not made upon any medical basis, but involves some kind of personal touch or personal reason.

If one goes to a clinic, he may have his own doctor introduce him to the clinic. At a great clinic, such as the Mayo Clinic in Rochester, Minn., for example, one does not say, as he moves along through all the various examinations, "I want Dr. A, Dr. B, or Dr. C." One commits himself to the experts who say, "We will have you examined by doctors who are specialists, by doctors who know the most about this particular problem, this particular disability, or this particular ailment."

That is true not only in the great clinics, but also in the clinics which have developed in all the medium-sized towns

of America. As a result, the patients receive better treatment than they did when their entire care and treatment rested in the hands of one general practitioner or one family doctor. So the issue of freedom of choice to select one's doctor is, in the first place, as it has been raised and presented here, as misrepresented as the Anderson amendment itself.

In the second place, the issue is unrelated to the question of good medical care and to the growing practice of medicine in the United States. Some of the great industrial plants and great railroads have their own hospitals and their own doctors. Many of the great industrial corporations have their own medical programs and their own doctors. No one, so far as I know, has protested here against those practices or has said there is interference with freedom of choice on the part of the patient. The American Medical Association, so far as I know, does not forbid its doctors to participate or take employment in industrial medicine or employment with railroads for the care of railroad employees.

Four or five issues have been raised with regard to the bill which really have no objective relationship to the problem with which we are trying to deal. Our basic problem is that of trying to help citizens. Under the Anderson amendment, people over age 68 would receive assistance to meet the cost of better medical care, the cost of medication, and the cost of hospitalization. We are told that we will destroy the traditional doctor-patient relationship.

The Anderson amendment will not interfere with the genuine, fundamental, and proper professional relationship between doctors and patients. It will not interfere with the way in which doctors are chosen and the way in which proper care is given to patients. It will not introduce any new practice with respect to a method by which doctors are paid by their patients.

The practice has been established under some insurance programs, such as the Blue Cross-Blue Shield, of having the insurance company pay the hospital costs, the medical costs, and even the doctors' fees. This practice has come to be accepted in the United States. In addition, in the old-age assistance program, 2 or 3 years ago we were asked to change the law so that the Federal or State government could pay directly to the doctor the cost of the services, or to the hospital the cost of the services, which they had rendered to the old-age assistance recipients. Until that time, the practice had been to give the money to the old-age recipients, who in turn paid their doctors or their hospitals. However, the request was that there be a State agency or a Government agency to make the payments directly, so as not to have payments made through the patient. It was provided that the doctor or hospital could say, "This is the measure of cost for the services we have given, so we ask the Federal Government or the State government" — whichever agency was handling the matter—"to pay the bill directly to us, without its going through the hands of the patients."

In the case of Government programs and in the case of private insurance programs, the practice is fully established of having payment made directly by the Government agency or the insurance company to the hospital or to the doctor who has provided service to the patient. So we are not introducing any new idea by attempting to establish a medical aid program which is based upon the social security program, under which, when a person receives hospital care or medical care, payment may be made directly from the social security fund to the hospital or to the clinic which rendered the service to the patient.

As a matter of fact, what we recommend or propose is a practice which has been established and accepted by the medical profession and by the private insurance companies of the Nation.

Mr. CARROLL. Mr. President, will the Senator yield?

Mr. McCARTHY. I yield.

Mr. CARROLL. I think the able Senator from Minnesota would like to know, if he does not already know, that the State of Colorado has one of the finest old-age pensioners' health and medical care programs in the Nation. The total number of Coloradans who received old-age pensions in 1959 was 58,393; 32,733, or almost 56 percent, of the Colorado pensioners participated in the medical care program. Mr. President, I ask unanimous consent that there be printed at this point in the RECORD, a chart I have prepared entitled "Colorado's Old-Age Pension, Health and Medical Care Program, 1959."

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

COLORADO'S OLD-AGE PENSION, HEALTH AND MEDICAL CARE PROGRAM, 1959

Total pensioners receiving old-age pension, 58,393.

Total pensioners receiving medical care, 32,733, 56 percent.

Total pensioners requiring hospitalization, 14,236, 24.4 percent.

Total pensioners requiring nursing home care, 4,907, 8.4 percent.

Twenty-five percent of pensioners used doctors' home and office services.

EXPENDITURES DURING CALENDAR YEAR 1959

Type of care	Expenditures	Percentage
Hospital care	$5,209,851	59.76
Nursing home care	1,804,724	20.7
Doctors' services	1,461,866	16.76
Drugs for patients in nursing homes	182,943	2.1
Transportation	59,145	.68
Total	8,718,529	100.00

DOCTORS' SERVICES

1. Services to pensioners in private hospitals:

	Billings
Surgery	10,498
Medical care	14,207
Other (anesthesia, X-ray, lab, etc.)	8,860
Total	33,565

2. Services to pensioners in Colorado General and Denver General 1,768

3. Types of hospital care:

	Percent
Surgery	31
Medical care	42
Other (anesthesia, lab, X-ray, etc.)	27

DOCTORS' SERVICES—continued

4. Average charge per billing for hospital service $32.79

5. Home and office calls, 6-month period — Cases 39,111

6. Types of cases most frequently treated by doctors:

(a) Medical:	
Circulatory diseases	4,003
Digestive	2,367
Respiratory	2,149
Nervous system	1,244
(b) Surgical:	
Digestive	2,225
Musculoskeletal system	2,341
Integumentary system	2,514
Urinary system	1,064

7. Cost of doctors' services:

(a) Services to patients in hospitals	$1,265,129
(b) Home and office calls	133,240
(c) Nursing home calls	63,497
Total	1,461,866

HOSPITAL CARE

1. Admissions to hospitals (some pensioners had more than one admission):

	Admissions
Women	13,522
Men	8,591
Total	22,113

2. 84 hospitals participated.
3. Days of hospitalization, 261,328.
4. Average length of admission, 11.8 days.
5. Average cost per day, $20.53.
6. Cost per hospital admission, $242.63.
7. 78.8 percent of hospital payments were for stays less than 30 days ($4,287,543).
8. 19 percent of hospital payments were for stays of 30 to 70 days ($1,038,612).
9. Two percent of hospital payments were for stays of over 70 days ($111,892).
10. Sixty percent of all hospital admissions were for less than 10 days; 94 percent of the admissions were for less than 30 days.
11. Principal types of diseases causing hospitalization:
(a) Circulatory, 4,768 cases, 21 percent.
(b) Digestive, 3,465 cases, 16 percent.
(c) Accidents, 2,835 cases, 23 percent.
(d) Respiratory, 2,341 cases, 23 percent.

NURSING HOME CARE

1. Vendor payments were made to nursing homes for 2,318 persons per month.
(Each pensioner in a nursing home paid $100 a month to the home from his pension).
2. Average monthly payment to a nursing home per patient was:

From pensioner	$100.00
Vendor payment	64.84
Total	164.84

3. Number of nursing homes being used, 144.

Mr. CARROLL. I do not wish to interrupt the speech of the Senator from Minnesota——

Mr. McCARTHY. I am glad to have the comments of the Senator from Colorado on this point.

The PRESIDING OFFICER. The time of the Senator from Minnesota has expired.

Mr. McCARTHY. I yield myself an additional 5 minutes.

Mr. CARROLL. Our old-age pensioners carry identification cards. They choose their own doctors and identify themselves with their card. The doctor determines whether such a pensioner shall go to a hospital; whether it is necessary to have inpatient or outpatient

treatment. The Colorado medical care program pays the doctor and/or the hospital. It is a vendor payment.

The point I wish to underscore, and which is being made by the Senator from Minnesota, is that the Colorado old-age medical care program does not pay the pensioner, and the pensioner does not pay the doctor. The doctor is paid by the Blue Shield authorities in the area, and this takes place under a contract negotiated with the department of public welfare of the State of Colorado. The doctors have accepted and work successfully under this system. Blue Cross-Blue Shield is contracted with to administer the program. But my point is that while the doctor-patient relationship is carefully preserved, the patient does not pay. The Blue Cross-Blue Shield pays; and the State of Colorado, in turn, pays Blue Cross-Blue Shield.

Mr. McCARTHY. The Senator from Colorado is quite correct.

Mr. CARROLL. Let me ask the Senator from Minnesota another question. As I understand the Anderson-Kennedy bill, it does not have anything at all to do with the payment of doctors' bills.

Mr. McCARTHY. The Senator is quite correct.

Mr. CARROLL. In Colorado, we make maximum payments to our old-age pensioners of $106 a month. For an example, let us take a social security recipient who is receiving $75 a month. If such a person can qualify on the basis of need he can come under our Colorado pension program and we give him another $31; and, in addition, such a person is then qualified for medical care.

We now have approximately 20,000 people in Colorado who in addition to social security benefits also qualify for payments from the Colorado pension fund because their social security payments are less than $106 a month. I should like to ask this question for the record—would benefits received under the Anderson-Kennedy amendment in any way diminish the benefits a recipient may be entitled to receive under a State old-age medical-care plan?

Mr. McCARTHY. I know of no way in which the benefits to which they are entitled will be diminished. It might very well have the effect of reducing the cost of State programs, because this will establish on top, I think we could say, of the old-age-assistance medical program, another program, which will be based upon the social security program or the social security principle; and it leaves the way open to the third program, which has been incorporated in the Kerr amendment and is in the bill which we are seeking to amend by adding the Anderson amendment.

Mr. CARROLL. Mr. President, will the Senator from Minnesota yield further?

Mr. McCARTHY. I yield.

Mr. CARROLL. I see on the floor the able Senator from New Mexico [Mr. ANDERSON], one of the sponsors of the Anderson-Kennedy amendment. I should like to ask him: "Will the Anderson-Kennedy amendment benefits supplement rather than supplant benefits received under a State medical care program?"

For example in Colorado there are almost 19,000 persons who are drawing both social security and Colorado old-age pension benefits. These persons would be entitled to certain medical benefits under the Anderson-Kennedy amendment.

Colorado's old-age pension program is much more liberal than the Anderson-Kennedy proposal. However it is possible that the State welfare officials may require that a pensioner who is also on social security use the Anderson-Kennedy benefits.

In such a case is it the intention of the sponsors of this amendment that the social security recipient be entitled to have whatever other benefits he can get through the State's old-age assistance program?

Mr. ANDERSON. Mr. President, if the Senator from Minnesota will permit me to reply, the answer is "Yes."

Mr. CARROLL. For example, in my State, I am confronted with this problem—to state the matter a little differently: Our Colorado old-age pension program is more liberal than the Kennedy-Anderson program; and I do not wish to have those 20,000 people in Colorado who are social security recipients taken out of our State medical care program which I think is more comprehensive and more progressive, and thrown into a Federal program because they happen to be beneficiaries under this amendment.

Mr. ANDERSON. If the Senator from Minnesota will permit me to reply, I can say to the Senator from Colorado that the Anderson-Kennedy amendment will not affect that situation in any way.

Mr. McCARTHY. It can do nothing but improve the program; it cannot hurt it.

Mr. CARROLL. In all categories?

Mr. McCARTHY. Yes.

The PRESIDING OFFICER. The time available to the Senator from Minnesota has expired.

Mr. McCARTHY. I should like to have a few additional minutes, if I may.

Mr. ANDERSON. I yield 2 more minutes to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota is recognized for 2 additional minutes.

Mr. McCARTHY. I thank the Senator from New Mexico.

Mr. CARROLL. Then let me say, if the Senator from Minnesota will permit, that the Anderson-Kennedy amendment provides that the first $75 of the medical care bill shall be paid by the recipient of the medical treatment. Would this provision prohibit the Colorado Welfare Department from paying the $75 out of its medical care fund?

Mr. ANDERSON. The answer is "No."

Mr. CARROLL. The aged in Colorado who are 65 years or over are eligible to receive old-age pensions, and at this time they are also eligible to receive medical care. The same age limit applies, also, to the Kerr-Frear bill.

But the Anderson-Kennedy amendment benefits will go to such persons beginning at age 68. How can a Colorado person age 66 who is on social security, but is not on a Colorado old-age pension, qualify to receive benefits under the Kerr-Frear bill?

Mr. ANDERSON. It will be up to Colorado to establish the yardsticks under which such persons would qualify.

Mr. CARROLL. Does that mean a person must be indigent? Is this to be a need test?

Mr. ANDERSON. The requirement is that he must be needy, yes. But the State can establish its own standards.

Mr. McCARTHY. But there is a need test principle involved.

Mr. ANDERSON. Yes.

Mr. CARROLL. That is the point.

Mr. ANDERSON. Yes.

Mr. CARROLL. In other words, he must show that he does not have the money and is in need; is that correct?

Mr. McCARTHY. The term used is "medically indigent."

Mr. CARROLL. Yes. If he draws medical care benefits, when he becomes age 68 will he be excluded from the old-age-assistance program and automatically be forced into the social security program?

Mr. ANDERSON. Not if he still has remaining needs.

Mr. CARROLL. So if he is over 68 years of age and if there is a basis of need, he may stay under the State medical care plan?

Mr. ANDERSON. Yes.

Mr. McCARTHY. And the State plan could supplement the Federal program.

Mr. President, I should like to point out that throughout this debate the question of socialized medicine has come up again and again; and it has been indicated that, somehow or other, anyone who participated in such a program would lose his freedom.

I think we should note that today there are approximately 31 million Americans who are involved in a Federal program of medical care, and this includes more than 22 million veterans of all our wars. Does anyone who is opposing the Anderson approach say we should back up, since this is so dangerous?

The PRESIDING OFFICER. The time yielded to the Senator from Minnesota has expired.

Mr. McCARTHY. May I have 2 more minutes?

Mr. ANDERSON. I yield 2 additional minutes to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota is recognized for 2 additional minutes.

Mr. McCARTHY. I was asking whether anyone who is opposing the Anderson amendment approach says that we should back away from the medical benefits we have provided for our veterans.

In addition to the more than 22 million veterans, there are approximately 10 million more people who are under Federal programs of one kind or another; and this group, of course, includes the President and the members of his Cabinet, many of whom have taken advantage of the "socialized" medical facilities available in the Washington area during the last 8 years. In addition, there are approximately 2 million persons under old-age assistance programs,

who are eligible to receive some kind of benefits under the various State programs.

Mr. President, the arguments being made against the Anderson amendment are much the same as the ones made against the Social Security Act in 1935 and 1936.

We have been told by some that we should delay taking action on the program now proposed. In connection with that argument, let me read what was stated in 1936; I read now from a pamphlet which was put out by the Republican National Committee in the 1936 campaign:

> The way they've rigged this thing and rushed it through Congress, it appears to me that they figure a lot of us are willing to trade our votes for a counterfeit insurance policy.

Mr. President, the charge of politics has been raised against this measure, and it has been charged that we are trying to rush the bill through Congress. The same charge was made in 1936, about the social security program.

I read now another charge made in 1936; it was part of a spot broadcast by the Republican National Committee during the 1936 campaign:

> The facilities of this station have been engaged by the Republican National Committee in order to make the following announcement: "Under Roosevelt so-called social security, in 1937 you will be assigned a number: that will be your number wherever your work, as long as you live—no name, just a New Deal number.

That was supposed to frighten people away from social security in 1936.

I now quote another statement made in 1936:

> This is the largest tax bill in history. And to call it "social security" is a fraud on the workingman.

Mr. President, I say to you that many of the arguments made in 1936 against social security and many of the arguments made today against the Anderson-Kennedy amendment are the same, and have just about the same substance to them when they are applied to the Anderson amendment as they had when they were applied to the Social Security Act when it was proposed in 1936.

Mr. President, I thank the Senator from New Mexico for yielding me this time.

Mr. DIRKSEN. Mr. President, I yield 1 minute to the distinguished Senator from New Hampshire [Mr. COTTON].

The PRESIDING OFFICER. The Senator from New Hampshire is recognized for 1 minute.

Mr. COTTON. Mr. President, our Nation's elderly stand in a class by themselves. Our complex economy has placed a special burden on them. Every time the Government launches a warship, orbits a satellite, buys surplus wheat, or builds a flood control dam, it scrapes a little thinner the dollar they have kept in the stocking for old age.

Furthermore, the finest health care in the world has helped to give the average American an extra 22 years of life expectancy since 1900, and, at the same time, has left many of our elderly unable to pay the medical bills in those extra years. It is a two-pronged problem: Our older citizens have more medical expenses than most people do, and they generally have less money with which to pay for them.

That is why I regard medical care for the aged as a must for this session of Congress.

The proposal recommended by the Senate Finance Committee is a sound and effective means of meeting this problem. It will provide comprehensive medical care assistance to all persons over 65 who need it, whether they have social security or not.

The committee proposal, like the Javits amendment which I supported as a logical and consistent improvement of it, is both voluntary and comprehensive. They recognize the responsibility of the States and the safeguards which will flow from State participation. They stress diagnostic and preventive care, and avoid an unwise overemphasis on hospital care alone.

I am unalterably opposed to the Anderson-Kennedy amendment, which, like the Forand bill, is tied to the social security system, and benefits only those who are entitled to social security. Furthermore, the Anderson-Kennedy amendment would aid only those aged 68 and over. A glance at the figures for my own State of New Hampshire shows the gaps it would leave and the discriminations it would create.

There are a total of 68,000 persons 65 and over in New Hampshire, but only 42,000 would be covered by the benefits of the Anderson-Kennedy amendment. Twenty-six thousand, or 38 percent, would be excluded, left out in the cold—in other words, all who are not eligible for social security and more than 4,000 persons who get social security but are in the 65–68 age gap created by the amendment. Those covered by the amendment would get the benefits whether they need them or not, whether they are retired or not, and regardless of their incomes. It is like shooting a blunderbuss full of birdshot in the hope that a few will hit the target.

This scatter-shot method would destroy voluntary insurance, crowd the hospitals with needless cases, and balloon the costs out of all reason. It would saddle the social security system with the crushing weight of a health program it was never designed to carry.

Adoption of the Anderson-Kennedy amendment would also jeopardize enactment of the whole social security bill, including the committee's medical care program, and other improvements like the sorely needed increase in the amount social security recipients can earn without having their benefits reduced.

I hope it will be rejected.

Mr. DIRKSEN. Mr. President, I yield 5 minutes to the distinguished Senator from Maryland [Mr. BUTLER].

The PRESIDING OFFICER. The Senator from Maryland is recognized for 5 minutes.

Mr. BUTLER. Mr. President, I urge the passage of H.R. 12580, as amended by the Senate Finance Committee. I urge the rejection of any amendments designed to finance the health care of the aged through increasing social security taxes.

Let us look briefly at what has happened up to now. It was in 1957 that the Forand bill to provide a compulsory payroll tax was introduced, and I understand that the sponsor of this legislation acknowledged that it was drafted by the American Federation of Labor and Congress of Industrial Organizations' social welfare experts, who are well known to some Members of this body. I do not question the sincerity of the sponsor of this type of legislation, but I am informed that sponsoring witnesses before the House Committee on Ways and Means admitted that their motive behind the compulsory tax health proposal is to open the door to ultimate federalization of the practice of medicine, hospitalization, and all the various phases of caring for the health needs of the Nation.

If this Congress should enact and the President approve a bill to provide a payroll deduction plan to care for the aged needy, we can look down the road of the future and foresee in every election year a new drive to expand the program to a broad national health care package. I do not believe this socialization of health care will be beneficial to the country. I believe quite the contrary.

This country, under the existing system, has been most fortunate. Our scientists, doctors, and others engaged in caring for the health of our people have given us the highest quality medical care in the world. Rapid strides have been made in preventing diseases that once harassed mankind. I shall not list all the phenomenal accomplishments that medicine has made since the turn of the century, but I ask Senators to look at our growing population of aged people and the splendid health of our working and young people. We cannot but praise the dedicated physicians and scientists and all others involved in protecting our health for the splendid job they have done.

Now let us get back to the compulsory payroll type of legislation that is being sponsored here to a great extent to carry out a political pledge in the 1960 presidential campaign. The able Ways and Means Committee of the House of Representatives held hearings on the Forand bill more than a year ago. During the present session it spent many weeks working hard on this legislation and proposals of the administration. Many alternative proposals were considered. The entire problem was studied carefully. Experts were summoned and their advice considered. Despite strong political pressure from various groups, that committee rejected the compulsory payroll tax proposal 17 to 8. It then approved what is known as the Mills bill. The House passed this bill on June 23 by a vote of 381 to 23.

Brief hearings were held on this measure by the Senate Finance Committee and it was expanded to include the amendment of our distinguished colleague, the Senator from Oklahoma [Mr.

KERR]. After rejecting the compulsory payroll tax proposal, the vote on the Kerr amendment was 12 to 4.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BUTLER. May I have 1 additional minute?

Mr. CARLSON. I yield 1 additional minute to the Senator from Maryland.

Mr. BUTLER. Mr. President, I am informed that when Senator KERR was Governor of his State, he instituted a welfare program for the aged needy that has been most satisfactory, and that he is quietly proud of this accomplishment. And well he might be. What I wish to impress upon my colleagues is that the Senator from Oklahoma [Mr. KERR] wrote his amendment from a background of experience and knowledge, and since he did so, I feel sure that he believes his amendment included in the Mills bill is the correct answer to the problem. I am equally convinced that if the distinguished Senator from Oklahoma thought the compulsory payroll tax plan was the solution, he would have sponsored it. But he did not, and I agree with him that to tax the working men and women to pay for the aged ill through payroll tax deductions is hardly fair to them and their employers. The problem of the aged sick is not solely a financing problem for the workers and their employers, but a responsibility all the taxpayers should share. Furthermore, the Mills-Kerr program would be effective in October, and it is my belief that Senators who vote for a social security tax increase to pay for an aged health program actually will be voting against the enactment of any health legislation at this session. The administration has fought the compulsory payroll tax proposal before the responsible committees of Congress, and if the administration is consistent in its views—and I believe it is—the probability of a veto is imminent. Now, if the sponsors of the compulsory payroll tax route want a political issue instead of legislation, they can vote for it. But if they really want legislation to help the needy aged, then they can support the Mills-Kerr bill.

Congress authorized the expenditure of funds for this study, and I am informed that hundreds of experts on the health problem have been devoting the past 2 years to it. It does not seem reasonable to me to have Congress, under political pressure, embark on a social security payroll deduction plan without giving due consideration to the report of the White House Conference, which is due in January. Once a social security payroll tax increase for the health of the aged is written into law it could hardly be eliminated by a subsequent act of Congress, no matter how big a mistake it could be. Personally, I want to be certain of what we may get into. I think I know from what the advocates of this legislation outside of this body have been saying. Their goal is nationalization of medicine. Once medicine is nationalized, the march toward socialization of the entire Nation and all its economic structure naturally would follow. It is beyond my understanding how in this country of ours we could have people who cannot appreciate what has been accomplished under our fine system and without bureaucrats directing everything from birth to death. There is one thing certain. Bureaucrats may be able to doctor their reports, but they cannot doctor the people when they are sick. And I do not believe any bureaucrat is capable of telling a physician how to doctor his patients.

Mr. CARLSON. Mr. President, I yield 2 minutes to the Senator from Nebraska [Mr. HRUSKA].

The PRESIDING OFFICER. The Senator from Nebraska is recognized for 2 minutes.

Mr. HRUSKA. Mr. President, I rise to oppose the Anderson-Kennedy amendment.

Much has been said to the effect that medical care programs for the aged under social security can be provided by an increase of one-half of 1 percent in the social security tax. We are told that a tax of that size would make the program actuarially sound. While I will readily admit to being mystified at the skill of actuaries to estimate the cost of programs 20, or even 100 years hence, I am even more amazed at the ability of this one-half of 1 percent to support different programs.

The Forand bill would have provided 60 days of hospitalization, or a combination of hospital-nursing home care for 120 days, and surgical services for one-half of 1 percent of payroll up to $4,800.

The McNamara bill, for the same amount of money, would provide 90 days of hospitalization, 180 days of nursing home care, 240 days of home health services, diagnostic outpatient services, and very expensive drugs.

The Anderson amendment would provide 365 days of hospitalization—subject to two deductibles totaling $150—180 days in a nursing home, plus 365 days of visiting nurse services.

The new Anderson-Kennedy amendment would provide 120 days of hospitalization—subject to a $75 deductible—up to 240 days in a nursing home, 365 home health visits and outpatient hospital diagnostic services.

Truly, this is an exceptionally capable and versatile one-half of 1 percent of payroll.

While I have not, as I have already admitted, been initiated into the intricacies of actuarialism, I have had an opportunity to read history. Through no fault of the actuaries, I am sure, their record as it applies to social welfare schemes has been poor indeed.

Mr. President, did you know that the British Ministry of Health in February 1945 estimated that the cost of the national health program would cost over a 20-year period, ending in 1965, £179 million? In this particular case, the prediction of the actuaries proved to be in error the very first year. Rather than £179 million, the program cost £242 million in the first year of operation. By 1959, when the program was modified, services reduced and nominal charges made, the program was costing annually £700 million—about four times as much as the original estimate.

Nor are the British the only ones who have been told their program would be actuarially sound. Projections made in 1935 for our social security program show that dollar payments in 1960 were estimated at only one-eighth of the amounts actually paid. Put another way, dollar payments made under the OASDI program this year will be about eight times more than the "actuarially sound" prediction made in 1935. Now, we all know that the probable reason for this prediction being so far off was that the program has been liberalized. But I raise the questions: Will the program envisaged by the Anderson-Kennedy amendment actually cost us three and one-half or four times the amount estimated—as under the British system—to make it actuarially sound? Will we liberalize the program in the future so as to make the cost eight times the amount necessary to make it actuarially sound? Congress has repeatedly, and with a virtual 2-year regularity, liberalized social security benefits. There is no reason to believe this same procedure will not be used in the health care area.

Heretofore the social security program has been dealing in dollar benefits. The only variable was the number of beneficiaries. Thus, we had two numbers—one a guesstimate as to what the program would cost. Under the Anderson-Kennedy amendment, and other social security approaches, we would establish a service program, thereby giving us two variables: How many social security beneficiaries will get sick and what kind of services will they need? It will take a wiser man than I to make these guesstimates.

On the other hand, the Mills bill, as modified by the Kerr-Frear amendment, is based on actual experience gained in the previous year.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. HRUSKA. Mr. President, will the acting minority leader yield me a half a minute?

Mr. CARLSON. I yield half a minute to the Senator from Nebraska.

Mr. HRUSKA. I ask unanimous consent to have printed at this point in the RECORD, with reference to what the source of the one-half of 1 percent increase in social security tax will amount to, the colloquy between the Senator from Oklahoma [Mr. KERR], the Senator from Vermont [Mr. AIKEN], the Senator from Florida [Mr. HOLLAND], and the Senator from Illinois [Mr. DIRKSEN], as found at pages 16428 and 16434 of the RECORD of August 15, 1960.

There being no objection, the extracts were ordered to be printed in the RECORD, as follows:

Mr. AIKEN. Mr. President, will the Senator yield?

Mr. KERR. I yield to the Senator from Vermont.

Mr. AIKEN. I am seeking information. Can the Senator from Oklahoma advise the Senate what part of the national income is represented by those having incomes of $4,800 or less? In other words, if we adopt the social security approach in connection with proposed legislation, in this field what part of the national income will escape paying

the cost of the old age health insurance program? I believe we ought to have that information.

Mr. KERR. I am advised by the representative of the Department of Health, Education, and Welfare, who has access to the information and statistics which are needed to answer the question, that about 40 percent of the national income would make no contribution to the fund if it were secured from a social security tax.

Mr. AIKEN. About 40 percent. That would be, for the most part, the well-to-do people of the country, who would escape paying a part of the cost of the program. Is that correct?

Mr. KERR. It would mean that that part of the national income would not make any contribution to the fund.

Mr. AIKEN. The entire cost of the program would fall on those whose income was $4,800 or less?

Mr. KERR. It would fall on a percentage of those whose earnings are not in excess of $4,800.

Mr. AIKEN. I thank the Senator.

Mr. HOLLAND. Mr. President, will the Senator yield?

Mr. KERR. I yield to the Senator from Florida.

Mr. HOLLAND. Does the Senator have available figures which he can place in the RECORD at this time to indicate the added percentage of tax which would have to be imposed on those who are under the social security system if the other program, the one based upon the social security system alone, were followed, rather than the program the Senator from Oklahoma is explaining?

Mr. KERR. I am advised that an additional 1 percent tax on payrolls subject to the social security tax would amount to $2 billion a year.

Mr. HOLLAND. I thank the Senator. I have received a number of letters, complaining letters, from young people in industries covered by the social security program, under which both employers and employees pay the social security tax, and they state that in their judgment any program which is based upon an increase in the social security tax would be unfair to the younger workers in the country. I wonder if the Senator has any observation to make on that point.

Mr. KERR. As I said a while ago, I believe a program for a group of people, including all of our citizens within a certain category, if Congress decides it is needed and should be provided, should be provided out of revenues secured from taxes on an equal basis and leveled on all the people, not secured by an additional tax on the workers in our country.

Mr. HOLLAND. Mr. President, will the Senator yield?

Mr. KERR. I yield.

Mr. HOLLAND. Is not this the gist of the point that the Senator makes, namely, that if the system is based upon social security alone, and based upon a tax levied upon that group, obviously the complaint of the young people under social security whom I have mentioned is well founded?

Mr. KERR. It is indeed.

Mr. HOLLAND. I thank the Senator.

Mr. KERR. I thank my good friend from Delaware.

Mr. DIRKSEN. Mr. President, will the Senator yield?

Mr. KERR. I yield to the Senator from Illinois.

Mr. DIRKSEN. The Senator has made an exceptional exposition. I know he has been on his feet for quite a while. I ask him if he would yield for a little catechizing in order to place the whole subject in a package.

First, the proposed legislation preserves the general principle set forth in the President's message, liberalizing it in the hope of making it adequate?

Mr. KERR. The statement is accurate.

Mr. DIRKSEN. The plan would not be financed out of general revenues but from funds made available in the form of grants-in-aid to the States that qualify under the program?

Mr. KERR. I am sure it would not be financed out of earmarked taxes, out of revenue secured from the general tax structure.

Mr. DIRKSEN. Out of general revenues appropriated for that purpose.

Mr. KERR. The Senator is correct.

Mr. DIRKSEN. A State is free to come in or stay out.

Mr. KERR. The Senator is correct.

Mr. DIRKSEN. There are enough incentives in the bill to make one properly assume that every State would want to come in under this program.

Mr. KERR. I believe that it would result in that happening.

Mr. DIRKSEN. The estimate with respect to the House bill was that if all States participated, the combined Federal-State cost would aggregate about $325 million. Can the Senator give us a rounded figure as to what this program would cost?

Mr. KERR. I believe that the estimate of cost of the bill as passed by the House for title XVI, which was the initial coverage, would be about $30 million a year, soon going up to $165 million, which would be the Federal cost. That would call for matching funds by the States, so that when it went into effect, after a year or so, the total cost to both State and local governments with reference to both title XVI and the slight expansion of coverage under title I of the existing law, would be about the amount named by the Senator from Illinois.

Mr. DIRKSEN. It is my understanding that every person over 65, whether on social security or not, who is in need would be eligible for the benefits provided in this plan.

Mr. KERR. The Senator is correct.

Mr. DIRKSEN. It is my understanding also that this program could be put into effect on or about the 1st of October of this year, if enacted into law in this session, as distinguished from alternative programs, which would require additional State legislation, and could probably not become effective until some time in the middle or latter part of 1961.

Mr. KERR. As I understand it, every substitute offered to the committee for its consideration had in it a provision which would have prevented the amendment from becoming effective before the middle of 1961, if enacted.

Mr. DIRKSEN. The proposed program makes no provision for a fee by a participant in the program, or any kind of action that might put a lien upon the property of a recipient of the benefits. Is that correct?

Mr. KERR. Not by reason of anything in the law.

Mr. DIRKSEN. That puts this matter into one good package. I congratulate the Senator on his magnificent presentation.

Mr. KERR. I yield the floor.

Mr. CARLSON. Mr. President, I yield myself 5 minutes.

The PRESIDING OFFICER. The Senator from Kansas is recognized for 5 minutes.

Mr. CARLSON. Mr. President, I rise to speak on the purpose of H.R. 12580 as amended by the Senate Finance Committee. It seems to me that in much of this debate we are losing sight of the main purpose of this worthwhile legislation. And what is its purpose? It is simply to help those persons 65 years of age and older who need medical care and need help in paying for that medical care.

I am sure that we are all in favor of doing this. But I do fear that differences over how this is going to be done will end up with nothing being done. I am afraid the Nation's elderly citizens who need help are going to be left holding the bag. I fear that the only thing they will have to look forward to is more political promises. Political promises are a poor substitute for real help. I, for one, believe these old folks would rather have the medical care than the promises.

We must look at the legislative situation realistically. It appears to me that it is obvious that a bill closely following the recommendations of the Senate Finance Committee is the only legislation in this field that stands any chance of becoming law this year.

Addition of any amendment utilizing the social security mechanism will mean that there will be no legislation enacted into law this year to provide medical care for elderly persons who need help. Candidates may have a campaign issue. But there will be no help for those old people who really need help in financing their medical costs.

I believe that the time has come to quit raising the hopes of our elderly citizens with promises. I believe that instead they should be offered a sound, efficient program that will provide for the medical care needs of those who need help.

Therefore, I wholeheartedly support H.R. 12580 as reported by the Senate Finance Committee. And I am going to vote against any amendment which utilizes the social security mechanism. If there were no other reasons—and there are many—for opposing such an amendment, I would do so because I am convinced that addition of a social security provision would kill this entire medical care program so far as this Congress is concerned.

The committee bill embodies a program of complete medical care for all those elderly persons who need help—those receiving social security payments, those receiving monthly assistance payments, and all others who need help in financing their health care costs.

In the committee bill, there are no limitations such as maximums of 120 days of hospitalization or 240 days of nursing home care following hospitalization. The committee's program would provide the health care services which are needed in each individual case without any arbitrary maximum applicable to all patients without regard to their needs. In other words, the care provided under the committee program would be tailored to the patient; and not the treatment tailored to the patient—which on the face of it, is an absurdity.

Under the legislation recommended by the Finance Committee, the health care services would include: inpatient hospital services, skilled nursing home care, physician services, outpatient hospital services, home health care, private duty nursing care, physical therapy and related services, dentures and other dental care, laboratory tests and X-rays, pre-

scribed drugs, eyeglasses, and sundry diagnostic screening and preventive services.

On the other hand, what medical care is provided for in the proposed plans that would be financed through a compulsory payroll tax? All of them offer only limited health care. None would provide for all the medical needs of an aged person.

One of the amendments rejected by the Senate Finance Committee would provide only for hospitalization, nursing home care and visiting nursing services. But there is no provision for drugs, a doctor's services, X-rays, and the other treatments and care required for various illnesses. And the patient would be required to pay $75 or $150 of the hospital costs.

Another of the proposed social security-approach amendments defeated in the Finance Committee would provide for 90 days of hospitalization a year, 180 days of nursing home care, 240 days of home health services, diagnostic outpatient services and "very expensive drugs." True, this is somewhat closer to well-rounded medical care. But when would it be available to our older citizens? None of it before the latter part of next year, and some of it not until 1963.

A third amendment calling for an increase in taxes on the pay of the Nation's workers, and also voted down by the Finance Committee, added surgical services—which, incidentally, I understand, is not a major medical problem of elderly persons. But various benefits under this plan also would not be available until later dates extending from the latter part of next year to 1963.

All of these plans calling for an increase in the payroll tax have two factors in common: First, medical care would be limited; second, even this limited care would not be available until late next year or even later. If it were not such a serious matter, I would suggest that these compulsory Government health insurance plans attempt, in effect, to tell our older citizens how sick they can afford to get and when they can afford to become ill.

The Senate Finance Committee acted wisely in rejecting all three of these proposed amendments, I believe. And I urge the Senate to abide by the committee's considered judgment and vote down the one that is being offered again in a modified form on the floor.

Let us not forget what we want to do is to provide medical care for our elderly citizens who really need help. The way to provide it, is to vote for H.R. 12580 as reported by the Senate Finance Committee.

Mr. CASE of South Dakota. Mr. President, will the Senator yield?

Mr. CARLSON. I yield to the Senator from South Dakota.

Mr. CASE of South Dakota. Mr. President, the Senator from South Dakota has been listening to the arugment today with a great deal of interest. He has read the debate and the speeches he has not been able to hear. He has come to the conclusion that the bill as reported by the committee is as far as we ought to go at this time.

Mr. President, it seems to me it is a pretty broad and big step even to support the committee bill, which proposes for the first time to have the Federal Government accept responsibility for formulating and paying for the major part of the program of medical care for those citizens over 65 who are in need. To go further would throw a very great burden upon the Treasury. If we accepted a modified pay-as-you-go plan, as proposed by the Anderson-Kennedy amendment, it seems to me it would set up a discriminatory system which would work unequally with regard to various people, as the Senator from Vermont [Mr. AIKEN] so ably pointed out.

As I understand it, the committee bill will cost the Federal Treasury $212 million and will cost the States an additional $71 million. The Javits amendment would have added $450 million to the Federal cost and would have added about $500 million to the cost of the States.

Mr. President, there are many demands upon the treasuries of the States and of the Federal Government today. It seems to me that the committee bill is as far as we ought to go.

The PRESIDING OFFICER. The time of the Senator from Kansas has expired.

Mr. CARLSON. Mr. President, I yield myself 2 additional minutes.

Mr. CASE of South Dakota. If the other programs were entirely self financing and not discriminatory in nature, I should still desire to consider the question of whether we ought to have a compulsory medical program. I do not think we ought to go that far that fast at this time. Therefore, I shall vote against the Anderson-Kennedy amendment, as I voted against the Javits amendment.

Mr. CARLSON. Mr. President, the Senator from South Dakota has had many years of legislative experience. He has demonstrated again his usual sound judgment in arriving at a decision on the matter pending before the Senate.

Mr. President, on August 4, 1960, Dr. George Baehr, one of America's distinguished physicians—and one of America's most outspoken exponents of a large role for the Government in medicine—pointed out why he thinks it is important to enact legislation which will put the Social Security Administration squarely in the business of paying hospital and nursing home bills for our senior citizens. In his letter of August 4 to the distinguished junior Senator from New Mexico, Dr. Baehr opposed the suggestion of Mr. James E. "Jeb" Stuart, president of the Blue Cross Association, that the Government would do well to permit Blue Cross to act as an agent for the Government in carrying out the provisions of the Anderson-Kennedy proposal to provide hospital benefits for OASDI beneficiaries. In his letter, Dr. Baehr said:

In a letter dated August 2, 1960, Mr. James E. Stuart, president of the Blue Cross Association, urged you to modify your proposed amendment to H.R. 12580 so as to permit the Secretary of the Department of Health, Education, and Welfare to employ private nonprofit organizations to pay hospitals for services rendered to beneficiaries under this act.

I write in opposition to this suggestion—unless all of the Blue Cross plans throughout the country and their present sponsoring agency—the Blue Cross Association—were to be united into a homogeneous, nationwide, nonprofit organization established under Federal charter comparable to that of the American Red Cross.

The following are my reasons for opposing the recommendations of the Blue Cross Association:

1. Multiplicity of local Blue Cross plans which differ greatly from one another in operating costs, premium rates, and scope of benefit coverage.

2. Lack of control of the Blue Cross Association over the independent local Blue Cross plans.

3. Absence of control by Blue Cross plans over rising hospital costs.

4. Inability of Blue Cross plans to curb unnecessary utilization of hospital facilities and other hospital abuses.

5. Absence of any power of Blue Cross to regulate hospital standards and quality of hospital care.

Under the above circumstances, Blue Cross or any other private insurance company would only serve as an unnecessary middleman to receive and pay hospital bills for OASI and then submit claims to the Secretary of the Department of HEW for reimbursement. This would tend to increase administrative costs without compensating advantages. The middleman, acting as a fiduciary agent for the Government, would feel no obligation to exercise any restraint upon the claimant hospitals whose lay and medical representatives comprise the majority of the board of directors of the Blue Cross plans.

It is my opinion that the Government agency which pays bills on behalf of its beneficiaries directly is better able to enforce hospital standards and curb hospital abuses.

Mr. President, I yield myself 1 additional minute.

Mr. President, the distinguished Dr. Baehr has made is quite clear that he and his friends favor having a Government agency—the Social Security Administration—control the operation of hospitals and other health-care facilities. He favors Federal control of the costs of health services. He wants Federal standards for controlling the quality of medical care. In short, Dr. Baehr has tipped the hand of those who want Government control of medical care.

Mr. President, Dr. Baehr's letter of August 4 presents clear-cut evidence that the supporters of the Anderson amendment have concluded that they must put the facts on the table. They apparently are convinced that private effort and State effort—and a combination of Federal, State, and private effort—cannot succeed. They seem to believe that the Federal Government cannot depend on private organizations—even as contractors—to serve the public. What they believe—and, Mr. President, I admire Dr. Baehr for saying so—is that the Social Security Administration is our only hope for controlling the spiralling increases in the costs of medical care. This, I submit, is the philosophy of those who want State medicine and are willing to take any route to it.

Mr. President, I wish to address an inquiry to the distinguished Senator from Oklahoma [Mr. KERR]. I wonder if I may have the Senator's attention.

The PRESIDING OFFICER. The time of the Senator from Kansas has expired. Does the Senator yield additional time?

Mr. CARLSON. Mr. President, I yield myself 1 minute.

On page 205 of H.R. 12580, subparagraph (b) lines 6 to 11, inclusive reads:

(b) For purposes of this title, the term "medical assistance for the aged" means payment of part or all of the cost of the following care and services for individuals sixty-five years of age or older who are not recipients of old-age assistance but whose income and resources are insufficient to meet all of such cost——

Mr. KERR. Will the Senator please repeat the page and the line?

Mr. CARLSON. At page 205 of H.R. 12580, subparagraph (b), lines 6 to 11. I had concluded reading those lines.

The following lines of that subparagraph itemize the services which are available to those who are eligible for medical assistance, including dental services.

I should like to ask the distinguished Senator from Oklahoma [Mr. KERR] if it is not his understanding that the term "dental services" means services under the direction and supervision of a practicing dentist?

Mr. KERR. The Senator is entirely correct. Dental services would include things such as fillings, surgery, dentures and so forth.

Mr. CARLSON. I thank the Senator from Oklahoma.

Mr. President, I wonder if the Senator from New Mexico would care to yield time at this time.

Mr. ANDERSON. Mr. President, I yield 8 minutes to the Senator from Illinois [Mr. DOUGLAS].

The PRESIDING OFFICER. The Senator from Illinois is recognized for 8 minutes.

Mr. DOUGLAS. Mr. President, the Eisenhower-Kerr bill has many crucial weaknesses. One, of course, is the fact that many of the States may not accept the measure because of the added financial burden it will cause them, and therefore the so-called medical assistance for the aged may not take effect in a number of States. It should be remembered that many States are in bad financial straits and will not want to take on new and indeterminate burdens.

Another crucial weakness is the fact that it will require the needy aged to subject themselves to a rigorous "means test" before they can get medical assistance. Like applicants for old-age assistance, the sick will have to apply at the local public welfare offices for relief. The social workers attached to those offices will then be required by State law in most States to give the sick old folks a very tough probing as to what are their own financial resources and what are their other expenditures. For Louisiana and Oklahoma with their lax requirements are the exceptions and not the rule.

The welfare workers can deny medical assistance or can reduce medical assistance if they feel that the aged person spends too much on his clothing, on his rent, on his food, or his amusements or anything else, so that in effect, under the power of supervision, the entire budget of the applicant hitherto not a recipient of Federal relief will be gone over, scrutinized, and in part controlled. The amount of property which the applicant has will be checked and, aside from his home, most of it will have to be liquidated before relief can be given. Then if the aged sick have children, which I suppose most of them do have, these, too, will be subjected to a thorough going over to see how much they can contribute and how much they should contribute. The most intimate details of personal and family life will be probed by outsiders and subjected to a somewhat ruthless and impersonal judgment.

Mr. President, this is probably necessary in a relief program in order to prevent a few "deadbeats" from taking advantage of the taxpayers.

I shall not criticize that method as applied to relief recipients. But the point I want to make is that self-respecting Americans ought not to be compelled to subject themselves to such humiliation.

The majority of the aged will not, however, so subject themselves and the program will therefore fail to reach those who need it most. Those who do will inevitably lose some of their precious independence and self-respect and the program will make them more and more wards of the State. Political pressures can also ultimately be brought upon them. It is indeed extraordinary to find that our Republican friends who talk so much about these qualities of independence and who profess their abhorrence at making men and women dependent on the State should gleefully adopt this proposal in preference to self-respecting insurance which would give definite rights to hospital and nursing care without the older citizen being compelled to get down on his knees and beg for aid from welfare workers. For these, with the best intentions in the world—and I wish to credit them with fine intentions—will in turn be largely controlled by the political forces behind them.

Under the social security system, we have adopted unemployment compensation, retirement benefits and benefits for survivors, dependents and the disabled as the best method of making people less dependent upon public and private charity which even at its best, is humiliating, inadequate and uncertain. Why should we force the aged sick to seek these relief handouts and to take almost the equivalent of a pauper's oath? Should not our first line of defense be to provide nursing and hospital care as a matter of right, as a matter of entitlement, without requiring the sick to more or less grovel in order to get help. Insurance is the only way to do this and the Anderson-Kennedy amendment of which I have the honor to be a cosponsor does just that. People as a whole contribute minute amounts individually to build up funds from which the great losses which fall upon a minority are met. This is the whole principle of insurance. In addition men and women in their younger and more thoughtless years will lay up reserves to meet the risks and burdens of the winter which comes to most of them.

It is too late for people to wait until they reach the age of 65 to make provision against the heavy medical costs which fall upon them, because at that time their income goes down and their medical costs go up. If they lose their jobs, it is almost impossible to find others. We know, for example, that 60 percent of the 16 million aged have a cash income of less than $20 a week, and that approximately three-quarters have cash incomes of less than $30 a week. At the time their incomes are decreasing, their sickness costs are rising to from two to three times the average. We must therefore have an accumulation of contributions from a broader group and from people in their younger years to help meet these costs which will come upon those in the later years.

And to the Republican cry that this is compulsory, may I point out that they would institute a worse form of compulsion, namely, they would compel self-respecting men and women to go to relief offices for help and lose much of their independence in the process.

It should also be understood that there is no fixing of doctors' fees under the Anderson amendment, which deals only with nursing and hospital care and diagnosis, but there is such a fixing under the Eisenhower-Kerr proposal. For if the doctors think they can get by without the States fixing the fees they are to receive either directly or indirectly under medical assistance they are sadly mistaken. For the States will have to approve the schedule of medical charges for medical assistance just as they now do for medical care under old-age assistance. To head off self-respecting payment of hospital and nursing care the AMA is therefore willing to have doctors fees regulated by the State. This is jumping with a vengence from a nonexistent frying pan into the fire.

Another paradox is that we have constantly heard complaints from our Republican friends across the aisle that the budget is in very serious condition, that we cannot afford money to increase teachers' salaries, that we cannot afford money for housing, and that we cannot afford money for various welfare purposes. But now they propose to increase the burden upon the Federal Treasury by having the taxpayers meet these proposed costs instead of having them met by the time-honored principle of social security. So I believe our Republican friends have put themselves into a perfectly irresponsible position. I hope that very few on our side of the aisle will join them.

Finally, I ask unanimous consent that the minority views of the Senate Finance Committee as contained on pages 274 to 301 of the report be printed in the RECORD at the conclusion of my remarks.

There being no objection, the minority views were ordered to be printed in the RECORD, as follows:

MINORITY VIEWS ON HEALTH BENEFITS FOR THE AGED

Years of systematic study, intensive analysis, and debate have been devoted to the problem of financing the costs of medical care for the aged. Dozens of volumes of research reports, of hearings, of recommendations have laid a factual foundation for the following conclusions:

1. The aged have high potential and actual disability and heavy costs of medical care.

2. The aged—especially the retired—have markedly reduced incomes and limited liquid assets which are not replenishable.

3. Private insurance policies cannot meet their needs either in terms of costs or benefits.

4. The aged should not be required to undergo the humiliation of meeting medical costs through the charity approach.

5. The aged and the aging prefer to obtain medical benefits through an insurance system to which they themselves contribute and receive benefits as a matter of right.

6. The system of OASDI now covers 9 out of 10 working Americans; it has been tested by experience; it is the efficient, effective method, and should be extended to include the financing of the basic medical needs of the aged.

After all of this study and concentrated attention and in the face of increasing demand not only by America's senior citizens, but by their children as well, we are deeply perturbed and disappointed that the majority of the Senate Finance Committee rejected the sound, dignified way of meeting the cost of medical care for the aged. Have the American people labored so long only to receive so puny a mouse? We can only raise the question: Is this the way this major issue ends, "not with a bang, but a whimper?"

THE BASIC ISSUE BEFORE THE CONGRESS

The problems of the aged today are not the same as they were at the turn of the century. Today there are 16 million persons aged 65 and over; 10 million of them 70 or older. Life expectancy is rising. The aged population has increased, and will continue to increase, at a rate greater than any other age segment of our total society.

The "problems" of the aged in the second half of the 20th century are not an old and familiar story. New trends are emerging which call for a recognition by the people of the United States of the need for programs and policies appropriate to these trends. In 1960, men and women in their 60's—retired or about to retire—are faced with the potential or actual burden of supporting parents or other relatives aged 80 and over.

For every 100 Americans aged 60 to 64, there are 34 aged 80 and over—most of them women. By 1980, the latter age group will rise to 44 for every 100 aged 60–65—by the year 2000, 67.

The committee's bill does not reflect the implications of these and related trends.

As for the specific issue now under consideration, the question of financing adequate medical care, we all concur in the statement by Senator GORE, made on August 15 on the floor of the Senate:

"I believe there are still old people in America, and I hope that when my children are old there will still be old people in America who have sufficient pride that they will not humble themselves by seeking public alms. The committee bill follows the public-charity approach. The bill provides for public charity. It gives no old person an entitlement, a right. Ours is a proud people. It erodes the pride of our people to place them in the ignominious position of having to take their hat in hand and go to a welfare agent and plead their poverty before receiving aid of which they are in need.

"One would gather, from several remarks made on the floor of the Senate this afternoon, that this country made a great mistake when it enacted the social security program. It was with considerable surprise that I heard in the Senate, 1 day after the 25th anniversary of this, the greatest step in social security that mankind ever made, that it was wrong to have a program of compulsory insurance."

Furthermore, the record of the past few decades is clear that medical care provided on a charity basis is of a low quality and worse, typically on the basis of a philosophy of medicine that rejects a preventive medicine approach.

The time has come when action must be taken by the Congress to meet the health needs of the aged on a dignified insurance basis. This action can be effective only if the long-established and successful social insurance system is made the basis for financing medical care for our senior citizens. The plan that would be provided by the bill approved by the other members of the committee is certainly not the answer.

No plan that is based on a humiliating and degrading means test can satisfactorily meet the problem of the health needs of the aged. It is unthinkable to subject older workers and their families to a pauper's oath in order that they can get the medical care they need. We are surprised that after the 25 years of successful operation of the social security system there are those who would still have us rely on poor relief and public assistance methods as the sole governmental approach to meeting a major economic hazard of universal occurrence.

The 70 million workers covered under social security should be given the opportunity to contribute now, while working, toward paid-up medical-care protection in old age for themselves, their wives, and widows, so that the greatest threat to the economic security of the retired aged would be met on a planned and orderly basis—without being a drain on the general revenues of Federal, State, and local governments and in a way that supports the rights, dignity and freedom of the individual citizen.

It is not true, as implied by some, that only a small proportion of wage earners and salaried persons would contribute to such a program. All—we repeat, all—70 million would be participating, up to the first $4,800 of their wages and salaries. Thus, for a maximum of $1 a month, they would be prepaying for their health protection in old age.

When asked the question in proper terms, the majority of all Americans prefer this logical and practical solution.

We do not oppose the changes in the bill which improve the program of old-age assistance under title I of the Social Security Act. But we believe the committee, in addition to these improvements they would accept for these groups, should have recommended a new program of health benefits for the aged through the old-age, survivors, and disability insurance system.

The problem of insecurity arising from the high cost of medical care during the years of retirement is not primarily the problem of the very poor or the medically indigent. The objective should be to remove for all the aged (and their adult children) the haunting fear that an expensive illness will wipe out a lifetime accumulation of savings, threaten the ownership of a home, or make a person, after a lifetime of independence, submit to the humiliation of a test of need.

Our goal is, so far as possible, to prevent dependency rather than to deal with it at the expense of the general taxpayer after it has occurred. By contributing additional small amounts from their earnings to the nearly universal social security system, workers could gain insurance protection against medical care costs in retirement and their possible future dependency could be prevented. Since about 95 percent of the American labor force, including farmers and self-employed, will get retirement benefits under the self-financed contributory social security program, and since the wives and widows of workers are also covered, the addition of this type of protection to social security would mean that in the future almost all elderly people would be protected. The need for protection against the costs of medical care is not restricted to those aged persons who are destitute or who have practically no resources. But under the plan approved by the committee many persons in need of medical protection would be denied such protection because (a) States would not be able to finance their medical needs, or (b) the standard for eligibility as determined by each of the 50 separate States would make them ineligible. In contrast, the social insurance approach has the distinct advantage of providing medical care insurance to almost all the aged. No other plan can offer this important advantage.

We wish to remind the Senate of the public position taken on June 29, 1960, by 30 Governors whose States represent more than two-thirds of our national population. In their resolution, they cited the inadequacy of the Federal-State matching formula as a basic solution to the need for financing health insurance for the aged, and instead urged the Congress to adopt the social insurance approach.

The Senate should give full weight to the views of these Governors as to the financial resources of their States which are available for the purpose of meeting this problem.

TEXT OF RESOLUTION APPROVED BY GOVERNORS' CONFERENCE, JUNE 29, 1960, ON THE SUBJECT "PROBLEMS OF THE AGING"

"Whereas the Governors' conference for many years has been acutely aware of the growing number and complexity of problems faced by our increasing population of senior citizens, including health and medical care, employment and income maintenance, provision of suitable housing, and enrichment of leisure time activities; and

"Whereas the most pressing of these problems is the financing of adequate health and medical care: Now, therefore, be it

"Resolved by the 52d annual meeting of the Governors' conference, That Congress be urged to enact legislation providing for a health insurance plan for persons 65 years of age and over to be financed principally through the contributory plan and framework of the Old-Age Survivors and Disability Insurance System; and be it further

"Resolved, That the States support and participate actively in the forthcoming White House Conference on Aging to the end that public and private agencies be stimulated and encouraged to develop approaches to all the problems of the aging.

"Voted for (30): Patterson, Alabama; Egan, Alaska; Fannin, Arizona; Faubus, Arkansas; Brown, California; McNichols, Colorado; Ribicoff, Connecticut; Collins, Florida; Docking, Kansas; Combs, Kentucky; Reed, Maine; Furcolo, Massachusetts; Williams, Michigan; Freeman, Minnesota; Blair, Missouri; Aronson, Montana; Brooks, Nebraska; Sawyer, Nevada; Meyner, New Jersey; Burroughs, New Mexico; Rockefeller, New York; Di Salle, Ohio; Edmondson, Oklahoma; Del Sesto, Rhode Island; Herseth, South Dakota; Ellington, Tennessee; Daniel, Texas; Stafford, Vermont; Rosellini, Washington; Nelson, Wisconsin.

"Voted against (13): Boggs, Delaware; Vandiver, Georgia; Smylie, Idaho; Stratton, Illinois; Handley, Indiana; Powell, New Hampshire; Hodges, North Carolina; Hollings, South Carolina; Clyde, Utah; Almond, Virginia; Underwood, West Virginia; Coleman, American Samoa; Merwin, Virgin Islands.

"Absent or not voting (11): Quinn, Hawaii; Loveless, Iowa; Davis, Louisiana; Tawes, Maryland; Barnett, Mississippi; Davis, North Dakota; Hatfield, Oregon; Lawrence, Pennsylvania; Hickey, Wyoming; Boss (acting Governor), Guam; Muñoz-Marín, Puerto Rico.

"We the undersigned attending the 52d Annual Governors' Conference urge that you and your committee amend H.R. 12580 to provide health benefits under the provisions of the old-age, survivors, and disability insurance system. Such a program would enable the citizens of our country to contribute small amounts during their working lives and have as a matter of right a paid-up health insurance policy to protect them during retirement years when their medical needs are likely to be greatest and income lowest.

"Governors signing: James T. Blair, Jr., Governor of Missouri; Edmund G. Brown, Governor of California; LeRoy Collins, Governor of Florida; Bert Combs, Governor of Kentucky; Michael V. DiSalle, Governor of Ohio; George Docking, Governor of Kansas; William A. Egan, Governor of Alaska; Orval E. Faubus, Governor of Arkansas; Orville L. Freeman, Governor of Minnesota; Foster Furcolo, Governor of Massachusetts; Ralph Herseth, Governor of South Dakota; Luther H. Hodges, Governor of North Carolina; Herschel C. Loveless, Governor of Iowa; Steve McNichols, Governor of Colorado; Robert B. Meyner, Governor of New Jersey; Gaylord A. Nelson, Governor of Wisconsin; Abraham A. Ribicoff, Governor of Connecticut; Albert D. Rosellini, Governor of Washington; Grant Sawyer, Governor of Nevada; G. Mennen Williams, Governor of Michigan; John Burroughs, Governor of New Mexico; Buford Ellington, Governor of Tennessee; and John Patterson, Governor of Alabama."

THE SOCIAL INSURANCE APPROACH IS A PROVEN ONE

Contributory social insurance has been applied with great success to the need for income maintenance in retirement, for survivors after the death of the chief breadwinner in the family, and for the family after the disability of the worker. The general taxpayer has been saved billions of dollars a year, and the self-respect and independence of American workers have been greatly strengthened by this approach to the problem of security planning.

There is every reason to take the same approach with regard to the expenses of medical care after retirement. The cash benefit alone is not enough to provide security. The monthly amounts paid under social security are quite inadequate (the average worker's benefit is now $73 a month) and most retired people have barely enough to meet everyday living expenses. The cash benefit, designed to meet everyday living expenses, needs to be coupled with protection against the unforeseeable costs of illness. The retirement plan cannot give security if retired persons have no protection against the cost of medical care and have to face the costs currently at a time when their incomes are greatly reduced and the incidence and cost of illness greatly increased.

The social insurance approach would assure that benefits would definitely be available, that the individual could count on his eligibility for them, and that these benefits would be supported by adequate, advance financing.

Insofar as individuals have the resources to purchase private insurance, they would then be able to build such individual protection around the basic social insurance program. Contrary to fears that have been expressed, the development of social insurance has not interfered with the growth of commercial insurance; a tremendous growth of private protection has accompanied the development of the old-age, survivor, and disability insurance system. We anticipate a similar result if medical care benefits are added to the OASDI program.

FREEDOM OF CHOICE WOULD BE PRESERVED

The tax that would support medical benefits under the social insurance plan would be compulsory, of course, as are all taxes, including existing social security taxes. Any program financed, in whole or in part, by Government will require tax revenues.

Under any amendment, individuals would continue to exercise whatever choice they now have in regard to the persons or institutions from whom they obtain care. Our amendment would in no way impair the freedom of physicians to practice as they choose. Nor would it affect their responsibility for recommending and certifying the type of care necessary, whether in a hospital, a skilled nursing home, or the patient's own home. On both physicians and hospitals would continue to rest responsibility for developing improved methods of caring for aged persons, utilizing less expensive forms of care when they would prove constructive, and speeding rehabilitation so as to avoid permanent invalidism.

PUBLIC ASSISTANCE IS NOT THE PROPER ANSWER

Only the social security system can provide medical care insurance for the aged in a satisfactory manner. If medical care costs are not met by social insurance, increasingly they will have to be met through the less satisfactory method of relief. Almost $400 million a year is now being spent by Federal, State, and local governments for medical care under the old-age assistance program; the committee bill would increase this to close to about a billion dollars, and this would be just the beginning. In the absence of social insurance protection the present drain on general revenues will more than double in the next several years. A total of $2 billion to $2.5 billion in Federal and State funds would be required to meet the total need.

We wonder if the majority has adequately considered this particular implication of an aging population: The category of "medical indigents," if not buttressed by a social insurance program for health care for the aged, will continue to mount at a rapid pace and will constitute—as it already does in many communities—the major portion of State and local relief programs.

Although we support improvements in medical care assistance under title I, we believe that the method of assistance is greatly inferior to social insurance and that the need for such assistance should be reduced as much as possible, instead of being increased. It is necessary to recognize the inadequacies of any approach based on an income or means test, using 50 separate and different State laws, and financing the cost out of general revenues, with a large part of the burden placed upon the States, which are already burdened with heavy costs for education and other public services.

The committee bill will result in a large burden remaining on the States and on the State welfare programs for the care of the aged.

An official study by the Department of Health, Education, and Welfare of the estimated increased amount needed for medical care for old-age assistance recipients in 1958, showed that this was about $268 million. (Source: "Report of the Advisory Council on Public Assistance," S. Doc. 93, 86th Cong., 2d sess., Mar. 28, 1960, p. 69.) Since the majority recommendation makes available only $140 million additional under their proposal, their plan will still result in a shortage of about $128 million in necessary funds. Moreover, there is also an additional shortage of between $774 million to $786 million in funds to bring the money payments for old-age assistance recipients up to a decent minimum level. Together, these shortages amount to over $900 million annually. These estimates are only for aged persons presently on the old-age assistance rolls; they do not include the medically needy.

The provisions approved by the committee would not prevent or even significally reduce insecurity. On the other hand, if protection against medical care costs were provided under the OASI system, eligibility for such benefits would go along with eligibility for monthly cash benefits under the system, and each person would know where he stands. Thus, the distress and anxiety caused by periods of illness would not be aggravated by uncertainty about eligibility as it would be under a public assistance type of program.

The public assistance approach is much more expensive to administer than is social insurance. Each application for medical assistance would have to be checked in relation to the income, resources, and living requirements of the individual. This would throw a tremendous additional load on the State and local welfare agencies who would administer the new program along with their existing relief programs. The task of checking on income, resources, and living requirements would be especially difficult in the case of the large number of persons who move from State to State.

The present wording of title I of the Social Security Act permits the States to set their own standards of need. It is their own decision which has made them severe and restrictive as to assistance levels. The recommended increase in Federal matching grants will make it easier for some States to expand their aid to public assistance recipients. But experience indicates that in many States those who want to liberalize public assistance programs have great difficulty in securing liberalizing amendments and necessary State appropriations.

The provisions of the pending bill, although putting a big additional burden on general revenues, will in our opinion satisfactorily resolve the problem. Few States are in a position to raise the large amounts of money necessary to meet their share of the costs under the matching formula set up in the proposal.

An analysis of the present provisions for providing payments to the suppliers of medical care under State old-age assistance plans shows that—

1. There are only 16 States which pay for all essential medical items.

2. Eight States make no direct payments for medical services for needy aged persons.

3. Most other States have limited medical care programs.

Table 1 presents the list of States showing the extent to which they do or do not provide direct payments for medical services to needy aged persons. Table A summarizes the provisions of the State plans for medical care for the needy aged. Table B presents the State expenditures for direct payments for medical care for old-age assistance. These tables indicate the grossly inadequate situation as far as the States are concerned.

SUMMARY OF PROVISIONS OF OUR PROPOSED AMENDMENT

The amendment we will support on the floor of the Senate adds hospital and related health benefits to old-age, survivors, and disability insurance for persons aged 68 or more. The provisions are directed to

keeping within a long-range level-premium cost of 0.5 percent of payrolls, and contributions are increased sufficiently to meet estimated costs.

Social insurance is utilized as the first line of defense, in accordance with a quarter century of congressional practice. No means or income test would be required, nor any contributions after retirement, so that the dignity and the meager incomes of the aged would be protected. The burden on public assistance and general funds of the States would be diminished, and they would be able to provide more generous aid as the last resort of those for whom social insurance is unavailable or insufficient.

All financing would be through contributions during years of employment on earnings up to $4,800 a year, equal to one-quarter of 1 percent each by employers and employees and three-eighths of 1 percent by the self-employed. The great majority of the American people would thus be enabled to contribute during their working years for health protection in their old age.

TABLE 1.—*Medical care provisions of State old-age assistance plans*

No direct payments made for medical care (8): Alabama, Alaska, Arizona, Delaware, Georgia, Kentucky (to be changed Jan. 1, 1960), South Dakota, Texas.

Direct payments for hospital care only (3): Missouri, North Carolina, Tennessee.

Direct payments for nursing-home care only (2): Idaho, Vermont. (New Jersey also makes vendor payments for nursing home care.)

Direct payments for hospital care and nursing-home care only (4): Maine, Nebraska, South Carolina, Virginia.

Direct payments for other items—no more than 2 (4): Florida (hospital care and drugs), Hawaii (hospital care and other, not specified), Iowa (practitioner and drugs), Montana (practitioner and drugs).

More than 2 but less than comprehensive medical care through direct payments (13): Arkansas, California,[1] Colorado, Louisiana,[1] Michigan, Nebraska, Nevada, New Mexico,[2] Oklahoma, Pennsylvania,[1] Utah,[2] West Virginia,[2] Wyoming.

Direct or money payments for all essential items (16): Connecticut, Illinois, Indiana, Kansas, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, Washington, Wisconsin.

[1] Hospital care provided through public hospitals.

[2] Scope of services defined broadly, but quantity very low.

Source: Bureau of Public Assistance, Social Security Administration, June 1960.

TABLE A.—*Summary information on medical care available to old-age assistance recipients through federally aided public assistance vendor payments, and other resources (based on information supplied by Bureau of Public Assistance, June 1960)*

State	Vendor payment method used	Vendor payments					Other resources for medical care available to old-age assistance (OAA) recipients
		Practitioner	Hospitalization (including controls or limitations on hospital days)	Drugs	Nursing home care	Other	
Alabama	No	No	No	No	No	No	Maximum OAA money payment of $75 may be exceeded up to $110 for nursing home care. Recipient in hospital continues to receive money payment. State has program of hospitalization for medically indigent, administered by State health department.
Alaska	No	No	No	No	No	No	Maximum OAA money payment of $100 available for nursing home care. For nonnatives, State program of general assistance is used to meet medical needs, including hospitalization and nursing-convalescent home care not met in the money payment to the recipient. For natives, Bureau of Indian Affairs is a resource for medical care including hospitalization.
Arizona	No	No	No	No	No	No	Nursing home care provided through money payment up to maximum of $80 for OAA recipients. Recipients in hospital continue to receive money payment. Hospitalization and general medical care are county responsibility. For reservation Indians, Indian Health Service is a resource.
Arkansas	Yes	Yes [1]	As recommended by physician for all acute illnesses and injuries. General rule: 30 days a year; extension possible.	No [2]	$90 maximum, plus $5 in money payment for personal needs.	Yes	
California	Yes	Yes	No (vendor payments for OAA recipients in public medical institutions after 1st 60 days).	Yes	No	Yes	Nursing home care provided through money payment of $115 or $95 maximum (depending on recipient's income). Hospitalization available in all locations from county hospitals.
Colorado	Yes	Yes	All recommended by physician, except for purpose of diagnosis only. General rule: 30 days; extension possible.	Yes	Money payment $106, plus $20 to $95 vendor payment based on patient's needs.	Yes	
Connecticut	Yes	Yes	All recommended by physician for definitive medical treatment. No limitation on number of days.	Yes	No	Yes	Nursing home care provided through money payment to recipient. Pay budgetary deficit up to approved rate. Maximum rate: $212.33.
Delaware	No	No	No	No	No	No	Nursing home care provided through money payment. Maximum of $75 may be supplemented up to approved rate. Hospitalization for indigent persons reported as provided by county governments.
District of Columbia.	Yes	Yes	All essential surgical and medical care and treatment. No limitation on number of days.	No [3]	No	Yes [3]	Nursing home care provided through money payment to $100 maximum, plus $10 for personal needs. Drugs available through District of Columbia Public Health.

[1] Applicable only if surgery is authorized by remedial eye services section for cooperating ophthalmologist.

[2] Some drugs provided by vendor payment when dispensed by hospital for continuation of treatment after discharge of a patient who has received inpatient care for the same condition.

[3] Vendor payments may be made for drugs, appliances, dental services, and optical supplies recommended by physician, hospital, or clinic when such are not available without cost to the agency through other services.

TABLE A.—*Summary information on medical care available to old-age assistance recipients through federally aided public assistance vendor payments, and other resources (based on information supplied by Bureau of Public Assistance, June 1960)*—Continued

State	Vendor payment method used	Vendor payments					Other resources for medical care available to old-age assistance (OAA) recipients
		Practitioner	Hospitalization (including controls or limitations on hospital days)	Drugs	Nursing home care	Other	
Florida	Yes	No	Limited to acute injuries and illness. Maximum: 30 days a year.	Yes	No	No	Nursing home care provided through money payment to $66 maximum, which may be supplemented from other sources up to rate determined for community.
Georgia	No	No	No	No	No	No	Nursing home care provided through money payment to $65 maximum, which may be supplemented from other sources up to maximum rate. Limited hospitalization through board of commissioners. Hospital care for medically indigent enacted in 1958, but not in operation.
Guam	No	No	No	No	No	No	Hospitalization and other medical care available through Government hospital.
Hawaii	Yes	No	All recommended by physician except Hansen's disease (leprosy). No day limitation.	No	No	Yes	Nursing home care provided through money payment. State agency and medical care provisions being reorganized. Outpatient care provided by State paid physicians who also dispense drugs to limited extent.
Idaho	Yes	No	No	No	$150 maximum, plus money payment for personal needs; maximum may be exceeded.	No	Hospitalization furnished under annual contract with private hospitals in some counties; general assistance used primarily for medical care. Public assistance recipient in a public medical institution can continue to receive assistance grant.
Illinois	Yes	Yes	All recommended by physician. General rule: 2 weeks, with provision for extension.	Yes	To meet need for care, not to exceed "going rate" in community.	Yes	
Indiana	Yes	Yes	Limited to nonelective surgery, injuries, acute illness, diagnosis. No day limitation.	Yes	Money payment or vendor, as determined by county. Rates negotiated in each county.	Yes	Scope of medical care determined by individual counties in line with content recommended by State agency.
Iowa	Yes	Yes	No	Yes	No	No	Nursing home care provided through money payment to meet rate for needed care; basic rate $80, plus amounts for additional care needed. Hospitalization available through general assistance and Iowa University Hospital.
Kansas	Yes	Yes	All recommended by physician. No day limitation.	Yes	No	Yes	Nursing home care provided through money payment to meet budgetary deficit of recipient up to the local rate. No statewide rates or ranges.
Kentucky	No	No	No	No	No	No	Nursing home care provided through money payment up to $66 (for total needs). New legislation to start in 1961. Covers all types of medical care to limited amount. Some counties make contributions to local hospitals for care of needy.
Louisiana	Yes	Yes	No	Yes	$110 maximum, plus $17 money payment for personal needs. $105 money payment in home not subject to license.	Yes	Practitioner services paid by vendor payment in nursing home cases only; in other circumstances, provided through money payment. Hospitalization available through State hospital program.
Maine	Yes	No	All recommended by physician. Maximum: 45 days a year.	No	$65 maximum money payment, remainder by vendor payment up to $130 or $105.	No	Other medical care must be met by recipient from money payment. OAA maximum is $65.
Maryland	Yes	Yes	All recommended by physician; 21 days for illness, exception possible upon medical recommendation.	Yes	No	Yes	Nursing home care provided through money payment up to $115.50 for total care. Maximums of $190, $200, $210 (according to group into which county is classified) on total money payment for total needs of recipient.
Massachusetts	Yes	Yes	All recommended by physician. No day limitation.	Yes	$6.50 maximum a day; may be exceeded. All other medical needs are met.	Yes	
Michigan	Yes	Applicable only if connected with hospitalization.	do	Applicable only if connected with hospitalization.	No	Applicable only if connected with hospitalization.	Nursing home care provided through money payment, $90 maximum; may be supplemented from State and local general assistance funds to maximum regional rate ($150 to $175). Practitioner services are in money payment. OAA maximum $80.

TABLE A.—*Summary information on medical care available to old-age assistance recipients through federally aided public assistance vendor payments, and other resources (based on information supplied by Bureau of Public Assistance, June 1960)*—Continued

State	Vendor payment method used	Vendor payments					Other resources for medical care available to old-age assistance (OAA) recipients
		Practitioner	Hospitalization (including controls or limitations on hospital days)	Drugs	Nursing home care	Other	
Minnesota	Yes	Yes	All recommended by physician. Maximum: 30 days; extension on recommendation of county medical advisory committee.	Yes	$60 by money payment, plus vendor up to $150, may be exceeded.	Yes	
Mississippi	No	No	No	No	No	No	Nursing home care provided through money payment, $33 administrative maximum; may be supplemented from local or private funds to $150 maximum. Some hospitalization available through State subsidies. Some counties contribute.
Missouri	Yes	No	For acute illness and injury when recommended by physician. Maximum: 14 days per hospital admission.	No	No	No	Nursing home care provided through money payment, $65 maximum, except $100 for "completely bedfast and totally disabled." Other medical care by money payment. Provisions being revised.
Montana	Yes	Yes	Limited to remedial eye care.	Yes	No	No	Nursing home care and all other medical care provided through money payment, $85 maximum. "Medical component" of nursing home care paid through general assistance. Vendor payment method limited to prevention of blindness and restoration of sight.
Nebraska	Yes	No	All recommended by physician. General rule: 31 days; extension possible.	No	Meet budgetary deficit up to fee range negotiated in each county.	No	Practitioner services and other medical services are in money payment up to $70 maximum for OAA.
Nevada	Yes	Yes	No	Yes	No	Yes	Nursing home care provided through money payment, $130 maximum, plus $8 for personal needs. Hospitalization is responsibility of county commissioners. Hospitalized recipients may continue to receive money payments to $75 maximum.
New Hampshire	Yes	Yes	All recommended by physician. General rule: 14 days; extension possible.	Yes	No	Yes	Nursing home care provided through money payment, $150 maximum; may be exceeded in unusual circumstances.
New Jersey	Yes	No	No	No	$180 basic; $190, including physician and prescriptions. Cash payment for personal use.	No	All medical care except nursing home provided through money payment. No maximum.
New Mexico	Yes	Yes	All except elective. No maximum; 7 days with reauthorization required.	Yes	$55 maximum on money payment, plus vendor to $150.	Yes	
New York	Yes	Yes	All recommended by physician. No day limitation.	Yes	Rates set locally. Personal needs met by money payment.	Yes	Counties have option as to method of payment for each of the services provided subject to State approval.
North Carolina	Yes	No	All recommended by physician. Maximum: 180 days.	No	No	No	Nursing home care provided through money payment, $175 maximum, applicable only to need for skilled nursing service following hospitalization; limited to 3 months; may be extended 3 times. All other medical care provided through money payment. No maximum. Average OAA payment, $40.
North Dakota	Yes	Yes	All recommended by physician. Maximum: 60 days.	Yes	Meet budgetary deficit up to maximum rates from $100 to $175.	Yes	
Ohio	Yes	Yes	All recommended by physician; nonelective surgery only, except after special review; 10 days each admission with possible extension.	Yes	No	Yes	Nursing home care provided through money payment to meet budgetary deficit for care needed up to approved rates, $65 to $160.
Oklahoma	Yes	Yes	Limited to life endangering conditions and conditions producing or alleviating blindness; 21 days per admission.	No	$66 maximum on money payment, plus $69 vendor payment.	Yes	Hospitalization limited; no specific items of medical care provided in budgeting for money payment.

TABLE A.—*Summary information on medical care available to old-age assistance recipients through federally aided public assistance vendor payments, and other resources (based on information supplied by Bureau of Public Assistance, June 1960)*—Continued

State	Vendor payment method used	Vendor payments					Other resources for medical care available to old-age assistance (OAA) recipients
		Practitioner	Hospitalization (including controls or limitations on hospital days)	Drugs	Nursing home care	Other	
Oregon	Yes	Yes	All recommended by physician. No maximum; reauthorization every 7 days.	Yes	$124 to $184 according to care needed. Personal items in money payment.	Yes	In lieu of nursing-home care, housekeeping or nursing service in own home provided in special payment directly to recipient.
Pennsylvania	Yes	Yes	No	Yes	No	Yes	Nursing-home care provided through money payment, $100 to $165 maximum, according to type of care; plus $5 for personal needs in money payment. Hospitalization through State-owned and State-aided hospitals.
Puerto Rico	No	No	No	No	No	No	Medical services of all types available from resources of public health department.
Rhode Island	Yes	Yes	All recommended by physician. General rule: 21 days with provision for extension.	Yes	No	Yes	Nursing-home care provided through money payment, $182 maximum, depending on type of care, plus $6 for clothing and personal needs.
South Carolina	Yes	No	Acute illness and injury. 30 days maximum.	No	(1) For continuing care, money payment to $60, plus supplement to $150 from other sources; (2) for persons who have been hospitalized, up to $94 vendor payment, plus $60 money payment.	No	Medicine provided through money payment; OAA maximum, $60.
South Dakota	No	No	No	No	No	No	Nursing home care provided through money payment of $75 to $165 depending on type of care needed. Hospitalization provided by county poor relief fund, financed in part by return to county of portion of State taxes earmarked for this purpose. Specified drugs and appliances provided in money payment. No maximum except for nursing home.
Tennessee	Yes	No	Acute illness or injury, and illnesses and injuries requiring hospitalization; 10-day maximum.	No	No	No	Nursing home care provided through money payment of $60 maximum; may be supplemented from other sources to $150, plus allowance for personal needs. No other items of medical care specified in provisions for money payment OAA maximum, $55.
Texas	No	No	No	No	No	No	Nursing home care provided through money payment, $67 maximum; may be supplemented from county funds up to $100 for nursing care, plus $64.50 for maintenance. Limited medical care through money payment. County commissioners generally maintain county hospitals or make payment to private hospitals.
Utah	Yes	Yes	All recommended by physician, except elective surgery. General rule: 30 days; extension possible.	Yes	No	Yes	Nursing home care provided through money payment of $87.50, $110 maximum, which may be supplemented from other sources to $200; $5 allowance for personal items.
Vermont	Yes	No	No	No	$165 for skilled nursing care; $135 for personal nursing service; $5 money payment for personal needs.	No	Hospitalization provided by "town" general assistance; other medical needs included in money payment. OAA maximum, $75.
Virgin Islands	Yes	No	No	Yes	No	No	Other medical treatment through department of health. Hospitalization available under system of municipal hospitals.
Virginia	Yes	No	Extension of vendor payment provisions to hospital care effective July 1, 1960.	No	$150 maximum, plus $6 money payment for personal items.	No	Other medical care provided through money payment; average OAA money payment, $37. (To July 1, 1960, hospitalization provided through State-local payments, not part of public assistance program.)
Washington	Yes	Yes	All recommended by physician. No day limitation.	Yes	$102 to $192 according to type of home. Personal items through money payment.	Yes	

TABLE A.—*Summary information on medical care available to old-age assistance recipients through federally aided public assistance vendor payments, and other resources (based on information supplied by Bureau of Public Assistance, June 1960)*—Con.

State	Vendor payment method used	Vendor payments					Other resources for medical care available to old-age assistance (OAA) recipients
		Practitioner	Hospitalization (including controls or limitations on hospital days)	Drugs	Nursing home care	Other	
West Virginia	Yes	Yes	Limited to acute illness, immediate surgery, diagnostic services; exceptions if will increase capacity for self-care. Maximum 30 days.	Yes	No	Yes	Nursing home care provided through money payment, $60 maximum a person, $165 a household, supplemented by general assistance under specified conditions. Practitioner services through money payment.
Wisconsin	Yes	Yes	All recommended by physician. No day limitation; reauthorization stipulated.	Yes	Pay budgetary deficit to meet rate for care needed; rates negotiated in each county. Allowance for personal needs in money payment.	Yes	
Wyoming	Yes	Yes	All recommended by physician. No day limitation.	No	$85 maximum money payment for maintenance, plus vendor payment up to $100.	No	Other medical services are responsibility of counties.

TABLE B.—*Old-age assistance: Payments for vendor medical bills: Total amount, amount for which type of service was not reported, and amount in all States reporting for specified type of service, by State, fiscal year 1959 (supplied by the Bureau of Public Assistance)* [1]

State	Total	Type of service not reported	In all States reporting for specified type of service				
			Practitioners' services	Hospitalization	Drugs and supplies	Nursing and convalescent home care	Other
Total	$220,749,925	$24,953,705	$21,344,694	$71,879,997	$31,877,084	$56,944,998	$13,749,447
Alabama	17,473		2,329	15,144			
Alaska							
Arizona							
Arkansas	2,989,720		21,393	1,671,037		1,294,030	3,260
California	22,140,019		6,649,307		13,100,862		2,389,850
Colorado	7,739,663		1,097,093	4,878,353	77,096	1,624,167	62,954
Connecticut	3,710,081		453,372	2,259,290	940,438	1,494	55,487
Delaware							
District of Columbia	202,936			196,454			6,482
Florida	1,390,427				1,390,427		
Georgia							
Hawaii	99,977	99,977					
Idaho	24,130					24,130	
Illinois	24,788,904		2,022,275	6,612,511	2,722,576	12,541,541	890,001
Indiana	5,807,135		1,277,606	1,619,147	872,201	1,849,526	188,655
Iowa	667,938		315,954		334,334		17,650
Kansas	$3,913,454		$622,473	$1,366,940	$795,779		$1,128,262
Kentucky							
Louisiana	2,394,230		32,935		115,304	$2,239,448	6,543
Maine	1,354,849			625,785		729,064	
Maryland	463,099	$463,099					
Massachusetts	29,654,045		683,863	10,306,418	4,640,549	13,030,875	992,340
Michigan	4,985,744	4,985,744					
Minnesota	14,723,821		1,419,212	6,027,400	1,536,242	5,354,227	386,740
Mississippi							
Missouri							
Montana	17,855		6,916	9,878	17		1,044
Nebraska	3,391,745			1,044,795		2,346,950	
Nevada	229,642		79,443		82,553		67,646
New Hampshire	1,222,136		178,044	709,419	274,920	32,661	27,092
New Jersey	5,800,800	5,800,800					
New Mexico	914,908		143,955	420,400	120,940	190,197	39,416
New York	26,050,471			14,766,084		4,918,973	6,365,414
North Carolina	832,317			832,317			
North Dakota	2,027,898		243,415	1,086,083	219,043	421,484	57,873
Ohio	9,402,926		1,543,879	5,747,637	1,753,514	17,721	340,175
Oklahoma	11,233,765		1,688,688	4,346,185		5,182,308	16,584
Oregon	4,335,246		170,611	912,817	404,232	2,805,116	42,470
Pennsylvania	2,708,931		588,050		1,197,393	687,050	236,438
Puerto Rico							
Rhode Island	980,836	980,836					
South Carolina							

[1] In some instances, figures are presented where no federally aided vendor payments are made; in others, no figures are presented where vendor payment programs are now in existence. These discrepancies are generally the result of the method and of the timing of the State reports. For example, Alabama, although it has no federally approved plan for vendor method payment, reports total payments of $17,473. This amount, however, represents payments from local funds only. New York, which has a vendor program for all types of services, reported its payments for practitioners, services and drugs and supplies under the heading designated "Other." Another example is the fact that no hospitalization payments are listed for Florida, because the program did not go into effect until October 1959.

TABLE B.—*Old-age assistance: Payments for vendor medical bills: Total amount, amount for which type of service was not reported, and amount in all States reporting for specified type of service, by State, fiscal year 1959 (supplied by the Bureau of Public Assistance)*—Con.

State	Total	Type of service not reported	In all States reporting for specified type of service				
			Practitioners' services	Hospitalization	Drugs and supplies	Nursing and convalescent home care	Other
South Dakota							
Tennessee	1,394,994			1,394,994			
Texas							
Utah	593,496		71,664	130,380	264,556	88,099	38,797
Vermont							
Virgin Islands	3,657	3,657					
Virginia	445,582					445,582	
Washington	8,326,489		1,843,036	4,113,408	913,708	1,071,204	385,133
West Virginia	745,866		113,924	591,393	19,758		20,791
Wisconsin	12,619,592	12,619,592					
Wyoming	403,128		75,257	178,078	100,642	49,151	

Nearly three out of four persons 68 years or older would automatically be entitled to the new benefits next year. Other groups could be covered by separate legislation, with special financing.

1. Persons eligible

All persons eligible for old-age, survivors, and disability insurance benefits who are aged 68 or more would receive lifetime health service protection, without any means or income test. Nine million persons would be eligible next year, or nearly three out of five of all persons over age 65. Table 2 presents the number eligible for health service benefits by States.

2. Health service benefits

The cost of four important types of health service is covered, subject to certain limits within 1 year:

(a) Hospital inpatient services, for up to 120 days. The individual pays the first $75 each year.

(b) Skilled nursing home recuperative care, up to 240 days.

(c) Home health services by a nonprofit or public agency, up to 365 visits.

(d) Diagnostic outpatient hospital services, including X-ray and laboratory services.

(e) The first three types of benefits have interchangeable features with an overall ceiling. A total of 180 units of services are available in 1 year. A unit of service is equal to 1 day of inpatient hospital care, 2 days of skilled nursing home care, or three home health visits. This provision is intended to keep down costs and encourage use of other facilities than a hospital.

3. Costs and financing

The program would be fully financed and actuarially sound, according to Robert J. Myers, the Chief Actuary of the Social Security Administration. It would require no appropriations from general revenues nor any contributions by the aged after they have retired and stopped working.

(a) The level-premium or long-range cost is estimated as 50 percent of taxable payrolls.

(b) Contribution rates would be increased in 1961 as follows: one-fourth of 1 percent for employers and employees and three-eighths of 1 percent for the self-employed on earnings up to $4,800 a year.

(c) These additional contributions would be set apart in a separate account in the OASI trust fund, from which all payments for medical services would be made.

4. Administration

(a) The Secretary of HEW would consult with a representative advisory council on policy and regulations, thus assuring full consultation with medical and consumer groups affected.

(b) Agreements relating to the provision of services would be made with the provider of service or with its authorized representative. Any qualified provider of services would have the right to participate, and individuals could choose among them. Payments would be based on the reasonable cost of rendering services.

(c) There is a specific provision that nothing in the act shall be construed to give the Secretary supervision or control of the practice of medicine or the manner in which medical services are provided, or over the administration of participating institutions.

(d) The Secretary is to carry on studies and make recommendations on problems related to the operation and improvement of the program.

TABLE 2.—*Estimated number of persons aged 68 and over eligible for health service benefits under the monthly OASDI program, by State, July 1, 1961*

[In thousands]

State of residence: [1]	Number
Total [2]	9,185
Alabama	120
Alaska	3
Arizona	45
Arkansas	93
California	736
Colorado	77
Connecticut	151
Delaware	21
District of Columbia	31
Florida	298
Georgia	125
Hawaii	16
Idaho	34
Illinois	554
Indiana	272
Iowa	181
Kansas	128
Kentucky	154
Louisiana	93
Maine	66
Maryland	119
Massachusetts	342
Michigan	398
Minnesota	193
Mississippi	85
Missouri	263
Montana	37
Nebraska	89
Nevada	9
New Hampshire	42
New Jersey	345
New Mexico	22
New York	1,004
North Carolina	166
North Dakota	32
Ohio	517
Oklahoma	109
Oregon	114
Pennsylvania	674
Puerto Rico	46
Rhode Island	58

[1] Distribution by State estimated.

[2] Excludes persons residing outside the United States.

TABLE 2.—*Estimated number of persons aged 68 and over eligible for health service benefits under the monthly OASDI program, by State, July 1, 1961*—Continued

State of residence—Continued	
South Carolina	72
South Dakota	39
Tennessee	149
Texas	332
Utah	33
Vermont	26
Virgin Islands	1
Virginia	151
Washington	163
West Virginia	99
Wisconsin	244
Wyoming	14

The actuarial and financial soundness of our proposal is attested to by the Chief Actuary of the Social Security Administration in the following letters:

AUGUST 15, 1960.

Mr. ROBERT J. MYERS,
Social Security Administration,
Washington, D.C.

DEAR MR. MYERS: Would you kindly give me estimates on the cost of the attached proposal for providing health benefits for the aged as part of the old-age, survivors, and disability insurance system?

My objective is to provide a constructive program which can be adequately financed by additional contributions of one-fourth percent by employers, one-fourth percent by employees, and three-eighths percent by the self-employed on earnings up to $4,800. These contributions would start in 1961, and benefits would be payable July 1.

I would appreciate knowing (1) the level premium cost by item, and the early-year cost in percent of payrolls and in dollars; (2) whether the proposal can be considered actuarially sound.

With best wishes,

Faithfully yours,

PAUL H. DOUGLAS.

(Enclosure to letter follows:)

Proposal on health benefits to cost 0.5 percent of payrolls

Persons eligible: OASDI eligibles at age 68.

1. Hospital care up to 120 days with an initial deductible of $75.

2. Skilled nursing-home recuperative care upon transfer from the hospital up to 120 days with an additional 1½ days for each day of unused day of hospital care but not to exceed 240 days.

3. Home health services by nonprofit or public home health service agency up to 120 visits with 2 visits for each unused day of hospital care but not to exceed 360 visits.

4. Diagnostic outpatient hospital services.

Financing: One-fourth percent contribution by employers and employees, and three-eighths percent by the self-employed, starting in 1961, with a special account or trust fund.

AUGUST 15, 1960.

HON. PAUL H. DOUGLAS,
U.S. Senate, Washington, D.C.

DEAR SENATOR DOUGLAS: This is in response to your letter of August 15 requesting actuarial cost estimates for a proposal for providing health benefits for all eligibles of the old-age, survivors, and disability insurance program aged 68 and over. This would be financed by an increase in the combined employer-employee contribution rate of one-half percent (and a corresponding increase in the contribution rate for the self-employed), to go into a special account or trust fund.

Under the proposal, benefits would first be available for July 1961, while the additional contributions would begin in January 1961. The first benefit would be hospital care up to a maximum of 120 days per year, with an initial deductible of $75; this has a level-premium cost, according to the intermediate-cost estimate, of 0.43 percent of payroll. The second benefit would be skilled nursing home recuperative care upon transfer from hospital up to a maximum of 240 days per year (but with the maximum being reduced by 1½ days for each of the first 80 days of hospital care used—or in other words, this maximum could never fall below 120 days); the level-premium cost is 0.01 percent. The third benefit would be home health services (by a nonprofit or public agency) for a maximum of 360 visits per year (but with the maximum being reduced by 2 visits for each day of hospital care used); the level premium cost is 0.01 percent. The fourth benefit would be diagnostic outpatient hospital services (without any limits prescribed); the level-premium cost is 0.05 percent.

The total level-premium cost for the above proposal is thus 0.50 percent of payroll, which is exactly the same as the additional contributions provided, so that the proposal as it stands can be considered to be fully financed and thus actuarially sound. The total cost of the proposal in the first full year of operation is estimated at $690 million, which is equivalent to 0.33 percent of payroll.

Sincerely yours,

ROBERT J. MYERS,
Chief Actuary.

PRIVATE INSURANCE CANNOT MEET THE PROBLEM

Private insurance cannot meet the problems of the great majority of the aged. Basically the problem for private insurance is that the costs of medical care for the aged are high and retired people cannot afford to pay the necessary premiums. Persons aged 65 and over are sick in bed an average of more than 16 days per year. Persons under 65 average only 7 days. Six times as many persons aged 65 and over have serious chronic conditions as does the population below that age.

A program based on contributions over a working lifetime for paid-up protection in retirement is not offered by private insurance. The possibility of inflation and also the possibility of changes in medical costs arising from other factors make it impracticable for private insurers to undertake to insure against actual expenses at some future date. On the other hand, a contract providing for protection in terms of a fixed number of dollars would not give the protection needed. Moreover a requirement that commercial premiums be paid over a working lifetime means that no one obtains protection until several decades have gone by.

But little of the medical costs of the aged are now paid through insurance. Only one-fourth of the aged have even as complete medical insurance coverage as a Blue Cross policy would provide. Most of this group are little over the age of 65 and are still employed, with their protection based on such employment. Another 15 percent or so have medical insurance of a less adequate nature—usually a policy, which, for example, pays only $10 a day toward a hospital room which costs $20 or more. Even very inadequate protection costs an aged couple something like $13 per month.

THE ADMINISTRATION'S PLAN IS UNSATISFACTORY

We also want to take this opportunity to join the committee in rejecting the plan submitted by Secretary Flemming for the administration (S. 3784).

In 1958 the House Committee on Ways and Means requested the Secretary of Health, Education, and Welfare to report on methods of providing insurance against the cost of hospital and nursing home care for old-age, survivors, and disability insurance beneficiaries. A substantial report on the matter was submitted to the House committee on April 3, 1959. Testimony from a wide variety of witnesses was heard in 1958 and in July 1959. On July 13, 1959, the Secretary of Health, Education, and Welfare assured us that he would continue studying possible approaches and would report the results of his studies as soon as possible. No recommendations were received from him, however, until May 4, 1960. The House committee had by then been considering health problems of the aged and other social security amendments for more than a month.

The proposals of the administration were discussed by the House committee at some length but did not win its support, nor were they ever embodied in legislative language until after the Senate Committee on Finance had concluded its public hearings. The administration plan is unsatisfactory for the following reasons:

1. The idea on which this plan is based, that protection against medical care costs for the aged is necessary only for persons with incomes of less than $2,500 a year is completely untenable. A single illness may cost several thousand dollars, and meeting such costs would be completely beyond the means of most retired persons who have income enough to bar them from help under the plan.

2. The plan would place a huge additional burden on the general budgets of local, State, and Federal governments amounting to over a billion dollars to begin with and several billion dollars later. All this without consideration of where the money will come from and at a time when it is widely recognized that the services of many State and local governments are badly outmoded and tax resources for their improvement severely limited and uncertain.

3. Although putting a large additional burden on the general taxpayer, the plan would nevertheless leave the first $250 of medical care costs each year to the retired person and require him to pay 20 percent of all costs above this amount. Such a large deductible plus coinsurance, while perhaps appropriate for employed persons of middle income, offers little if any security to people living on the low income typical of the retirement years.

4. The administration has taken as a basic principle that a plan must be voluntary. But there is really nothing voluntary about the plan which they have proposed. Under that plan the general taxpayer is compelled to pay huge costs (except for the premium or enrollment fee paid by the beneficiary) and yet the old person will not be allowed to participate in the benefit side of the plan unless he submits to and meets an income test of $2,500 a year. For people with retirement incomes above $2,500, therefore, there is no choice but to have paid taxes, with no opportunity for benefits. The only sense in which the plan is voluntary is that those who have retirement incomes below $2,500 a year can refuse to take the benefits for which they and other taxpayers in their earlier years have paid the costs. For these unfortunates it is compulsory dependence upon public charity.

5. The proposed premium or enrollment fee, covering about one-fifth or so of the costs of this so-called voluntary insurance, and the option of electing a private insurance contract, would mislead many people into failing to act in their own best interests. Because of the fee some would not participate and thus would refuse the benefits which had been paid for by their own taxes. At the same time the $24 fee would be a barrier to voluntary election by the very lowest income groups. This too has a compulsory earmark.

6. There is no way to know when, if ever, the aged of the Nation would finally get protection under the plan. Nothing could be done until a State was able to find revenue resources to pay its share of the costs. Thus in many States it might take years before ways were found to raise the necessary revenues to permit the State to enter the plan.

ADVANTAGES OF THE OASDI APPROACH AS COMPARED WITH THE VOLUNTARY APPROACH

The OASDI approach in our amendment has a number of very important advantages over the voluntary approach. These advantages are as follows:

1. Contributions are collected from nearly all persons who work for a living under the bill: This results in a large number of persons contributing, without the adverse selection that tends to accompany voluntary community plans. This reduces the cost per person and assures a strong financial base to the whole program.

2. Contributions are payable under our amendment only while the individual is employed: Since contributions are payable in relation to earnings, an individual does not pay for any period in which he has no earnings or is not working. In voluntary plans, contributions must be paid for individuals whether they are earning or not.

3. Contributions under our amendment are levied in some measure with ability to pay: In voluntary plans, contributions customarily are on a flat basis in relation to number of dependents. Thus, in a voluntary plan, an individual earning $2,000 a year and an individual earning $6,000 a year both pay the same premium. Unequals are treated equally. In our amendment, since contributions are a uniform percentage of earnings up to a limit of $4,800 a year, the $2,000 individual would pay only two-fifths the amount the $4,800 or higher individual would pay.

4. Contributions in our amendment are levied over the individual's working lifetime and are not paid during the period when he is not earning and is retired: Under most voluntary plans, the individuals must continue to pay their premiums after they retire and until they die. Where employers contribute toward the cost of voluntary protection prior to retirement, such contributions usually cease on termination of employment. This is burdensome to many older people whose incomes are sharply reduced when they retire. The result is that as people grow older they may drop their voluntary insurance in order to conserve their limited funds. If they retain their voluntary insurance, the flat rate premium takes a very high proportion of a small income. Our amendment aims to solve these difficulties by requiring individuals and their employers to pay small amounts, in relation to their earnings, over an entire working lifetime and then to forgo any contributions when the individual has no earnings and is retired. The result is a financing arrangement better adapted to the lifetime earning pattern.

5. Contributions in our amendment are not related to the number of dependents: In voluntary plans, the contributions usually increase with the number of dependents. Thus, in a typical plan, there is one uniform rate for an individual, a higher rate for an individual and spouse, and a still higher rate for a family. The result is that the individual with the family has to pay a higher proportion of income for his protection than the individual without a family. From a social point of view, this is not only undesirable, but unnecessary. The individual with the family has the cost of maintaining and educating his family and, since his health costs rise in relation to the size of his family but not in relation to his earnings, he is doubly penalized. In our amendment since contributions are a uniform percentage of earnings, there is no such double penalty on the family earner.

6. The employer is required by our amendment to pay one-half of the cost: Under many voluntary plans, the employer pays part of the cost, and in some voluntary plans the employer pays all of the cost. However, this trend is spotty. In many plans the employer makes no contribution. Under our amendment, the employer would be required to pay one-half of the cost. The existing law permits employers to pay a larger proportion—or all of the cost—if the employer wishes, or if this is agreed to by the employer and employee by contract or collective bargaining. Thus, where the employer now pays all the cost, this would not be disturbed by the bill.

7. Benefits are not cancelable under our amendment: In many private plans benefits are cancelable at the option of the insurance carrier or the employer. They can be terminated by action of the insured when sufficient income is not available to pay the premiums. Whatever may be the reasons for these actions, they inevitably result in public agencies having to bear the cost of the care of those persons who cannot finance their medical care. This is undesirable. Our amendment provides for a paidup policy with the backing of the Federal Government. It gives patients and hospitals assurance of payment and protection superior to that of most private plans.

8. Benefits under our amendment are not limited during a person's lifetime: Under many private plans benefits are limited not only in terms of days of hospitalization per year but also in terms of total dollars over a person's lifetime. This completely undermines the security provided in the plan. Under our amendment no such lifetime limit is provided nor is it necessary. Thus, the OASDI approach is much superior to the private plan.

9. Benefits under our amendment in many cases are more adequate than under many private plans: In many voluntary plans, hospital insurance benefits are limited to 30 to 50 days or have a fixed dollar limit on payments per day of hospital care.

10. The cost of administering the plan in our amendment would be less than the administrative costs under existing private insurance plans: Since contributions would be collected as a part of the regular social security contributions, it would not require any new machinery. There would be no salesmen or acquisition costs as in private insurance. The savings in administrative costs would make it possible to pay the same benefits as private insurance at less cost, or more adequate benefits at the same cost.

SUMMARY

In summary, it is very clear that—

1. There is a great need for protection against medical costs for the aged.

2. The provisions in the proposed bill will not meet this need.

3. The logical and certain method for meeting the need is through the contributory social insurance provisions of the social security system.

4. We believe that the American people favor this additional protection.

5. They will gladly pay the modest amounts involved during their working years in order not only to provide protection for those now old but to spread the costs of that protection over workers and employers as a group rather than having it fall unevenly on those young people who have retired parents and other relatives who get sick.

6. Most of all we believe it is in the best American tradition to make prior provision for the future by having those now young start buying paidup insurance protection to be added to their cash benefit when they retire.

Therefore, we support the Anderson-Kennedy amendment insuring health costs of the aged on the dignified social insurance basis.

CLINTON P. ANDERSON.
PAUL H. DOUGLAS.
ALBERT GORE.
EUGENE J. MCCARTHY.
VANCE HARTKE.

Mr. DIRKSEN. Mr. President, I yield 5 minutes to the distinguished Senator from Delaware.

Mr. WILLIAMS of Delaware. Mr. President, in my opinion the floor of the U.S. Senate is not the place to legislate on problems as complicated as one which deals with setting up an entirely new medical program for our aged.

I voted against the Javits amendment and will vote against the Anderson amendment on the basis that neither proposal as offered here today has ever had committee consideration and I do not think they are fully understood.

It is true that both the Senator from New York [Mr. JAVITS] and the Senator from New Mexico [Mr. ANDERSON] offered somewhat similar proposals to the committee for consideration, but since that time both have been substantially changed from their original text.

This is an entirely new field upon which the Government is being asked to venture and we cannot afford to be wrong. The Anderson amendment alone involves the question of adding a new billion-dollar compulsory medical care program over and above the provisions of the bill as approved by the Finance Committee.

The preelection political atmosphere which surrounds us here today is certainly no place in which to approve or to consider a gigantic new billion-dollar compulsory health program.

For this reason, without questioning the sincerity of any of the sponsors of these two proposals, and without attempting to discuss either the merits or demerits of their plans, I think it would be the better part of wisdom to reject the Anderson amendment, as we earlier rejected the Javits amendment, and then to let the whole question of medical care go over until next year, at which time we can have more time to give to the various suggested programs and give them more careful scrutiny.

I point out that the committee bill as reported provides adequate protection for medical care for all the aged in America who need such aid and who cannot afford it without some such assistance. Furthermore, the bill as reported by our committee provides such assistance under the already established State agencies on a cost sharing basis between the Federal Government and the States.

In the interest of good sound legislation in this field I think that both these proposals should be rejected by the Senate.

Mr. ANDERSON. Mr. President, I yield 2 minutes to the Senator from Texas.

Mr. YARBOROUGH. Mr. President, this 2d session of the 86th Congress is considering many serious problems affecting the well-being of the citizens of the United States, but no other issue touches the heartstrings, the pocketbooks, and physical and mental pain and anguish of so many millions, as does this Medical Care Act.

Our work here today is watched with mingled anguish, suspense, and hope.

Our problem here today is to see whether the social organization of society keeps some semblance of pace with the advance of science. Civilized people have advanced from pastoral and agrarian societies through an industrial revolution into the scientific age, but our governmental and social advance has been so much slower than our scientific advance that the machinery of society is not geared smoothly.

The question we are trying to resolve here today is whether, or how, as the elective representatives of freemen, we will act to see that social progress keeps pace with miraculous, modern medical progress.

One of the proudest achievements of American medical science is that it has lengthened the lifespan of our people. Today there are 16 million Americans, 1 out of every 11 citizens, who are over 65 years of age. By 1980 there will be 25 million Americans in this over-65-year age group.

America as a nation is proud to have the finest physicians and hospital facilities in the history of man. But it is not proud of the fact that with all our great medical advances, we have not yet worked out a plan by which the majority of elderly Americans can afford medical care. Until we take corrective action, medical achievement made in the name of humanity is, to a very large degree, progress only for those who can afford to pay the price.

We do not need to launch some new and untried program in order to bring decent medical care within the reach of Americans. It seems clear to me that the general answer is a prepay plan where the people can put aside money in their productive and healthy years to meet the medical costs that are sure to come later. Under the leadership of the late great President Franklin D. Roosevelt the great system of social security, the plan for "security with dignity," was adopted by the Congress a quarter of a century ago.

We are commemorating the first quarter century of that accomplishment.

It is entirely logical, reasonable, and vital that we apply this principle to medical care for the aged.

The Anderson amendment performs this task by calling for an extension of the social security system. It seeks to eliminate wasteful expenses and procedural roadblocks that would develop in the creation of new agencies in many of the 50 States, each with its own method of operation and its individual standards.

The Anderson amendment would set up no new, untried, and costly measure. The Anderson amendment is a financially sound pay-as-you-go plan. Funds would be placed in a separate medical insurance account in the present old-age and survivors insurance fund; additional administration would be kept at a minimum, while the process of collecting and disbursing funds would be handled by persons already experienced in such procedures. In brief, this extension of the Social Security Act would enable over 9 million elderly citizens to secure financial aid for medical care—in 1961—without forcing our citizens to pay the cost of unnecessary administrative practices.

Just how badly needed this program is can be graphically illustrated by the present failure of our States to provide adequate medical programs for the aged. It is unrealistic to suppose that every State will appropriate adequate sums from its already overtaxed treasury to match Federal grants. The record shows they have not done this in the past. The following statistics from the minority report of the Senate Finance Committee report, August 19, 1960, at page 282, speak for themselves, and I ask unanimous consent to have this matter printed in the RECORD.

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

MEDICAL CARE PROVISIONS OF STATE OLD-AGE ASSISTANCE PLANS

(Source: Bureau of Public Assistance, Social Security Administration, June 1960.)

No direct payments made for medical care (eight): Alabama, Alaska, Arizona, Delaware, Georgia, Kentucky (to be changed January 1, 1961), South Dakota, and Texas.

Direct payments for hospital care only (three): Missouri, North Carolina, Tennessee.

Direct payments for nursing home care only (two): Idaho, Vermont (New Jersey also makes vendor payments for nursing home care).

Direct payments for hospital care and nursing home care only (four): Maine, Nebraska, South Carolina, and Virginia.

Direct payments for other items—no more than two (four): Florida (hospital care and drugs), Hawaii (hospital care and other, not specified), Iowa (practitioner and drugs), and Montana (practitioner and drugs).

More than two but less than comprehensive medical care through direct payments (13): Arkansas, California,[1] Colorado, Louisiana,[1] Michigan, Nebraska, Nevada, New Mexico,[2] Oklahoma, Pennsylvania,[1] Utah,[2] West Virginia,[2] and Wyoming.

Direct or money payments for all essential items (16): Connecticut, Illinois, Indiana, Kansas, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, Washington, Wisconsin.

Mr. YARBOROUGH. The table shows that direct payments for hospital care are made by only three States, and only two States make direct payments for nursing home care. Only four States make direct payments for hospital care and nursing home care only. Four States make direct payments for other items. Only 16 States make comprehensive medical payments under the present permissive payments of the old-age pension plan.

Less than one-third of our States provide full coverage; eight States make no direct payments for medical care at all. The citizens of the 34 States not blessed with comprehensive programs deserve some measure of immediate relief. Right now the older citizens of my own State of Texas are losing $19.7 million a year from their old-age assistance checks because the State has been unwilling to match Federal funds already appropriated and waiting in the U.S. Treasury.

Other States are in the same condition. I am unwilling to make these old people suffer just because they live in a State with a government slow to meet its social responsibilities.

The Anderson amendment insures that in 1961, all the 9,185,000 citizens over 68 years of age eligible for social security benefits will be certain of financial aid for medical care, regardless of the economic condition of the State in which they reside.

Mr. President, the urgency of this situation demands action. The amended version of H.R. 12580, as presented by the Finance Committee, although helpful and a vast improvement over the House bill, does not go far enough.

Our 16 million citizens over 65 years of age are in a dire situation. With 3 out of every 5 individuals in this age range having a yearly income of less than $1,000, and with over 50 percent of the married couples having a combined income of less than $2,600, when one considers that the average hospital bill for patients from 65 to 69 is $406, the situation becomes even more critical. That does not include catastrophic illnesses.

Mr. President, I ask unanimous consent to have printed in the RECORD at this point a letter to the New York Times written by Frank Van Dyke, assistant professor, School of Public Health and Administrative Medicine, Columbia University, published in the New York Times of August 22.

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

[From the New York Times, Aug. 22, 1960]

MEDICAL CARE FOR AGED—STATEMENT OF AMERICAN MEDICAL ASSOCIATION HEAD DISPUTED

To the EDITOR OF THE NEW YORK TIMES:

The Times of August 15 reports that Dr. Leonard Larson, president-elect of the American Medical Association, stated that "most persons over the age of 65 do not want a Government program of health care." He bases this conclusion and several others which are contrary to existing evidence on new research performed by a team, headed by a professor of sociology of Emory University in Atlanta who is also a consultant to the American Medical Association. Dr. Larson also said "Congress should take note" of this new report.

In my view, neither Congress nor anyone else should take note of the report until there has been time to subject it to scientific review.

The timing of this report, just before a vote in the Senate on a health insurance bill for older citizens, smacks of public relations rather than scientific inquiry.

A second and more important point is that the results of this survey as reported in the Times contradict the statistics of the Department of Health, Education, and Welfare and findings of independent studies.

During the past 2 years, Senator MCNAMARA's Subcommittee on Problems of the Aged and Aging has received thousands of pages of testimony on the financial status of the aged, the number of persons enrolled in voluntary health insurance plans, and the actual health status of the aged. The conclusions which can be drawn from the testimony (and which conflict with the American Medical Association consultant's study) are:

Most people over age 65 have a money income of less than $1,000 a year.

Most people over age 65 have no health insurance.

Most people over age 65 who do have health insurance have coverage which will pay for only a portion of a hospital or doctor's bill.

The health status of most people over age 65 is poor compared with that of persons in younger age groups.

The cost of medical care for persons over age 65 is, on an average, three times that of the population at large. This is the result of higher incidence of illness and prolongation of illness.

FRANK VAN DYKE.

Mr. YARBOROUGH. Professor Van Dyke states:

Most people over age 65 have a money income of less than $1,000 a year.

That means more than half the people over age 65 have a money income of less than a thousand dollars a year.

Professor Van Dyke also states:

Most people over 65 have no health insurance.

That means over half of them.

Most people over age 65 who do have health insurance have coverage which will pay for only a portion of a hospital or doctor's bill.

The health status of most people over age 65 is poor compared with that of persons in younger age groups.

The cost of medical care for persons over age 65 is, on an average, three times that of the population at large.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. YARBOROUGH. Mr. President, may I have 1 more minute?

Mr. ANDERSON. I yield 1 more minute to the Senator from Texas.

Mr. YARBOROUGH. Our senior citizens have limited incomes, yet their medical expenses are the most costly. These are people who are eligible for help now; if H.R. 12580 is enacted as reported, some would have to wait until their State could plan, present, and finance some type of program.

[1] Hospital care provided through public hospitals.

[2] Scope of services defined broadly, but quantity very low.

But, even then, Mr. President, a debasing indignity would await every citizen who might desire aid for medical care. Our senior citizens should not have to put themselves in a classification of indigency in order to receive necessary benefits for their survival.

The Anderson amendment provides a financially sound and realistically conceived program to provide medical care for all eligible citizens over 68 years old who need it. Its coverage is extensive, and it is a concrete coverage, not a hypothetical estimate. Over 9 million citizens will be able to receive medical aid in 1961 at age 68. In the future a larger and larger percentage of our population will automatically become eligible for this assistance.

These people will not have to await the oiling of rusty State machinery before securing the means to a healthy existence.

The Anderson amendment is not a substitute, Mr. President. It is an insurance policy that guarantees to at least 9 million people the unqualified right to financial assistance for medical care.

Everything provided in the Kerr amendment is still available unimpaired if the Anderson amendment is adopted.

The States will have every opportunity to establish additional programs for those who are not eligible for social security benefits. I am convinced that the fully financed plan proposed by Senator ANDERSON, which allows individuals to provide for their future medical needs, is a badly needed improvement on the proposals now before us. I therefore urge the adoption of this amendment.

Mr. President, this is not charity. The amendment creates a right. It is vitally important that that point be established. The Anderson amendment would establish medical care as a matter of right. We know that prior to the establishment of the Railroad Retirement Act it was a question whether a man could get on the pension roll as a matter of charity, because there was usually a strange way in which the man would lose out at the last minute just before he was entitled to retirement. State laws have a way of being administered in the same way. Under social security the old people will get assistance as a matter of right; they will not have to come in, cringing, begging for help. We know that some of these investigators run their fingers under the table and say, "You are chewing gum. That is a luxury. We must cut your payments."

We ought to vote assistance as a matter of right, so that people can come in as a matter of right, and not as a matter of charity.

Mr. ANDERSON. I yield 3 minutes to the Senator from Oregon.

Mr. MORSE. Mr. President, I rise for the purpose of making an announcement which will be of interest to all Senators who believe in the soundness and importance of the Railroad Retirement system and who are in favor of increasing the benefits to those who are eligible.

I have on my desk amendments to the Railroad Retirement Act. The purpose of these amendments is to provide the same inpatient hospital services, skilled nursing home services, health services and outpatient hospital diagnostic services as would be provided under the Anderson-Kennedy amendments which are about to be voted upon. I have conferred with the Senator from New Mexico and the Senator from Massachusetts who are most anxious to extend these benefits to those eligible to receive railroad retirement benefits in the manner that I am proposing. Because of the parliamentary situation, it is not my present intention to offer these railroad retirement amendments to the Anderson-Kennedy amendments prior to the vote which will be held shortly. I am, however, serving notice upon the Senate that adoption of the Anderson-Kennedy amendments will afford the membership the opportunity to provide for similar benefits to those under the railroad retirement system.

I expect to describe these amendments in more detail later at the appropriate time. However, I think one point should be noted with respect to the method of financing these new benefits. The new program would be financed by raising the rate of employment taxes on railroad workers and employers by the same number of percentage points as the employment taxes would be raised on the covered social security workers and their employers. This device has the enthusiastic backing of the Railroad Brotherhoods who represent the bulk of the employees in question, and I am informed that the carriers have interposed no objection to having railroad employees treated similarly to employees under the social security system with respect to the benefits under question. Moreover, it has the virtue of appealing to all those interested in a proper increase in benefits to railroad workers and those who are retired under the Railroad Retirement system.

I think this statement ought to be made before the vote, because many questions are being raised as to whether we would be discriminating against the railroad workers of the country, if we did not add my amendments to the bill if the Anderson-Kennedy amendment passes. My amendment will see to it that they receive the same fair treatment as others receive under the Anderson-Kennedy amendment.

Mr. President, I shall vote to support the Anderson-Kennedy amendment.

Early in 1958 I was the first to submit in the Senate the companion bill to the Forand bill in the House. For many years I have fought for the Forand-Morse principle in the Senate. I prefer the principle of the Forand-Morse bill, enlarged by the McNamara bill, to the bill we are going to vote on this afternoon.

It has been my position that all people over the age of 65 should as a matter of right receive medical care as a part of our social security system. The Forand-Morse bill does just that. The McNamara bill also covers those persons who are not under social security. I strongly favor that policy as a matter of social and economic justice to the aged. However, we all know that the Forand-Morse bill and the McNamara bill do not have a ghost of a chance passing in this short session of Congress. We have counted noses and the votes are not here. The Anderson-Kennedy amendment is the best we can do now and we have only a slim chance of passing it.

Here, again, I am a realist, as I was the other day, when the Senate was debating the minimum wage bill. We must move as rapidly as we can toward an objective which I think all constitutional liberals have in mind; namely, to do those things necessary legislatively to promote and protect the welfare of all of our people as a total population.

The Anderson-Kennedy amendment is the only step which we have any chance of taking at this session of Congress which will bring the principle of medical assistance to the aged under the social security system. Without its being under the social security system, I think any law of this kind would be unwise. To me, this is a simple issue. It raises, again, the principle for which I stand in the Senate; namely, seeking to work for that proposal which will translate into legislation the moral obligations which we owe to the people of the country. Here, again, is another example of our doing for the economic weak what the economic strong, under the private enterprise system, should be expected to do. Here, again, is an obligation of democratic government to make certain that the specter of fear which hovers over the housetops of millions of homes of the aged will be removed—the fear that their life earnings will be wiped out with one serious illness under that rooftop.

Do we mean that this moral issue is one to which we bow our heads on Sunday, but which we will not put into practice on this Tuesday in the Senate of the United States? The rollcall about to take place will put Senators on the record. The people must hold them responsible in the November elections. I am sure they will not forget the record made in the rollcall about to be held.

Mr. DIRKSEN. Mr. President, I yield 7 minutes to the distinguished Senator from New York.

Mr. JAVITS. Mr. President, now that the vote has been taken on my alternative plan to the Anderson amendment and the strictly party line nature of this issue here is clear, I wish to make some observations with respect to my vote on the Anderson amendment which is now pending. First, to stress the affirmative, I am convinced that an effective plan giving adequate medical care to our older citizens over 65 is now assured, whether it takes place at this brief session of Congress or early in the next session. The backing of both candidates for the presidency and the support which is evident on the Republican side for my proposal and which I have little doubt will be evident on the Democratic side for the Anderson proposal, assure it; namely, that the older citizens of our country will have a very effective, very adequate medical care plan within the very near future.

At the very least, what has been attained is general agreement on the proposition that the rank and file of older

citizens are entitled to and will receive help from the Federal Government in obtaining an optimum standard of health care. Under these circumstances and being deeply motivated to bring about such a program myself, I have given the most careful consideration to the question of how to vote on the Anderson amendment, and I have concluded that at this time, under the intensely political circumstances of this brief session—which I would be blind not to see, and so would the American people—I must vote against it. My reasons are as follows:

First, it is by no means the best plan which can be developed, even on a social security basis, and shows clear indications of an effort to make a showing in this perfervid political atmosphere. This is confirmed by three points. An effort is made to trim benefits and therefore to trim costs by setting the eligibility age at 68, but there is no evidence that age 68 meets the need which is just as great at 65. In its emphasis upon hospitalization, the Anderson plan taxes further the already overburdened hospital facilities in practically every place in the country. Aside from creating frustration and dissatisfaction there is even the danger of physical harm in overtaxing the hospitals with older citizens on long waiting lists for the hospital beds Uncle Sam promised. In its failure to emphasize preventive care, the Anderson plan fails to satisfy the absolutely essential need of 85 to 90 percent of the aged in order to meet the needs of the remaining 10 percent.

Second, the Anderson plan is not based upon the varying medical facilities and opportunities available in the different States, but strives for a national program which at the very least in view of the unequal nature of medical facilities in different parts of the country must lead to inherent discrimination, injustice, and frustrating delays.

Third, it fails to preserve effectively the existing structure of medical care under which over 127 million Americans—72 percent of the population—are now the beneficiaries. Indeed, this is shown most markedly by the failure to give the beneficiary a cash alternative enabling him to acquire his own health protection or pay for his own health services. This would seem to be elementary if the concept of social security were really being carried out. It is also noteworthy that the cash option is a vital element in the approval of the social security approach by Governor Rockefeller of New York—and I yield to no one in my respect for the Governor of my State—which has been cited so often here as authority for the Anderson position.

Mr. KEATING. Mr. President, will the Senator yield?

Mr. JAVITS. I yield.

Mr. KEATING. That alternative, if I understand correctly, is the third alternative in the proposal advanced by my distinguished colleague from New York.

Mr. JAVITS. The Senator is exactly correct. I thank the Senator.

Fourth, it taxes the population at the lowest end of the earnings scale, reaching thereby only 60 percent of the country's taxable income instead of spreading the tax load on the whole population for a benefit to the aged population through appropriations from the general revenue. In addition, for some time the people who get the benefits will not have done the paying under the social security system, yet the system as originally designed made at least an effort to do that and not even an effort is being made here.

Fifth, it makes a profound sociological change in our country, inaugurating a national health scheme in practical effect which is quite inconsistent with our private concept of health care, and yet there is inadequate preparation for it and a program heavily imbalanced in hospital not preventive care. And notwithstanding the open and practically universal opposition of the doctors, this is to be done in a highly political atmosphere when the time in which the beneficiaries can enjoy the plan probably cannot be accelerated at all and will have to await a new administration which could very much more thoughtfully recommend the details of a plan of its own.

Finally, it is for all practical purposes an invitation to vote—an invitation which will do no one any good and everyone great harm because the whole bill will have to be vetoed; hence, social security improvements and the medical plan for the 2,400,000 on old-age assistance and the 500,000 to 1 million who could be benefited by the medically indigent provisions will go down the drain, too.

I cannot see under these circumstances how the path of responsibility can lead to any other than a negative vote. I realize and feel very keenly that many of our older citizens want very much to have the bill passed at this session with a social security approach. I respect and honor them and believe that the whole matter of medical care for the aged has now been brought to such a point where an adequate and truly responsible plan will without question become Federal law soon after a new administration takes over. In this connection I restate the principles of such a plan which I have supported and which I will continue to support as the basis for a sound and complete plan—but without being doctrinaire even about that.

Emphasis on preventive care with physicians services and first-cost coverage.

Eligibility for all over 65.

Voluntary participation.

State plans with Federal matching so that we can build on existing facilities.

Federal help out of general revenues.

These are the basic principles of the medical care plan for the aged I urge most strongly.

Whatever may be the strong feelings among many older citizens on this subject, they are neither improvident nor unfair; hence, I believe they should see the logic and justice of this position. Besides, I do not believe that they would wish to see endangered by a veto which the President would most regretfully have to make—at this stage in the face of an imminent presidential campaign—the early benefit to those among them who are truly in the most urgent need of medical care and who will get material help if at least the committee bill becomes law.

I do not think anyone can be doctrinaire about this matter, least of all myself. It may be that we shall find, as I said, a proper meeting ground between the ideas of the Senator from New Mexico [Mr. ANDERSON] and myself. But, Mr. President, after looking at the vote on my proposal, I think all the country can see what is happening here. This will be a straight political issue—Democrats against Republicans—with very little chance of anything else happening. I do not wish to be a party to seeing our elder people caught at those swords' points. I do not think it is necessary. I think they can be absolutely certain that they will have an adequate plan for medical care in view of the positions of both parties and both presidential candidates on this issue.

Mr. DIRKSEN. Mr. President, I ask unanimous consent, since we have come down to the last speakers, that I may suggest the absence of a quorum, the time for the quorum call to be charged to neither side.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

The clerk will call the roll.

The legislative clerk called the roll, and the following Senators answered to their names:

[No. 306]

Aiken	Fong	Monroney
Allott	Frear	Morse
Anderson	Goldwater	Morton
Bartlett	Gore	Moss
Bennett	Green	Mundt
Bible	Gruening	Murray
Bridges	Hart	Muskie
Burdick	Hartke	O'Mahoney
Bush	Hayden	Pastore
Butler	Hickenlooper	Prouty
Byrd, Va.	Hill	Proxmire
Byrd, W. Va	Holland	Randolph
Cannon	Hruska	Robertson
Capehart	Humphrey	Russell
Carlson	Jackson	Saltonstall
Carroll	Javits	Schoeppel
Case, N.J.	Johnson, Tex.	Scott
Case, S. Dak.	Jordan	Smathers
Chavez	Keating	Smith
Church	Kefauver	Sparkman
Clark	Kennedy	Stennis
Cooper	Kerr	Symington
Cotton	Kuchel	Talmadge
Curtis	Lausche	Thurmond
Dirksen	Long, Hawaii	Wiley
Dodd	Long, La.	Williams, Del.
Douglas	Lusk	Williams, N.J.
Dworshak	McCarthy	Yarborough
Eastland	McClellan	Young, N. Dak.
Ellender	McNamara	Young, Ohio
Engle	Magnuson	
Ervin	Mansfield	

The PRESIDING OFFICER. A quorum is present.

Mr. ANDERSON. Mr. President, I yield 8 minutes to the distinguished Senator from Massachusetts [Mr. KENNEDY].

Mr. JOHNSON of Texas. Mr. President, may we have order in the Chamber, please.

The PRESIDING OFFICER. The Senate will be in order. The Senator from Massachusetts is recognized for 8 minutes.

Mr. KENNEDY. Mr. President, I think this vote involves a most important principle. I listened with great interest to

the speech of the Senator from New York [Mr. JAVITS] whom I regard as one of the most constructive Members of this body. He did state a political truth—that this Congress meets in highly political circumstances. He did suggest it appears that on this issue there may be a party line vote.

I will say to the Senate, I believe it will be impossible for us to secure the passage of this amendment—or at least it will make it difficult—as well as other pieces of proposed legislation, unless we can receive the support of at least five or six of the Senators on the other side of the aisle. If the Senators on the other side of the aisle vote a straight party vote on this issue, I would say we shall have an uphill fight, and I would say it would be difficult for the Anderson amendment to pass. I hope that will not be true, because if that is true then I think we are really stating that this Congress cannot really move in the next 2 weeks, that we cannot pass legislation because of disputes between our parties as to the coming elections, the difficulties involved in the procedures between the House and Senate, and the fact of having a President of the opposite party to the dominant party in the Congress.

It may be that the Senator from New York is correct. I do not in any sense criticize him. He may be stating facts. If he is stating facts, I think we can determine it on this vote. If we cannot pass the Anderson amendment, in my judgment, I think it means we are going to have an extremely difficult time passing any progressive legislation in this session of Congress. Then I think we should take the matter to the people of this country in October and November, in the election, to let them make the decision as to which way they wish to go. Then we can come back to Congress in January. Whoever is President I hope will commit himself to the social security principle, which I regard as essential.

I can imagine nothing more unwise than for this Congress to pass the pending bill and to accept the principle that the Federal Government and the States will operate with all the different standards which are going to be set up in the various States, with some States participating and many not participating. That would not solve the problem at all.

We use the phrase in the report that people will get such assistance if they are medically indigent, but we do not say what the standard is. If a couple has saved $1,000, and the wife happens to get cancer and is sick for 6 months or 7 months, do the couple have to spend their savings before they are eligible for assistance? In some States they will. In some States they will not.

We have a chance to do what was done in 1935—to place this under a system the people themselves will pay for, to make it self-liquidating rather than to lay down a burden which could conceivably, if the principle were fully implemented, cost $2 billion a year for both the Federal Government and the States.

The people themselves will pay for the program under the social security principle.

It may be that we shall not pass this measure tonight. It may be that if we did we could not get an agreement in conference. It may be that if we got an agreement in conference the President would not sign the bill. There is not any doubt that the roadblocks in the face of this proposed legislation in the next 2 weeks are hard. Therefore, I do not go into this vote on this measure in a spirit of high optimism, but I say we might as well vote. We might as well determine whether this Congress is going to move in this session or whether perhaps we should go home, whether we then should put it up to the people to make their determination, and come back in January and commit ourselves on that occasion to the social security principle.

Mr. DIRKSEN. Mr. President——

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DIRKSEN. I should like to ask the distinguished Senator from New Mexico if he has other speakers.

Mr. ANDERSON. There are other speakers, but the Senator from Illinois has more time remaining. Therefore, I yield to the Senator.

Mr. DIRKSEN. The difficulty arises from the fact that the unanimous-consent agreement requires a vote at 6 o'clock. The time otherwise would run beyond 6 o'clock, because the quorum call was not chargeable to either side. I think we ought to keep the RECORD straight.

Mr. ANDERSON. I thought the understanding was we would go beyond 6 o'clock, in view of the quorum call.

Mr. DIRKSEN. I would have no objection.

Mr. ANDERSON. We had a definite time. The Senator from New Mexico had 24 minutes and yielded 8 minutes to the Senator from Massachusetts, so he now has 16 minutes remaining. The Senator from Illinois has about 30 minutes remaining.

The PRESIDING OFFICER. The Chair will state that there remain 38 minutes to the opponents and 19 minutes to the proponents, if the time for the quorum call is not charged to either side.

The unanimous-consent agreement states that the vote will be taken not later than 6 o'clock p.m. A request in that regard was not included in the Senator's request that the time for the quorum call not be charged to either side. There was no request to modify the voting time.

Mr. JOHNSON of Texas. Mr. President, that was my understanding. I came to the desk and inquired, and I was informed that the quorum call had been made and the time would not be charged to either side, but would merely be added to the time at 6 o'clock. How long would it require?

The PRESIDING OFFICER. The Senator from Illinois requested that the time for the quorum call not be charged to either side, but the Senator neglected to make the request that the time be added on to the time at 6 o'clock for the vote. The quorum call required 22 minutes.

Mr. ANDERSON. Mr. President, if we stop the time at 6 o'clock we are charging the time.

Mr. DIRKSEN. Mr. President, I raised the question only after a discussion with the Parliamentarian.

Mr. JOHNSON of Texas. Mr. President, there is no dispute about the matter. May we have unanimous consent that the vote come at 6:22 p.m.?

The PRESIDING OFFICER. Is there objection to the request of the Senator from Texas? The Chairs hears none, and it is so ordered.

Mr. DIRKSEN. Mr. President, I yield 30 minutes to the distinguished Senator from Oklahoma [Mr. KERR].

The PRESIDING OFFICER. The Senator from Oklahoma is recognized for 30 minutes.

Mr. KERR. Mr. President, I thank the Senator from Illinois.

I am happy to have the opportunity to discuss the issues involved in the bill and in the Anderson amendment.

I have the greatest of respect for the sponsors of the amendment. I know they are sincere. I know they are earnest. I know they are fighting for what they believe to be the welfare of the people of the United States.

I will say to my good friend from Massachusetts [Mr. KENNEDY] that the term "medically indigent" is not in the bill. The proposed legislation is not limited to persons who could qualify under the term "medically indigent."

The provisions of the amendment which is in the committee bill are available to every citizen in this country 65 years of age or older if he comes under a program adopted by his own State, if medical, hospital, doctor or dental care is needed by him or by her. I remind Senators that is not the case with reference to the provisions of the Anderson amendment.

It has been said on the floor that medical care should be available to the aged as a matter of right. I remind Senators of the great number of people to whom medical care would not be available as a matter of right under the Anderson amendment. It would not be available to any citizen unless he or she were on the social security rolls, no matter how great the need might be. It would not be available to any citizen unless such citizen were 68 years of age, not 65, no matter how great the need might be. It would not be available to any citizen until July 1, 1961, and then for hospital care only, and then for 120 days only, with the beneficiary paying the first $75 of the cost of such hospital care.

The additional benefits under the bill, other than hospital care, for not to exceed 120 days, in which the beneficiary would pay the first $75 of cost, would not be available to any citizen until January 1, 1962.

I say to my great friend, the Senator from Massachusetts [Mr. KENNEDY], for whom I have as much respect as for any other Senator, that he is my standard bearer. I am supporting him. But he does not need to talk about the inconvenience of having to come back here next year to add additional benefits to those provided in the committee bill, be-

cause the amendment he sponsored would provide no benefits until 6 months after the beginning of the new year, and then but a very limited number of benefits.

The benefits provided by the committee bill would be available on October 1, 1960. Even after January 1, 1962, the only additional benefits provided by the Anderson amendment would be nursing home services upon transfer from the hospital for not to exceed 240 days, less twice the number of days the beneficiary had to spend in the hospital, for which the beneficiary would have had to pay the first $75 in cost; home health services, including visiting nurse services; practical nurse or occupational therapist; and outpatient diagnostic services.

In other words, if the Anderson amendment becomes law, it will not provide a doctor for the beneficiary, a surgeon for the beneficiary, or a dentist for the beneficiary, unless the doctor, surgeon, or dentist would give those services as a part of the hospital care. Senators know that such services on an adequate basis are not available as a part of the hospital care. Under the committee bill, on the contrary, those services would be available to every aged person in every State that would accept and implement this program, including inpatient hospital services without the $120 limitation and without requiring the patient to pay the first $75; skilled nursing home services, without limitation or chargeoff by reason of having spent some time in a hospital; physicians' services; outpatient hospital services; home health care services; private duty nursing services; physical therapy; and related services, dental services, laboratory and X-ray services, prescribed drugs, eyeglasses, dentures, and prosthetic devices; diagnostic screening, preventive services, and any other medical care or remedial care recognized under State law, so that a State may, if it wishes to do so, include medical services provided by osteopaths, chiropractors, optometrists, and remedial services provided by Christian Science practitioners.

We are not alone confronted with voting on the Anderson amendment. We are confronted with the certainty that if the Anderson amendment is agreed to and sent as a part of the proposed legislation to the President, we shall have no legislation this year. Is there a Senator who believes that the President of the United States would sign the bill if the Anderson amendment were made a part of it? Then we are carrying out platform pledges or campaign pledges or convictions that we have for need, if we endanger a truly great bill by adding to it a provision which, if agreed to by Congress, would not only be self-defeating, so far as the provision itself is concerned, but for the bill in its entirety?

The distinguished Senator from Ohio asked the Senator from New Mexico, What about the aged not covered by the Anderson amendment? My great friend, the Senator from New Mexico [Mr. ANDERSON], said that they would be provided for by the Kerr-Frear amendment, meaning the committee amendment. That would not be so, however, if the Anderson amendment were agreed to and sent to the White House, because both it and the committee bill would be vetoed.

The Kerr-Frear or committee amendment provides a program for every State that adopts it, and incentives are present in the bill that the States would find difficult to resist. It can be passed this year and it can become law this year.

My great friend the senior Senator from Illinois [Mr. DOUGLAS] said that horrors would be inflicted upon the aged and sick, for they would be required to get down on their knees to get hospital and nursing care. I say that statement is not founded upon reality, because if the amendment that the Senator from Illinois is sponsoring were agreed to, every aged person not on social security would still be left on his knees. He would still leave every person beyond 65, and not yet 68, on his knees.

The fact is that the committee bill would take people up off of their knees and let them look the world in the face and know that under the terms of the committee bill that is now before the Senate they can have hospital care, medical care, doctor's care, surgeon's care, and dental care, which are not provided in the Anderson amendment.

There are many other provisions in the bill. The bill would remove the age 50 eligibility requirement for disability benefits. It would enable 250,000 persons to draw benefits immediately. That benefit would go down the drain if the Anderson amendment should become a part of the bill and goes to the White House. It would increase children's benefits and the OASI program from 50 percent of the father's benefit to 75 percent. Four hundred thousand children will benefit by that provision. It would go down the drain if the Anderson amendment should become a part of the bill and goes to the White House.

The bill would liberalize what those on social security can earn free of penalty with reference to their social security benefits by increasing the limit from $1,200 to $1,800 per year. Every member of the committee voted for that provision. I believe every Senator would like to see it become law. Yet that provision would go down the drain insofar as the bill is concerned if the Anderson amendment should become a part of the bill before it goes to the White House. Increased coverage under the OASI for thousands of persons, including 60,000 ministers and 100,000 employees in nonprofit institutions is provided, together with other liberalizing provisions, including increased authorization for child welfare programs for retarded children in our States.

That provision, which is one of the most progressive elements in the bill, likewise would go down the drain if the Anderson amendment were added to the bill, thereby killing it if it should go to the White House. I ask again whether any Senator feels that the proposed legislation would be signed if the Anderson amendment should accompany it to the White House as a part of the bill?

My friend the Senator from Illinois [Mr. DOUGLAS] said this is the Eisenhower-Kerr bill.

One of the best things about the bill is that it is bipartisan in origin. It has been made clear that this is not the first choice either of the Republican nominee for President or the Democratic nominee for President. However, both nominees do favor the provisions of the committee bill, in their language, "as far as it goes."

If we can achieve this bill on the basis of that bipartisan support, we will have gone a long way to show that this is a responsible Congress, that we have met a great responsibility in providing a great program which can be passed and which can become law, and shall have done so on the basis that, while it is not the first choice of either candidate for President, and while it might not be the first choice of either political party, the provisions in it, as the committee brought the bill to the floor, has the approval of both parties.

My friend the Senator from Massachusetts—and I again wish to acknowledge my respect and esteem and affection for him—said that the committee bill does not go far enough. The members of the committee would be the first to recognize that. I do not know what the first minimum wage bill required as to the amount.

Mr. RANDOLPH. Twenty-five cents.

Mr. KERR. Some Senators now in the Chamber were Members of Congress when that bill was passed. Did they oppose it because it did not go far enough? I remember the additions we have made to it down through the years. My friend the Senator from Minnesota [Mr. MCCARTHY] talked about the adoption of the social security bill in eloquent language, showing a remarkable memory and understanding of it. He spoke of what a great thing it was.

If we apply the test that it does not go far enough, we could have said the same thing about the original social security bill. When the Saviour of the earth was crucified, did any one object to it because it did not go far enough, on the basis that the Resurrection would also have to occur in order to make salvation available to all mankind around the world?

Of course the bill does not go far enough. But since when has a legislative body in a free society turned down constructive legislation, bearing the approval of both political parties and of both nominees for President, and of great men and women everywhere, because it did not go far enough? In my judgment our duty is to go as far as we can. We know we can pass the provisions of the committee bill, and we believe it will be accepted by the House and approved by the President. I presume it is not a violent assumption to believe that we will be here another year. If there are provisions which will improve it, and if there are provisions that would add to it, we can look at them another year. The Anderson amendment would not become effective, if adopted and made law, until July 1 next

year, in part, and January 1, 1962, in part. No one, not even its sponsors, would claim that even it goes far enough to meet all the objectives that they have in mind. Therefore, how can we jeopardize a great bill, which we can pass, because it does not go far enough?

If we add the Anderson amendment to the bill, we will not be bothered by the Presidential action; we ourselves, by our action, will have pronounced the judgment of its own destruction.

I submit that the committee bill is not enough, but it is a beginning from which we can look forward to a greater future and a brighter day for all our people. We must remember the millions that it will help, and remember that, if passed, it will go into effect on October 1 of this year, and that it can be made available to every State in the Union, with the tremendous incentive of up to 80 percent of the cost.

Therefore, in the sense of the highest responsibility, in the sense of rising above political differences, in the sense of marching in the direction of meeting the needs of 16 million aged in our country, let us pass the committee bill as it is before us, and then look forward to another day for such amendments or improvements as any of us hopes might be made.

Mr. ANDERSON. Mr. President, I yield 5 minutes to the Senator from Tennessee [Mr. GORE].

Mr. GORE. Mr. President, my warm, great friend, the Senator from Oklahoma, has stated that the committee bill does not go far enough. That is a very interesting statement. If we look at page 6 of the committee report we find, in the fourth paragraph, that the bill would cover "all medically needy aged 65 or over."

I digress to say that the phrase "medically indigent" is not used in the bill, as the Senator from Oklahoma has said, but the term "medically needy" is used in the report. I looked at the definition of "indigent" in Webster's Dictionary, and the definition of that word is "needy."

I should like to read three sentences from the report:

> It would cover all medically needy aged 65 or over—

Now I skip to the first sentence in the next paragraph:

> A State may, if it wishes, disregard in whole or part, the existence of any income or resources, of an individual for medical assistance—

Now I turn to the top of page 7, beginning with the first full sentence:

> The State has a wide latitude to establish the standard of need for medical assistance as long at it is a reasonable standard consistent with the objectives of the title.

Now I turn to page 9 of the report. I wish to raise the question of how remarkable it is that the committee bill does not go far enough. At the top of page 9 we find this language:

> Under the revised title I, State plans (with Federal matching funds) could provide potential protection under the new program of medical assistance for the aged to as many as 10 million persons aged 65 and over.

The average annual cost of medical care and hospitalization in the United States for a person 65 years of age and over is $250. One can do his own calculating. If the bill should be fully implemented, the cost would be $2½ billion in the first year.

But there is a very interesting reason why, as the able Senator acknowledges, the committee bill does not go far enough. The States must implement the program and provide matching funds. My Governor tells me today that Tennessee is not now able to match all the assistance funds which are already available to Tennessee, even though the Federal share under present law is 65 percent.

What benefit will this bill make available to the State of Tennessee? In what way will it benefit the State of West Virginia and other States? The Social Security Administration has told me that one-half of the States are now unable to match in full the funds already available, most of it on practically a 2-to-1 basis. Yes, there is an interesting reason why the bill does not go far enough. Fortunately, some States are blessed with abundant economic resources. For them, the bill will be a bonanza. For the old people in 25 States, it may be an empty and hollow promise.

The Senator from Oklahoma has criticized the Anderson amendment. We have found flaws in the committee bill. But it is only by a combination of the two that we can make this program truly national in character.

Mr. President, those of us who are sponsoring the Anderson-Kennedy amendment are not trying to deny to the old people of Louisiana or of Oklahoma or of any other State any of the benefits provided in the committee bill. Then why are they not so generous with us? If we are not trying, as we are not trying, to substitute the Anderson amendment for the committee amendment; if we are seeking only to add the Anderson amendment to the committee amendment, thereby providing benefits and making medical care available to the old in all 50 States, where is their generosity? Where is their concern for the national character of the social security program?

Mr. President, I call upon Senators across the aisle not to consider this as a partisan question. I ask them to think of the welfare of the 9 million old people in need of medical care.

The PRESIDING OFFICER. The time of the Senator from Tennessee has expired.

Mr. ANDERSON. Mr. President, I yield 3 minutes to the Senator from Colorado [Mr. CARROLL].

Mr. CARROLL. Mr. President, I associate myself with the remarks of the able Senator from Tennessee. Colorado is one of the fortunate States about which the Senator from Tennessee has spoken. We have a far more comprehensive medical care program than is contained in the bill. The Kerr-Frear amendment would be of great benefit to my State. Nevertheless, like the able Senator from Tennessee, I could not, in good conscience, deny the value of the amendment of the Senator from New Mexico and the Senator from Massachusetts. Why? Because it moves into a new field.

It extends coverage in a new field, a field which many States, which are not financially capable, have not been able to cover through sound medical care programs for needy people.

I listened with great respect to the statement of the distinguished Senator from Oklahoma [Mr. KERR] about the medical indigents. There would be no State medical program in Colorado unless a need basis were established. This is the real issue in this fight. The able Senator from Massachusetts has said it.

For 10 years we have been trying to provide medical assistance through the social security program. This is a basic issue. Of course, I accept the Kerr-Frear amendment; but to make it more fully effective and equitable throughout the Nation, it is necessary to attach to it the Anderson-Kennedy amendment.

The Kerr-Frear amendment is really an effort to sweeten and expand the public welfare program year after year after year; to escape what some think are the sinister consequences of bringing our people abruptly into a contributory system to provide for their own health needs.

I say, in answer to the Senator from Oklahoma, Let the President veto the bill. The aged of this country have suffered through the years. They will be patient while we carry the issue to the country. Then we will come back here and enact a comprehensive program. This is the way to fight the issue. Let us go to the people. We will come back in January. I believe the people will be on the side of those who will sustain the Anderson-Kennedy amendment.

I commend the able Senator from Oklahoma and the able Senator from Delaware for their amendment. It is a good amendment. It would greatly help my State. But I also want to help the 45,062 people in my State who are receiving social security old-age benefits but who do not meet the medical needs test and hence do not qualify for any medical care program. Can I deny them this sort of program? Can I vote against providing them an opportunity to participate in a medical program which would meet their needs? That is what I would be doing unless I accepted the Anderson-Kennedy amendment.

Mr. DIRKSEN. Mr. President, how much time remains on my side?

The PRESIDING OFFICER. The Senator from Illinois has 18 minutes remaining.

Mr. DIRKSEN. Mr. President, I yield 5 minutes to the distinguished Senator from Louisiana.

Mr. LONG of Louisiana. Mr. President, I believe the debate has made it perfectly clear that the issue before us is whether we shall give the aged people of the country, who are unable to pay medical bills, a medical program; or whether we shall give them a political issue between now and next January. The issue can still be taken to the country. Both sides can discuss the

issue. But are we to pass a bill which will be vetoed by the President, and which even if it became law will not pay anyone's medical bills between now and June of next year, during which time Congress can act again, if it cares to act?

The bill before us would place every State in the Nation in a position to do at least twice as much for the aged as it is doing at present.

The poorer States, which complain that they are not as well able to put up the money as are States which have a higher per capita income, would be in a position to have the Federal Government contribute as much as 80 percent of the cost. They could increase what they are doing for their aged by as much as 400 percent, even though they did not contribute an additional nickel over and above what they are contributing at this time. There are indications in the committee report as to how that would be done. In some States, the funds made available would be more than necessary, even if the States do not increase appropriations to take care of the aged in those States.

What is now proposed to be added to the bill? Something which will contribute an important controversial issue of compulsory health insurance. This is something which should be taken to the people. They should have an opportunity to pass upon it, because under the proposal all working people would be taxed in order to take care of some of the aged, because of all those who are aged and retired today, only a portion are under social security.

Those who are not under social security, no matter how needy they may be, would not be assisted by the Anderson amendment which is sought to be added to the bill.

For example, the Anderson amendment would put a tax on a workingman and his family having an income of $100 a month. They would be taxed one-half of 1 percent of the payroll. It would work like a hidden sales tax. The consumers would pay the whole thing. They would be paying one-half of 1 percent of their income to pay for the medical assistance in many cases to someone who is well able to pay his own medical bill.

I know of large numbers of people who have substantial incomes and who are well able to pay their medical bills. I am sure that if a close relative of any Member of this body sustained a large medical bill, that relative would receive assistance from the Member. The same would be true of Members of the House and of members of other professions

If the States wish to do so, they can provide that such persons need not be cared for by relatives who are well able to pay. However, merely because the Federal Government will pay the bill does not mean that we will escape paying our share. If we vote for this proposal, we shall vote to impose more taxes on ourselves in order to pay that bill.

How many people would rather pay their own bills than to have the Federal Government tax everyone to pay the bills? The cost would not be any cheaper merely because a man was taxed to pay his medical bill than it would be if he were allowed to pay his own medical bill.

Generally speaking, I am constrained to believe that most persons who are well able to take care of their own medical expenses would just as soon do it as to have Uncle Sam be the middle man and charge them extra taxes plus the expense of collecting the money, and then lack money to pay the bill under Federal standards. Under the Anderson amendment, the poor man will have to dig down into his own pocket and take money needed for his wife and children in order to pay an extra social security tax to provide for many persons who have no real need at all. I should like to see something done to extend this assistance to those who need it particularly to those in mental hospitals. But the approach based on providing such care to those who need it is the approach taken by this bill; and that is all we shall be able to do between now and next year. I would rather see that done, rather than to have such payments made to those who may not need them.

As a matter of fact, I know that in my own State, 57 percent of the people over 65 receiving such old-age assistance are today in a position to pay and automatically receive the benefits of this bill. We should provide that others who need to have their medical bills paid can receive this aid. That is all we can do at this time.

Certainly the best thing we can do now is to provide for the giving of this aid to those who need it, rather than provide a political issue for the next 9 months.

Mr. DIRKSEN. Mr. President, I yield 2 minutes to the Senator from New Hampshire [Mr. BRIDGES].

The PRESIDING OFFICER. The Senator from New Hampshire is recognized for 2 minutes.

Mr. BRIDGES. Mr. President, I think the Senator from Louisiana has stated the issue very clearly. The issue is whether we have medical care for the aged or whether we have a political issue.

For myself, I will support a medical-aid plan for the aged of the Nation; and I compliment the Senator from Oklahoma [Mr. KERR] and the other Senators who have joined him in sponsoring the committee's bill for coming forward with a bill which the Senator from Oklahoma says frankly may not be adequate, but nevertheless the long step in the right direction, and I believe will provide the medical care immediately and will put the administration into the hands of the States, rather than establish another great Federal bureaucracy, as would be done under the Anderson amendment or the Forand bill, as we know it.

I supported the plan proposed by the distinguished Senator from New York [Mr. JAVITS] because I thought it was a sound one. I still think it is.

But now I support the committee bill; and I hope that the great majority of the Members of the Senate will support the committee bill and will oppose the Anderson amendment.

Mr. ANDERSON. Mr. President, I yield such time as he may need to the Senator from Idaho [Mr. CHURCH].

Mr. CHURCH. Mr. President, I ask unanimous consent to have a statement by me in support of the Anderson amendment printed at this point in the RECORD.

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

STATEMENT BY SENATOR CHURCH

I support the Anderson-Kennedy amendment. I should like to explain briefly some of my reasons for doing so.

In my own State of Idaho, as in the rest of the United States, the percentage of population over 65 is increasing. There, as elsewhere, the aged have more need of medical care than the young, and as a group they are less able to pay for it. Medical and hospital costs have skyrocketed. Private insurance has not met the needs of the aged group, either in terms of coverage or benefits.

In 1959, medical assistance under the Federal public assistance program in the State of Idaho totaled only a little over $24,000, all for nursing home care. This pittance demonstrates the extent of our need for a medical care program worthy of the name.

In Idaho, as in other States, public-spirited citizens and organizations have concentrated time, effort, and money on the problem of medical care for the aged. Some of our counties have tax-supported hospitals which do what they can. Some of our churches and lodges operate worthy private welfare programs for their own membership, and some of these include medical assistance. Individual doctors give freely of their time and their professional skills to attend to urgent charity cases.

But all of this effort, both in public and in the private sector, is based upon the charity approach. It is not premised on entitlement as a matter of right. Neither is the committee bill. Such an approach, however well motivated, inevitably results in a vast disparity in coverage from State to State, as well as in the extent and quality of assistance extended to the individual.

Now, for the first time, we stand united, as a people and in the Congress, that the Federal Government bears a responsibility in this field. The platforms of both parties, and sponsorship of the various amendments before us, the speeches of our presidential candidates all bespeak an awareness of the problem and a desire to solve it.

The central question is: Shall we adopt the charity approach or the insurance approach?

I prefer the insurance approach, and that is why I support this amendment.

The premise of the Anderson-Kennedy amendment is that the aged should not be required to undergo the humiliation of seeking charity, but rather that they should obtain medical benefits through an insurance system, to which they themselves contribute, and from which they receive benefits as a matter of right.

Any program which is based upon a means test, or a needs test, is heir to all the abuses which have plagued public relief programs from their earliest inception, whether at the county, city, State, or Federal level There will be the proud who will never seek help, while freeloaders bring the program into disrepute.

We have only to look at the so-called pauper's oath used in our veterans hospitals to see how this elastic device leads to the acceptance of medical and hospital care by well-to-do people who'd never get by in the charity ward of a private hospital.

For the 9 out of 10 working Americans who are now covered under the social security system, the Anderson-Kennedy amendment

will add a new benefit; namely, provision for meeting their basic medical needs after they have reached the age of 68. This program is actuarially sound. Contributions to it are levied over an individual's working lifetime, while he is employed. Benefits are noncancellable, either for age or after a benefit limit has been reached.

Since contributions would be collected as a part of the regular social security contributions, no new machinery for collection would be required.

The program is minimal. It does not preempt a legitimate field of private insurance any more than the provision for early retirement for disability which the Congress added to the social security system in 1956 preempted such a field. On the contrary, there is strong evidence that the private insurance business will be stimulated by this kind of Federal program. Private life insurance was helped rather than hurt by the Government's national service life insurance program.

For these reasons, I believe the Anderson-Kennedy amendment to be required by the public interest, and I urge its adoption.

Mr. DIRKSEN. Mr. President, I now yield 2 minutes to the Senator from New York [Mr. JAVITS].

Mr. JAVITS. Mr. President, I rise to oppose the Anderson amendment.

The Senator from Massachusetts [Mr. KENNEDY] has appealed for some Republican votes. But I should like to explain why he faces this difficulty today.

On the Monroney amendment to the minimum wage bill, which was tabled, the Senator from Massachusetts had 6 Republican votes because we were working together to put through a minimum wage program in which both the ideas of the Senator from Massachusetts and my ideas were represented.

In the present case, I happen to think that my health bill is more liberal than the Anderson proposal; but the proponents of the Anderson amendment think otherwise. So that is the way the situation is.

But now the Senator from Massachusetts asks us to endorse the Anderson-Kennedy amendment. I am sorry, but this is not the season for that.

I repeat that it seems assured that the aged will have an adequate medical-care plan, because both the Senator from Massachusetts and the Vice President have absolutely assured that, as have 28 votes on this side, and I know that an enormous number of votes on the other side will also be cast for the Anderson amendment.

But, unhappily, the Senator from Massachusetts cannot ask liberal Republican Senators just to "sign here," when their ideas and their views and their deeply held convictions are not reflected in the paper they are asked to sign.

Mr. ANDERSON. Mr. President, I yield 5 minutes to the Senator from Minnesota [Mr. HUMPHREY].

The PRESIDING OFFICER. The Senator from Minnesota is recognized for 5 minutes.

Mr. HUMPHREY. Mr. President, one of the gratifying developments in this situation is that the issue is not whether we should have a program of medical care. Instead, the question is how best to provide for such a program.

So we have made some very real progress; and certainly we are indebted, I believe, to the members of the Finance Committee for that progress.

So the question now is the means by which we shall obtain that program.

The Anderson amendment provides for the kind of strengthening of the committee bill that is required by the situation. The Anderson amendment is not a substitute for the committee bill. As has been repeatedly stated, the Anderson amendment is supplementary to the committee bill; and the only check on the committee bill, in terms of fiscal responsibility, is the social security principle which is written into the Anderson amendment, which provides a means of financing the portion of the medical care which will come under the terms of the Anderson amendment.

The committee bill plus the Anderson amendment will provide for the medical care of those who are in need of it because of their age or because they should receive it as a matter of right, under social security, both because of the compassionate aspects and because of the principle of legal right under a paid-up, prepaid insurance program under social security.

Actually, Mr. President, three out of four people over 68 years of age are covered by the Anderson amendment. The benefits will start 6 months after the fund begins to accumulate—which means financial responsibility.

I heard the argument, today, about the wonderful benefits of the committee bill, as compared to those of the Anderson amendment. The interesting point is that one can paint a beautiful picture of the supposed benefits under the committee bill, and that will entice the votes of those who want to do good. But then one can say to those who are economy minded, "Don't worry too much about that, because all of it depends on whether the States authorize the program." In other words, both sides of the street would thus be played.

Mr. President, if we take all the benefits outlined under the committee bill as a recognizable, realizable fact, fiscal responsibility has been written off. But if we take the limitations which would come about by means of the failure of the State legislatures really to establish such a program, then medical care has been written off for a large number of those who need it.

So the Anderson amendment is the only hope of providing adequate medical care under what might be called a definite program under social security.

Mr. President, I wish to leave one other thought with my colleagues: It has been stated here that if we add the Anderson amendment, the bill will be vetoed—in short, will be an invitation to a veto. Who knows that? Has anyone had a message from the President of the United States today, saying that he is going to veto this measure? By the way, has anyone received from the President a message saying that he will sign the committee bill?

This morning we were told that the administration was in favor of the Javits amendment; but that word came only this morning. I do not think anyone can be at all sure what measure the President will sign.

But, Mr. President, when I hear it said that "This is not the season" to join with us in supporting the Anderson amendment, I wonder who is playing politics.

Mr. President, let me make it quite clear that I thought social security was no longer a partisan issue. I thought that even those who had fought it to the utmost of their ability had repented.

Today, social security is supposedly nonpartisan; and all in the world that the Anderson amendment means is the application of the time-tested, proven principle of social security to a limited type of medical-aid program that is safe and sound. I submit this is the kind of program the people of the United States want. We shall thus provide for the financing, and we shall also provide limitations as to the amount of care they will be entitled to receive under the program. That is to be done now, because every Member of the Senate knows that the entire job cannot be done all at once.

The Anderson amendment provides for an approach that is reasonable and sensible.

Finally, Mr. President, let me say that I hope Senators will not allow their actions to be governed by the views of some persons who believe that the responsibility for taking action in this field lies at the door of 1600 Pennsylvania Avenue. Let there be no mistake about that situation, Mr. President: The people of the United States will hold to account the Members of Congress and the administration for the provision of proper and adequate care for the aged.

I believe the Anderson amendment provides the sane and the sensible and, if I may add, the conservative and responsible way to provide medical care for those who should have it by right, because of their great contributions as productive citizens in the American economy.

Mr. DIRKSEN. Mr. President, I yield 2 minutes to the Senator from Vermont [Mr. AIKEN].

The PRESIDING OFFICER. The Senator from Vermont is recognized for 2 minutes.

Mr. AIKEN. Mr. President, after listening to the debate this afternoon, I wonder what has become of our concern for the small farmer.

It is true, as I pointed out earlier this afternoon, that every corporation farmer will be eligible for benefits under this proposed amendment if he has received a salary from his incorporated farm. It is equally true that a good share of the family farmers or marginal farmers cannot qualify for benefits under this proposal, and undoubtedly will not qualify in the future. How can a farmer earning $2,000 or $2,500 a year from his farm, gross income in many cases, pay himself $4,200 salary, as a corporation farmer can? Or how can he deduct 4½ percent, as presently provided, or 5¼ percent in

the next year or two, and still more in the future as the statutory rate of tax increases? He just cannot put himself in a position to qualify.

I have been amazed at the lack of concern for the small farmer of the country who does not have a social security card. Why should that farmer be left out in the cold in this type of unfortunate and discriminatory legislation? I would like, for once, to get the politics out of the issue and really try to consider the matter on its merits, as it should be. I have been ashamed at some of the things that have been said in this debate, and the obvious political overtones that have just smothered the question. Why can we not be decent about it?

Mr. DIRKSEN. Mr. President, I yield 2 minutes to the distinguished Senator from Nebraska [Mr. CURTIS].

The PRESIDING OFFICER. The Senator from Nebraska is recognized for 2 minutes.

Mr. CURTIS. Mr. President, I think in dealing with any social legislation we should be compassionate about it. One cannot accept the philosophy of the Anderson measure in the spirit of compassion. In the first place, it is a plan that would give nothing to 3½ million people over 68. It would give something: It would blanket in some 8 or 9 million people over 68 who are already on social security, and there would be no provision that they contribute anything to this particular fund.

The other day a prominent businessman from Nebraska called on me. He is 73 years of age. He is one of our wealthy men. He is a beneficiary of social security, drawing $175 a month. He does not have to retire. He will draw medical benefits under the Anderson plan, if it is passed. Yet, the most destitute individual in Nebraska will draw nothing. Who are the aged who are not beneficiaries under OASI? They are the people who have been unable to work for a great number of years.

This program will not take care of the people who need to be taken care of at this time.

If the Anderson proposal were not a failure, if it were not a mistake, it would never be offered as an addition to the bill as reported from the committee. It is offered as an addition, and not as a substitute, because it does not meet the problem that is in the minds of people everywhere, and that is the provisions of adequate medical assistance for the people who are unable to provide it for themselves.

The PRESIDING OFFICER. The time of the Senator has expired.

The Senator from Illinois has 3 minutes remaining.

Mr. DIRKSEN. I yield 1 minute to the Senator from Louisiana [Mr. LONG].

The PRESIDING OFFICER. The Senator from Louisiana is recognized for 1 minute.

Mr. LONG of Louisiana. Mr. President, we should remember that this is an issue which should go to the people. It is an issue that will go to the people, because they should decide who is to be included under the bill. Benefits start at age 68, but the bill does not include payment for doctor bills. If this amendment goes into effect, we know that next year the law will include payment for doctor bills. Then, the age will be reduced to 65. Then, the retirement age will be reduced to 60. Then, the people who have to pay their own medical bills will say, "How about us?" Probably within 10 years we will have to cover everybody else's medical bills by this compulsory approach. We know what the cost is going to be. The cost is going to be 4 percent of the payrolls. That is about $8 billion a year. That is assuming the costs are kept down once Uncle Sam pays the entire tab.

I suggest that Senators go to the people and see whether they would want to pay their own medical bills if they can afford it or have someone pay for them with their tax money.

Mr. MAGNUSON. Mr. President, will the Senator yield half a minute to me, so I may address a question to the Senator from New Mexico?

Mr. ANDERSON. Mr. President, I yield half a minute to the Senator from Washington.

The PRESIDING OFFICER. The Senator from Washington is recognized for half a minute.

Mr. MAGNUSON. I wanted to ask the Senator from New Mexico a question. As all lawyers know, residence is a matter of intent, and involves the physical appearance of the person with the intent. If we did not have a uniform plan, as proposed by the amendment of the Senator from New Mexico, and the State of Washington took advantage of it and had a liberal program, to the hilt, as far as it could go, and the State of Idaho, if my friend had his way, had a similar program, but some people in some States did not like the program, and those States had no such program under as is proposed, would it not mean that aged or retired people would move to a State where they could take advantage of the liberal provisions of the law?

Mr. ANDERSON. That is possible under the bill. It is not only possible, but I have been a relief administrator in a State, a county, and a region of States, and that is what happened over and over again. If Senators want to start bidding for the indigent, this is the way to do it.

Mr. MAGNUSON. California and Florida will be loaded. [Laughter.]

The PRESIDING OFFICER. Each side has 2 minutes remaining.

Mr. DIRKSEN. Mr. President, it always takes me so much longer to unfold and expand than 2 minutes will allow, but I will say the Senator from Oklahoma has put his finger on the question before us: Do we want an issue or a bill? The bill must yet negotiate a conference. The House has not considered this amendment. If it successfully negotiates a conference, it must go to the White House.

I have been rather circumspect about talking to the President. I could say today unequivocally, because I made inquiry, that the President would have accepted and would have signed the proposals that were offered by the Senator from New York [Mr. JAVITS].

With respect to the pending Anderson proposal, I have to judge only from the statements the President has made to me privately and the statements he has made publicly with respect to the inclusion of a medicare program within the tax frame of social security. It is my considered judgment that if the proposal went to the White House, if it got over every other obstacle, it would invite a veto. And when we go home and confront our senior citizens, and they say, "What did you give us?" we can only say, "We gave you a veto." And when they ask, "Why did you not stay there and finish the job?" we can only say, "We were in a hurry to go home."

The President is elected by all the people, and he is a part of the legislative procedure, because the Constitution gives him that authority.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. DIRKSEN. If we want some bread, this is the time to get it by voting down the Anderson proposal.

Mr. ANDERSON. Mr. President, I thank my colleagues who have tried to help. We knew from the beginning this would be an uphill fight.

I was a little surprised to hear the statement that this was medical care for the aged on a political issue. I ask Senators to look at pages 378 and 379 of the hearings, where they will see that the finest body of social workers in America has labeled this a proper method by which to proceed.

As to the political issue, I ask Senators to look at page 161, to see the names of 30 Governors. It is true that they said we should follow the social security principle. A great many of them were Democrats, but among them was Nelson Rockefeller of New York, who had quite a time at the Republican Convention, as I remember it. I do not believe this is a political issue.

Also, it takes time to get benefits. I remember that in 1936 I was an admintrator for this very sort of program. We collected money for a long time before we started paying benefits. Is it remarkable that we should start collecting money under the program January 1 and not pay benefits for a while after that?

I hope the Congress will stand by the social security principle. We have done it in the case of disability. We have done it for old-age assistance and various other things. Why stop now? This is and has been a successful program. I urge Senators not to abandon it. I certainly urge Senators not to abandon it under the threat of a veto.

I have seen the Congress pass housing bills, public works bills, and bills of every nature, with the statement, "We will pass a proper bill, and then the President will have to do his proper duty.

The PRESIDING OFFICER. The time of the Senator from New Mexico has expired.

All time has expired.

The question is on agreeing to the amendment offered by the Senator from New Mexico [Mr. ANDERSON], for himself

and other Senators. On this question the yeas and nays have been ordered, and the clerk will call the roll.

The Chief Clerk called the roll.

Mr. BURDICK. On this vote I have a pair with the Senator from Arkansas [Mr. FULBRIGHT]. If he were present and voting, he would vote "nay." If I were at liberty to vote, I would vote "yea." I withhold my vote.

Mr. MANSFIELD. I announce that the Senator from Arkansas [Mr. FULBRIGHT] and the Senator from South Carolina [Mr. JOHNSTON] are absent on official business.

I also announce that the Senator from Missouri [Mr. HENNINGS] is absent because of illness.

I further announce that, if present and voting, the Senator from Missouri [Mr. HENNINGS] would vote "yea."

Mr. KUCHEL. I announce that the Senator from Iowa [Mr. MARTIN] is absent by leave of the Senate on official business.

The result was announced—yeas 44, nays 51, as follows:

[No. 307]

YEAS—44

Anderson	Gruening	Magnuson
Bartlett	Hart	Mansfield
Bible	Hartke	Morse
Byrd, W. Va.	Hayden	Moss
Cannon	Humphrey	Murray
Carroll	Jackson	Muskie
Case, N.J.	Johnson, Tex.	O'Mahoney
Chavez	Kefauver	Pastore
Church	Kennedy	Proxmire
Clark	Lausche	Randolph
Dodd	Long, Hawaii	Symington
Douglas	Lusk	Williams, N.J.
Engle	McCarthy	Yarborough
Gore	McGee	Young, Ohio
Green	McNamara	

NAYS—51

Aiken	Ellender	Morton
Allott	Ervin	Mundt
Beall	Fong	Prouty
Bennett	Frear	Robertson
Bridges	Goldwater	Russell
Bush	Hickenlooper	Saltonstall
Butler	Hill	Schoeppel
Byrd, Va.	Holland	Scott
Capehart	Hruska	Smathers
Carlson	Javits	Smith
Case, S. Dak.	Jordan	Sparkman
Cooper	Keating	Stennis
Cotton	Kerr	Talmadge
Curtis	Kuchel	Thurmond
Dirksen	Long, La.	Wiley
Dworshak	McClellan	Williams, Del.
Eastland	Monroney	Young, N. Dak.

NOT VOTING—5

Burdick	Hennings	Martin
Fulbright	Johnston, S.C.	

So Mr. ANDERSON'S amendment was rejected.

Mr. DIRKSEN. Mr. President, I move to reconsider the vote by which the amendment was rejected.

Mr. KERR. Mr. President, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MESSAGE FROM THE HOUSE

A message from the House of Representatives, by Mr. Maurer, one of its reading clerks, announced that the House insisted upon its amendment to the bill (S. 2633) to amend the Foreign Service Act of 1946, as amended, and for other purposes, disagreed to by the Senate; agreed to the conference asked by the Senate on the disagreeing votes of the two Houses thereon, and that Mr. HAYS, Mrs. KELLY, Mr. FARBSTEIN, Mr. BENTLEY, and Mrs. BOLTON were appointed managers on the part of the House at the conference.

STATE, JUSTICE, JUDICIARY APPROPRIATION BILL

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent to have printed in the RECORD a chart with regard to the conference report on the State, Justice, Judiciary appropriation bill.

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

STATE, JUSTICE, JUDICIARY APPROPRIATION BILL

House bill	$676,564,807
Senate bill	718,269,147
Conference bill	705,032,567
Increase over House	28,467,760
Decrease from Senate	13,236,580
Decrease under budget estimates	27,997,828

SOCIAL SECURITY AMENDMENTS OF 1960

The Senate resumed the consideration of the bill (H.R. 12580), the Social Security Amendments of 1960.

Mr. MORSE. Mr. President, earlier this afternoon I announced that in case the Anderson-Kennedy amendment was agreed to, I would then offer certain amendments which would also cover citizens who are on railroad retirement so that they would receive equality of treatment with those covered by the Anderson-Kennedy amendment. Now that the Anderson-Kennedy amendment has failed, I submit those amendments only for the record, for future reference, so that the CONGRESSIONAL RECORD will show what the amendments would have been. I ask unanimous consent that they be printed in the RECORD at this point in my remarks, together with a statement of explanation of the proposed amendments to the Railroad Retirement Act.

There being no objection, the amendments and explanation were ordered to be printed in the RECORD, as follows:

AMENDMENTS TO H.R. 12580

Add the following after section 607 of H.R. 12580:

"AMENDMENTS TO THE RAILROAD RETIREMENT ACT

"SEC. 608. The Railroad Retirement Act is amended by adding after section 20 the following new section:

" 'MEDICAL INSURANCE BENEFITS

" 'SEC. 21(a). For the purposes of this section, and subject to the conditions hereinafter provided, the Board shall have the same authority to determine the rights of individuals described in subsection (b) of this section to have payment made on their behalf for inpatient hospital services, skilled nursing home services, home health services, and outpatient hospital diagnostic services within the meaning of section 226 of the Social Security Act as the Secretary of Health, Education, and Welfare has under such section 226 with respect to individuals to whom such section applies. The rights of individuals described in subsection (b) of this section to have payment made on their behalf for the services referred to in the next preceding sentence shall be the same as those of individuals to whom section 226 of the Social Security Act applies and this section shall be administered by the Board as if the provisions of such section 226 were applicable, references to the Secretary of Health, Education, and Welfare were to the Board, references to the Medical Insurance Account were to the Railroad Retirement Account, references to the United States or a State included Canada or a subdivision thereof, and the provisions of subsection (g) of such section 226 were not included in such section. For purposes of section 11, a determination with respect to the rights of an individual under this section shall, except in the case of a provider of services, be considered to be a decision with respect to an annuity.

" '(b) Except as otherwise provided in this section, every individual who—

" '(A) has attained the age of sixty-eight, and

" '(B) (i) is entitled to an annuity, or (ii) would be entitled to an annuity had he ceased compensated service and, in the case of a spouse, had such spouse's husband or wife ceased compensated service, or (iii) had been awarded a pension under section 6, or (iv) bears a relationship to an employee which, by reason of section 3(e), has been, or would be, taken into account in calculating the amount of an annuity of such employee or his survivor,

shall be entitled to have payment made for the services referred to in subsection (a), and in accordance with the provisions of such subsection. The payments for services herein provided for shall be made from the Railroad Retirement Account (in accordance with, and subject to, the conditions applicable under section 10(b) in making payment of other benefits) to the hospital, skilled nursing facility, visiting nurse agency or homemaker service agency providing such services, including such services provided in Canada to individuals to whom this subsection applies, but only to the extent that the amount of payments for services otherwise hereunder provided for an individual exceeds the amount payable for like services provided pursuant to the law in effect in the place in Canada where such services are furnished.

" '(c) No individual shall be entitled in any benefit period as defined in section 226 of the Social Security Act to have payment made for services provided for in this section under both this section and section 226 of the Social Security Act. In any case in which an individual would, but for the preceding sentence, be entitled to have payment for such services made under both this section and such section 226, payment for such services to which such individual is entitled shall be made pursuant to certification of the Board or the Secretary of Health, Education, and Welfare, whichever first determines that the individual is entitled to have such services paid for. It shall be the duty of the Board and the Secretary with respect to such cases jointly to establish procedures designed to minimize duplications of requests for payment for services and determinations and to assign administrative functions between them so as to promote the greatest facility and efficiency of administration of this section and section 226 of the Social Security Act.

" '(d) Any agreement entered into by the Secretary of Health, Education, and Welfare pursuant to section 226 of the Social Security Act shall be entered into on behalf of both such Secretary and the Board. The preceding sentence shall not be construed to limit the authority of the Board to enter on its own behalf into any such agreement relating to services provided in Canada or in any facility devoted primarily to railroad employees.

"'(e) A request for payment for services filed under this section shall be deemed to be a request for payment for services filed as of the same time under section 226 of the Social Security Act, and a request for payment for services filed under such section 226 shall be deemed to be a request for payment for services filed as of the same time under this section.

"'(f) The Board and the Secretary of Health, Education, and Welfare shall furnish each other with such information, records, and documents as may be considered necessary to the administration of this section or section 226 of the Social Security Act.'

"AMENDMENTS TO THE RAILROAD RETIREMENT TAX ACT

"SEC. 609(a). Section 3201 of the Railroad Retirement Tax Act is amended by striking '*: Provided*' and inserting in lieu thereof the following: '. With respect to compensation paid for services rendered after the date with respect to which the rates of taxes imposed by section 3101 of the Federal Insurance Contributions Act are increased with respect to wages by section 606(b) of the Act which amended the Social Security Act by adding section 226, the rates of tax imposed by this section shall be increased, with respect only to compensation paid for services rendered before January 1, 1965, by the number of percentage points (including fractional points) that the rates of taxes imposed by such section 3101 are so increased with respect to wages: *Provided*'.

"(b) Section 3211 of the Railroad Retirement Tax Act is amended by striking '*: Provided*' and inserting in lieu thereof the following: '. With respect to compensation paid for services rendered after the date with respect to which the rates of taxes imposed by section 3101 of the Federal Insurance Contributions Act are increased with respect to wages by section 606(b) of the Act which amended the Social Security Act by adding section 226, the rates of tax imposed by this section shall be increased, with respect only to compensation paid for services rendered before January 1, 1965, by twice the number of percentage points (including fractional points) that the rates of taxes imposed by such section 3101 are so increased with respect to wages: *Provided*'.

"(c) Section 3221 of the Railroad Retirement Tax Act is amended by inserting after '$400' the first time it appears the following: '. With respect to compensation paid for services rendered after the date with respect to which the rates of taxes imposed by section 3111 of the Federal Insurance Contributions Act are increased with respect to wages by section 606(c) of the Act which amended the Social Security Act by adding section 226, the rates of tax imposed by this section shall be increased, with respect only to compensation paid for services rendered before January 1, 1965, by the number of percentage points (including fractional points) that the rates of taxes imposed by such section 3111 are so increased with respect to wages'."

EXPLANATION OF RAILROAD RETIREMENT AMENDMENTS

The amendments to the Railroad Retirement Act would provide for payment on behalf of aged railroad workers and their aged dependents for the same inpatient hospital services, skilled nursing home services, home health services and outpatient hospital diagnostic services as would be provided under the Anderson-Kennedy amendments for aged workers and their aged dependents under the social security system. The coverage under the railroad retirement amendments is the same as under the Anderson-Kennedy amendments, that is, both amendments would cover workers and dependents, age 68 or over, including only those who are eligible for immediate payment of monthly benefits, or annuities, or would be but for not having stopped work. The railroad retirement amendments would include an employee's relatives or dependents who, though not directly eligible for annuities, would be eligible for monthly benefits under the social security system if railroad service were covered by the social security system. An example of such relatives or dependents would be the employee's dependent parents who are not eligible for annuities under the Railroad Retirement Act when the employee's widow or child is eligible for a monthly annuity but which parents would be eligible for monthly benefits under the Social Security Act, without regard to the eligibility of the widow or child, if the employee's railroad employment had been covered by the Social Security Act.

Special provision would be made to prevent duplication of benefits.

This new benefit program for railroad workers would be administered by the Railroad Retirement Board through the incorporation in the Railroad Retirement Act of the provisions for payment of hospital and other health services under the Social Security Act, in the same way, and under the same conditions, generally, as the program for social security workers would be administered by those in charge of the social security system, except that the railroad program would extend to Canadian employees of American railroads insofar as the cost of these new benefits would exceed that required to be supplied by Canadian law.

All agreements with providers of service, that is, with hospitals, skilled nursing facilities, visiting nurse agencies, and homemaker service agencies, regulating the care to be provided and the pay for services furnished, would be made by the Secretary of Health, Education, and Welfare on behalf of the Secretary and the Board; and the Board would make such agreements only with railroad hospitals and facilities with which the Secretary might not have an agreement and with Canadian hospitals and health agencies.

Provision would also be made to pay for this new program by raising the rate of employment tax on railroad workers and employers by the same number of percentage points as the employment taxes would be raised on covered social security workers and their employers. The present financial interchange provisions of the Railroad Retirement Act would operate also with respect to this new program since the hospital and health benefits under the social security system would be paid for out of the medical insurance account which would be only a part of the Federal old-age and survivors insurance trust fund, and while increased taxes would be levied to pay for these new social security benefits, the proceeds would be appropriated into the Federal old-age and survivors insurance trust fund, although into a special account in that fund.

Mr. YARBOROUGH. Mr. President, I call up my amendment to H.R. 12580 and ask that it be stated.

The PRESIDING OFFICER. The amendment of the Senator from Texas [Mr. YARBOROUGH] will be stated.

The LEGISLATIVE CLERK. On page 29, between lines 21 and 22, it is proposed to insert the following new subsection:

INCLUSION OF TEXAS AMONG STATES WHICH ARE PERMITTED TO DIVIDE THEIR RETIREMENT SYSTEMS INTO TWO PARTS FOR PURPOSES OF OBTAINING SOCIAL SECURITY COVERAGE UNDER FEDERAL-STATE AGREEMENT

(k) Section 218(d)(6)(C) of the Social Security Act is amended by inserting "Texas," before "Vermont."

Mr. BYRD of Virginia. Mr. President, the proposed amendment applies only to the State of Texas. I accept the amendment and will take it to conference.

The PRESIDING OFFICER. The question is on agreeing to the amendment offered by the Senator from Texas.

The amendment was agreed to.

MR. HARRIMAN'S MESSAGE TO MR. KHRUSHCHEV

Mr. KEATING. Mr. President, I have read with interest of an informal two-power meeting that occurred last night. Averill Harriman met with Soviet Ambassador Menshikov.

According to press reports, Mr. Harriman advised the Soviet Ambassador that "he should inform Mr. Khrushchev that Mr. Kennedy would be the next President of the United States, and to make his plans accordingly."

I find Mr. Harriman's statement most thought provoking. In the first place, Averill is not an acknowledged seer when it comes to political futures.

Thus, I am sure that Ambassador Menshikov will pass along the Harriman prophecy to Khrushchev with some such qualifying statement as "Mr. Harriman has been known to be wrong before, in assessing his own political future, so let us assume that in the present instance, he is thinking with his heart instead of his head."

Further, as an expert in issuing communiques strictly for home consumption, Ambassador Menshikov must appreciate that Mr. Harriman is presently in rehearsal, together with several other competitors, for a role that he feels eminently suited for—that of Secretary of State—in the unforeseen Cabinet of the Democratic candidate. As one of the stage struck, therefore, or perhaps State struck is more apt, he is trying to sound as global and profound and omniscient as the others who are rehearsing for the role. As a matter of fact, in all candor, I must admit that I would much prefer to see the distinguished former Governor of New York in the post position in the diplomatic sweepstakes than I would some of the other active entries who have been prominently mentioned.

It is not my intention to read too much into Mr. Harriman's historic message to Nikita. Indeed, perhaps the implication is one of warning, rather than of flexibility. Perhaps Mr. Harriman is cautioning the Soviet Premier that he will have a vigorous, able, unflinching, and supremely wise Secretary of State to deal with after the Eisenhower administration leaves office. As a matter of cold fact, Mr. Harriman is correct. There will be such a Secretary of State, and I am confident that, as an outstanding member of the Foreign Relations Committee, Senator KENNEDY will extend to that Secretary of State his full and valued support.

SOCIAL SECURITY AMENDMENTS OF 1960

The Senate resumed the consideration of the bill H.R. 12580, the Social Security Amendments of 1960.

Mr. DIRKSEN. Mr. President, I should like to ask the distinguished chairman of the committee whether it is proposed to complete consideration of the pending bill tonight. If so, how many amendments are at the desk, and are they of a major or minor character?

Mr. BYRD of Virginia. There are quite a number of amendments, and probably it would be better not to finish the bill tonight. There are about 10 or 15 amendments, and their consideration probably will require a considerable length of time. Therefore it may be better not to finish the bill tonight.

Mr. DIRKSEN. If I correctly understand the distinguished Senator from Virginia, there are approximately 15 amendments at the desk, some of them of a major character, and therefore it is unlikely, in his opinion, that consideration of the bill can be completed tonight.

Mr. BYRD of Virginia. That is correct. I believe it would require some time.

Mr. ENGLE. Mr. President, I offer an amendment and ask that it be stated.

The PRESIDING OFFICER. The amendment will be stated.

The LEGISLATIVE CLERK. On page 29, between lines 21 and 22, it is proposed to insert the following new subsection:

CERTAIN EMPLOYEES IN THE STATE OF CALIFORNIA

(k) Notwithstanding any provision of section 218 of the Social Security Act, the agreement with the State of California heretofore entered into pursuant to such section may, at the option of such State, be modified, at any time prior to 1962, pursuant to subsection (c)(4) of such section 218 so as to apply to services performed by any individual who, on or after January 1, 1957, and on or before December 31, 1959, was employed by such State (or any political subdivision thereof) in any hospital employee's position which, on September 1, 1954, was covered by a retirement system, but which, prior to 1960, was removed from coverage by such retirement system if—

(1) after January 1, 1957, but before January 1, 1960, such individual has, in his capacity as an employee in such a position, participated in a referendum conducted in accordance with the requirements contained in subsection (d)(3) of such section, and

(2) prior to July 1, 1960, such State has, in good faith, paid to the Secretary of the Treasury, with respect to any of the services performed by such individual in any such position, the sums prescribed pursuant to subsection (e)(1) of such section 218. Notwithstanding the provisions of subsection (f) of such section 218, such modification shall be effective with respect to (A) all services performed by such individual in any such position on or after the date of enactment of this subsection, and (B) all such services, performed before such date, with respect to which such State has paid to the Secretary of the Treasury the sums prescribed pursuant to subsection (e) of such section 218, at the time or times established pursuant to such subsection.

Mr. ENGLE. Mr. President, this is a very technical amendment, which permits the inclusion of some people in the El Centro Community Hospital. Through a technical error, they were excluded from the provisions of the bill. I have cleared the amendment with the committee staff, with the chairman of the committee, with the minority, and with the Senator from Delaware. The committee is ready to accept the amendment. It permits the correction of a technical error. I offer it on that basis.

Mr. BYRD of Virginia. The amendment refers only to the State of California. I will accept the amendment and take it to conference.

The PRESIDING OFFICER. The question is on agreeing to the amendment by the Senator from California [Mr. ENGLE].

The amendment was agreed to.

Mr. LONG of Louisiana. Mr. President, on behalf of myself and the Senator from Florida [Mr. SMATHERS], I offer the amendment which I send to the desk and ask to have stated.

The PRESIDING OFFICER. The amendment will be stated.

The LEGISLATIVE CLERK. Beginning on page 204, line 21, it is proposed to strike out all through line 2 on page 205, and insert in lieu thereof the following:

(f) (1) Section 6 of such Act is amended by striking out "or any individual (a) who is a patient in an institution for tuberculosis or mental diseases, or (b) who has been diagnosed as having tuberculosis or psychosis and is a patient in a medical institution as a result thereof".

On page 206, beginning with the word "or" on line 6, it is proposed to strike out all through the word "thereof" on line 9.

Mr. LONG of Louisiana. Mr. President, the purpose of the amendment is to correct what I believe is a gross oversight in the committee amendment. In committee I was one of those who joined as cosponsors of the committee amendment, because I believed the Federal Government should do what it can do to provide assistance for those who are not able to provide it for themselves.

A great number of Senators who voted for it will be surprised to find that the committee bill does not provide for those who are mentally sick.

Mental sickness affects 165,000 people, who are in mental institutions today. Ninety percent of them are not able to pay their medical bills. This is a disease which in many instances is incurable.

We are told that with the pressures of modern times the disease will occur far more frequently in the future. Yet the committee bill, while it would help take care of most of those who cannot afford to pay their bills while sick, does nothing for the mentally sick or for those who suffer from tuberculosis. Why is that exception made?

It is particularly unfortunate that those people should be left out. Why should people who are mentally sick or who have tuberculosis be left out? The cases of the mentally sick are the most crying cases of need of all. Young veterans have come to me—young men who have just graduated from college—to tell me that they and their brothers and sisters had spent every nickel they could lay their hands on to look after their father or mother in a mental institution. They have sought my help to have them taken care of in a U.S. hospital. Why is that? The record shows that in a State hospital there is little money available for such cases. It averages about $3 a person per day, or $90 a month.

Ninety dollars a month. Think of it. Ninety dollars a month to take care of people who are mentally sick people in the mental hospitals. Think of the tremendous expense which devolves upon relatives on the one hand or the unmet need on the other.

If we get them into a U.S. public health hospital, a veterans' hospital, a marine hospital, or some other hospital where Uncle Sam will foot the bill, the Federal Government pays between $15 and $16 a day to provide for such persons.

Mr. CASE of South Dakota. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. CASE of South Dakota. What would be the effect of the Senator's amendment on patients who are in a State hospital? For example my State has a tuberculosis sanitarium which is located near my home town. South Dakota also has a State hospital for the mentally sick. Would aid be available to pay the costs which otherwise would devolve upon the individuals in the counties, or the people who are of required age?

Mr. LONG of Louisiana. My amendment provides that the age requirement would be available just as it would be in any other hospital in the Senator's State. The State hospital, the county hospital, or the city hospital is subject to matching in the case of any disease from which a person is suffering, except mental illness or tuberculosis. Why exclude those diseases?

Mr. CASE of South Dakota. I do not believe they should be excluded. Certainly, tuberculosis and mental sickness should be regarded as any other illnesses. I think the Senator's amendment should be adopted.

Mr. CARLSON. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. CARLSON. Does the Senator's amendment apply only to those over age 65?

Mr. LONG of Louisiana. Only to those over age 65. However, I point out again that mental illness tends to be an old man's illness. Compare the situation with that in my own State. In Louisiana State hospitals, we find that those over age 65 are nearly 10 percent of those who are in the hospitals. But in our mental hospitals, the figure is 20 percent of the population.

I repeat: Mental illness tends to be an old person's disease. It arises, increases with the passage of time, and the pressure of circumstances. I suppose in some instances, the person's mind simply begins to wear out. He may have hardening of the arteries, which affects the brain cells and other parts of the body, thus tending to make mental illness occur later in life rather than earlier.

Mr. MAGNUSON. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. MAGNUSON. Not only does it occur later in life; but the Senator from Louisiana knows that the Senator from Washington has participated in many health programs. Great progress is being made in the curing of all kinds of diseases. But the charts indicate that mental illness is constantly rising in the United States.

As the Senator knows, I am the chairman of the Subcommittee on Appropriations which handles the appropriation for the Veterans' Administration. Every other bed in the veterans' hospital is occupied by a mental case. The charts indicate that cases of mental illness in private hospitals are constantly rising, whereas some progress is being made in overcoming other types of disease.

Mental illness is something we have not considered as much as we should. The cases of mental disease in veterans' hospitals in the United States alone cost more than $500 million annually simply for care.

Mr. LONG of Louisiana. I agree with the Senator from Washington. Suppose the Senate does not accept this amendment. Consider the ridiculous position in which we will find ourselves.

To provide old-age assistance the Federal Government will put up as much as 80 percent of the money for health care. If the aged people are placed in a mental institution where bills run the highest, because in many cases the disease is completely incurable, it is not possible to obtain any Federal help. The State has to assume the whole load by itself.

Consider an old person, 65 or 66 years old, who is drawing old-age assistance. The Federal Government pays anywhere from 60 to 80 percent of the entire cost of his old-age assistance. But the minute that person becomes mentally ill and must be in an institution for care, then all the Federal assistance is cut off. What kind of sense does that make?

Mr. SMATHERS. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. SMATHERS. First, I congratulate the able junior Senator from Louisiana for presenting this amendment. I do not remember this amendment being discussed at great length in the committee discussions. It seemed to me that it was the sense of the majority of the committee that they wanted to do something in this field for elderly people. No one can rightly distinguish between a person who is so old that he cannot move because of rheumatism or dyspepsia, or something of that nature, and who will be helped by the Federal Government, and a person who is suffering mental illness will not be given such help; he will be denied treatment.

I do not believe it was the intention of the members of the committee, and I do not believe it is the intention of the Senate, to distinguish among illnesses. As I understand, the purpose of the bill is to help all aged people who are needy, who are in institutions, and who are not getting the proper kind of treatment.

The whole purpose of the so-called Finance Committee proposal was to help elderly people who found themselves unable to get proper treatment. So I congratulate the Senator from Louisiana upon his amendment. I hope the Senate will adopt it. I should like to think the chairman of the Committee on Finance will accept the amendment. I think that it was the intention of the committee, in good conscience, to have such a proposal in the original bill.

Mr. LONG of Louisiana. Mr. President, as one who voted for the committee bill and for the Kerr amendment, I thought the mentally ill were included. I never dreamed that it was proposed to look after the poor but not to include the mentally ill. I can think of no logical reason why they should not be included.

Mr. RANDOLPH. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. RANDOLPH. I shall vote for the amendment offered by the Senator from Louisiana and the Senator from Florida. I feel we have given attention to the problems of the physically handicapped in practically all of the legislation in this area which we have passed and are discussing this afternoon. Now I should like to believe that it is proper and right that those who are mentally ill should be given the same coverage.

We are dealing here with the welfare of people, not with portions or segments of the person. In this respect we cannot well separate the mind from the body in the total functioning of the individual.

A person who suffers from mental disability to the extent that he or she has been hospitalized for a psychosis is just as undeniably in need and is as equally deserving of the provisions of this act as are the physically handicapped.

I have been conversant with the problems of the mentally ill and have been deeply concerned with them for some time, especially since the American Legion in West Virginia has taken the lead in my State in helping to bring public attention to bear on the question.

I am therefore pleased to join with my distinguished colleagues from Florida and Louisiana in support of this very significant piece of humanitarian legislation.

Mr. LONG of Louisiana. I thank the Senator from West Virginia. To show how this problem affects people, I am familiar with the situation in my own State of Louisiana. There is great difficulty on the part of any State government to spend its money where it will go the furthest. Therefore, in Louisiana—and Louisiana has very liberal requirements for entrance and eligibility—if sick people are admitted to a State general hospital for the treatment of tuberculosis or for a tonsilectomy, or anything else which needs medical care, the State knows that its case burden will be relieved in short order, and the State, therefore, is disposed to spend money for private care on a par with the kind of care that the person would receive in private institutions.

I have before me the averages of the cost per hospital day in Louisiana. On a hospital-day basis, about $15 a day is the average cost of treatment in the State hospitals, but not in the mental hospitals. If a person is so unfortunate as to be confined to a mental hospital, the treatment money is $3 a day, or about $1 compared with the $5 which would be spent to treat a person if he were in some other type of hospital. One reason for that is that illnesses of other kinds are easier to treat and shorter in duration.

Louisiana has one hospital where a special effort is made to treat people whose illness is thought to be curable. The cost is $9.41 a day.

What can be done with $1 as compared with the $5 spent in other general hospitals? About the best most mental hospitals can hope to do is to feed such patients and provide them with a change of bed linen. What kind of treatment can be expected on $3 a day?

Mr. HUMPHREY. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. HUMPHREY. Yesterday the Senator from Louisiana discussed this question privately with some of his colleagues. I fully concur in the proposal he is offering. There is no area in which there is a greater need. The greatest tragedy, I suppose, of all medical cases, is in the field of mental health. The Senator's proposal at least makes a determined effort to do something about providing modern care for the heart-rending cases in the field of mental sickness. I compliment the Senator, as I told him last night. It is always good to be on his side in efforts to improve the social welfare structure, because in the main I find the Senator from Louisiana is always doing what I think is the proper thing. Not only that, but he sets a mighty good standard for his colleagues.

Mr. LONG of Louisiana. I thank the Senator from Minnesota.

Mr. MAGNUSON. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield.

Mr. MAGNUSON. The good thing about this amendment is that we find that when we can get the mental cases to a proper place to use the new drugs, especially the tranquilizer type of drugs, it has been possible to take care of mental health cases and cure them. Previously, such cases drifted along for many years.

Mr. LONG of Louisiana. If shock treatment is provided, a great number of mental disease cases can be completely cured in a short time.

Mr. MAGNUSON. But it is necessary to send such cases to institutions where they can properly be taken care of.

Mr. HUMPHREY. I think the best evidence for the Senator's argument is what happens in Veterans' Administration hospitals, where the record of improvement in the condition of so-called mental health patients, or patients having mental sickness is phenomenal. Veterans' Administration hospitals have done remarkable work. Why? Because they had the facilities, the modern drugs, and all the many new treatments,

such as the Senator has described, one of them being shock treatment. The Veterans' hospitals have had everything to work with. That is an indication that when the proper facilities and personnel, and drugs and care are available, progress can be made. The Senator's amendment is directed toward that purpose. If we do nothing else than do something in this field, together with what we have done in the treatments at the National Institutes of Health for research in the field of mental health care, we will be making very commendable progress.

Mr. LONG of Louisiana. Mr. President, I wish to say only one or two words about the so-called administrative objections. So far as I can ascertain, they are not objections on the part of President Eisenhower. In fact, they are so ridiculous that I do not believe they deserve to be associated with either the Vice President or the Secretary of Health, Education, and Welfare.

However, within the hidebound bureaucracy in the departments, some objections are found. It is said, in the first place, that the Federal Government never has done anything for a program of this type. But what sort of argument is that? It was only a year or two ago that the Federal Government provided any medical care, and only now is it proposed that the Federal Government help to provide medical care for almost all persons who need it.

It is said that if the Federal Government makes provisions for such a program, the States might reduce the contributions they already are making for the aid of these persons. The same argument could be made against any Federal program in any field in which the States also take a part.

Such arguments are completely spurious; there is no logic at all to them. In fact, I believe that any bureaucrat who presented such an argument to President Eisenhower would be told he was stupid.

This amendment will provide perhaps $120 million a year for the needy people of the country who are suffering from mental illness or tuberculosis. Many of them can be cured; and if this measure is enacted, many of them will be cured.

On the other hand, if we do not take the action called for by my amendment, but, nevertheless, provide for some medical care, we shall find that we have provided for all the groups except the very group which has the most crying need for medical care.

Furthermore, Mr. President, although we understand that the President is willing to go along with a bill which will cost $1,200 million, the way it now stands, yet some object to extending the bill to cover those who have the most crying needs of all, even though this logical extension would add only a small increase, comparatively, to the cost of the bill.

Mr. President, the State I represent will benefit greatly from this bill, even without this amendment. But I state frankly that I would rather have my State receive less Federal aid in the other categories and have some aid provided to those in Louisiana who, in my opinion, are the most neglected of all. Mr. President, the provision of aid to those in this group should be the starting point; they should not be the last ones to be provided for.

Mr. HUMPHREY. Mr. President, earlier I heard the Senator say that of all the illnesses that really take their toll on the income of either the individual or the family or the family friends, none has a more harmful effect than so-called mental sickness does. Certainly, that is true; and yet everyone knows that not one State or county or city in the Nation has adequate facilities for the mental illness cases which already have been diagnosed. As a matter of fact, there is not one State in the Union that does not need to double the available hospital space for its so-called mental sickness patients or mental health patients.

Mr. President, the argument the Senator from Louisiana has been making cannot be refuted. The only argument which can be made against his amendment is that it will cost some money. But on the basis of that argument, Mr. President, the whole bill could be opposed.

It is also argued that if this amendment is agreed to, perhaps the States will reduce the assistance they already are providing. But, Mr. President, the same argument could be made against the entire bill.

If it is said that we cannot afford to make the provision which the Long-Smathers amendment calls for, I point out that there is no illness that takes a greater toll in terms of production in the economy than does mental illness. We have found that in some of the hospitals where there is an extensive program of providing care for those who are mentally ill, it has been made possible for such illness to be cured and for those who suffer from mental illness to become once more productive, useful citizens and make real contributions to the community and to the economy.

In short, Mr. President, I do not think this amendment will actually cost one dime; and I speak with some knowledge of this situation, because I saw the results being obtained in the city of Minneapolis, where the care provided was such as to make it possible for persons suffering from mental illness to be returned to gainful employment and productive occupations.

Mr. LONG of Louisiana. Mr. President, on the question of agreeing to this amendment, I ask for the yeas and nays.

Mr. JOHNSON of Texas. Mr. President, I hope the yeas and nays will be ordered. Several Senators have engagements; and if the yeas and nays are ordered on the question of agreeing to this amendment, we can inform Senators of that, and also can arrange for the procedure for the remainder of the evening.

So, Mr. President, I ask for the yeas and nays on the question of agreeing to the Long-Smathers amendment.

The PRESIDING OFFICER (Mr. BURDICK in the chair). Is there a sufficient second?

The yeas and nays were ordered.

Mr. JOHNSON of Texas. Mr. President, the Senator from Louisiana has already spoken for a certain length of time on his amendment. Will he agree to the following limitation to be applied to the further consideration of his amendment: 10 minutes for the proponents and 15 minutes for the opponents? If so, I make that proposal.

Mr. LONG of Louisiana. Or if the Senator from Texas prefers, he can request 5 minutes for the proponents and 10 minutes for the opponents.

Mr. JOHNSON of Texas. Very well, Mr. President; then I ask for 5 minutes for the proponents and 10 minutes for the opponents.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. JOHNSON of Texas. Mr. President, at this point I ask unanimous consent that the time required for these requests not be charged to the time available to either side under the agreement already entered.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. JOHNSON of Texas. I have talked with the chairman of the committee and also with the minority leader; and in that connection I now ask unanimous consent that debate on any other amendments which may be offered be limited to 20 minutes, to be divided equally between the proponents and the opponents, and controlled, respectively, by the proponent of the amendment and the majority leader.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. JOHNSON of Texas. I also ask unanimous consent that there be a limitation of 30 minutes on the further debate on the bill, to be divided equally between the proponents and the opponents, and controlled, respectively, by the chairman of the committee and the minority leader.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. JOHNSON of Texas. Mr. President, I announce that we shall attempt to complete our action on the bill tonight. I ask that all Senators be on notice. I hope we shall not have to hold up any yea-and-nay votes because Senators are away from the Capitol. In view of the 20-minute limitation on amendments which has been ordered, Senators should either remain in the Chamber or should be in their offices, where they can be notified.

Mr. DIRKSEN. Mr. President, will the Senator from Texas yield to me?

Mr. JOHNSON of Texas. I yield.

Mr. DIRKSEN. Is it possible to ascertain how many Senators have amendments which are yet to be called up?

Mr. JOHNSON of Texas. Mr. President, I now ask how many Senators have amendments which are yet to be called up? I am informed now that there will be four.

ORDER FOR ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that

when the Senate concludes its business today, it stand in adjournment until tomorrow, at 10 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SOCIAL SECURITY AMENDMENTS OF 1960

The Senate resumed the consideration of the bill H.R. 12580, the Social Security Amendments of 1960.

The PRESIDING OFFICER. Does any Senator wish to address the Senate at this time on the Long-Smathers amendment?

Mr. KERR. Mr. President, who is in charge of the time in opposition to the amendment?

Mr. JOHNSON of Texas. I am, but I yield to the Senator.

Mr. KERR. Mr. President, I yield myself 5 minutes in opposition to the amendment.

I want to say to my distinguished friend from Louisiana that he has discussed a matter which is near and dear to my heart, as I believe it is to his, and as I believe it is to every other Member of the Senate. But the Senator from Louisiana has not indicated what he thinks will be the cost of his amendment. He has not indicated what he thinks will be the effect of it upon the operation of institutions in the several States.

The distinguished Senator from Minnesota said that in every State, in every county, in every city are worthy cases of people who need medical care either because they are mentally ill or tubercular; and I have no fault to find with that.

The problem has not been studied by any committee. There are no estimates of what the amendment would mean in terms of dollars and cents. We spent several days on the Anderson amendment, which had the earnest support of nearly half the Members of this body. The Senator from Oklahoma took the position, as did the committee, that it would be unwise to attach the amendment to the bill, because the result would be the certain veto of the bill.

I must say to the Senator from Louisiana that I fear to take the amendment and let it become a part of the bill, because I think it would jeopardize the other provisions in the bill. No one did any more work to put the bill in its present form than did the great Senator from Louisiana. Nobody studied it more. Nobody made more preparation on the proposal and the very amendment that has now been approved by the Senate. Therefore, I know he wants to protect the bill and all the features in it. Yet he offers an amendment that is as broad as the United States, with cases in every community, every county, every State. It would more than double the cost of the bill, in my judgment, the very first 2 years.

Mr. CARLSON. Mr. President, will the Senator yield?

Mr. KERR. I yield to the Senator from Kansas.

Mr. CARLSON. I yield to no one when it comes to taking care of the interests of mentally ill people. Our State was 46th for taking care of mentally ill when I was elected Governor, and it is now No. 1 in the Nation.

I am not concerned with the cost of the amendment, but if we want to disrupt the mental health programs of the States, in which States hire mental health specialists at high salaries, and which have their programs under way, bringing the social security people into this field will surely disrupt those programs. I think it would be one of the most disastrous things that could happen. It is not the dollars involved or the threat of a veto that concerns me, but the fact that it would disrupt the State programs and be disastrous to them.

Mr. KERR. The Senator from Washington [Mr. MAGNUSON] talked about servicemen being mentally ill and hospitals being overcrowded with those patients. I say that is a matter which we should take care of in appropriations for veterans. I yield to no Senator in the efforts I have taken to provide adequate facilities for our veterans, and I have done it with all the energy I have; but I do not believe in taking this provision when neither I nor any of its sponsors know what will be the effect of it. If we are to expand our veterans' programs, we should do it under the guise or heading or identity of a veterans' program, and not in a bill on which the Senate and House committees have worked for many, many weeks.

After we have brought the bill here in workable form, it is sought to add an amendment which, in my opinion, would cost more than all the benefits provided in the bill in the first 2 years of its operation, with what I believe to be the very certain result of jeopardizing or losing the entire bill. I hope the amendment will not be agreed to.

Mr. LONG of Louisiana. Mr. President, I yield myself 2 minutes.

The statement has been made that there is no estimate of cost. The departmental adviser sits two seats from the Senator from Oklahoma. He has been sitting near him throughout the debate. He is the same adviser who advised us what the cost of the Kerr amendment would be. He came up with a cost of $210 million for the Kerr amendment, which I believe to be conservative. It is going to be more than that if the States match the Federal funds. That is the same source on which we rely for the Federal cost of the Long-Smathers amendment, and that estimate is $120 million.

I voted for the Kerr amendment and supported it. While we were providing medical care for adults who needed it, it was my impression in the committee that it included assistance for patients suffering from tuberculosis or mental illness.

The best estimates from the psychiatrists is that 1 person out of 12 is going to require confinement in a mental institution during his lifetime. Why turn our backs on those people? Why impose the burden of large medical bills on the families of those victims, when we are doing so much for others?

The provisions of this bill are going to cost $1,400 million. It provides many costly benefits to persons who are not needy at all. Are Senators going to tell the people they voted to help those who could not afford to pay for their medical care, when they know, every time they say so, that they left out those who suffer from mental illness or tuberculosis? Those who suffer mental illness are the most trying types of cases, with the possible exception of victims of cancer. Senators tell me that care is provided in the latter cases, whereas in mental illness or tuberculosis cases nothing is provided.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. YARBOROUGH. Mr. President, will the Senator yield?

Mr. LONG of Louisiana. I yield myself 1 minute, and I yield to the Senator from Texas.

Mr. YARBOROUGH. I commend the Senator from Louisiana for his leadership in offering this amendment to cover a great gap left in the bill. I ask the Senator if it is not a fact that public health officers say one of the greatest dangers to public health comes from people who have tuberculosis and who work around food establishments because they cannot do heavier work? Would it not be foolish not to give those persons an opportunity to get well, so they will not be a hazard to the public health?

Mr. LONG of Louisiana. The Senator is correct. The only reason why tuberculosis was put in the same category as mental health is that the word "tuberculosis" had historically appeared in the same place in the law as the words "mental illness or psychosis."

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. KERR. Mr. President, if 1 out of every 12 living Americans is going to be confined to a mental institution during his lifetime, where is the Senator who thinks that problem can be taken care of with $120 million a year?

Mr. LAUSCHE. Mr. President, will the Senator yield 1 minute to me?

Mr. KERR. I yield 1 minute to the Senator from Ohio.

Mr. LAUSCHE. Historically and traditionally, the States have carried the responsibility of care for their mentally ill. In 25 out of the last 30 years the Government has had deficit operations. The burden of carrying the responsibility of national defense is one of tremendous weight and significance. There has been a constant trend of State governments wanting to give up those responsibilities which are historically and traditionally theirs. As they ask the Federal Government to give up their own responsibility, the Central Government grows bigger and bigger and mightier and mightier.

I respectfully submit to the Senator from Louisiana that this responsibility ought to be left with the States.

Mr. HOLLAND. Mr. President, will the Senator yield me 1 minute?

Mr. KERR. I yield 1 minute to the Senator from Florida.

Mr. HOLLAND. Is it not true that not only is the responsibility historically one which the States have assumed but also one which involves the exercise of the police power? Incarceration

is required in most cases. This represents one of the heavy burdens for the local officials, particularly the county judges who have to pass upon questions of lunacy. They are repeatedly called upon to try to figure out what cases should be handled, in the public interest, at the State's expense.

Mr. LAUSCHE. The Senator is completely correct.

Mr. LONG of Louisiana. Mr. President, how much time have I remaining?

The PRESIDING OFFICER. The Senator from Louisiana has 2 minutes remaining. The opponents have 3 minutes.

Mr. LONG of Louisiana. Mr. President, I will say to the Senators who voted for the Anderson amendment that they voted to take care of the mentally sick when they voted for the Anderson amendment. It was my impression that the Anderson amendment provided care for all the sick, and made no distinction as to whether one was mentally sick or otherwise sick.

I believe many Senators who voted for the Kerr amendment, as I did in the committee—I think the Senator from Florida [Mr. SMATHERS] believed the same as I in the committee—thought we were voting to provide for all sick people not in a position to pay their bills, not merely for those who were not suffering from mental diseases or tuberculosis.

Mr. YARBOROUGH. Mr. President, will the Senator yield to me for 30 seconds for a question?

Mr. LONG of Louisiana. I yield.

Mr. YARBOROUGH. The statement has been made that cases of mental illness often lead to incarceration. That is one of the problems. These people are not receiving treatment.

I have been a member of the Public Health Subcommittee, and from my experience on the committee have learned that psychiatrists and other doctors feel that if we would treat the mentally ill, an overwhelming majority, some four-fifths of them, could be cured. I see the distinguished chairman of the Public Health Subcommittee, who knows more about medicine than any other Member of this body, the distinguished senior Senator from Alabama [Mr. HILL], is nodding agreement. When we wait and do not provide treatment, the end result is incarceration for those people. Then the family or the State or someone has to pay for many years of confinement. Those people are totally lost. If they were treated in time four out of five of the mentally ill could be restored to society, restored to active life, to a useful life in the community.

If we fail to give proper treatment, I think we shall be acting in a very short-sighted way. We shall be denying these people the right to be cured, the right to return to society as useful members of society.

Mr. KERR. Mr. President, I yield myself 30 seconds.

I say to the Senator from Minnesota, to the Senator from Louisiana, and to other Senators who think that when they voted for the Anderson amendment they voted, as the Senator from Louisiana said, for a coverage of those in mental and tubercular hospitals, that on page 8, line 7 of the Anderson amendment these words appear, "The term 'hospital' shall not include a tuberculosis or mental hospital."

Mr. HOLLAND. Mr. President, will the Senator yield me 1 minute?

Mr. KERR. I yield 1 minute to the Senator from Florida.

Mr. HOLLAND. I have had the responsibility of serving as a county judge in my State for 8 years. I know the cases which are the most pitiful ones clear through that office or through similar offices in the various States.

The Senator from Louisiana comes from a State which has one of the finest organizations of any State to take care of the mentally ill. Insofar as my own State is concerned, our procedures are such that many people much prefer to send the mentally ill to our State institutions rather than to any of the private institutions which are available. To make such a fine effort an apparent effort to unload from the State a responsibility which has always been its responsibility, and one of its driving responsibilities, I think is the wrong thing to do. It will undoubtedly load this bill, which is not intended to cover that kind of case. I hope the amendment will not prevail.

Mr. JOHNSON of Texas. Mr. President, has all time been consumed?

The PRESIDING OFFICER. One minute remains for the opponents.

Mr. JOHNSON of Texas. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The Chief Clerk proceeded to call the roll.

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that further proceedings under the quorum call be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered..

The question is on agreeing to the amendment offered by the Senator from Louisiana [Mr. LONG]. All time has expired. The yeas and nays have been ordered, and the clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MANSFIELD (when his name was called). Mr. President, on this vote I have a pair with the Senator from California [Mr. KUCHEL]. If he were present and voting he would vote "nay"; if I were at liberty to vote, I would vote "yea." I therefore withhold my vote.

The rollcall was concluded.

Mr. MANSFIELD. I announce that the Senator from New Mexico [Mr. CHAVEZ], the Senator from Arkansas [Mr. FULBRIGHT], and the Senator from South Carolina [Mr. JOHNSTON], are absent on official business.

I also announce that the Senator from Missouri [Mr. HENNINGS] is absent because of illness.

I further announce that the Senator from Montana [Mr. MURRAY], the Senator from Wyoming [Mr. O'MAHONEY], and the Senator from Missouri [Mr. SYMINGTON], are necessarily absent.

I further announce that, if present and voting, the Senator from Missouri [Mr. HENNINGS], the Senator from Montana [Mr. MURRAY], the Senator from Wyoming [Mr. O'MAHONEY], and the Senator from Missouri [Mr. SYMINGTON], would each vote "yea."

Mr. DIRKSEN. I announce that the Senator from Iowa [Mr. MARTIN] is absent by leave of the Senate on official business.

The Senator from Hawaii [Mr. FONG] is detained on official business.

The Senator from California [Mr. KUCHEL] is necessarily absent, and his pair has been previously announced.

The result was announced—yeas 51, nays 38, as follows:

[No. 308]

YEAS—51

Anderson	Gruening	Morse
Bartlett	Hartke	Moss
Bible	Hill	Mundt
Burdick	Humphrey	Muskie
Byrd, W. Va.	Jackson	Pastore
Cannon	Javits	Proxmire
Carroll	Johnson, Tex.	Randolph
Case, S. Dak.	Keating	Russell
Church	Kefauver	Scott
Clark	Kennedy	Smathers
Cooper	Long, Hawaii	Smith
Dodd	Long, La.	Sparkman
Douglas	McCarthy	Talmadge
Eastland	McGee	Williams, N.J.
Ellender	McNamara	Yarborough
Engle	Magnuson	Young, N. Dak.
Gore	Monroney	Young, Ohio

NAYS—38

Aiken	Dirksen	Lausche
Allott	Dworshak	Lusk
Beall	Ervin	McClellan
Bennett	Frear	Morton
Bridges	Goldwater	Prouty
Bush	Green	Robertson
Butler	Hart	Saltonstall
Byrd, Va.	Hayden	Schoeppel
Capehart	Hickenlooper	Stennis
Carlson	Holland	Thurmond
Case, N.J.	Hruska	Wiley
Cotton	Jordan	Williams, Del.
Curtis	Kerr	

NOT VOTING—11

Chavez	Johnston, S.C.	Murray
Fong	Kuchel	O'Mahoney
Fulbright	Mansfield	Symington
Hennings	Martin	

So the amendment of Mr. LONG of Louisiana was agreed to.

Mr. LONG of Louisiana. Mr. President, I move to reconsider the vote by which the amendment was agreed to.

Mr. JOHNSON of Texas. Mr. President, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr KERR. Mr. President, I send technical amendments to the desk. I ask unanimous consent that they be not stated, but printed in the RECORD at this point.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendments, ordered to be printed in the RECORD, are as follows:

On page 153, line 25, strike out "903(b)(2)," and insert in lieu thereof "903(b)(2)".

On page 156, line 3, after "SEC. 1202." insert in lieu thereof "(a)".

On page 156, after line 11, insert:

"(b)(1) There are hereby appropriated to the Unemployment Trust Fund for credit to the Federal unemployment account, out of any moneys in the Treasury not otherwise appropriated, amounts equal to the amounts by which—

"(A) 100 per centum of the additional tax received under the Federal Unemployment Tax Act by reason of the reduced credits provisions of section 3302(c) (2) or (3) of such Act and covered into the Treasury, exceeds

"(B) the amounts appropriated by paragraph (2). Any amount appropriated by this paragraph shall be credited against, and shall operate to reduce, that balance of advances, made under section 1201 to the State, with respect to which employers paid such additional tax.

"(2) Whenever the amount of such additional tax received and covered into the Treasury exceeds that balance of advances, made under section 1201 to the State, with respect to which employers paid such additional tax, there is hereby appropriated to the Unemployment Trust Fund for credit to the account of such State, out of any moneys in the Treasury not otherwise appropriated, an amount equal to such excess.

"(3) If, for any taxable year, there is with respect to any State both a balance described in section 3302(c)(2) of the Federal Unemployment Tax Act and a balance described in section 3302(c)(3) of such Act, paragraphs (1) and (2) shall be applied separately with respect to section 3302(c)(2) (and the balance described therein) and separately with respect to section 3302(c)(3) (and the balance described therein).

"(4) The amounts appropriated by paragraphs (1) and (2) shall be transferred at the close of the month in which the moneys were covered into the Treasury to the Unemployment Trust Fund for credit to the Federal unemployment account or to the account of the State, as the case may be, as of the first day of the succeeding month."

On page 159, line 6, strike out "Employment Security Act of 1960," and insert: "Social Security Amendments of 1960,".

On page 160, line 6, strike out "Employment Security Act of 1960," and insert: "Social Security Amendments of 1960,".

Mr. KERR. Mr. President, in redrafting the bill to conform to the decisions of the Committee on Finance, the provisions for placing the additional taxes for the repayment of a loan in the Federal Unemployment Account were inadvertently overlooked.

The technical amendments would restore these provisions to section 1202, with such modifications as are necessary to conform to the changes in the provisions for the repayment of loans, and ask unanimous consent that they be adopted.

The PRESIDING OFFICER. The question is on agreeing to the amendments.

The amendments were agreed to.

Mr. JAVITS. Mr. President, I call up my amendment identified as "8-20-60—E" and ask that it may be stated.

The PRESIDING OFFICER. The amendment will be stated.

The LEGISLATIVE CLERK. On page 100, following line 24, it is proposed to insert the following:

SEC. 212. (a) Clause (3) of the first sentence of subsection (e) of section 216 of the Social Security Act is amended to read as follows: "(3) in the case of a deceased individual, (A) a stepchild who has been such stepchild for not less than one year immediately preceding the day on which such individual died, or (B) a child with respect to whom an individual has stood in loco parentis for not less than five years immediately preceding the day on which such individual died."

(b) Subsection (d) of section 202 of such Act is amended by adding at the end thereof the following new paragraph:

"(7) A child shall be deemed dependent upon the individual who stands in loco parentis with respect to such child at the time specified in paragraph (1)(C) if, at such time, the child was living with and was receiving at least three-fourths of his support from such individual."

Mr. KERR. The amendment was discussed in committee; it was probably due to an oversight that it was not considered and approved. I have discussed it with the chairman of the committee, and it is agreeable that the amendment be accepted.

Mr. JAVITS. Mr. President, I ask unanimous consent to have a statement on the purposes of the amendment printed in the RECORD at this point.

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

STATEMENT BY SENATOR JAVITS

Purpose: This amendment would permit a child to receive survivor benefits on the record of the individual who stood in loco parentis (in the place of the parent) for not less than 5 years immediately preceding the day on which the individual died. It also requires that the child must have been living with the worker at the time of death and have been receiving at least three-fourths of his support from such worker.

Cost: The Department of Health, Education, and Welfare estimates the cost to be negligible.

Departmental position: The Department of Health, Education, and Welfare favors this amendment and recommends its enactment. This report appears on page 466 of the Senate hearings, and indicates certain amendments which the Department proposes. In the main, these are based upon certain other provisions, such as length of a child's residence with the worker, with which the House bill dealt in other aspects of social security. However, as the Finance Committee deleted the provisions referred to, the proposed amendments have not been adopted. In addition, the Department has suggested that receipt of one-half support from the worker, rather than three-fourths, would be sufficient.

Background: A similar amendment was included in the 1956 Social Security Amendments, as passed by the Senate, but was deleted in the conference committee. It was suggested to me by a constituent, Mr. M. Chas. Rueckwald, of Watertown, N.Y., who has been the guardian and sole support of the children of his sister-in-law for many years, and who expressed concern that, in the event of his death, they would have no survivorship rights.

The PRESIDING OFFICER. The question is on agreeing to the amendment offered by the Senator from New York.

The amendment was agreed to.

Mr. KEATING. Mr. President, I ask unanimous consent to have included in the RECORD a statement with regard to the amendment. I express my appreciation to the chairman of the committee and other members of the committee for accepting the amendment.

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

STATEMENT BY SENATOR KEATING

The amendment now before the Senate is one which is designed to insure that the intent and purpose of the present social security law is carried out regarding benefits to dependents of insured individuals. The proposed amendment would permit a child to receive survivor benefits on the record of an individual who stood in place of the parent for not less than 5 years. The qualification for such a condition of dependency is that the insured individual must have contributed at least three-fourths of the support of the child involved and that the child must have been living with that worker at the time of death.

It seems only fair that if an individual has fulfilled the financial obligations of a parent for a period as long as 5 years the child involved ought to be eligible to receive financial benefits from the insurance of such a person. In other words, if the individual is something of a "financial parent" to the child, it is only equitable and reasonable on the individual's death that this relationship ought to be recognized. This measure is hardly an extension of the social security system into a new area; in reality, it is little more than a grant of benefits to a group who, in the spirit of the present law, if not in the letter of it, are designated as beneficiaries of survivor's benefits.

If children lose their means of support, whether it be a parent or one who has served as a parent for them, they may be helpless and in serious danger of being deprived of many of the necessities of life. This provision covers very young children, as well as those who have reached their teenage years and are somewhat more capable of comprehending and meeting the situation with which they are faced. There is no earthly reason why these children who, goodness knows, have suffered enough in not being able to have their natural parents to care for them should further be punished by being deprived of what little they might derive in benefits from the insurance of those who were kind enough to aid them.

The Department of Health, Education, and Welfare has expressed its support of this amendment and, indeed, has suggested several changes which would even further extend its benefits. They have recommended that the amendment be modified to provide for payment in cases where a worker is disabled or retired, not only when he has died. The Department further asked that the test of dependency be lowered from three-fourths to one-half of the financial support of a child. Present law employs one-half support as a test of dependency, and there is no reason to believe that the present requirement is not an adequate one for the purposes of this amendment. Another recommendation of the Department is a change in the requirement of residence with the insured individual from 5 years to 1 year, which, the Department feels, is sufficient time to assure that benefits would be paid only in cases in which the worker had actually assumed the support of the child.

Considering the provisions of this amendment, including all of these modifications, which would have the effect of extending coverage even further, and to which I give my wholehearted support, the Department of Health, Education, and Welfare estimates that the cost of these provisions would be negligible.

I believe we have an obligation to correct this inequity which has resulted from a legal loophole, and not from any clear legislative intent. The children involved in this measure are clearly a group that the social security program was intended to benefit.

Mr. WILLIAMS of New Jersey. Mr. President, on behalf of myself and my colleague from New Jersey [Senator CASE], I send an amendment to the desk and ask that it be stated.

The PRESIDING OFFICER. The amendment will be stated.

The LEGISLATIVE CLERK. On page 100, after line 13, insert the following new paragraph:

(4) For purposes of section 214(a) of such Act (as it would be amended by this Act), the amendment made by subsection (a) shall not apply in the case of any individual who on, before, or after the date of enactment of this Act, becomes entitled to retirement benefits under the Teachers Pension and Annuity Fund of the State of New Jersey or to retirement benefits under the Public Employees Retirement System of the State of New Jersey.

Mr. WILLIAMS of New Jersey. I earnestly hope the Senate will accept this amendment. The hopes, expectations, and financial security of hundreds of dedicated New Jersey teachers and public employees depend upon it.

Mr. President, I wish to say that I strongly support the liberalizing features of these proposed amendments to the Social Security Act.

But I am confident that the Senate, in liberalizing the act, would not wish to cause financial losses of up to $1,300 a year for many hundreds of New Jersey teachers and public employees.

Unfortunately that is what will happen if the bill in its present form is adopted.

The amendment that my colleague and I are proposing relates to the liberalization of the retirement age requirement for men from the age of 65 to 62.

Our proposed amendment would not in any way adversely affect or work hardship on anyone in the United States who would benefit from the reduction in eligibility age from 65 to 62.

It would, however, protect New Jersey's male teachers and public employees from a serious loss in their retirement allowances that would occur because of the reduction in age.

Mr. President, I will try, briefly, to describe how this problem has arisen.

Because the laws of New Jersey provide for the integration of the Federal social security system with the New Jersey teacher's pension and annuity fund and the New Jersey public employees' retirement system, the State is permitted to reduce the amount of pension it owes to these groups of people by the amount of social security benefit for which the individual becomes eligible through New Jersey public employment.

Because of this provision, man teachers and public employees have retired or have planned their retirements in advance of the date on which they would become eligible for social security benefits as public employees, thus avoiding the reduction in their retirement allowances that would result if they earned the necessary number of quarters as public employees to make them eligible for social security benefits.

Now, however, the pending bill proposes to reduce the age requirement for men from 65 to 62. This change will have the effect of reducing the number of quarters of employment needed to become eligible for benefits. To take a specific example, under the existing law, a male teacher in New Jersey who was born in January 1899 would have to work 26 quarters to become eligible for social security benefits as a public employee. Perhaps he has already worked 23 quarters, or 3 short of eligibility. If the bill is passed in present form, he would need only 20 quarters for eligibility. Thus he would automatically become subject to a reduction in his New Jersey pension by the amount of his social security benefits. This loss for teachers would amount to an average of $1,300 a year. The loss for public employees would amount to an average of $960.

Mr. President, the amendment of my colleague and I would simply retain, for the male members of the New Jersey teachers and public employees pension systems, the same number of quarters necessary for eligibility under the existing law.

It will in no way affect anyone else in the country. Nor will it prevent New Jersey teachers or public employees from retiring at age 62 if they wish. It will simply require that they have the same number of quarters that they needed for eligibility under the existing law.

Mr. President, I wish only to point out that the older New Jersey teachers joined in this integrated program on the understanding that they would be able to avoid the State offset and receive both their full pensions and social security benefits. Well publicized official manuals gave careful instructions on the dates by which time they would have to retire to avoid the reduction.

Mr. President, our amendment would simply protect them from this reduction because of the proposed change in the Federal law. I hope the Senate will accept it.

Mr. CASE of New Jersey. Mr. President, on June 24, 1960, my colleague from New Jersey and I brought to the attention of the Senate the plight of approximately 3,400 New Jersey teachers and other public employees.

These people have retired or are shortly eligible to retire under a plan which permits the State of New Jersey to reduce the retirement allowance payable by the State pension fund if the employees earned a social security benefit through New Jersey public employment. Any social security benefit earned through such employment is used to relieve the State of all or a portion of its obligation to pay a pension to a retired public employee.

Many of these people who have already retired had purposely advanced the dates of their retirement in order to avoid earning a social security benefit through public employment in New Jersey. Others who are still working have long planned to take the same course. The ability to do this was held out to the New Jersey teachers and other employees as an inducement when they voted to come under the Federal social security program and it was a part of the terms of the service they have rendered since that time. Section 204(a) of H.R. 12580, however, proposed to cut eligibility requirements to such a degree that all of these people would be considered as having earned their social security benefit through New Jersey public employment.

The effect of this on these people would be a substantial reduction in income through loss of pension from the State of New Jersey.

To prevent this calamitous loss of much needed, and justly anticipated, income by many of our most deserving senior citizens, Senator WILLIAMS and I jointly introduced on June 24 an amendment to section 204(a) of H.R. 12580 which would protect members of the New Jersey teachers pension and annuity fund and the New Jersey public employees retirement system against the adverse effects of the proposed reduction of eligibility requirements. However, after careful study of this amendment and several alternative proposals, officials of the Department of Health, Education, and Welfare expressed their opposition to this approach. Other than deletion from section 204(a) of the proposal to cut in half the number of quarters of coverage required there appeared to be no Federal approach, acceptable to the Department, assuring New Jersey teachers and public employees they would receive the benefits they have been promised.

The social security bill reported out by the Senate Finance Committee does not contain a proposal to cut in half the number of quarters of coverage required. By deleting this provision the committee has, in effect, carried out the intent of the Williams-Case amendment, and acted to protect the interests of New Jersey teachers and public employees.

However, the Finance Committee bill does contain a new proposal to lower the retirement age for men from 65 to 62. Because eligibility requirements are directly related to retirement age, this would cause men to become fully insured with fewer quarters of coverage than are required under present law. As the retirement age for women is already 62, they would not be affected.

The net effect of the Finance Committee action on H.R. 12580 to date would be to prevent loss of income on the part of women teachers and public employees in New Jersey but to leave men still faced with the prospect of reduced benefits.

The amendment which Senator WILLIAMS and I now propose to the Finance Committee bill will eliminate the remaining threat of loss of income for these deserving teachers and public employees. At the same time, it will permit a reasonable liberalization of eligibility requirements. It will also permit a man to receive benefits 3 years earlier than under the present social security law. And, most importantly, it does not affect adversely any person or group.

Mr. KERR. Mr. President, I have not had time to digest the amendment; neither have the other members of the committee. However, in view of the fact that they have stated it relates only to New Jersey, I hope it will be accepted and taken to conference. If it is found there to be objectionable, it can be taken out of the bill.

Mr. WILLIAMS of New Jersey. I express my gratitude for the graciousness of my friend from Oklahoma.

Mr. CASE of New Jersey. I, too, thank the Senator from Oklahoma.

The PRESIDING OFFICER. The question is on agreeing to the amendment offered by the Senator from New Jersey [Mr. WILLIAMS].

The amendment was agreed to.

Mr. JAVITS. Mr. President, I call up my amendment identified as "8-20-60—D."

I ask unanimous consent that the amendment be not read, but printed in the RECORD at this point.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment, ordered to be printed in the RECORD, is as follows:

On page 171, following line 12, insert the following:

"PART 4—EXTENSION OF FEDERAL-STATE UNEMPLOYMENT COMPENSATION PROGRAM TO PUERTO RICO

"Extension of titles III, IX, and XII of the Social Security Act

"SEC. 541. Effective on and after January 1, 1961, paragraphs (1) and (2) of section 1101(a) of the Social Security Act are amended to read as follows:

"'(1) The term "State", except where otherwise provided, includes the District of Columbia and the Commonwealth of Puerto Rico, and when used in titles I, IV, V, VII, X, and XIV includes the Virgin Islands and Guam.

"'(2) The term "United States" when used in a geographical sense means, except where otherwise provided, the States, the District of Columbia, and the Commonwealth of Puerto Rico.'

"Federal employees and ex-servicemen

"SEC. 542. (a)(1) Effective with respect to weeks of unemployment beginning after December 31, 1965, section 1503(b) of such Act is amended by striking out 'Puerto Rico or'.

"(2) Effective with respect to first claims filed after December 31, 1965, paragraph (3) of section 1504 of such Act is amended by striking out 'Puerto Rico or' wherever appearing therein.

"(b)(1) Effective on and after January 1, 1961 (but only in the case of weeks of unemployment beginning before January 1, 1966)—

"(A) Section 1502(b) of such Act is amended by striking out '(b) Any' and inserting in lieu thereof '(b)(1) Except as provided in paragraph (2), any', and by adding at the end thereof the following new paragraph:

"'(2) In the case of the Commonwealth of Puerto Rico, the agreement shall provide that compensation will be paid by the Commonwealth of Puerto Rico to any Federal employee whose Federal service and Federal wages are assigned under section 1504 to such Commonwealth, with respect to unemployment after December 31, 1960 (but only in the case of weeks of unemployment beginning before January 1, 1966), in the same amount, on the same terms, and subject to the same conditions as the compensation which would be payable to such employee under the unemployment compensation law of the District of Columbia if such employee's Federal service and Federal wages had been included as employment and wages under such law, except that if such employee, without regard to his Federal service and Federal wages, has employment or wages sufficient to qualify for any compensation during the benefit year under such law, then payments of compensation under this subsection shall be made only on the basis of his Federal service and Federal wages. In applying this paragraph or subsection (b) of section 1503, as the case may be, employment and wages under the unemployment compensation law of the Commonwealth of Puerto Rico shall not be combined with Federal service or Federal wages.'

"(B) Section 1503(a) of such Act is amended by adding at the end thereof the following: 'For the purposes of this subsection, the term "State" does not include the Commonwealth of Puerto Rico.'

"(C) Section 1503(b) of such Act is amended by adding at the end thereof the following: 'This subsection shall apply in respect of the Commonwealth of Puerto Rico only if such Commonwealth does not have an agreement under this title with the Secretary.'

"(2) Effective on and after January 1, 1961 (but only in the case of first claims filed before January 1, 1966), section 1504 of such Act is amended by adding after and below paragraph (3) the following:

"'For the purposes of paragraph (2), the term "United States" does not include the Commonwealth of Puerto Rico.'

"(c) Effective on and after January 1, 1961—

"(1) section 1503(d) of such Act is amended by striking out 'Puerto Rico and', and by striking out 'agencies' each place it appears and inserting in lieu thereof 'agency'; and

"(2) section 1511(e) of such Act is amended by striking out 'Puerto Rico or'.

"(d) The last sentence of section 1501(a) of such Act is amended to read as follows:

"'For the purpose of paragraph (5) of this subsection, the term "United States" when used in the geographical sense means the States, the District of Columbia, the Commonwealth of Puerto Rico, and the Virgin Islands.'

"Extension of Federal Unemployment Tax Act

"SEC. 543. (a) Effective with respect to remuneration paid after December 31, 1960, for services performed after such date, section 3306(j) of the Internal Revenue Code of 1954 is amended to read as follows:

"'(j) STATE, UNITED STATES, AND CITIZEN.—For purposes of this chapter—

"'(1) STATE.—The term "State" includes the District of Columbia and the Commonwealth of Puerto Rico.

"'(2) UNITED STATES.—The term "United States" when used in a geographical sense includes the States, the District of Columbia, and the Commonwealth of Puerto Rico.

An individual who is a citizen of the Commonwealth of Puerto Rico (but not otherwise a citizen of the United States) shall be considered, for purposes of this section, as a citizen of the United States.'

"(b) The unemployment compensation law of the Commonwealth of Puerto Rico shall be considered as meeting the requirements of—

"(1) Section 3304(a)(2) of the Federal Unemployment Tax Act, if such law provides that no compensation is payable with respect to any day of unemployment occurring before January 1, 1959.

"(2) Section 3304(a)(3) of the Federal Unemployment Tax Act and section 303(a)(4) of the Social Security Act, if such law contains the provisions required by those sections and if it requires that, on or before February 1, 1961, there be paid over to the Secretary of the Treasury, for credit to the Puerto Rico account in the Unemployment Trust Fund, an amount equal to the excess of—

"(A) the aggregate of the moneys received in the Puerto Rico unemployment fund before January 1, 1961, over

"(B) the aggregate of the moneys paid from such fund before January 1, 1961, as unemployment compensation or as refunds of contributions erroneously paid."

Mr. JAVITS. Mr. President, I call up the amendment on behalf of myself and the Senator from Massachusetts [Mr. KENNEDY] and the Senator from New York [Mr. KEATING]. The purpose of the amendment is to conform our bill to the House bill in extending the Federal-State unemployment compensation program to Puerto Rico. This provision is contained in the House bill, and if we should enact the Senate bill tonight, with the amendment included, the provision would definitely be in the bill which will go to the President.

It does not represent an additional cost or burden. It merely harmonizes the relationships between our country and the Commonwealth in this very important respect. It is a matter which the people of Puerto Rico value very highly. I hope the committee will see fit to accept the amendment.

I ask unanimous consent to insert in the RECORD at this point a statement on the subject which appears in the House committee report, at page 57.

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

PART 4. EXTENSION OF FEDERAL-STATE UNEMPLOYMENT COMPENSATION TO PUERTO RICO

Part 4 of title V provides that Puerto Rico will be treated as a State for purposes of the several provisions of the Social Security Act dealing with unemployment compensation and the Federal Unemployment Tax Act. At the present time, the Commonwealth of Puerto Rico has an unemployment compensation program completely outside of the Federal-State unemployment compensation system. Employers in Puerto Rico are not subject to the Federal unemployment tax and Puerto Rico is not entitled to Federal grants to cover the administrative expenses of its unemployment compensation program. By separate legislation enacted in 1950, however, Federal grants were authorized to cover the costs of the employment service in Puerto Rico. It is estimated that the Federal unemployment taxes collected in Puerto Rico will meet all the costs of administering their unemployment compensation program and part of the costs of the employment service.

Part 4 includes provisions relating to the operation in Puerto Rico of title XV of the Social Security Act which deals with payment of unemployment compensation to Federal employees and ex-servicemen. At present, title XV provides generally that unemployed Federal employees and ex-servicemen will receive unemployment compensation paid for by the Federal Government but determined under the law of the particular State in which the individual last worked (in the case of Federal employees) or in which the individual resides (in the case of ex-servicemen). Title XV presently provides also that unemployment compensation to Federal employees and ex-servicemen in Puerto Rico and the Virgin Islands is to be computed under the law of the District of Columbia. Since Puerto Rico is to be considered a State for purposes of the unemployment compensation laws, your committee believes that an indefinite continuation of this use of the District of Columbia law for Federal employees and ex-servicemen in Puerto Rico is inappropriate. However, in view of the low level of Puerto Rican benefits, which (as of June 1, 1960) provided a maximum weekly amount of $12 and a maximum duration of 7 weeks, it does appear appropriate, for a transition period, to continue to determine the unemployment compensation payable to Federal employees and ex-servicemen in Puerto Rico under the law of the District of Columbia, and part 4 so provides. For weeks of unemployment beginning after December 31, 1965, Federal

civilian employees and ex-servicemen in Puerto Rico will be paid unemployment compensation under the unemployment compensation law of Puerto Rico.

Mr. KEATING. Mr. President, will the Senator yield?

Mr. JAVITS. I yield.

Mr. KEATING. I express my complete support of this amendment and join with my colleague from New York in the hope that the committee will accept it.

Mr. President, I ask unanimous consent to have printed at this point in the RECORD a statement I have prepared with respect to the amendment.

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

STATEMENT BY SENATOR KEATING

The amendment to extend the unemployment compensation program to Puerto Rico is one which, I feel, deserves our immediate action. This provision was accepted as a part of the House bill, and is a measure which my colleague, the senior Senator from New York, and I have given a great deal of consideration.

Bringing Puerto Rico under the unemployment compensation system would be a benefit both to the Commonwealth of Puerto Rico and to the Nation as a whole. In its status as a Commonwealth, which it has held since 1952, Puerto Rico is subject to the Federal laws of the United States, and it follows from this that the Commonwealth ought to be encompassed in any Federal program of the nature of the unemployment compensation system.

Puerto Rico is covered under other aspects of the social security program, and there is no reason why it should not be included in this one. I am told that the cost of such action would involve only a slight expenditure, and in fact would be virtually negligible. I believe this is a measure which clearly ought to be enacted, and I hope the Senate will do so.

Mr. CHAVEZ. Mr. President, will the Senator from New York yield?

Mr. KEATING. I yield.

Mr. CHAVEZ. I join with the distinguished senior Senator from New York and the distinguished junior Senator from New York in supporting the amendment. I hope it will be adopted. It is about time, when we are taking care of everyone else in the world, that we begin to take care of the Puerto Ricans. I favor the amendment.

Mr. KEATING. Mr. President, I express my gratitude to the distinguished Senator from New Mexico for his valiant support of the amendment. I know of his interest in this problem, and I commend him for it.

Mr. JAVITS. Mr. President, I am grateful to my colleagues, especially the distinguished Senator from Virginia [Mr. BYRD] and the distinguished Senator from Oklahoma [Mr. KERR].

I am prepared to yield back the remainder of my time, if that is agreeable.

Mr. KERR. Mr. President, there is no opposition to the amendment on the part of the managers of the bill. I yield back the remainder of my time.

The PRESIDING OFFICER. All time has been yielded back. The question is on agreeing to the amendment offered by the Senator from New York [Mr. JAVITS] for himself and other Senators.

The amendment was agreed to.

Mr. JAVITS. Mr. President, I call up my amendment designated "8-20-60—B." I ask unanimous consent that the reading of the amendment be waived, but that the amendment be printed at this point in the RECORD.

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

On page 165, following line 21, it is proposed to insert the following:

"CONDITIONS FOR REDUCED RATE OF CONTRIBUTIONS

"SEC. 505. Section 3303(c) of the Federal Unemployment Tax Act is hereby amended by adding at the end thereof a new paragraph as follows:

"'(9) Person—

"'The term "person" shall not include any organization, service for which is excepted from employment under paragraph (8) of section 3306(c).'"

Mr. JAVITS. Mr. President, I have two other amendments at the desk. I shall not put them to a vote. I simply wish to express a request to the committee in connection with them. I shall detain the Senate for only a minute on each amendment. I should like to have the attention of the manager on the part of the committee, the Senator from Oklahoma [Mr. KERR].

These amendments concern two urgent problems. I am under no illusions about having them adopted, because the committee is not ready to adopt them. However, I ask the committee to examine into them in the interval between now and next year.

The amendment I have just called up is one of great interest to the State of New York. It seeks to redefine the word "person" in the Unemployment Compensation Act, so as to permit nonprofit organizations—and there is an enormous number of them in the State of New York, employing 350,000 people—to come under the Unemployment Compensation Act without paying the tax, but on a reimbursable basis. To achieve this purpose will require both State and Federal action. Therefore, the State will have the option of deciding whether to permit such action in the case of a particular nonprofit organization or not. We feel strongly about this proposal in New York.

I hope the Senator from Oklahoma will agree—and I shall withdraw the amendment in a moment—to have the committee examine into the question carefully, to see if perhaps next year the proposal might not receive favorable consideration.

Mr. KERR. Mr. President, as one who hopes he will be here next year and will be a member of the committee, and after speaking to my distinguished colleague from Virginia [Mr. BYRD], who, the Lord willing, will be here, I may say that it will be a pleasure for us to hear the Senator from New York discuss the amendment to which he has referred.

Mr. JAVITS. I thank the Senator from Oklahoma.

Mr. President, the other amendment which I should like to have similarly considered—and I hope that the committee will actually put its staff to work on it—is one which I think will commend itself to many Senators. It appears that when a child is entitled to benefits by virtue of the coverage of his parent under the social security system, and the child attains the age of 18, he receives no further payments. Between the ages of 18 and 21, many children—and 350,000 of them are affected—attend schools and colleges, and really need this help urgently. It is very much in the national interest that they should have it.

The amendment, which I have not called up, proposes that children actually attending schools or colleges, who really need this help, shall have it, notwithstanding the fact that they have attained the age 18, until they are 21 years old.

By way of support for this proposal, I call the attention of the Senator from Oklahoma to a resolution adopted by the American Legion in national convention at Minneapolis, Minn., on August 24 to August 27, 1959, favoring exactly such an amendment to the social security law.

Again, I know this is not the kind of proposal that one should seek to have adopted in an oppositional sense. I simply ask most earnestly, that the committee examine into the question, and have its staff examine into it, also, in the hope that the Senate may act on the proposal next year.

Mr. President, I point out that both of these amendments are offered with the sponsorship of my colleague from New York [Mr. KEATING].

Mr. KEATING. Mr. President, will the Senator yield?

Mr. JAVITS. I yield.

Mr. KEATING. Mr. President, I am in accord with the judgment of my distinguished colleague from New York in not pressing for these amendments at this time. I join in the hope that the committee will approve them.

Mr. President, I ask unanimous consent to have printed at this point in the RECORD, a statement in explanation of the amendment.

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

STATEMENT BY SENATOR KEATING

The amendment to the Social Security Amendments Act of 1960 which my colleague, the senior Senator from New York, and I have introduced deals with a problem which, I believe, urgently demands action. The proposed amendment would permit children eligible to receive old-age and survivor's insurance benefits under the social security program to continue to receive such benefits until they reach the age of 21, if they remain continuously in school or college from the time the age of 18 was attained until they have reached age 21. The law presently provides that such benefits must be discontinued when a child reaches the age of 18.

The purpose of the amendment is, quite clearly, to enable students who would otherwise be forced to discontinue their education for lack of financial resources to carry on to a college degree. Under the present setup,

the sudden withdrawal of benefits when a child turns 18 frequently imposes so overwhelming a financial burden on the widow that any thought of further education must be abandoned. This burden is unfair, and there are very good reasons, both from the viewpoint of the just claims of the individuals involved and from the standpoint of the general welfare of the Nation, why it should be eliminated, or at least, somewhat alleviated.

First, benefits were discontinued at the age of 18 because it was presumed that upon graduation from secondary school and the attainment of the age of 18, the child would begin to earn his keep and would become financially independent. However, an 18-, 19-, or 20-year-old who remains a student is not any more independent financially than a 17-year-old. In fact, in most cases education beyond secondary school involves additional financial expenditure, so that the general financial situation of the family is worsened. The discontinuance of survivor's benefits only serves to make a bad situation even more impossible.

It is clear beyond a doubt that children who remain in school or college past the age of 18 are at least as much, in need of benefits as those younger than 18. Most likely, their need is greater. And it is just as manifest that they are entitled to these benefits, because their financial situation and their status with regard to dependence on their remaining parent is the same as that of a child under 18. If such is the case, the distinction now being made at age 18 must be viewed as a purely arbitrary one, bearing no relationship to the conditions under which the individuals involved must live.

That the extension of benefits to this vitally important group bears significant relevance to the national welfare is a point that ought hardly to be necessary to make. When we deprive youngsters who are interested in and capable of pursuing their education to a point where they can contribute significantly to our society, we are depriving our country of something we can ill afford to throw away. At a time when the events which take place every day in the world emphasize and reemphasize the overwhelming importance of fulfilling our maximum potential as a nation and, with that in mind, of giving our youth every opportunity to develop its potential to the fullest, we must not slacken in our efforts with regard to any group of potential leaders.

I am told that some 115,000 young people would benefit from the proposed amendment, which would provide, on the average, an additional $507 annually. Among that 115,000 may be some of our most distinguished leaders of the future, if they are given the chance. And we cannot afford not to give them that chance.

The cost involved in this measure would be 0.08 percent of the payroll on a level premium basis, estimated at about $75 million for the children, and $30 million for the continued benefits to the mothers. I believe this cost—only 0.08 percent of the payroll taxable under the old-age, survivors, and disability insurance programs—is indeed minimal when the potential benefits are considered.

Mr. President, the extension of benefits so that qualified and needy youth who deserve survivor's benefits may continue their education is a responsibility of the utmost importance, and I strongly urge that the Senate at an early date consider this amendment.

Mr. KERR. Mr. President, the committee will be very happy to study the amendment, as the Senators from New York have suggested.

Mr. JAVITS. I thank the Senator from Oklahoma.

Mr. President, I ask unanimous consent to have printed at this point in the RECORD the text of the resolution of the American Legion in national convention, to which I referred in my remarks.

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

Whereas one of the major objectives of the American Legion's education and scholarship committee is to help make it possible for the children of veterans who have the ability and desire to receive an education beyond high school; and

Whereas present provisions of the Social Security Act, title II, terminates benefits to children of deceased wage earners when they attain the age of 18; and

Whereas it is at this age when the continuation of social security benefits would, in many instances, be the determining factor as to whether or not children would be financially able to continue their education beyond high school: Now, therefore, be it

Resolved, by the American Legion in national convention assembled at Minneapolis, Minn., August 24–27, 1959, That the American Legion actively support legislation which would amend title II of the Social Security Act in a manner which would authorize the continuance of payments to children after they reach age 18 while unmarried and enrolled in an approved school, but not beyond the age of 21.

Mr. JAVITS. Mr. President, I withdraw my amendment.

Mr. JAVITS subsequently said: Mr. President, I ask unanimous consent that I may make a brief statement as a part of the debate on amendments on the social security bill relating to miscellaneous matters, not on medical care.

I now read the statement:

It has been proposed by a number of organizations of civil service and post office employees in New York, that there be included in the social security bill a provision permitting such employees to participate in the social security system, on the same basis as self-employed persons, in addition to their participation under their own retirement system. They take the position that employees of State and local governments have been permitted to participate in the system on a voluntary basis to supplement their own benefits and that many persons covered by private industry retirement funds also have such additional coverage. They are, of course, not asking the Federal Government to contribute to this coverage in addition to their own—rather they suggest that they be subjected, on an optional basis, to the self-employment tax. This is a most interesting proposal, in my opinion, and I believe that it is worthy of the committee's study and consideration. I would, therefore, trust that the chairman of the committee will give consideration prior to the time the Senate next considers the matter of social security to this question of such coverage.

Mr. BYRD of West Virginia. Mr. President, I call up my amendment designated "8–22–60—C" and ask for its immediate consideration. I ask unanimous consent that the reading of the amendment be dispensed with, but that it be printed in the RECORD.

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

On page 83 it is proposed to strike out line 1 and everything that follows down to and including line 13 on page 100, and insert in lieu thereof the following:

"'RETIREMENT AGE

"'(a) The term "retirement age" means age sixty-two.'

"(b)(1) Subsection (q) of section 202 of such Act is amended to read as follows:

"'ADJUSTMENT OF OLD-AGE, WIFE'S, AND HUSBAND'S INSURANCE BENEFIT AMOUNTS IN ACCORDANCE WITH AGE OF BENEFICIARY

"'(q)(1) The old-age insurance benefit of any individual for any month prior to the month in which such individual attains the age of sixty-five shall be reduced by—

"'(A) five-ninths of 1 per centum, multiplied by

"'(B) the number equal to the number of months in the period beginning with the first day of the first month for which such individual is entitled to an old-age insurance benefit and ending with the last day of the month before the month in which such individual would attain the age of sixty-five.

"'(2) The wife's or husband's insurance benefit of any individual for any month after the month preceding the month in which such individual attains retirement age and prior to such individual's attainment month (as defined in paragraph (10)) shall be reduced by—

"'(A) twenty-five thirty-sixths of 1 per centum, multiplied by

"'(B) the number equal to the number of months in the period beginning with the first day of the first month for which such individual is entitled to such wife's or husband's insurance benefit and ending with the last day of the month before such individual's attainment month, except that in no event shall such period start earlier than the first day of the month in which such individual attains retirement age.

In the case of a woman entitled to wife's insurance benefits, the preceding provisions of this paragraph shall not apply to the benefit for any month in which she has in her care (individually or jointly with the individual on whose wages and self-employment income her wife's insurance benefit is based) a child entitled to child's insurance benefits on the basis of such wages and self-employment income. With respect to any month in the period specified in clause (B) of the first sentence of this paragraph, if (in the case of a woman entitled to wife's insurance benefits) she does not have in such month such a child in her care (individually or jointly with the individual on whose wages and self-employment income her wife's insurance benefit is based), she shall be deemed to have such a child in her care in such month for the purposes of the preceding sentence unless there is in effect for such month a certificate filed by her with the Secretary, in accordance with regulations prescribed by him, in which she elects to receive wife's insurance benefits as provided in this subsection. Any certificate filed pursuant to the preceding sentence shall be effective for purposes of such sentence—

"'(i) for the month in which it is filed, and for any month thereafter, if in such month she does not have such a child in her care (individually or jointly with the individual on whose wages and self-employment income her wife's insurance benefit is based), and

"'(ii) for the period of one or more consecutive months (not exceeding twelve) immediately preceding the month in which such certificate is filed which is designated by her (not including as part of such period any month in which she had such a child in her care (individually or jointly with the individual on whose wages and self-employment income her wife's insurance benefit is based)).

If such a certificate is filed, the period referred to in clause (B) of the first sentence of this paragraph shall commence with the first day of the first month (i) for which she is entitled to a wife's insurance benefit, (ii) which occurs after the month preceding the month in which she attains retirement age, and (iii) for which such certificate is effective.

"'(3) In the case of any individual who is or was entitled to a wife's or husband's insurance benefit to which paragraph (2) is applicable and who, for any month after the first month for which such individual is or was so entitled (but not for such first month or any earlier month) occurring prior to such individual's attainment month, is entitled to an old-age insurance benefit, the amount of such old-age insurance benefit for any month prior to such attainment month, shall (in lieu of the reduction provided in paragraph (1) in any case in which such paragraph would otherwise have applied to such old-age insurance benefit) be reduced by the sum of—

"'(A) an amount equal to the amount by which such wife's or husband's (as the case may be) insurance benefit is reduced under paragraph (2) for such month (or, if such individual is not entitled to a wife's or husband's insurance benefit for such month, by an amount equal to the amount by which such benefit for the last month for which such individual was entitled to such a benefit was reduced), plus

"'(B) if the old-age insurance benefit for such month prior to reduction under this subsection exceeds such wife's or husband's (as the case may be) insurance benefit prior to reduction under this subsection and if paragraph (1) applied to such old-age insurance benefit, an amount equal to—

"'(i) the number equal to the number of months specified in clause (B) of paragraph (1), multiplied by

"'(ii) five-ninths of 1 per centum, and further multiplied by

"'(iii) the excess of such old-age insurance benefit over such wife's or husband's (as the case may be) insurance benefit.

"'(4) In the case of any individual who is entitled to an old-age insurance benefit and who, for the first month for which such individual is so entitled (but not for any prior month) or for any later month occurring prior to such individual's attainment month, is entitled to a wife's or husband's insurance benefit to which paragraph (2) is applicable, the amount of such wife's or husband's insurance benefit for any month prior to such attainment month, shall, in lieu of the reduction provided in paragraph (2), be reduced by the sum of—

"'(A) an amount equal to the amount by which such old-age insurance benefit for such month is reduced under paragraph (1) or (5) (if such paragraph applied to such old-age insurance benefit), plus

"'(B) an amount equal to—

"'(i) the number equal to the number of months specified in clause (B) of paragraph (2), multiplied by

"'(ii) twenty-five thirty-sixths of 1 per centum, and further multiplied by

"'(iii) the excess of such wife's or husband's insurance benefit (as the case may be) prior to reduction under this subsection over the old-age insurance benefit prior to reduction under this subsection.

"'(5) In the case of any individual who is entitled to an old-age insurance benefit for the month in which such individual attains the age of sixty-five or any month thereafter, such benefit for such month shall, if such individual was also entitled to such benefit for any one or more months prior to the month in which such individual attained the age of sixty-five and such benefit for any such prior month was reduced under paragraph (1) or (3), be reduced as provided in such paragraph, except that there shall be subtracted, from the number specified in clause (B) of such paragraph—

"'(A) the number equal to the number of months for which such benefit was reduced under such paragraph, but for which such benefit was subject to deductions under paragraph (1) or (2) of section 203 (b),

and except that, in the case of any such benefit reduced under paragraph (3), there also shall be subtracted from the number specified in clause (B) of paragraph (2), for the purpose of computing the amount referred to in clause (A) of paragraph (3)—

"'(B) the number equal to the number of months for which the wife's or husband's (as the case may be) insurance benefit was reduced under such paragraph (2), but for which such benefit was subject to deductions under paragraph (1) or (2) of section 203(b), under section 203(c), or under section 222(b),

"'(C) in case of a wife's insurance benefit, the number equal to the number of months occurring after the first month for which such benefit was reduced under paragraph (2) in which she had in her care (individually or jointly with the individual on whose wages and self-employment income such benefit is based) a child of such individual entitled to child's insurance benefits, and

"'(D) the number equal to the number of months for which such wife's or husband's (as the case may be) insurance benefit was reduced under such paragraph (2), but in or after which such individual's entitlement to wife's or husband's insurance benefits was terminated because such individual's spouse ceased to be under a disability, not including in such number of months any month after such termination in which such individual was entitled to wife's or husband's insurance benefits.

Such subtraction shall be made only if the total of such months specified in clauses (A), (B), (C), and (D) of the preceding sentence is not less than three. For purposes of clauses (B) and (C) of this paragraph, the wife's or husband's insurance benefit of an individual shall not be considered terminated for any reason prior to such individual's attainment month.

"'(6) In the case of any individual who is entitled to a wife's or husband's insurance benefit for such individual's attainment month, or any month thereafter, such benefit for such month shall, if such individual was also entitled to such benefit for any one or more months prior to such attainment month and such benefit for any such prior month was reduced under paragraph (2) or (4) be reduced as provided in such paragraph, except that there shall be subtracted from the number specified in clause (B) of such paragraph—

"'(A) the number equal to the number of months for which such benefit was reduced under such paragraph, but for which such benefit was subject to deductions under section 203(b) (1) or (2), under section 203(c), or under section 222(b),

"'(B) in case of a wife's insurance benefit, the number equal to the number of months, occurring after the first month for which such benefit was reduced under such paragraph, in which she had in her care (individually or jointly with the individual on whose wages and self-employment income such benefit is based) a child of such individual entitled to child's insurance benefits, and

"'(C) the number equal to the number of months for which such wife's or husband's (as the case may be) insurance benefit was reduced under such paragraph, but in or after which such individual's entitlement to wife's or husband's insurance benefits was terminated because such individual's spouse ceased to be under a disability, not including in such number of months any month after such termination in which such individual was entitled to wife's or husband's insurance benefits,

and except that, in the case of any such benefit reduced under paragraph (4), there also shall be subtracted from the number specified in clause (B) of paragraph (1), for the purpose of computing the amount referred to in clause (A) of paragraph (4)—

"'(D) the number equal to the number of months for which the old-age insurance benefit was reduced under such paragraph (1) but for which such benefit was subject to deductions under paragraph (1) or (2) of section 203(b).

"Such subtraction shall be made only if the total of such months specified in clauses (A), (B), (C), and (D) of the preceding sentence is not less than three.

"'(7) In the case of an individual who is or was entitled to a wife's or husband's insurance benefit to which paragraph (6) was applicable and who, for such individual's attainment month (but not for any prior month) or for any later month, is entitled to an old-age insurance benefit, the amount of such old-age insurance benefit for any month shall be reduced by an amount equal to the amount by which the wife's or husband's (as the case may be) insurance benefit is reduced under paragraph (6) for such month (or, if such individual is not entitled to a wife's or husband's insurance benefit for such month, by (i) an amount equal to the amount by which such benefit for the last month for which such individual was entitled thereto was reduced, or (ii) if smaller, an amount equal to the amount by which such benefit would have been reduced under pargaraph (6) for such individual's attainment month if entitlement to such benefit had not terminated before such month).

"'(8) In the case of an individual who is entitled to an old-age insurance benefit to which paragraph (5) is applicable and who, for such individual's attainment month (but not for any prior month) or for any later month, is entitled to a wife's or husband's insurance benefit, the amount of such wife's or husband's insurance benefit for any month shall be reduced by an amount equal to the amount by which such old-age insurance benefit for such month is reduced under paragraph (5).

"'(9) The preceding paragraphs shall be applied to old-age insurance benefits, wife's insurance benefits, and husband's insurance benefits after reduction under section 203(a) and application of section 215(g). If the amount of any reduction computed under paragraph (1), under paragraph (2), under clause (A) or clause (B) of paragraph (3), or under clause (A) or clause (B) of paragraph (4) is not a multiple of $0.10, it shall be reduced to the next lower multiple of $0.10.

"'(10) For purposes of this subsection, an individual's "attainment month" means—

"'(A) in the case of a man entitled to husband's insurance benefits, the month in which he attains, or would attain, the age of sixty-five;

"'(B) in the case of a woman entitled to wife's insurance benefits, the month in which she attains, or would attain, the age of sixty-five, or, if later, the month in which the individual (if entitled to old-age insurance benefits) on the basis of whose wages

and self-employment income she is entitled to such benefits attains, or would attain, the age of sixty-five.'

"(2) Subsection (r) of section 202 of such Act is hereby repealed.

"(3) Subsection (s) of section 202 of such Act is amended to read as follows:

" 'DISABILITY INSURANCE BENEFICIARY

"'(s)(1) If any individual becomes entitled to a widow's insurance benefit, widower's insurance benefit, or parent's insurance benefit for a month before the month in which such individual attains the age of sixty-five, or becomes entitled to an old-age insurance benefit, wife's insurance benefit, or husband's insurance benefit for a month before the month in which such individual attains the age of sixty-five which is reduced under the provisions of subsection (q), such individual may not thereafter become entitled to disability insurance benefits under this title.

"'(2) If an individual would, but for the provisions of subsection (k)(2)(B), be entitled for any month to a disability insurance benefit and to a wife's or husband's insurance benefits, subsection (q) shall be applicable to such wife's or husband's insurance benefit (as the case may be) for such month only to the extent it exceeds such disability insurance benefit for such month.

"'(3) The entitlement of any individual to disability insurance benefits shall terminate with the month before the month in which such individual becomes entitled to old-age insurance benefits.'

"(c)(1) Clause (C) of section 202(b)(1) is amended to read as follows:

"'(C) is not entitled to old-age or disability insurance benefits or is entitled to old-age or disability insurance benefits based on a primary insurance amount which is less than one-half of the primary insurance amount of her husband.'

"(2) So much of such section 202(b)(1) as follows clause (C) is amended by striking out 'she becomes entitled to an old-age or disability insurance benefit based on a primary insurance amount which is equal to or exceeds one-half of an old-age insurance benefit of her husband,'.

"(3) Subsection (b)(2) of such section 202 is amended by striking out 'old-age or disability insurance benefit' and inserting in lieu thereof 'primary insurance amount'.

"(d)(1) Clause (D) of subsection (c)(1) of such section 202 is amended to read as follows:

"'(D) is not entitled to old-age or disability insurance benefits, or is entitled to old-age or disability insurance benefits based on a primary insurance amount which is less than one-half of the primary insurance amount of his wife,'.

"(2) So much of such section 202(b)(1) as follows clause (D) is amended by striking out 'or he becomes entitled to an old-age or disability insurance benefit equal to or exceeding one-half of the primary insurance amount of his wife,'.

"(3) Subsection (c)(3) of such section 202 is amended by striking out 'Such' and inserting in lieu thereof 'Except as provided in subsection (q), such'.

"(e) Subsection 202(j)(3) of such Act is amended to read as follows:

"'(3) Notwithstanding the provisions of paragraph (1), an individual may, at his option, waive entitlement to old-age insurance benefits, wife's insurance benefits, or husband's insurance benefits for any one or more consecutive months which occur—

"'(A) after the month before the month in which such individual attains retirement age,

"'(B) prior to (i) in the case of a man, the month in which he attains the age of sixty-five, or (ii) in the case of a woman, the month in which she attains the age of sixty-five or, if later, the month in which the individual (if entitled to old-age insurance benefits) on the basis of whose wages and self-employment income she is entitled to wife's insurance benefits attains the age of sixty-five, and

"'(C) prior to the month in which such individual files application for such benefits, and, in such case, such individual shall not be considered as entitled to such benefits for any such month or months before he filed such application. An individual shall be deemed to have waived such entitlement for any such month for which such benefit would, under the second sentence of paragraph (1), be reduced to zero.'

"(f) Section 203(b)(3) is amended to read as follows:

"'(3) in which such individual, if a wife entitled to wife's insurance benefits, did not have in her care (individually or jointly with her husband) a child of her husband entitled to a child's insurance benefit and such wife's insurance benefit for such month was not reduced under the provisions of section 202(q) and such month occurred prior to the month in which she attained the age of sixty-five or, if later, the month in which her husband (if entitled to old-age insurance benefits) attained the age of sixty-five; or'.

"(g) Section 3121(a)(9) of the Internal Revenue Code of 1954 is amended to read as follows:

"'(9) any payment (other than vacation or sick pay) made to an employee after the month in which he attains the age of sixty-two, if such employee did not work for the employer in the period for which such payment is made; or'.

"(h)(1) The amendment made by subsection (a) shall apply only in the case of lump-sum death payments under section 202(i) of the Social Security Act with respect to deaths occurring after October 1960, and in the case of monthly benefits under title II of such Act for months after October 1960 on the basis of applications filed in or after the month in which this Act is enacted.

"(2) For purposes of section 215(b)(3)(B) of the Social Security Act (but subject to paragraph (1) of this subsection)—

"(A) a man who attains the age of sixty-two prior to November 1960 and who was not eligible for old-age insurance benefits under section 202 of such Act (as in effect prior to the enactment of this Act) for any month prior to November 1960 shall be deemed to have attained the age of sixty-two in 1960 or, if earlier, the year in which he died;

"(B) a man shall not, by reason of the amendment made by subsection (a), be deemed to be a fully insured individual before November 1960 or the month in which he died, whichever month is the earlier; and

"(C) the amendment made by subsection (a) shall not be applicable in the case of any man who was eligible for old-age insurance benefits under such section 202 for any month prior to November 1960.

A man shall, for purposes of this paragraph, be deemed eligible for old-age insurance benefits under section 202 of the Social Security Act for any month if he was or would have been, upon filing application therefor in such month, entitled to such benefits for such month.

"(3) For purposes of section 209(i) of such Act, the amendment made by subsection (a) shall apply only with respect to remuneration paid after October 1960.

"(i)(1) The amendments made by subsections (b) through (f) shall take effect November 1, 1960, and shall be applicable with respect to monthly benefits under title II of the Social Security Act for months after October 1960 and with respect to lump-sum death payments, for deaths occurring after October 1960.

"(2) The amendment made by subsection (g) shall be effective with respect to remuneration paid after October 1960."

Mr. BYRD of West Virginia. Mr. President, the Senators know that the Senate Finance Committee adopted an amendment offered by me and cosponsored by 21 other Senators to permit men to voluntarily retire and receive actuarially reduced benefits at age 62 in the same way as such benefits are presently available to women at age 62. Following the adoption of the amendment, Mr. Robert Myers, Chief Actuary of the Social Security Administration, and other social security experts in the Department, discovered a technical deficiency in the language of the amendment. This technical deficiency must be rectified if the language is to carry out the intent and purpose of the Senators cosponsoring the amendment and the intent and purpose of the committee in adopting it. Under the language of the bill as it is presently written, the wife of a retired worker would suffer a double reduction in her benefit. One reduction would be based on her being under 65, and the other reduction would be based on her husband's being under 65. I am advised by the Chief Actuary of the Social Security Administration that, from an actuarial standpoint, it is necessary and proper that there be only one reduction in the wife's benefit. The amendment I am now offering is a perfecting amendment and it would correct the inequity that would result from the present language of the bill and would safeguard the wife's benefit against the double reduction. This amendment will provide that the single actuarial reduction be based on the wife's age, or, on the husband's age, if he is the younger of the two.

I have discussed this perfecting amendment with Senator KERR and Senator FREAR and with the chairman of the Senate Finance Committee, Senator BYRD of Virginia, and I believe that they have agreed to accept the amendment. I trust that the Senate will adopt it.

I also hope, Mr. President, that the House conferees will accept the amendment permitting male workers to voluntarily retire at age 62. Wives who now must wait until the breadwinner in the family reaches age 65 before receiving benefits, may also benefit from the amendment, because it will make possible the payment of benefits to wives who reach age 62 when the retired husband worker has reached age 62, if he and she so elect to apply.

Mr. President, I have discussed the perfecting amendment with the distinguished Senator from Virginia [Mr. BYRD], chairman of the Committee on Finance. I believe he has no objection to it. I hope the Senate will adopt it.

Mr. KERR. Mr. President, the Senator from West Virginia is correct. The committee believes the amendment should be approved.

Mr. BYRD of West Virginia. Mr. President, I yield back the remainder of my time.

Mr. KERR. I yield back the remainder of my time.

The PRESIDING OFFICER. All time has been yielded back. The question is on agreeing to the amendment of the Senator from West Virginia.

The amendment was agreed to.

Mr. HARTKE. Mr. President, I ask unanimous consent to have several statements by me printed at this point in the RECORD.

There being no objection, the statements were ordered to be printed in the RECORD, as follows:

STATEMENT BY SENATOR HARTKE IN SUPPORT OF PROVISION REMOVING AGE REQUIREMENT FOR RETIREMENT BECAUSE OF TOTAL AND PERMANENT DISABILITY

Earlier this session I introduced legislation to remove the age 50 requirement contained in the disability insurance program. I am happy that this amendment was approved by the House of Representatives and the Senate Finance Committee. This provision is contained in the pending social security bill.

The age 50 requirement was included under the disability insurance program as part of its conservative program in 1956 when it acknowledged that individuals permanently and totally disabled should be able to draw benefits to assist them and their families when disability fell upon them.

Sufficient experience has now been gained to warrant the removal of the age requirement. This will benefit an estimated 125,000 disabled workers immediately and a like number of their dependents.

The removal of this restriction will enable many of these people to be removed from public assistance rolls. According to the committee report the first year's savings in public assistance will be $28 million.

This follows once again the great American principle of self-reliance, of permitting an individual to pay into an insurance fund from which he may benefit when he retires or when he becomes disabled and is no longer capable of working.

This is a great step forward because when a younger worker becomes disabled he is not the only one who suffers. This group of individuals usually have families who depend upon them for support. Now, if they are under 50, they must rely on public assistance. Under the committee-approved bill they will become eligible to begin drawing benefits under the disability insurance program of the social security system.

STATEMENT BY SENATOR HARTKE IN SUPPORT OF PROVISION LOWERING THE SOCIAL SECURITY RETIREMENT AGE FOR MEN TO 62

Among the social security amendments before us is one which would allow retirement of men at age 62 at benefits somewhat lower than those at age 65. I am an author of the Senate amendment to accomplish this and, therefore, I am extremely gratified that the Senate Finance Committee approved this liberalization.

Actually, this is in the nature of an equalizing amendment. The privilege of retirement at age 62 has been accorded to women for some time. It seems to me to be at least of equal importance to permit a wage earner to retire at age 62 if he must because of illness or other reasons which would deem it advisable for him to quit working.

There will be little, if any, cost to the social security trust fund with this earlier optional retirement. The benefits available to one who chooses to retire at age 62 would be 80 percent of the amount to which he would be entitled at age 65. The percentage would rise five-ninths of 1 percent for each month beyond age 62.

In areas of high unemployment especially this will be of immeasurable value. It is difficult, if not impossible, for persons of advanced age to obtain employment in these unemployment areas. This optional retirement will allow persons of 62 to obtain a measure of comfort.

STATEMENT BY SENATOR HARTKE IN SUPPORT OF PROVISION RELATING TO THE BLIND

Among the social security amendments approved by the Finance Committee is an amendment I introduced to help the blind. A man who loses his sight when he is 25 years of age—or 35 or 45—should not be on public assistance for the rest of his life.

A man who is still in his working years, who becomes blind, does not have to be on public assistance the rest of his life. He should be working and earning his own living. Many blind men and women today are doing just this—providing for themselves and their families, contributing to their community life, strengthening the economy of the Nation.

A man who becomes blind may have to accept the help of public assistance temporarily to feed himself and his family—but this help needs to be only temporary if it is geared to assist him to work his way off public assistance and into economic self-sufficiency. In 1950, the Congress recognized that blind and recipients did not have to be permanent public charges, by including in title X, the Aid to the Blind title of the Social Security Act, the earned income exemption concept.

This concept brought rehabilitation into the Federal-State blind aid programs. It provided that a blind person receiving aid could earn up to $50 a month—up to $12 a week—without having these earnings used to reduce the amount he received during that period from public assistance; if he earned, not $50 in a month, but $75, then the $25 excess over the exempted amount would be used to diminish his public assistance check.

This put rehabilitation into the public assistance for the blind—and it was a fine, a magnificent action—it was government help of the highest caliber, a help to disadvantaged men and women who had the spirit the determination and the willingness to rebuild their lives—but couldn't do it alone.

Ten years have changed very much the value of $50 and the action taken by the Congress in 1950 has become meaningless as the value of $50 has shrunk to a mere shadow in purchasing power.

I believed there was need to bring the action of 1950 up to date—to bring the rehabilitation principle incorporated into the aid to the blind title in 1950 up to date—to make it commensurate with today's values, with today's needs.

I therefore proposed an amendment to title X of the Social Security Act, which would change the present $600 annual earned income exemption for blind aid recipients to $1,000 a year plus 50 percent of income in excess of this amount. I am gratified that it was accepted by the Senate Finance Committee and that it is included in the pending bill. This is not a grab bag for the blind.

This provision does not mean that a blind person may earn $100,000 a year and still draw public assistance. It does mean that a limit should be placed on the earnings of a blind aid recipient so as to be sure that this can't and won't happen. It can't and won't happen with the amendment as I have proposed it—as it was adopted by the Finance Committee.

Let me give you an example: A blind man applies for public assistance and it is determined by the authorities that he has need for $75 a month or $900 a year to meet his basic needs. This man has a newsstand and he earns, let us say, $1,400 a year; according to my amendment the first $1,000 of this man's earnings would be exempt—exempt from being used to meet his basic needs; 50 percent of the balance or $200 of his earnings would also be exempt; this would leave $200 of his earnings not exempt and this amount would then be used to meet his basic needs to reduce his public assistance grant—so that he would receive not $900 public assistance but $700; and with each additional dollar of his earnings 50 cents will be used to reduce his public assistance check. When this man's income from his newsstand amounts to $2,800 a year, he will receive no public assistance at all.

So, instead of public assistance merely helping to feed this man, it is so structured by my amendment as to help him to eventually escape from public assistance.

And, I use the word "escape" with the knowledge that as of April 1960, the average blind aid check for 107,787 blind persons was $72.42 a month.

Last week, we declared by action of this Chamber that a man has a minimum need of $1.25 an hour and should receive it. What of the blind aid recipient? He has the same needs; he too must eat, must pay rent, and buy clothes—and he must make these purchases at the same stores used by everyone else. How does he make these purchases? He does it all—or more than 100,000 of them do—on a current monthly average of $72.42, or an average of $18.10 a week or, figuring it on a 40-hour-week basis, the blind aid recipient has an average hourly income of $0.45 to pay all his living costs.

I do not set forth these figures as an argument for increased public assistance funds; I state them so that all will understand why blind men and women who are on public assistance want and need release from public assistance, want and need the opportunity to get off public assistance.

My amendment gives them this chance—to work their way from dependence upon public aid to economic independence; it provides a means, it provides a gradual transition from complete reliance upon public funds, to complete independence of public funds.

I urge that my amendment be allowed to remain in the form in which I submitted it. There is no need for controls, or limitations on a blind man's earnings—the blind person's own initiative will in itself be a control, his own ambitions a limitation—for as his earnings increase, his public aid will decrease until one happy day, one wonderful day, the blind worker will discover he is again his own man, free of public aid, free because he has earned his freedom through his own efforts.

STATEMENT BY SENATOR HARTKE IN SUPPORT OF PROVISION INCREASING THE SOCIAL SECURITY EARNINGS LIMITATION

I am gratified that the Senate Finance Committee has recognized that there is an inequity in the present social security law which limits the earnings of a retiree to $1,200 a year. The committee has approved an increase in this limitation to $1,800, and this provision is contained in the pending bill.

The increase to $1,800 is an improvement, but I feel that a larger increase is justified.

Early this year I introduced legislation removing the earnings limitation. When the House acted on the social security revision bill I submitted several amendments designed to remove or increase the $1,200 earnings limitation. One amendment completely removed the ceiling. Another provided for gradual removal over a period of 5 years. The others increased the limitation to $4,800, $3,600, $3,000, $2,400, and $1,800.

This is still far short of the goal which I feel we should work for—that is the complete removal of the income limitation on earned income.

My colleagues are aware, I am sure, that there is no limitation on the amount an individual may receive from insurance, bonds, dividends, rents, etc. The provision adopted by the Senate simply will place those wishing to continue work and supplement their meager social security check on the same level as those receiving income from so-called unearned sources.

This great social security program was enacted to provide some measure of security for our elderly citizens. So long as this earnings limitation remains we are rewarding the rich and penalizing those who really need protection. It penalizes our great American initiative. We cannot continue to penalize the health and vigorous members of our society who would like to continue working in jobs for which they are qualified and needed in order to supplement the bare subsistence income they receive under social security.

In urging the Senate conferees to insist on this provision, I would like to quote from the November 1959 issue of Nation's Business. In an article entitled "Let's Take the Brakes Off Growth," it is stated:

"Permission for older people to work may often mean the difference between comfort and penury, self-confidence and despair, success, and failure.

"For both economic and psychological reasons, changes in our old-age pension systems are sorely needed."

The PRESIDING OFFICER. The bill is open to further amendment. If there be no further amendment to be proposed, the question is on the engrossment of the amendments and the third reading of the bill.

The amendments were ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

Mr. JOHNSON of Texas. Mr. President, I ask for the yeas and nays on the passage of the bill.

The yeas and nays were ordered.

Mr. JOHNSON of Texas. Mr. President, I yield back the remainder of my time on the bill, on condition that the minority leader will do likewise.

Mr. DIRKSEN. Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall it pass? The yeas and nays have been ordered, and the clerk will call the roll.

The legislative clerk called the roll.

Mr. MANSFIELD. I announce that the Senator from Arkansas [Mr. FULBRIGHT] and the Senator from South Carolina [Mr. JOHNSTON] are absent on official business.

I also announce that the Senator from Missouri [Mr. HENNINGS] is absent because of illness.

I further announce that the Senator from Montana [Mr. MURRAY] and the Senator from Wyoming [Mr. O'MAHONEY] are necessarily absent.

I further announce that, if present and voting, the Senator from Arkansas [Mr. FULBRIGHT], the Senator from Missouri [Mr. HENNINGS], the Senator from South Carolina [Mr. JOHNSTON], the Senator from Montana [Mr. MURRAY], and the Senator from Wyoming [Mr. O'MAHONEY], would each vote "yea."

Mr. DIRKSEN. I announce that the Senator from Iowa [Mr. MARTIN] is absent, by leave of the Senate, on official business.

The Senator from California [Mr. KUCHEL] is necessarily absent. If present and voting, he would vote "yea."

The result was announced—yeas 91, nays 2, as follows:

[No. 309]

YEAS—91

Aiken	Engle	Magnuson
Allott	Ervin	Mansfield
Anderson	Fong	Monroney
Bartlett	Frear	Morse
Beall	Gore	Morton
Bennett	Green	Moss
Bible	Gruening	Mundt
Bridges	Hart	Muskie
Burdick	Hartke	Pastore
Bush	Hayden	Prouty
Butler	Hickenlooper	Proxmire
Byrd, Va.	Hill	Randolph
Byrd, W. Va.	Holland	Robertson
Cannon	Hruska	Russell
Capehart	Humphrey	Saltonstall
Carlson	Jackson	Schoeppel
Carroll	Javits	Scott
Case, N.J.	Johnson, Tex.	Smathers
Case, S. Dak.	Jordan	Smith
Chavez	Keating	Sparkman
Church	Kefauver	Stennis
Clark	Kennedy	Symington
Cooper	Kerr	Talmadge
Cotton	Lausche	Wiley
Curtis	Long, Hawaii	Williams, Del.
Dirksen	Long, La.	Williams, N.J.
Dodd	Lusk	Yarborough
Douglas	McCarthy	Young, N. Dak.
Dworshak	McClellan	Young, Ohio
Eastland	McGee	
Ellender	McNamara	

NAYS—2

Goldwater Thurmond

NOT VOTING—7

Fulbright	Kuchel	Murray
Hennings	Martin	O'Mahoney
Johnston, S.C.		

So the bill (H.R. 12580) was passed.

Mr. DIRKSEN. Mr. President, I move to reconsider the vote by which the bill was passed.

Mr. WILLIAMS of Delaware. Mr. President, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. BYRD of Virginia. Mr. President, I ask unanimous consent that the Secretary of the Senate be authorized to make appropriate corrections in section and paragraph numbers.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BYRD of Virginia. I ask unanimous consent that the bill as passed, showing Senate amendments, be printed.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BYRD of Virginia. I move that the Senate insist on its amendments and ask for a conference with the House thereon, and that the Chair appoint the conferees on the part of the Senate.

The motion was agreed to; and the Presiding Officer appointed Mr. BYRD of Virginia, Mr. KERR, Mr. FREAR, Mr. LONG of Louisiana, Mr. WILLIAMS of Delaware, and Mr. CARLSON conferees on the part of the Senate.

Mr. THURMOND subsequently said: Mr. President, I was compelled to vote against this program which is financed by the Federal Government in whole or in part. My position on this issue was not taken with any degree of insensitivity or callousness to the plight of our elder citizens. The medical problems of many of these citizens are genuine and real, and I have repeatedly urged appropriate legislative action by the Congress to assist them in their financial problems. However, the assistance which I have urged has not been in the form of a program of grants. On the contrary, I have urged repeatedly that the income tax laws be amended so as to give some measure of relief to persons 65 years of age and over and those who are assisting such persons.

Mr. President, I am convinced that the necessity for increased Federal intervention in this area diminishes with the growth of private pension plans and additional concern by the State governments. Today over 19 million workers are covered by private pension plans which have total assets of nearly $40 billion. By 1965 these are expected to have assets of $77 billion.

Mr. President, much has been said about a program of medical care for the aged which can be administered to all persons who have reached retirement age and retain a measure of dignity to the program. In my opinion, there can be no program administered by the Federal Government which can attain the mark of dignity which accompanies a program of health insurance administered by private companies and for which the elder citizen has himself voluntarily provided. Our citizens are not as insensitive to their future needs as the proponents of Federal programs for the aged would seem to believe. According to Health Insurance Association of America, about 43 percent of Americans over 65 are now covered by some form of health insurance. This percentage will continue to increase in proportion to our standard of living until the necessity for intervention by government will be completely eliminated.

Mr. President, the States of this Union have not ignored the medical and financial problems of their elder citizens. Forty States have some form of medical care provisions in their old age assistance plans, and 16 States have direct money payments for all essential items of medical care. My own State of South Carolina has a program which provides for direct payments for hospital care and nursing home care. Any federally financed program of medical care for the aged will increase the necessity for additional Federal revenues, diminish sources of revenue from which the States could draw, and thereby hamper additional efforts by the States to expand their present programs of medical care for the aged.

Mr. President, it was my sincere hope that the welfare clause of the Constitution would not be further expanded to the extent proposed by H.R. 12580.

SUGAR ALLOCATIONS TO DOMINICAN REPUBLIC—MESSAGE FROM THE PRESIDENT

Mr. BYRD of Virginia. Mr. President, the President of the United States has transmitted to the Senate today a message relative to sugar allocations to the

Dominican Republic. The message, I am informed, has been read in the House of Representatives and referred. I therefore ask unanimous consent that the President's message be printed in the RECORD, without reading, and referred to the Committee on Finance.

The PRESIDING OFFICER. Without objection, it is so ordered.

The President's message is as follows:

To the Congress of the United States:

The meeting of Foreign Ministers of the American Republics at San Jose, Costa Rica, has just completed its deliberations on the charges made against the Dominican Republic by the Government of Venezuela, as well as on the flagrant violation of human rights by the Trujillo regime. The Foreign Ministers voted unanimously to condemn the Dominican acts of aggression and intervention against Venezuela, culminating in the attempt on the life of the President of that country, and resolved to (1) break diplomatic relations with the Dominican Republic, and (2) interrupt partially economic relations with that country beginning with a suspension of trade in arms and implements of war, with the provision that the Council of the Organization of American States shall study the feasibility and desirability of extending this trade suspension to other articles. The United States joined with the other American Republics in approving these measures.

Some 322,000 short tons of the sugar not being purchased from Cuba pursuant to the reduction in the Cuban quota is, under the July amendment to the Sugar Act, to be allocated to the Dominican Republic. This allocation is in addition to the Dominican Republic's 1960 quota amounting to approximately 130,000 tons. Since total imports of sugar from the Dominican Republic in 1959 amounted only to about 84,000 tons, the statutory allocation would give that country a large sugar bonus seriously embarrassing to the United States in the conduct of our foreign relations throughout the hemisphere.

In view of the foregoing considerations, the Government should have discretion to purchase elsewhere the quantity apportioned to the Dominican Republic pursuant to the July amendment to the Sugar Act. I, therefore, request legislation providing that amounts which would be purchased in the Dominican Republic pursuant to the July amendment need not be purchased there, but may be purchased from any foreign countries without regard to allocation.

I would also remind the Congress that the Sugar Act's present termination date of March 31, 1961—only 3 months after the reconvening of Congress next January—could cause a serious gap in supplies, because it often takes as much as 1 or 2 months after purchase for sugar from distant areas to reach our refineries. Thus an extension of the Sugar Act beyond its present termination date is necessary at this session in order to protect consumers in the United States against the possibility of unreasonable prices for sugar next February and March.

I request that the Congress give urgent consideration to and take favorable action on the proposed legislation.

DWIGHT D. EISENHOWER.

THE WHITE HOUSE, *August 23, 1960.*

MUTUAL SECURITY AND RELATED AGENCIES APPROPRIATIONS, 1961

Mr. JOHNSON of Texas. Mr. President, I move that the Senate proceed to the consideration of Order No. 1921, H.R. 12619.

The PRESIDING OFFICER. The bill will be stated by title.

The LEGISLATIVE CLERK. A bill (H.R. 12619) making appropriations for mutual security and related agencies for the fiscal year ending June 30, 1961, and for other purposes.

The PRESIDING OFFICER. The question is on agreeing to the motion of the Senator from Texas.

The motion was agreed to; and the Senate proceeded to consider the bill, which had been reported from the Committee on Appropriations, with amendments.

Mr. JOHNSON of Texas. Mr. President, I ask unanimous consent that the time be limited to 30 minutes on amendments, and 4 hours on the bill, in the usual form.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and the unanimous-consent agreement is entered.

The unanimous-consent agreement, as later reduced to writing, is as follows:

UNANIMOUS-CONSENT AGREEMENT

Ordered, That, effective on August 24, 1960, at the conclusion of routine morning business, during the further consideration of the bill, H.R. 12619, the Mutual Security Appropriation Act for 1961, debate on any amendment, motion, or appeal, except a motion to lay on the table, shall be limited to 30 minutes, to be equally divided and controlled by the mover of any such amendment or motion and the majority leader: *Provided,* That in the event the majority leader is in favor of any such amendment or motion, the time in opposition thereto shall be controlled by the minority leader or some Senator designated by him: *Provided further,* That no amendment that is not germane to the provisions of the said bill shall be received.

Ordered further, That on the question of the final passage of the said bill debate shall be limited to 4 hours, to be equally divided and controlled, respectively, by the majority and minority leaders: *Provided,* That the said leaders, or either of them, may, from the time under their control on the passage of the said bill, allot additional time to any Senator during the consideration of any amendment, motion, or appeal.

"I AIM AT THE STARS"—MOTION PICTURE

Mr. SPARKMAN. Mr. President, recently I was privileged, along with my fellow Senator from Alabama, LISTER HILL, to sponsor a congressional preview showing of an unusual and important motion picture "I Aim at the Stars." This film is the story of Dr. Wernher von Braun, an adopted son of Alabama, whose work is so vital to our stake in the race into space. This film was made by Charles H. Schneer and will be distributed throughout the world by Columbia Pictures beginning in late August.

"I Aim at the Stars" is the first motion picture ever produced about a living man whose career is still in the ascendancy. It is, in many ways, the story of this generation, for it begins between the two World Wars, embraces World War II, the Korean conflict, and the current race between the United States and Russia to be the first to conquer space.

It is probably one of the most forthright stories ever brought to the screen about a living person. And I believe it is safe to say that not many stories in motion picture history have dared be as frank, forthright, and blunt as this.

Because of the story this motion picture tells and because of the manner in which it is told, I believe that every American should see it, and I hope that millions of people in other lands will see it also. Not only is "I Aim at the Stars" a well documented account of the life of a world-famous figure and a film filled with science fact rather than science fiction, but it is also a human document, expressing in personal terms the struggle of man to advance into the unknowns that still face him.

It is to the credit of Mr. Schneer that he undertook to make this film. Dr. Von Braun is a public figure not untouched by controversy. From the very moment of the decision to bring him to this country after World War II, he has been the subject of much argument. But the picture "I Aim at the Stars" does not gloss over any of the facts. Starting with Von Braun's childhood and his youthful infatuation with rocketry, it fully covers those years in which he was chief of the group of German scientists who developed the V–2 weapon and his membership in the Nazi Party.

The film also delineates fully the great decision that had to be made at the conclusion of the war by our military authorities on the disposition of the German rocket and missile experts. It clearly shows the swiftness and the firmness with which men of decision moved to corral the Von Braun group and offer them a working haven in the United States on a trial basis. The picture also shows, as we now well know, how that gamble paid off, not only to our great advantage in the race for space, but in gaining us a large number of good and valuable citizens who might otherwise have been forced behind the Iron Curtain.

Finally, this motion picture "I Aim at the Stars" tells the story of a man and his dedication in such universal human terms, in his contacts with his family and his coworkers, and even those who oppose him, that it will have strong appeal to men and women everywhere as a story alone, during the enjoyment of which they will also learn much of value about important steps on man's road of progress. It is to the credit of Mr. Schneer, J. Lee Thompson, the director,

Curt Jurgens, who portrays Von Braun, Victoria Shaw, who is seen as Mrs. von Braun, and all of the other actors, that they accomplish this.

Appreciation is also due the Department of Defense and the Army for the fullness of the cooperation they extended to the producers of the picture. Their help aided in assuring the authenticity of many of the events in the film, including scenes depicting Dr. von Braun's work at Redstone Arsenal in Huntsville, Ala., and other scenes showing the firing of rockets at Cape Canaveral.

One of the aspects of Von Braun's life the picture does not show, but of which we in Alabama are quite proud, is the way in which he and his fellow scientists have become outstanding and useful citizens. Von Braun and his cohorts from Germany have contributed much of their time, their collective energies and talents, as well as their zeal to the progress of Huntsville, Ala., as an outstanding American community. They have also had a large share in forging the reputation of Huntsville as "Rocket City," a city and an area that has and will continue to be one of the Nation's guarantees to the peace and security of the world.

I found "I Aim at the Stars" a truly inspirational experience, and trust that others will undergo similar reactions in viewing it. Among the inspiring aspects are the dedication of Dr. von Braun to reach his goal of the stars over every obstacle; his devotion to basic principles even when forced to do the bidding of the masters of Nazi Germany; his wonderful relationship with his wife; his continuing devotion to his coworkers. Equally inspiring is the development of Dr. von Braun and his fellow ex-Germans and their families as outstanding Americans, a further proof that the United States is able to accept people who have lived under the most foreign of doctrines and nurture them so that in a few short years they understand and accept our ideals of liberty and freedom and are accepted by their neighbors, as well as the law, as full citizens.

This can well be one of the most important films of our time, for it is really the story of tomorrow, based as it is on the career of one of the world's greatest rocket scientists. That small group of men may well hold, for good or evil, the destiny of our world in their hands, depending on whether rockets and missiles are to be developed for peace or for war.

Mr. Charles Schneer must be commended for his vision and his professional skill in undertaking this production. Columbia Pictures deserves every success in its distribution of this outstanding picture. The U.S. Army has performed notable services in lending that degree of cooperation which has helped bring about a screen must for everyone.

CURRENT STATUS OF ESCAPE CLAUSE APPLICATIONS BEFORE THE U.S. TARIFF COMMISSION AS OF JULY 1, 1960

Mr. SPARKMAN. Mr. President, there has been comment from time to time as to the situation of the textile industry, and particularly in connection with the recent applications by those interested in the textile industry in the United States for the escape clause by the U.S. Tariff Commission that have been turned down.

I think it will be of interest to those who may be concerned with this question to review the current status of the escape clause applications before the Tariff Commission as of July 1, 1960.

I ask unanimous consent that the tabulation be printed in the RECORD at this point.

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

CURRENT STATUS OF ESCAPE CLAUSE APPLICATIONS BEFORE THE U.S. TARIFF COMMISSION (AS OF JULY 1, 1960)

1. Applications accepted by the Commission, 110.

2. Applications dismissed by the Commission at applicant's request, six.

3. Investigations terminated by Commission without formal findings, eight.

4. Investigations currently pending (barbed wire, cast-iron fittings, horseradish, hatters' fur, binding and baler twine, hard fiber cords and twine), six.

5. Investigations completed by the Commission, 90.

5a. Investigations in which the Commission decided against escape action (includes 14 cases dismissed under Executive order procedures prior to 1951 statute), 57.

5b. Investigations in which the Commission's vote was evenly split and dual reports sent to the President, five.

5c. Investigations in which the Commission voted in favor of escape action, 28.

6. Presidential action on Commission's escape clause recommendations in favor of escape action, 33.

6a. President invoked escape clause (women's fur felt hats and hat bodies, October 30, 1950; hatters' fur, January 5, 1952; dried figs, August 16, 1952; alsike clover seed, June 30, 1954; watches (2d investigation), July 27, 1954; bicycles (2d investigation), August 18, 1955; toweling, of flax, hemp, or ramie, June 25, 1956; spring clothespins (4th investigation), November 9, 1957; safety pins (2d investigation), November 29, 1957; clinical thermometers, April 21, 1958; lead and zinc (2d investigation), September 22, 1958; stainless-steel table flatware, October 20, 1959, 12.

6b. President declined to invoke the escape clause, garlic (1st investigation), July 21, 1952; watches (1st investigation), August 14, 1952; tobacco pipes and bowls, November 10, 1953; scissors and shears (1st investigation), May 11, 1954; groundfish fillets (2d investigation), July 2, 1954; lead and zinc (1st investigation), August 20, 1954; handmade blown glassware (1st investigation), September 9, 1954; spring clothespins (3d investigation), November 20, 1954; screen-printed silk scarves, December 23, 1954; wood screws (3d investigation), December 23, 1954; fluorspar (2d investigation), March 20, 1956; para-aminosalicylic acid, August 10, 1956; ferrocerium (lighter flints), November 13, 1956; groundfish fillets (3d investigation), December 19, 1956; velveteen fabrics, January 22, 1957; straight pins (2d investigation), March 29, 1957; violins and violas, March 30, 1957; umbrella frames, September 30, 1958; tartaric acid, March 14, 1959; cream of tartar, March 14, 1959, 20.

6c. President action pending (cotton typewriter ribbon cloth), one.

NEW YORK TIMES PAYS TRIBUTE TO AMBASSADOR LODGE FOR HIS WORK AT THE UNITED NATIONS

Mr. CASE of New Jersey. Mr. President, a number of editorials all across the Nation have paid tribute this week to the effective and vigorous representation of Ambassador Henry Cabot Lodge in the United Nations. His decision to resign as of September 3 in order to campaign for the Vice Presidency has served to emphasize the many contributions to world peace and understanding of this authentic "voice of America" in the U.N.

Time after time, Ambassador Lodge has quickly and ably rebutted Soviet distortions with American facts. He has countered Communist misstatements with free world truth. As a result, his own stature and that of the U.N. and the free world have been enhanced.

Ambassador Lodge's unexcelled knowledge of diplomatic techniques and Soviet talents will serve him and his Nation well whatever the future may hold in store for him. I am pleased to have this opportunity to salute him for a job well done in the U.N. and to wish him well in the days ahead.

I also wish to call to the attention of the Senate an editorial which appeared in the New York Times of August 21, concerning Ambassador Lodge's resignation. I ask unanimous consent that it be printed in the RECORD.

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

[From the New York Times, Aug. 21, 1960]

THE LODGE RESIGNATION

Henry Cabot Lodge's resignation as U.S. Representative to the United Nations may or may not mean that he is entering into a wider field of activity. The voters will decide that question next November. It may be said, however, with complete nonpartisanship, that Mr. Lodge has done the right thing. He could not long continue at the U.N. in the double role of a candidate on a major party ticket and a diplomat representing all the people.

There can be no question that he has indeed most ably represented all the people in his 7½ years at the U.N. He has grown in stature, he has profited from his often arduous experience, and he has fully met the U.N. mission's relentless demands on time, strength, and patience. In virtue of his position, he has been a member of the President's Cabinet and has contributed to the formation of the Eisenhower foreign policy. It is, in a way, too bad that win or lose this phase of his career is over.

The White House announcement that James J. Wadsworth, Deputy Ambassador under Mr. Lodge, will succeed him was as welcome as it was expected. Mr. Wadsworth also labored wisely and prodigiously, especially in his long siege in Geneva during the nuclear negotiations with the Russians. Every informed person of whatever political faith will wish Mr. Wadsworth well, be his term long or short.

AUTHORIZATION FOR COMMITTEE ON THE JUDICIARY TO MEET TOMORROW AT 2:30 P.M.

Mr. DIRKSEN. Mr. President, I ask unanimous consent that tomorrow at 2:30 p.m., notwithstanding the session

of the Senate, the Judiciary Committee may be permitted to meet.

The PRESIDING OFFICER. Without objection, it is so ordered.

MUTUAL SECURITY AND RELATED AGENCIES APPROPRIATIONS, 1961

The Senate resumed the consideration of the bill (H.R. 12619) making appropriations for mutual security and related agencies for the fiscal year ending June 30, 1961, and for other purposes.

Mr. HAYDEN. Mr. President, the mutual security appropriation bill, which is now before the Senate, recommends appropriations in the amount of $3,989 million. This is an increase of $399,304,000 over the House bill. However, it is $292,650,000 under the original budget estimate sent to the Congress by the President plus the $100 million budget estimate submitted by the President on August 17.

In view of the recent developments in Africa, the President requested this additional $100 million in the contingency fund. The committee has approved the full amount but has attached to the language in the bill a provision stipulating that our financial contribution to any program in any country in Africa should not exceed 40 percent of the total contribution to the United Nations for such program.

Another major increase by the committee is in the Development Loan Fund, where $150 million was added to the House bill to provide the full budget estimate of $700 million for this fund.

The committee increased the amount for defense support by $75 million and also increased the amount for special assistance by $50 million.

The technical assistance program suffered a $22 million reduction in the House of Representatives and the committee has restored this cut.

The bill, as it came to the Senate this year from the House, contained an unusually large number of objectionable language provisions. The committee, after taking detailed testimony on these provisions, has decided to eliminate all of them from the bill. The report is on the desk of each Senator and in addition to explaining all of the details of the increases made in the appropriations it explains the action of the committee on the language amendments to which I have referred.

Mr. President, I move that the committee amendments to the bill be agreed to en bloc and that the bill as thus amended be regarded for the purpose of amendment as original text; provided, that no point of order shall be considered to have been waived by reason of agreement to this order.

The PRESIDING OFFICER. The question is on agreeing to the motion of the Senator from Arizona.

The motion was agreed to.

The committee amendments agreed to en bloc are as follows:

Under the heading "TITLE I—MUTUAL SECURITY—MILITARY ASSISTANCE," on page 2, at the beginning of line 9, to strike out "$23,000,000" and insert "$25,000,000".

Under the subhead "ECONOMIC ASSISTANCE", on page 2, line 14, after "section 131 (b)", to strike out "$600,000,000" and insert "$640,000,000, and in addition for defense support for Spain, authorized by section 131(b), $35,000,000, exclusive of technical cooperation."

On page 2, line 18, after "section 304", to strike out "$150,000,000" and insert "$172,000,000", and, after the amendment just above stated, to strike out the colon and *"Provided,* That no part of this appropriation shall be used to initiate any project or activity which has not been justified to the House of Representatives and the Senate".

On page 3, line 3, after "306(b)", to strike out "$1,500,000" and insert "$1,300,000".

On page 3, line 5, after "400(a)", to strike out "$206,000,000" and insert "$256,000,000", and at the beginning of line 6, to strike out *"Provided,* That no part of this appropriation shall be transferred by the International Cooperation Administration or the Department of State to the Benjamin Franklin Foundation, until a new agreement is entered into between the United States and the Benjamin Franklin Foundation which contains adequate financial and administrative controls for the protection of the Government of the United States".

On page 3, after line 12, to strike out:

"Special assistance, special authorization: For assistance authorized by section 400(c) for hospital construction, the equivalent of $1,500,000 in local currencies."

And in lieu thereof to insert:

"Special assistance, special authorization: For assistance authorized by section 400(c) for hospital construction, $1,500,000 to be used to purchase foreign currencies which the Department of the Treasury may determine to be excess to the normal requirements of the United States."

On page 3, line 22, after "405(a)", to strike out "$10,000,000" and insert "$6,700,000".

On page 4, line 11, after "405(d)", to strike out "$3,500,000" and insert "$3,350,000".

On page 4, line 23, after "411(b)", to strike out "$38,000,000" and insert "$40,000,000".

On page 5, after line 2, to strike out:

"Office of the Inspector General and Comptroller: Not to exceed $1,000,000 of the funds appropriated in this title shall be available to carry out the provisions of section 533A of the Mutual Security Act of 1954, as amended."

Under the subhead "CONTINGENCIES", on page 5, line 9, after "451(b)", to strike out "$150,000,000" and insert "$250,000,000", and in line 10, after the amendment just above stated, to strike out *"Provided,* That none of the funds appropriated in this paragraph shall be used for any project or activity for which an estimate has been submitted to Congress" and in lieu thereof, to insert *"Provided,* That none of the funds appropriated in this paragraph may be used to finance contributions to the United Nations for a program in any country in Africa in excess of 40 per centum of the total contributions to the United Nations for such program."

On page 5, after line 17, to insert: "Unobligated balances of funds heretofore made available under authority of the Mutual Security Act of 1954, as amended, and available as of June 30, 1960, are, except as otherwise provided, hereby continued available for the fiscal year 1961, for the same general purposes for which appropriated."

On page 5, after line 23, to insert: "Funds appropriated under each paragraph of this title (other than appropriations under the head of military assistance), including unobligated balances continued available, and amounts certified pursuant to section 1311 of the Supplemental Appropriation Act, 1955, as having been obligated against appropriations heretofore made for the same general purpose as such paragraph, which amounts are hereby continued available (except as may otherwise be specified in this title) for the same period as the respective appropriations in this title for the same general purpose, may be consolidated in one account for each paragraph."

Under the subhead "DEVELOPMENT LOAN FUND", on page 6, line 21, after "203", to strike out "$550,000,000" and insert "$700,000,000".

Under the subhead "LIMITATION ON ADMINISTRATIVE EXPENSES, DEVELOPMENT LOAN FUND", on page 7, line 3, after the word "exceed", to strike out "$1,800,000" and insert "$2,150,000", and in line 7, after the word "expenses", to insert a colon and *"Provided,* That necessary expenses (including special services performed on a contract or fee basis, but not including other personal services) in connection with the acquisition, operation, maintenance, improvement, or disposition of any real or personal property belonging to the Fund or in which it has an interest as a result of its financing activities, including expenses of collections of pledged collateral, shall be considered as nonadministrative expenses for the purposes hereof."

Under the subhead "GENERAL PROVISIONS," on page 7, after line 16, to strike out:

"SEC. 101. None of the funds herein appropriated shall be used to carry out any provision of chapter II, III, or IV of the Mutual Security Act of 1954, as amended, with respect to any project or activity, or in any country, during any period when more than thirty-five days have elapsed between the written request (delivered to the office of the head of the appropriate department or agency) for, and the furnishing of, any document, paper, communication, audit, review, finding, recommendation, report, or other material in possession or control of such department or agency relating to the expenditure of funds with respect to such project or activity or in such country, to the General Accounting Office or any committee of the Congress, or any duly authorized subcommittee thereof, charged with considering legislation or appropriations for or expenditures of such department or agency."

On page 8, after line 10, to inert:

"SEC. 101. (a) Within sixty days following the date of enactment of this Act, the President shall transmit to the Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives a report containing a full and complete revision of the data presented to such committees in justification of appropriations requested for the Mutual Security program for the fiscal year 1961, showing any changes in such program approved subsequent to such presentation, including changes necessary to reflect actual appropriations for the program.

(b) Within thirty days following the approval of any change in the Mutual Security program for the fiscal year 1961, which will result in furnishing assistance of a kind, for a purpose, in an area, or in an amount, different from that described in the report transmitted under subsection (a), and which involves $1,000,000 or more, or 5 per centum of the amount appropriated under any paragraph of this title whichever is the lesser, the President shall transmit to the Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives a full and complete report of such change and the reasons therefor.

(c) This section shall not apply to programs authorized by section 451 of the Mutual Security Act of 1954, as amended.

(d) None of the funds herein appropriated shall be used to carry out any provision of chapter II, III, or IV of the Mutual Security Act of 1954, as amended, in any country or with respect to any project or

activity, after the expiration of the thirty-five-day period which begins on the date the General Accounting Office or any committee of the Congress, or any duly authorized subcommittee thereof, charged with considering legislation or appropriations for, or expenditures of, the International Cooperation Administration, has delivered to the Office of the Director of the International Cooperation Administration a written request that it be furnished any document, paper, communication, audit, review, finding, recommendation, report, or other material relating to the administration of such provision by the International Cooperation Administration in such country or with respect to such project or activity, unless and until there has been furnished to the General Accounting Office, or to such committee or subcommittee, as the case may be, (1) the document, paper, communication, audit, review, finding, recommendation, report or other material so requested, or (2) a certification by the President that he has forbidden its being furnished pursuant to such request, and his reason for so doing.

On page 10, line 14, after the word "which", to strike out "has not met the standards and criteria used in determining the feasibility of flood control, reclamation and other water and related land resource programs and projects proposed for construction within the United States of America as per circular A-47 of the Bureau of the Budget, dated December 31, 1952," and in lieu thereof to insert "does not meet a feasibility ratio of related programs in the United States based on the engineering information available at the time the project is being considered."

On page 11, after line 15, to strike out:

"SEC. 106. None of the funds herein appropriated shall be used to carry out the provisions of section 203(c) of the Mutual Security Act of 1960."

On page 11, after line 18, to strike out:

"SEC. 107. None of the funds herein appropriated shall be used to carry out the provisions of section 421 of the Mutual Security Act of 1954, as amended."

On page 11, after line 21, to strike out:

"SEC. 108. None of the funds herein appropriated shall be used to finance any of the activities under the Investment Incentive Fund Program."

At the top of page 12, to strike out:

"SEC. 109. None of the funds herein appropriated shall be used to carry out the provisions of chapter VIII of the Mutual Security Act of 1960."

On page 12, at the beginning of line 4, to change the section number from "110" to "106".

On page 12, at the beginning of line 21, to change the section number from "111" to "107".

On page 13, after line 5, to strike out:

"SEC. 112. None of the funds contained in title I of this Act may be used to enter into any contract with any person, organization, company, or concern or any of its affiliates who has offered or who offers to provide compensation to an employee of the International Cooperation Administration or who provides compensation to any former employee of the International Cooperation Administration whose annual salary exceed $5,000 and who has left employment with the International Cooperation Administration within two years of the date of employment with said person, organization, company, or concern, or any of its affiliates."

On page 13, after line 16, to insert:

"SEC. 108. The appropriations and authority with respect thereto in this Act shall be available from July 1, 1960, for the purposes provided in such appropriations and authority. All obligations incurred during the period between June 30, 1960, and the date of enactment of this Act in anticipation of such appropriations and authority are hereby ratified and confirmed if in accordance with the terms hereof."

Under the heading, "TITLE II—DEPARTMENT OF THE ARMY-CIVIL FUNCTIONS—RYUKYU ISLANDS, ADMINISTRATION", on page 14, at the beginning of line 15, to strike out "$3,000" and insert "$4,000"; in line 24, after the word "appropriation", to strike out "$5,250,000" and insert "$7,704,000", and in line 25, after the word "exceed", to strike out "$1,633,000" and insert "$1,744,000".

Under the heading "TITLE III—EXPORT-IMPORT BANK OF WASHINGTON—LIMITATION ON ADMINISTRATIVE EXPENSES, EXPORT-IMPORT BANK OF WASHINGTON", on page 17, line 14, after the word "exceed", to strike out "$6,250" and insert "$6,250, and not to exceed $9,000 for entertainment allowances for members of the Board of Directors".

CITIES AND HIGHWAYS

Mr. WILLIAMS of New Jersey. Mr. President, earlier today I introduced, for appropriate reference, a bill (S. 3877) to provide more effective coordination of the Federal-aid highway system in our metropolitan areas.

Mr. President, this proposed legislation is the outgrowth of more than a year of intensive concern with the problems of metropolitan transportation. Last March I introduced a bill to help improve mass transportation services in metropolitan areas, which I was happy to see the Senate pass. During its consideration, the importance of highways to the metropolitan transportation network and their tremendous impact on urban development became increasingly evident.

The bill is a more immediate result of a particular highway problem in New Jersey, which I believe is becoming increasingly typical of the highway problems now affecting urban communities across the Nation.

Mr. President, I was not a Member of the Senate in 1956 when the Federal-aid highway program was given its first real start with the help of the vigorous efforts of the junior Senator from Tennessee [Mr. GORE] and many others. But since arriving I have become impressed by several facts.

The first is that two-thirds of the population of the United States, or more than 100 million people, now live in fewer than 200 metropolitan complexes scattered across the country.

The second is that nearly 50 percent of the money being poured into the largest public works program ever undertaken will be spent in the urban areas. This will amount to about $20 billion of the total allocated for the 41,000-mile system.

The third and most important point is that for good or ill these urban highway expenditures will have a profound effect on the face of our urban landscape for decades to come. As the forging of new railroad lines years ago determined, to a large extent, the shape of urban development, so today will the new highways—but to a much greater degree.

This is a matter of immediate concern because, since 1956, roadbuilding has largely concentrated in rural and lightly populated areas. We are now on the verge of large-scale construction in the metropolitan areas.

But do we know what we are doing? Do we know what these urban highways are for?

Mr. President, I am afraid that there is strong evidence that we do not truly know what these roads are for.

At the risk of oversimplification, I would say that the prevailing view is that a road is an end in itself, that the first and only purpose of a road is to move people.

As a result we find that to relieve the appalling traffic congestion which afflicts all our metropolitan centers, we must build more roads without regard to the question whether the roads will merely intensify demand and thus congestion, without consideration of the economic efficiency of the expenditure, without regard to the effect on local budgets, without regard to the loss of tax ratable property, without regard to the effect on commercial diversification, without regard to the problems of parking facilities, and traffic control.

To put it another way, for what purpose do we build our very costly urban highways if the effect is to eliminate or drive out the attractions which caused the demand for access in the first place?

Mr. President, I think it is clear that we cannot continue to view roads as ends in themselves, as mere instruments of vehicular traffic only.

I believe we must start looking at the urban portions of the Federal-aid highway system as a means to an end, as a means of building better urban communities, an important and integral instrument for shaping a better America, town and country.

The Interstate Highway System is of course a major portion of the entire program, and a major part of the Interstate funds are being spent in urban areas. Yet we find the law requires that the Interstate System "shall be so located as to connect by routes, as direct as practicable, the principal metropolitan areas, cities, and industrial centers, to serve the national defense."

Nowhere is there any requirement that an interstate highway bend a mile or 2 miles or 3 miles to meet community needs and desires. The paramount considerations appear to be directness and cost.

In New Jersey a very bitter and deep-seated controversy has arisen over the proposed location of the East-West Freeway cutting through the three Oranges and Newark. The State highway department has recommended, and the local citizens are intensely in favor of, a depressed highway. All but one of the communities involved have comprehensive plans for the redevelopment of their respective areas which call for the highway to be depressed.

The Bureau of Public Roads, however, will only approve the plan and provide the Federal share for an elevated highway, which would cost $13 million less.

In answer to contentions that an elevated highway would lower adjacent property values, the Bureau of Public Roads has replied that it has no evidence that such would be the case.

One is tempted to ask how authoritative and comprehensive BPR's surveys on this question are, or whether they have any way of judging comparative rises in value of property adjacent to depressed as opposed to elevated highways.

But perhaps more to the point: how does one put a dollar sign on community feeling?

Surely there can be no doubt that a Chinese wall is less desirable to residents of any community than a depressed roadway. As the Commissioner of the New Jersey Highway Department stated in his letter of recommendation:

> Each of us as individuals would prefer living next to a depressed roadway rather than an elevated one.

And as a matter of fact, it is my understanding that, when differences in cost are not involved, it is the general policy to depress highways in residential areas and elevate them, if need be, in commercial areas.

Furthermore it is not inconceivable that in future years ways could be found to cover sections of depressed highways with prefabricated roofs, which could be landscaped and converted into attractive malls.

But apparently it is impossible at present to weigh such intangibles on the cost scales of highway construction.

A few days ago, I had the pleasure of talking with the Federal Highway Administrator, Mr. Tallamy, about the East-West Freeway controversy.

Contrary to my expectations, I was told that local needs are not given equal consideration with the needs of interstate commerce in the allocation of interstate funds. Rather, the interstate needs are determined and local needs are considered to the extent that they do not affect the interstate requirements.

It is evident, I think, that this kind of standard is not conducive to the best interests of the metropolitan areas of the United States and the majority of citizens living in them.

I recognize that practical economic considerations make it impossible to make metropolitan community needs paramount and interstate traffic needs secondary—though I think there is little question that our intercity transportation networks are already unexcelled while our metropolitan transportation systems are the ones that writhe in agony.

But I do think that we might at least give parity to metropolitan and interstate needs—especially since our metropolitan areas are predominantly located in States which are receiving a disproportionately small share of Federal funds.

There is no denying that a genuinely equal consideration of metropolitan community needs will increase road costs in these areas. But I suspect there have now been enough mass protest meetings that, if necessary, the people would be willing to get along with a few less miles of road in order to insure that the roads which are built genuinely contribute to a better community environment.

I have mentioned the East-West Freeway controversy in New Jersey because it represents the kinds of problems that are cropping up with increasing frequency.

For example, it is common knowledge that our highway system has accelerated urban sprawl to the extent that communities from different metropolitan areas are blending together until they are indistinguishable.

Who is measuring the profound economic implications of this phenomenon? Who is calculating the crushing costs on the suburbanite for new schools, new sewers, new secondary roads, new hospitals, new police and fire departments? Who is estimating the added transportation costs to and from work? Who is keeping an eye on the amount of scarce first-class agricultural soil being plowed under. Who is looking out for the preservation of watershed areas and estimating the impact of land development on flood control? Who is in charge of our recreation and open space needs? Who is calculating the monotony of it all?

Within the broad outlines of such questions, there are still other problems. A metropolitan area may have started or may wish to encourage a high-density residential development in the northwest quadrant of the city, but may find that the dictates of interstate commerce are such that the new highway must go through the northeast quadrant. Or the city may have begun an urban renewal project only to find that a new highway is to travel right over the land it has acquired. Or it may find that there is, at present, little value to an attractive tree-lined thoroughfare which must be widened. Or its slum area may be a little too far removed to justify the expense of rerouting a highway through it. Or perhaps no provision has been made on a well-located highway for a sufficiently wide median strip to be used at a later date for a mass transit line.

These questions and problems suggest, I think, that we do not at present have any way of adequately coping with our highway and community needs on a metropolitan-wide basis.

In some States—and I am pleased to say that New Jersey is foremost among them—the State highway departments make an effort to examine these broader questions and consider local needs. Under Mr. Palmer's direction, for example, the New Jersey Highway Department is one of the few that has made a serious and successful effort to develop a balanced and comprehensive transportation system for the State.

But State highway departments generally are not capable of or suited to do the kind of comprehensive land use and transportation planning that is needed in our metropolitan areas. On the other hand those State highway departments, like New Jersey's, do not now have a legislative directive to insist on Federal consideration of local community needs. This is particularly evident in the case of the East-West Freeway controversy.

But basically the job of highway departments is to build roads, quickly, efficiently, economically, attractively and safely. Their planning activities must of necessity be primarily of a specialized and engineering kind.

As Wilfred Owen, a noted urban transportation expert, has noted:

> The State highway departments have done a considerable amount of planning. For more than two decades they have conducted elaborate surveys, in which the attempt has been made to project highway needs, to establish financial plans to meet the needs, and to plan the location and design of roadways suitable for the demands anticipated. * * * But the fact remains that the highway departments are not doing all the planning that needs to be done in the urban area. What some people call planning differs considerably from what others call it. To city or regional planners, it is something quite different from planning in the engineering sense. Their use of the term involves to a much more important degree the relation between roads and other aspects of the community. They point out that planning need not be geared simply to accommodating trends, but can also influence trends. The comprehensive community plan is aimed at improving the urban environment by bringing about the best possible total results from the many and varied changes that are continually taking place.

It might be added, too, that fundamentally the responsibility for shaping a community's development must ultimately rest not with the State highway departments but with the communities themselves.

At present a great deal of planning is taking place on the municipal level. In New Jersey, for instance, 424 of the State's 567 municipalities had established official planning boards by January 30, 1959. Two hundred and sixty-nine of those planning boards have been established since 1950. Communities are making good use of Federal funds; 101 municipalities are using grants available to them under provisions of section 701 of the Housing Act of 1954. One hundred and thirty-one master plans being prepared in the State are receiving Federal or State assistance.

In other words, many municipalities are going to great lengths in New Jersey to plan for the future. But a serious obstacle to that goal lies in the sprawl of urban communities over political boundaries. Each separate community in the metropolitan complex is inevitably and increasingly dependent on the cooperation of others for their own welfare. So far, however, there has been little progress in the development of cooperative planning for metropolitan areas as a whole. For example, one community may wish a road to run from point A to point B in its area, but the adjacent community may desire a quiet residential neighborhood at the spot where it joins point B. More than likely, any road through the two communities will respect the desires of neither.

The bill I have introduced is designed to help overcome the inherent difficulties faced by both State highway departments and individual communities.

It first of all attempts to establish a new policy direction for the use of highway funds in urban areas by setting forth an addition to the declaration of policy emphasizing that it is the intent of Congress that a primary purpose of

the highway system in urban areas is to assist the development of more orderly and well-balanced communities in which to live and work. It calls for the equal consideration of the values designed to improve the patterns of community living as well as the needs of interstate commerce.

It also establishes additional standards to guide the Secretary of Commerce in approving programs and plans, and directs him to require the greatest possible coordination of highway programs with other programs, like urban renewal, that also affect urban areas.

Second, the bill provides for the establishment by State law or by the Governor of a State of a regional planning commission for each standard metropolitan area where none already exist. These commissions would be responsible for long-range transportation and land-use planning for their respective areas.

After their establishment, the State highway departments would submit their programs and project plans to the commission for the area in which the programs and projects are to be located. The commissions would submit their recommendations to the Secretary of Commerce. While they would not have the power of approval or disapproval, the Secretary of Commerce would be required to provide the commissions with a written report on the disposition of its recommendations.

Third, the bill would make a change in the procedure for public hearings and provide, in addition to the present hearings, for public hearings in conjuction with the planning commissions on the broad programs that are proposed to be located within the commission's area.

The purpose of these changes is, first, to encourage local communities to begin to work and plan together for their common welfare and advantage and, second, to provide a mechanism by which the broad problems of metropolitan community development can be studied and by which the major issues surrounding highway location and community development can be evaluated, discussed, and aired.

The bill provides to finance the operation of these commissions with a modest increase in the research and planning funds available to the States from 1½ to 2 percent, and by the allocation of a portion of those funds to the commissions.

Mr. President, I wish to emphasize that I have introduced this measure to perhaps kindle interest and concern in this fundamental area of our economy. I intend before Congress reconvenes next January to seek widespread expert advice and suggestions on this bill with the expectation of reintroducing a more refined measure, with whatever modification or improvements that seem desirable.

I earnestly hope that the bill will receive consideration early next year, for no matter what legislation on this subject may ultimately be necessary, I think a thorough discussion of the impact of the Federal highway program on our urban communities is badly needed.

Mr. President, I ask unanimous consent that the following items be printed in the RECORD at the conclusion of my remarks:

First, a letter from Mr. Palmer of the New Jersey State Highway Department to the Bureau of Public Roads explaining the department's reasons for favoring a depressed East-West Freeway.

Second, an article by Charles Ball appearing in the summer 1959 issue of State Government, which describes the status of regional planning in our States and which, incidentally, cites the "profound need for regional transportation planning" and suggests that "the routing and design of new State highways might be reviewed by regional agencies."

Third, excerpts from the 1958 Sagamore Conference, sponsored by the American Municipal Association, the American Association of State Highway Officials, and others. It is interesting to note the agreement of the conference that—

> The goal of urban highway transportation service is * * * providing for the most expeditious movement of people and goods in harmony with plans for urban development, or in a manner to aid in proper urban development.

Also included in these excerpts is the statement by Mayor Ben West, of Nashville, that "lack of comprehensive community and areawide planning is one of our greatest deficiencies."

Fourth, an excerpt from a thought-provoking article by Daniel P. Moynihan appearing in the Reporter a few months ago, entitled "New Roads and Urban Chaos," which observes that—

> The Bureau of Public Roads recently considered an edict requiring that some area plans be developed before the interstate funds are allocated, but the idea was abandoned.

Fifth, an editorial entitled "Economy Minded," from the Sunday Star-Ledger of August 21, 1960.

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

STATE OF NEW JERSEY,
STATE HIGHWAY DEPARTMENT,
Trenton, N.J., March 9, 1960.

Mr. H. P. BESCHENBOSSEL,
Division Engineer, U.S. Bureau of Public Roads, Trenton, N.J.

DEAR MR. BESCHENBOSSEL: Having held the public hearing for Route 280 through Newark and the Oranges, we are in a position now to formalize our thinking as to what we believe would be a proper recommendation to the Bureau of Public Roads, giving due consideration to the fact that economy of design is necessary and also to the economic effect of our design on not only the area as a whole, but also if possible, that which would be best for each municipally within that design.

AREA

The public hearing pretty well established that Route 280 was necessary to the area and that it would develop benefit to the area. This was brought out by the facts presented by all but West Orange. Newark has initiated its redevelopment program, which by testimony is dependent on better transportation than now exists.

East Orange has started on its 11-year program of redeveloping portions of East Orange. This redevelopment is along the route of the freeway. Orange, through its consultant, Scott Bagby, showed its development plans. In fact, early in our planning for Route 280 Mayor Reilly took us over the area to be redeveloped. This again was planned in connection with a utilization of the benefits the freeway would bring to Orange. West Orange at the hearing stated it had no redevelopment plans.

We ourselves, in proposing this route to the Bureau of Public Roads, investigated the population and industry with its employment and dollar value produced to show the service and economic benefit of this route location.

Additionally, Route 280 traverses an area where added capacity to the existing street system will take years to produce by reason of the dense development and the attending cost. Therefore the construction of Route 280 on a freeway basis should relieve many of the existing streets by reason of its capacity which for each lane of freeway is the equivalent of at least two lanes of city street.

NEWARK

There are two alinements considered in Newark with a total of five variations in design and cost. These are as follows:

Type:	*Cost*
Original alinement elevated (J)	$19,100,000
Original alinement depressed (J)	34,100,000
Alternate alinement (K) elevated	22,300,000
Alternate alinement (K) depressed cutting, 5 streets	21,500,000
Alternate alinement (K) depressed cutting, 2 streets	22,900,000

Our original alinement was used because it remained close to the Delaware, Lackawanna and Western Railroad.

In keeping the location in this area a large amount of structure is necessary either over or under the railroad, including the ramps into Newark, which makes depressions of the route excessively costly. Beside taking out the Armory it also requires part of the Newark Academy athletic field. This institution, by charter, dates back to the 1700's. Without an athletic field and recreational area any educational institution, such as this, is ineffective and would soon suffer a drop in attendance.

In Newark the alternate "K" alinement provides a greater flexibility for joining Route 280 and the Belmont Avenue north-south connector. It makes for a better and cleaner crossing of the Delaware, Lackawanna and Western Railroad and has the approval of the city of Newark and its planners.

The construction costs of this alinement are less than the construction cost of the original alinement. The property damage is greater. However, in our opinion this alinement will prove in the long run to provide greater benefit to the city of Newark.

RECOMMENDATION

Since the alternate "K" alinement has the endorsement of the city of Newark and since the difference in cost between depressing that alinement is about $800,000 less than elevation in one case and $600,000 greater than depressed in the other, we should consider the advantages and disadvantages of the two methods of depressing the alternate "K" alinement.

In the case where alternate "K" is $800,000 cheaper than the same alinement elevated, five of Newark's north-south streets are cut off or dead-ended, whereas at a cost of $600,000 more only two streets are cut off.

Within the city of Newark there are 17 north-south streets. These streets carry 147,000 vehicles per day. This circulation is

necessary to the city. To eliminate 5 of these 17 streets when the elimination of only 2 is necessary would place an undue traffic burden on the remaining streets and create not only congestion, but also hazard.

It is therefore recommended that the Bureau of Public Roads approve alinement K depressed, cutting off only two north-south city streets and coming to elevation to overpass the Garden State Parkway at a cost of $22,900,000.

EAST ORANGE

In East Orange there are two alinements under consideration. The original and from the parkway easterly the alternate K joining alternate K in Newark. The variations and their costs are as follows:

Type	Cost
Original elevated (J)	$14,300,000
Original depressed (J)	21,700,000
Original over parkway and depressed to Orange (J)	17,600,000
Alternate K to Newark elevated	15,200,000
Alternate K to Newark depressed and under parkway	21,500,000
Alternate K to Newark over parkway and depressed to Orange	17,800,000

East Orange has had plans for the redevelopment of the Evergreen section of East Orange. Steps have been initiated to bring these plans to reality. There is no doubt that a depressed highway through this section will enhance the investment by the city and coordinate with the city's plan. The redevelopment plan of this area is ambitious. Through the city is the elevated section of the Delaware, Lackawanna & Western Railroad. While everyone admits that in the past railroads have been responsible for the development of these cities along the railroads it is difficult, knowing the area, not to admit that the railroad in cut would have been responsible for a better type of development.

RECOMMENDATION

It is recommended that the Bureau of Public Roads approve the alinement as made up of the original alinement west of the Garden State Parkway and the alternate K alinement joining the Newark alternate and the character of design carrying the route over the Garden State Parkway with depressed design westerly to the Orange line and easterly to the Newark line at an estimated cost of $17,800,000.

ORANGE

In Orange there is only one alinement, but there are three types of design under consideration with the following cost:

Type:	Cost
Elevated throughout (J)	$6,500,000
Depressed throughout (J)	9,800,000
Depressed from East Orange to Lincoln Ave. and elevated to West Orange (J)	8,000,000

In Orange westerly of Lincoln Avenue the contour of the area drops off toward the railroad, which is more or less in a valley on embankment. To overpass the railroad would place Route 280 approximately 45 feet over the adjacent area.

By depressing the route in Orange from the East Orange line to the West Orange line, Route 280 would prove an advantage to the city in its redevelopment plans and we would be giving consideration to the future development of Orange.

RECOMMENDATION

It is therefore recommended that the Bureau approve the alinement of Route 280 in Orange as a depressed route from the East Orange line to the West Orange line underpassing the Delaware, Lackawanna & Western Railroad at a cost of $9,800,000.

WEST ORANGE

In West Orange several alinements were considered. The W-3 alinement was brought back into the picture by the Bureau of Public Roads after the Department had rejected it subsequent to our several visits with West Orange officials and after weighing the effects of this alinement on the West Orange area. This alinement crosses Northfield Road and passes between the two best apartments and near a school in West Orange. In so doing it eliminates the garaging facilities of the apartment buildings. Its elevation is such that the roadways supported by walls almost against the buildings would be level with the second floor rooms. It would take less houses than the State's proposal, but would take more expensive houses and traverse the better area of West Orange.

The State's proposed alinement would, after passing through low value area, cross Mount Pleasant Avenue and follow up a ravine which is a natural divider between West Orange proper and the Llewellyn Park section, which is practically a private and exclusive settlement of West Orange and would not create a second partitioning of West Orange.

West Orange has suggested an alinement following our alinement except that instead of turning northerly to follow the contours of the mountain, continues westerly in the form of a 3,300 or 3,400 foot tunnel.

The following are the various costs of the above described alinements:

Type:	Cost
State's original alinement (W)	$23,300,000
West Orange depressed alinement with tunnel (W-5)	37,400,000
W-3 alinement, Bureau of Public Roads	20,500,000
State alinement (W) under railroad depressed under Northfield Road and Mount Pleasant Avenue to 6 percent grade up ravine between Llewellyn Park and remainder of West Orange	24,800,000

As stated previously, this Department never favored the W-3 proposal which traversed more valuable area, although its cost was $2,800,000 less than the State's cheapest plan in West Orange. In our opinion this alinement will reflect the greatest overall damage to West Orange over the years.

The West Orange proposal advocates a tunnel in an area where there is relatively little development. By its plan of a tunnel, it precludes the possibility of an interchange with Prospect Avenue and while being shorter by 1,500 feet than the State's line forces Prospect Street traffic to travel 6,000 feet farther.

RECOMMENDATION

It is recommended that the Bureau approve the State's alinement through West Orange on a basis of underpassing the railroad and continue as a depressed roadway through the developed part of the city under Northfield Road and Mount Pleasant Avenue and following the ravine and contours of the Orange Mountain, on a 6-percent grade changing to a 5-percent grade, to a crossing of Prospect Street with interchange north of the shopping center to the Livingston line.

The advantage of this recommendation lies in the fact that better interchange can be achieved at Northfield Road. Interchange with Mount Pleasant Avenue, which is impractical if not impossible with an elevated highway, is easily adaptable with the above plan. This is important from a traffic standpoint. Under elevated plans with no interchange at Mount Pleasant Avenue, all of the traffic from Park Avenue and the north would either continue to use Mount Pleasant Avenue with 10-percent grades or go through the West Orange business center to reach Northfield Road to enter Route 280. The cost for this plan through West Orange is estimated as $24,800,000.

To this proposal is an added benefit. The original proposal of overpassing Northfield Road and Mount Pleasant Avenue and rising on a 5-percent grade necessitated fill sections, abutting the Llewellyn Park and Brookside sections of West Orange of some 10 feet to 20 feet in height and would require wall construction. This is one of the features which raised objections in that area.

The recommended plan of underpassing Northfield Road and Mount Pleasant Avenue and rising up the mountain on a 6-percent grade will reduce these fill sections to a level not much higher than, and in some places level with, the adjacent properties. It will also eliminate some walls planned along these properties.

With either the 5-percent or 6-percent grade, it will be necessary for this Department to provide a 24-hour patrol during the late fall and winter months to provide proper and adequate safety for the traveling public by continuous ice control.

SUMMARY

In reviewing this problem we have developed the benefit-cost ratios for the various schemes. We have found that the alinement giving the highest B.C.R. gives a lower dollar value of benefits to the motorist. Also, we have found that the recommendation contained herein is a compromise of all variations with a benefit-cost ratio of 5.0 which is still a return of $5 per dollar expended and proves the recommendation worthy of construction.

Studies have been made in an attempt to show the dollar reflection of depressed and elevated highways on adjacent properties. At our last meeting we indicated our doubt as to the probability of our being able to prove such values.

In this relation one thing seems to stand out pointedly. That is the fact that all through the 13-hour public hearing, every individual and all public officials pleaded for a depressed route. If these public hearings are to have any weight some recognition must be given to the voice of those at the hearings, especially so when no individual selfish motive can be attached to the requests voiced at these hearings.

Further, we have submitted with the record of the hearing master plans for these municipalities. In the case of East Orange, the master plan was prepared 10 years ago and has been brought up to date periodically. During all of this time the master plan included a freeway in the proposed location of Route 280 as a depressed highway.

Orange had a master plan prepared by Scott Bagby which similarly depicts a freeway through Orange as a depressed highway approximately in the location of Route 280.

The city of Newark has a similar master plan providing for approximately $50 million of redevelopment work. Our recommendation is in keeping with the plans of Newark.

West Orange is apparently the only municipality without redevelopment planning.

With the emphasis presently placed on the need for highway departments to cooperate in the master plans of our urban areas, it is difficult to understand how these plans can be disregarded.

Each of us as individuals would prefer living next to a depressed roadway rather than an elevated one and it is sincerely believed that rentals of apartments next to a depressed roadway would be higher than alongside an embankment or structure.

The north Jersey metropolitan area, through which Route 280 is located, is made up of closely knit municipalities. In riding

through this area municipal lines are not recognizable because of the similarity in character of the local development.

Recognizing the signs of deterioration which is attacking many urban areas throughout the Nation, businessmen and municipal officials have joined efforts in planning the modernization of the municipalities and, as a result, plans long dormant are now being activated by the investment of millions of dollars of public and private funds for the redevelopment and rebuilding of these municipalities. This spirit of self help and interest in the destiny of the area should receive every possible aid and encouragement by all governmental agencies.

It is interesting to note that in initial cost the plans vary from the cheapest at $63,200,000 to the costliest demanded by the municipalities of $103 million. We believe everyone will agree that the purchase of the cheapest article seldom provides the best results in the long pull. Conversally to adequately serve the needs one does not have to buy the most expensive because with that article there often are luxury appurtenances which do not necessarily provide added benefits.

The recommendations contained herein call for the adoption of a plan and alinement which contains the features which are of advantage to the area and the municipalities in those places where it is considered to count. The plan calling for depression in Newark, elevation over the parkway, depression in East Orange and Orange and depression in West Orange under Mount Pleasant Avenue is believed to give the necessary benefits at a cost not believed to be excessive in relation to the benefits; namely, $75,300,000.

DWIGHT R. G. PALMER,
Commissioner.

THE STATES AND REGIONAL PLANNING

(By Charles Ball)

Regional planning involves governmental planning for a multicommunity area, whether it be an economic region, an urbanized area, a watershed, a soils area, or the territory within a transportation complex. Often it is possible to define a planning region that will include many area types. Regional planning agencies are commonly engaged in work on a variety of these and other planning fronts.

Typically, regional planning is defined as the making of plans for the efficient molding and control of the regional environment, the comprehensive development of the natural resources of a region, and the arrangement of regional physical facilities to serve economic, social, and aesthetic ends.

Regional planning in the United States is purely informational and advisory, since no regional agencies have authority to make or enforce regulations or to set spending or planning policies for their constituent units of local government. Rarely do regional agencies in other countries have authoritative powers, and only then in newly developing regions in which most if not all land is publicly owned, as in the reclaimed polders of the Zuyder Zee in the Netherlands.[1]

THE NEEDS INVOLVED

Creation of regional agencies is the response of government to a variety of needs and problems:

1. Rarely are the activities of a State government coordinated in their application within a particular region. The following statement by an Assistant Attorney General in a meeting of the Wisconsin Natural Resources Committee of State Agencies, held in 1951, illustrates, in addition to the need for central policy direction at the State level, the need for coordination of State work within the region:

"I have been caught in the crossfire between agencies on a great many occasions, in problems in the use of water for recreation, power, irrigation, and particularly now of drainage in respect to potatoes. In these different problems, you will have one case when the Department of Agriculture tells farmers to go ahead and dam up the streams to get water to grow potatoes, the Conservation Commission says leave it alone, it is a beautiful spot. The soil conservation committee program is trying to preserve the land for their purposes * * *. Professor Penn, University of Wisconsin, urges irrigation * * * the public service commission wants a dam built."[2]

Typically, each State department is pursuing its own goals, and no one appears to be speaking for integrated program development and management phrased in terms of regional objectives and goals. A regional agency, on the other hand, can articulate regional goals and speak before the State government with intelligent, well planned programs for State activities. Such an agency can have a welcome effect on the location of State highways, the execution of State water pollution and watershed programs, and coordinated development of State parks and recreation areas.

2. Partially related to State activities, there is profound need for regional transportation planning that will integrate and coordinate development of highways, expressways, airports, harbor facilities, mass transit, rail and bus transport, and trucking. Scores of agencies presently have a hand in regional transportation, but they often work at cross purposes for want of regional policies, information and plans. Fractured transportation planning is fantastically expensive to government, business, industry, private individuals, and the transportation companies. Equally important, the absence of regional plans and policies tends to retard economic expansion through failure to correct an area's transportation disadvantages.

3. Within the Nation's metropolitan areas, regional planning is urgently required for coordination of the activities of local government. This is particularly the case in such public works fields as sewerage, storm water drainage, water supply and highway construction. There is also great need for regional thinking about parks and land use development. If nothing else, local governments need information about the activities of other agencies in the metropolitan complex and about regional economic tendencies. Such information can be gathered and interpreted by a regional planning staff.

In many metropolitan areas, suburban governments are too small to afford planning staffs. A regional agency can fill the gap through limited consultative services. In the Milwaukee-Racine-Kenosha area of Wisconsin, for example, only 5 of the 144 municipalities in the 7 counties involved have full-time planning personnel, and only 56 percent of the communities have planning commissions. In far too many communities, growth is taking place without benefit of planning. By providing advisory services, regional bodies can correct one of the major deficiencies in local government.

4. Regional planning is also required because the activities of government have a much greater regional impact than was the case in past years. Public works—involving sanitary drainage, transportation, water development and other services—become part of the environment when put in place and have an enormous effect on the regional economy. If the construction of major public works is to yield maximum benefits, those affecting a region must be planned on a regional basis. The interstate expressway construction program authorized by Congress in 1956, for example, will eventually put 41,000 miles of modern highways in place throughout the Nation, opening vast new tracts for residential, commercial, and industrial development. Attention should be paid to the regional impact of the program on each area's land use pattern, economic base, and government service requirements.

5. Finally, regional planning is essential to regional consideration of the use of natural resources. The depletion of such resources over the past century, together with the added burdens placed on them by a growing population, demands that areawide attention be given to the use of land, water supplies, forests, pure air and wildlife. This is true in areas adjacent to metropolitan concentrations as well as in open country areas.

PATTERNS OF STATE LEGISLATION

Several States have responded to these needs and problems through passage of regional planning statutes. In most cases, these have been permissive acts, granting local authorities the power to unite in forming regional bodies at their option.

A digest of planning laws prepared in 1952 by the Federal Housing and Home Finance Agency indicates that on January 1, 1951, planning was authorized on a regional basis in 22 States, and on a county basis in 27 States.[3] Since 1951, 11 other States have enacted regional planning statutes. Of the 16 States without statutes, 4 have county planning acts that might be viewed as adequate substitutes. The remaining States, with the exception of Delaware, Missouri, Rhode Island, and Virginia, are primarily rural States in which the pressure of urbanization has not created as apparent a need for areawide planning.

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[1] For a full discussion of regional planning in other countries, see International Federation for Housing and Town Planning, "Planning and Housing Problems in the Region" (The Hague, 1958), 274 pp.

[2] Natural Resources Committee of State Agencies, minutes of the second meeting, October 11, 1951 (Madison, 1951), p. 17.

[3] Housing and Home Finance Agency, "Comparative Digest of the Principal Provisions of State Planning Laws Relating to Housing, Slum Clearance and Redevelopment, as of Jan. 1, 1951" (Washington, USGPO, 1952).

Status of regional planning statutes in the 49 States

States with statutes in 1951	States which have enacted statutes since 1951	States without statutes	States which have made major changes in statutes since 1951
Alabama.	Florida.	Arizona.[1]	California.
California.	Kansas.	Arkansas.[1]	Connecticut.
Colorado.	Louisiana.	Delaware.	Georgia.
Connecticut.	Maine.	Iowa.[1]	Illinois.
Georgia.	Massachusetts.	Maryland.[1]	Indiana.
Idaho.	Minnesota.	Mississippi.	Michigan.

[1] Statutes in these States do, however, permit the optional organization of county planning departments.

Status of regional planning statutes in the 49 States—Continued

States with statutes in 1951	States which have enacted statutes since 1951	States without statutes	States which have made major changes in statutes since 1951
Illinois. Indiana. Kentucky. Michigan. Nevada. New Hampshire. New Jersey. New York. North Carolina. Ohio. Pennsylvania. South Carolina. Tennessee. Utah. Virginia. Washington. District of Columbia.	Montana. Oklahoma. Texas. Vermont. Wisconsin.	Missouri. Nebraska. New Mexico. North Dakota. Oregon.[3] Rhode Island. South Dakota. West Virginia. Wyoming.	New Hampshire. North Carolina. Pennsylvania.

[3] Status of statute in doubt.

NOTE.—Status of Alaska statute in doubt.

Sources: Housing and Home Finance Agency, "Comparative Digest of the Principal Provisions of State Planning Laws," (Washington, USGPO, 1952), passim; data supplemented by texts of statutes from various legal reporting services.

Many of the pre-1951 statutes were loosely drawn, and often vague about the details of organization, the size of the governing body, the method of selecting commissioners, and mechanisms for financing. These matters were commonly left to local determination. Only California and Georgia appear to have had statutes that required the organization of regional agencies. In Georgia, a 1947 statute required creation of a 14-member regional planning commission for the area covered by Fulton and DeKalb Counties, and in 1949, a similar district was required for the territory of Meriwether, Harris, and Talbot Counties and the Warm Springs Memorial area.

Although not requiring organization of regional agencies, a Tennessee statute of 1934 established a State planning commission that was authorized to create and establish regional agencies and define their areas of jurisdiction. Regional commission members—not less than 5 nor more than 15—were to be designated or appointed by the State planning commission.

A SHIFT TO STRONGER LAWS

Despite the number of statutes in force in 1951, little progress was made in many States up to then toward creation of regional commissions. The excessive reliance on local option prior to 1951 may partially explain why that was so. In effect local option asked city councils, village boards, town meetings, and county boards to get together to decide (1) whether a regional agency should be established, (2) what powers it should have, (3) how participating units should be represented, and (4) how costs should be allocated. This would have required local officials suddenly to exhibit extraordinary statesmanship in intercommunity affairs. It was perhaps vain to expect such statutes to produce regional agencies in metropolitan areas, particularly in view of the political acrimony that often characterizes suburban-central city relations.

Failure of local units to establish regional agencies under pre-1951 statutes now has led many States to tighten their legislation. Whereas in 1951 only California and Georgia (and the District of Columbia) required the organization of regional agencies, in 1958 five other States had similar requirements, either for the entire State or for certain regions: Connecticut, Illinois, Indiana, Minnesota, and North Carolina.

In all, 11 States have made substantial changes in their regional planning statutes—changes designed to improve chances for establishment of regional commissions, to streamline their organizations, or to grant them a larger voice in State and local planning. Developments in State statutes are summarized in the accompanying table.

Looking through the new and revised statutes, the following conclusions are appropriate:

1. There is a growing tendency to require the organization of regional agencies rather than to leave the matter to local option.

2. There is a tendency to specify in law the size and composition of regional commissions. Usually the new statutes call for smaller numbers of commissions, and all local units are not commonly represented.

3. Some States now give the State, through the Governor, power to appoint official representatives to regional commissions. Before 1951 no statutes contained such provision.

4. Regional agencies under the newer statutes in a few States have mandatory review powers and occasionally authoritative planning powers in the unincorporated rural-urban fringes.

These changes and improvements have doubtless worked to improve and encourage regional planning. A 1953 report of the American Society of Planning Officials listed 42 official regional planning agencies in the United States, and at least 60 appear to be in operation now. Twenty of the Nation's 25 largest urban centers have organized either regional planning agencies or county planning units that operate as regional agencies. Of the 20, 4 were organized before 1945, 10 between 1945 and 1951, and 6 since 1951. Seven of these agencies are departments of consolidated city-counties.[4]

Among the more active regional agencies in urban areas, the Los Angeles Regional Planning Commission, organized in 1923, serves both county and regional needs with an annual budget (1958) of $908,729. In Atlanta, the Metropolitan Planning Commission has reportedly prepared, published, and adopted the first master plan for an entire metropolitan area, and the Detroit Metropolitan Area Regional Planning Commission has nearly the same record. In Nashville-Davidson County, a joint county planning staff has executed model studies of sewerage, financial trends, and forms of metropolitan government.

The budgets of the planning agencies serving large urban regions averaged $125,000 in 1958. The largest was in Los Angeles, and the smallest in the Seattle area, where the recently formed Puget Sound Regional Planning Council worked with an appropriation of $23,642. With the exception of Los Angeles, most regional agencies, if not all, appear to be underfinanced. A typical city planning department in any of the Nation's 50 largest cities spends as much as, if not substantially more than the $125,000 average for regional agencies.

PROBLEMS REQUIRING SOLUTION

Whether or not regional planning can offer solutions to the problems that it is advertised as capable of handling will, of course, require both time and sympathy on the part of local authorities. Meantime, regional planning faces several problems of its own that require solution before its work can be fully effective.

1. As indicated, regional planning has largely been handicapped through lack of funds. Mechanisms appear necessary that will guarantee the funds that are required for a virile program, executed on a variety of planning levels. Some States have given regional agencies limited taxing power, but this has not produced sufficient revenue. In other States, the State government has made a contribution, but these amounts also have been limited. The National Government, through section 701 of the Housing Act of 1954 as amended, can make grants to regional agencies, but the amounts available are almost too small to justify dealing with Washington. Increased State support, as well as additional regional taxing authority, appears necessary and desirable.

2. The functions of regional agencies vis-a-vis the State are seldom defined with precision. Although most of the new statutes give States an added tie with regional planning, through gubernatorial appointments and State financial support, there has been little definition of the role of regional agencies in the planning of State programs within an area. Creation of competent regional agencies would appear to present a needed opportunity for decentralized administration of some State functions. In many States, for example, the highway department requires that it review subdivision plats near State trunk highways. Health departments review plats to see whether soil conditions and lot sizes permit use of septic tanks.

These are activities that could easily be handled by a regional agency, provided that such an agency were properly staffed, so that State officers had confidence in it. It may be possible to go much further in decentralization of State activities. The routing and design of new State highways, for example, might be reviewed by regional agencies, or the location of new State parks might first require study and recommendations by regional planners. The goal is not decentralization in itself, nor is it a diminution of State power. Rather it is to insure that State projects mesh properly with intelligently drawn regional plans. Quite naturally, the regional plans must be prepared first if State administrators are to respect and have confidence in regional planners. One method of bringing the State government closer to the region would be to draw the boundaries of State administrative districts so that they are coterminous with regional planning area boundaries. If this were done, it would be a simple trick to create a coordinating committee of regional State officers and regional planners.

3. The final and crucial area in regional planning is that of staffing agencies. A shortage of competent planners continues to plague agencies at all levels. Without a larger supply of new and well-prepared talent, regional agencies will have to continue to rely excessively on high-grade draftsmen and low-grade engineers for their recruits. No simple answer, like higher salaries, will solve this personnel problem, since planning, regardless of salaries, appears unable today to attract the needed fund of new manpower. There are too few planning

[4] Citizens' Governmental Research Bureau, Inc., County, Multicounty, or Bistate Planning Agencies (Milwaukee 1958), 8 pp.

schools (at least too few good ones), too few planning instructors, and far too many vacant planning positions. Failure of regional planning to attract the required personnel will have far more serious impact than poorly drawn plans.

On the other hand, if an area-wide agency can be properly financed, properly staffed, and given an appropriate and well defined set of functions and responsibilities, it can serve as a link between local and State government in the balanced development of its region.

EXCERPTS FROM SAGAMORE CONFERENCE, OCTOBER 1958

OPENING REMARKS

The dramatic fact that more than half of the Interstate Highway System funds, under the huge Federal road and modernization program, will be spent in urban areas has served to alert the Nation to the critical need for a coordinated approach to the closely related problems of urban transportation and community development.

America's traffic jam is heavily concentrated in the metropolitan areas. A twofold revolution has brought this about—rapid motorization and urbanization. Though our cities and other urbanized places represent only a small fraction of the total U.S. land area, two-thirds of the Nation's 173 million people are massed there. Urban streets and highways now account for half of the 650 billion miles of travel rolled up annually by motor vehicles. Nor does anything on the horizon suggest that these dynamic trends will soon diminish.

The general chairman of the conference, Executive Secretary A. E. Johnson of the American Association of State Highway Officials, in opening the conference, stated the urban highway challenge in these terms:

"In order to properly locate new highways in existing urban areas, we need to know more about the highways' effect on the area and the area's effects on highway design and location requirements. * * * In locating a highway in rural areas, most major controls are of a physical nature; whereas in urban areas, the major controls may be complex man-made ones or human problems of a vast living organism that is the modern urban community. We should give thought to the other benefits possible from such highway development, which may well outweigh the direct benefits to the highway user.

"The urban highway development authorized by the Federal-Aid Highway Act of 1956 makes possible critically needed urban highway construction well ahead of the time it could have been otherwise accomplished. In fact, it came about with such suddenness that some were not prepared for it.

"Both State highway officials and local authorities must nonetheless do the best they can to produce sensible, forward-looking plans to coordinate highway and general urban development. If they work together, and go to work promptly, they will generally find that despite the time schedule pressure, they will have time to do a good job.

"The legal and prime responsibility of moving the highway program has been vested in the State highway official and the time schedule for doing the job has been specified by Congress.

"It is the inescapable responsibility of officials and specialists of the affected levels of government to work harmoniously and effectively as a team, with the State highway official serving as the leader in activating the interstate highway program in an urban area.

"If a vacuum exists in any position on the team, others on the team must fill that vacuum. If the best interests of the public are to be served, every effort must be made to insure that no vacancies exist on the team, and such a goal should be a major objective to all concerned.

"The key to moving the road program and to realizing the maximum total benefits from the gigantic expenditure of highway funds in urban areas is 'understanding, cooperation, decision, and action—all in the public interest,' and this applies to all officials and citizens of an area."

Certainly the planless sprawl of much metropolitan growth has contributed greatly to chaotic traffic conditions. As Ben West, mayor of Nashville and cochairman of the joint AMA–AASHO committee on highways, pointed out while outlining the viewpoint of the city administrator in setting the stage for the conference:

"Municipal land use as it now exists all too often bears a startling resemblance to crazy quilts. It is a jungle of diversification, partly inherited, mostly created. Lack of comprehensive community and areawide planning is one of our greatest deficiencies. Formerly highways were built and they determined land use. Now we have an opportunity to determine the most desirable land use for the future growth of cities, and through cooperation, locate highways to advance overall community objectives.

"The city administrator must be concerned of course with the entire street system, including transit, trucking and parking, and the relation of new freeways to it," Mayor West added. "Local streets must not be regarded as ill-begotten children. Moreover, the city administrator must think of the overall city—in all phases of its development."

Mere token cooperation of highway and city officials will not suffice. A real working relationship right from the initial phases of the highway program is vital.

"In those cases where a comprehensive plan already exists for the area through which an urban expressway is projected, a close working relationship must exist between the highway planner and the urban planner beginning at an early point in the highway program," said Hayden B. Johnson, chief of the planning division, port development department, Port of New York Authority and the spokesman for planners. "Even in cases where no comprehensive plan has been prepared (which unfortunately is true in far too many American cities and regions), the urban planner's detailed knowledge of the area in question should still be utilized.

"Projected highways of various types are designed to serve definite purposes, and if these are fully understood by the urban planner, he can materially aid the highway planner to achieve them. At the same time, he can explain what else is planned for the area through which the highway will pass, give some idea of its impact on the other elements of urban development, and thus help to produce a better relation between highway transportation and other community facilities and services."

Mr. Johnson also called for a greatly expanded program of research into many phases of the overall relationship between highway planning and comprehensive urban planning.

Developing the proper climate for cooperation is the main requisite, according to Wilbur E. Jones, administrator of the interstate program, State Road Department of Florida, and cochairman of the joint AMA–AASHO committee on highways, in stating the viewpoint of the highway official. This can be achieved through consultation, friendly exchange of ideas and experience, and mutual understanding of one another's problems.

Mr. Jones also made these points: "For many years the State highway departments throughout the Nation had not concerned themselves too much with urban traffic problems. Now the highway department has what amounts to a mandate to deal with the urban highway program. We recognize the desirability of a master plan for city development. However, even if such a plan is not in existence, an interstate expressway can, with study and the cooperation of local officials and organizations, be located and constructed in an urban area so that it will be compatible with the orderly growth of the community."

The highway administrator must be certain that the expressway is located correctly, both as far as present and future traffic are concerned. He is also obliged to consider, along with current desire lines of travel, such factors as land uses, projected land patterns, and population growth and trends, as well as other pertinent factors involving social, cultural and esthetic conditions.

In short, with teamwork and creative vision, the urban highway program can provide valuable guidelines for sounder, more healthy area-wide development. It can help to restore many blighted areas and bring other benefits to communities. At the same time, the transportation values of the new and improved facilities will be immeasurably increased.

Considering the vast scope of highway construction involved, and the fact that the new motorways will have a service span well into the foreseeable future, this is an unique opportunity to revamp the urban environment on a substantial scale—in the interests of better living and safer, freer movement.

* * * * *

LEADERSHIP IN THE DEVELOPMENT OF PLANS

A majority of all vehicular trips have an origin, a routing, and a destination which involve roads and streets of several jurisdictions. Yet in the minds of motorists and in actual trip patterns, the entire highway network of the Nation is a single system without distinction or barrier. Therefore, we must recognize that no portion of a highway system in any area can be effectively planned, designed or operated without a complete understanding of the system as a whole, and its total function.

Because of the complexity of urban highway transportation, expert engineering at the State level will not alone suffice in developing effective local plans. This is so because urban conditions frequently are not measurable in engineering or monetary terms alone, but are related to the community in all its many aspects of social and economic life.

The planning task, instead, is a joint one, requiring intergovernmental cooperation. The basic initiative and leadership, however, should come from the local officials. Guidelines that should be considered in carrying out this planning task are:

1. Responsibility for preparing a community plan rests with local government, which should be encouraged to take immediate action to develop one if none exists. Where such planning is not undertaken, it behooves the State to take the initiative.

2. Regional planning should be initiated in every metropolitan area. The parent city should assume this responsibility; but if it doesn't State action should be taken.

3. Local government should establish a competent and continuing planning program aimed at preparing comprehensive plans and keeping them current. Local officials should consult regularly with the State highway department in the preparation of these plans for urban areas.

4. If legislation is lacking to enable proper planning on a local, metropolitan or regional basis, the State and local governments should work jointly to have such legislation enacted.

EXCERPT FROM REPORTER MAGAZINE ENTITLED "NEW ROADS AND URBAN CHAOS," BY DANIEL P. MOYNIHAN

CHAOS IN CONCRETE

It is not true, as is sometimes alleged, that the sponsors of the interstate program

ignored the consequences it would have in the cities. Nor did they simply acquiesce in them. They exulted in them. Thanks to highways, declared the Clay report, "we have been able to disperse our factories, our stores, our people; in short, to create a revolution in living habits. Our cities have spread into suburbs, dependent on the automobile for their existence. The automobile has restored a way of life in which the individual may live in a friendly neighborhood, it has brought city and country closer together, it has made us one country and a united people."

This rhapsody startled many of those who have been concerned with the future of the American city. To undertake a vast program of urban highway construction with no thought for other forms of transportation seemed lunatic.

The 1939 report that Roosevelt sent to Congress—prepared in the Department of Agriculture—took it as axiomatic that the new highways would be part of, and provide the occasion for, a "radical revision of the city plan," which would coordinate other urban programs such as slum clearance and provide for a "reintegration of facilities for the various forms of transportation." The 1944 legislation had much the same intent. But so far as the Highway Act of 1956 goes, there is no form of transportation but the automobile, and the act has no objective save providing more room for it.

It had always been understood that a large portion of the interstate funds would be spent in the metropolitan areas, but the 1956 legislation went further to declare that "local needs * * * shall be given equal consideration with the needs of intensive commerce," thus authorizing construction of arterial highways only by courtesy connected with the Interstate System.

It was clear at the time that locating the metropolitan portions of the Interstate System would constitute an unprecedented venture into national planning. It was estimated that the size of our metropolitan areas would double by 1975. For good or ill, the location of the interstate arterials would, more than any other factor, determine how this growth would take place. Yet no planning provisions of any kind were included.

In the absence of any other provisions, the planning would be done by highway engineers. Theirs, admittedly, is an unjustly maligned profession. Nothing in the training or education of most civil engineers prepares them to do anything more than build sound highways cheaply. In the course of doing this job they frequently produce works of startling beauty—compare the design of public highways with that of public housing. Yet, in the words of John T. Howard, of the Massachusetts Institute of Technology, "It does not belittle them to say that, just as war is too important to leave to the generals, so highways are too important to leave to the highway engineers."

Highways determine land use, which is another way of saying they settle the future of the areas in which they are built. It stands to reason that engineers should be required to conform their highway plans to metropolitan land-use plans designed in the context of more general economic and social objectives.

Yet in 1956 we had no metropolitan area plans, as we had no metropolitan area governments. The only one we have now is in Dade County (Miami), Fla., which is just getting started.

In this predicament, there was considerable sentiment for a moratorium on the urban interstate program until planning requirements could be imposed. Most of those concerned, however, as the distinguished Transportation Economist Wilfred Owen is frank to say, felt if the program went ahead it would precipitate such a crisis that something would have to be done at last about our metropolitan areas.

Across the Nation there seemed to be an increasing awareness among those who actually run the cities and suburbs that to do nothing more than build bigger highways only produced bigger traffic jams. There seemed a growing belief that a complex system of mass transit had to be preserved, or revived, or even indeed created—if only to make automobile transportation feasible.

The sorry results of carrying on a number of Federal urban-development programs completely independent of each other had become increasingly evident. Thus, the American Municipal Association formally requested legislation requiring that the urban renewal and highway program be coordinated.

The crisis has come. It has been impossible for the cities to resist the offer of unprecedented amounts of money, however futile they might know it will be to spend it on highways alone. In one metropolis after another the plans have been thrown together and the bulldozers set to work.

Here and there, as in Milwaukee, a vigorous and established city planning authority has been able to get intolerable plans redrawn. But in general the program is doing about what was to be expected: throwing up a Chinese wall across Wilmington, driving educational institutions out of downtown Louisville, plowing through the center of Reno. When the Interstate runs into a place like Newburgh, N.Y., the wreckage is something to see. Down the Hudson, Robert Moses is getting set to build the Canal Street Expressway, the first hundred-million-dollar mile.

The Bureau of Public Roads recently considered an edict requiring that some area plans be developed before interstate funds are allocated, but the idea was abandoned. Some felt it was too late anyway. As for relating the highway program to urban renewal, a recent policy statement of the American Institute of Planners said simply: "Except for the coordination which may be supplied at the local level * * * each one is apparently operating entirely independently of the other." The legislation asked by the municipal association was never introduced. It was with compassion that Paul Yivisaker of the Ford Foundation recently addressed a meeting of city planners as the "beaten profession."

Just ahead for all of us, perhaps, is Los Angeles, in the words of Harrison Salisbury, "nestled under its blanket of smog girdled by bands of freeways, its core eviscerated by concrete strips and asphalt fields, its circulatory arteries pumping away without focus * * * the prototype of Gasopolis, the rubber-wheeled living region of the future."

MONEY TALKS

Yet we may be learning our lesson after all: Owen may be right. All across the country, area planners and highway engineers are discussing what they recognize as their common problems with a new sense of urgency. It is clear that if the areas in which Federal highways are to be built were required to work out adequate plans for the use of land and transportation before the money was handed over, the planning would almost certainly be done. The demand for 90-10 highway funds is so great that there is almost nothing, however sensible, that local governments would not do to get their share.

It is true that metropolitan area planning will not be an easy matter to bring off. Dennis O'Harrow, director of the American Society of Planning Officials, says candidly: "There is a shortage of planners, a shortage of information, a shortage of money to support studies, and, more fundamentally, a shortage of information as to what should be done if you could do what you wished." But this is a normal condition of human affairs. Almost any effort to think a bit about what we are doing would help.

Simply by providing some flexibility in the program, we could produce great savings. If the cities were permitted to do what they thought best with, say, 50 percent of the more than $20 billion of interstate funds allotted to them, much of it would almost certainly go to mass transit and commuter facilities. This kind of money could reshape urban transportation in America: our total national investment in public transit is less than $4 billion, and a combined highway-mass transit-commuter program could almost certainly produce the same results at lower cost than a program dependent on highways alone.

It is becoming increasingly apparent that American government, both national and local, can no longer ignore what is happening as the suburbs eat endlessly into the countryside. Since the spreading pollution of land follows the roads, those who build the roads must also recognize their responsibility for the consequences. There are a number of obvious steps that could be taken. Public authorities could, for example, buy up the development rights of open land in the suburbs—not the property itself, but only an easement to prevent it from being turned into a factory site or a housing development. This could be done, as it is in England, in accordance with an area land-use plan that fixes the perimeter of the metropolitan area, or alternates built-up sections with open spaces. What this really amounts to is effective zoning regulations.

How could the money be found to pay for the development rights? A practical solution would be the technique of "excess-taking" as proposed by President Roosevelt in his 1939 message to Congress. As he put it: "The Government, which puts up the cost of the highway, buys a strip on each side of the highway itself, uses it for the rental of concessions and sells it off over a period of years to homebuilders and others who wish to live near a main artery of travel. Thus the Government gets the unearned increment and reimburses itself in large part for the building of the road."

This unearned increment can be staggering; a 5,000-percent increase in land values is not uncommon. At a time when State and local governments are reaching a limit of the money they can get out of taxpayers, here is an opportunity to get money that doesn't belong to anyone; it doesn't exist, as it were, until the Government builds the highway. It represents a legitimate source of Government revenue of great potential. Used to shape the development that the highways make possible, it could transform the suburbs of the next half century.

All these possibilities are enlivened by the investigation of the interstate program now getting under way in Congress. So much thieving, mischief, and blunder will be uncovered (if not, it will be necessary to investigate the investigators) that the public should be prepared for a serious reappraisal of the program by the next administration, Democratic or Republican.

We may yet impart some sanity and public purpose to this vast enterprise. We may yet establish some equity in paying for the highways and restore some balance between them and other elements of our transportation system. We may even refute Belloc's dictum, "The general rule in history is that a city having reached its highest point of wealth becomes congested, refuses to accept its only remedy, and passes on from congestion to decay." But we shall not escape his rule that "the road moves and controls all history."

Roads can make or break a nation.

[From the Newark (N.J.) Star-Ledger, Aug. 21, 1960]

ECONOMY MINDED

Whether an elevated freeway would affect property values more than a depressed freeway depends largely on the area through which the road would run. For that reason an argument over the relative merits of the two types of construction cannot be answered, except in relation to a specific project.

The statement that an elevated freeway does not affect surrounding property values more than a depressed freeway is a generalization which would be dangerous to apply when considering the impact of an elevated road.

Federal Bureau of Roads officials, who are discounting the effects of an elevated East-West Freeway, are really talking about a subject which is out of their field of experience. An intimate knowedge of the surrounding areas is needed to ascertain the impact of one type of construction over another. And the people with that type of knowledge are those who work and live in the area.

The officials and residents of the area through which the East-West Freeway will run are not asking for a more expensive road because they have no respect for economy. On the contrary, their concern is based on a deep respect for economy. Just because an elevated freeway would cost $13 million less than a depressed one doesn't mean it is the most economical. If it destroys many more millions of dollars in property values, where is the economy?

Too shortsighted a view of economy can be an expensive proposition. Officials in Washington should not view suspiciously the efforts of local officials and residents to protect their communities. They are the ones who are being most economy minded.

PROPOSED MODIFICATION OF SENATE RULE XIX RELATIVE TO TRANSGRESSION OF THE RULE IN DEBATE

Mr. CLARK. Mr. President, I submit, for appropriate reference, a resolution to amend paragraph 4 of rule XIX of the Standing Rules of the Senate relating to debate.

This is the fourth of my series of proposed Senate rules changes, and would modify rule XIX, requiring a Senator to take his seat without a ruling by the Chair that he has spoken disparagingly of another Senator. This has become a deterrent, in my opinion, to frank and free debate.

Rule XIX, sensibly revised, is quite unobjectionable, but it has been construed to permit a Senator at any time to interrupt another Senator, raise a point of order and require that Senator to take his seat without any ruling on the part of either the Presiding Officer or the Senate that the Senator called to order has violated the rule. All Senators will recall the several instances of abuse of the rule which have occurred during this session of Congress.

In the 2d half of the 20th century, the courtly procedures of the late 18th century frequently seem out of place. Ordinary courtesy, however, is still the rule of conduct between mature individuals. In the heat of debate, Senators may violate rule XIX, and if they do, should properly be required to take their seats. But this should never be done unilaterally entirely upon motion of the Senator who takes affront. In each instance the Chair should state whether, in its opinion, the rule has, in fact, been violated.

If the Chair's ruling is in the negative, the Senator should be permitted to proceed without taking his seat, subject to an appeal from a ruling. Similarly, if the Chair rules adversely to the Senator holding the floor, the latter should have the right to appeal from the ruling of the Chair before being required to take his seat.

Mr. President, I ask unanimous consent that the resolution may lie on the desk for 2 days to give other Senators an opportunity to cosponsor it.

The PRESIDING OFFICER. The resolution will be received and appropriately referred, and, without objection, the resolution will lie on the desk, as requested by the Senator from Pennsylvania.

The resolution (S. Res. 369) amending rule XIX relative to transgression of the rule in debate was referred to the Committee on Rules and Administration, as follows:

Resolved, That paragraph 4 of rule XIX of the Standing Rules of the Senate (relating to debate) is amended to read as follows:

"4. If any Senator, in speaking or otherwise, in the opinion of the Presiding Officer transgress the rules of the Senate, the Presiding Officer shall, either on his own motion or at the request of any other Senator, call him to order; and when a Senator shall be called to order he shall sit down, and may not proceed without leave of the Senate, which, if granted, shall be upon motion that he be allowed to proceed in order, which motion shall be determined without debate. Any Senator directed by the Presiding Officer to sit down, and any Senator requesting the Presiding Officer to require a Senator to sit down, may appeal from the ruling of the Chair, which appeal shall be open to debate."

THE PLIGHT OF JAROMIR ZASTERA

Mr. CLARK. Mr. President, I wish to take a few moments of the Senate's time to bring to the Senate's attention the plight of a young American citizen who has been imprisoned in a jail in Communist Czechoslovakia for almost 11 years. I am referring to Jaromir Zastera, who was arrested in Czechoslovakia in September 1949 and charged with antistate activities. Mr. Zastera was then 19 years of age. In April 1950, after a secret trial, he was sentenced to 18 years in prison, allegedly for espionage against the Czechoslovak Government. Since that date Mr. Zastera, whose American citizenship is acknowledged by the Czechoslovak authorities, has languished in various prisons.

Recently, broad grants of amnesty by the Czechoslovak Government to political offenders have given hope that Mr. Zastera's imprisonment, which has accounted for his entire adult life up to this point, might be terminated. We call on the Czechoslovak Government to consider the sad plight of this young man. We would ask that the Czechoslovak authorities consider the extension of amnesty to Jaromir Zastera, who has already served more than half his sentence, so that he may again enjoy the privileges of living a normal life.

I ask unanimous consent to have printed in the RECORD at this point, as a part of my remarks, an article in the Shamokin Citizen of July 7, relating to the plight of Mr. Zastera.

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

KREHEL ASKS BORO VETS TO AID CZECH PRISONER—SUBMITS RESOLUTIONS FOR ADOPTION IN FIGHT TO FREE AMERICAN CITIZEN

With thoughts of Independence Day fresh in mind, both Kulpmont veterans' organizations have been asked to help in the fight to free Jaromir Zastera, an American citizen imprisoned by the Communist Government of Czechoslovakia.

The requests, in the form of resolutions to be acted upon by the bodies of the two organizations, were sent to the local Veterans of Foreign Wars and American Legion posts by Attorney Peter Krehel.

The local attorney pointed out that such action, when brought to the attention of the Czechoslovak Government, might exert favorable pressure in his behalf.

RESOLUTION

In the communications to both organizations he stated, that, although public information of Zastera's continued imprisonment is little more than a month old, the VFW state department anticipates a "resolution" on the floor of the coming convention in a manner similar to the action taken for John Hvasta, Hillside, N.J., in 1953 when Justice Michael Musmanno brought the matter to the floor.

He expressed confidence that the American Legion posts in the Harrisburg area will bring it to their convention floor although they only started their "resolution" last Thursday.

A similar device of "resolution" was used by other veteran organizations to help secure the release of Hvasta, who also was imprisoned by the Communists.

Attorney Krehel has already received response from several of his communications in this respect and has been informed that the United Nations' Division of Human Rights has been asked to treat his inquiry regarding Zastera as a communication subject to the provisions of resolution 75(V), paragraph (e) which is directed to the delegate from Czechoslovakia.

CONGRESSIONAL AID

After first describing the plight of Zastera, who was arrested in 1949 and detained without trial for a period of 8 months before being sentenced to serve 18 years in prison following a secret trial, for crimes against the state, the resolution asks that the U.S. Congress express its profound indignation at the conduct of the whole matter.

In part the resolution states:

"Whereas no American official or private legal counselor has been permitted to visit Jaromir Zastera since December 19, 1959; and

"Whereas the arrest and conviction of the American citizen Jaromir Zastera is a shocking violation of the fundamental freedom guaranteed by the Charter of the United Nations; and

"Whereas the persecution by Communist governments of other American citizens is condemned and deplored by the American people as well as throughout the free world; and

"Whereas the national offices of the Veterans of Foreign Wars (and American Legion) and other veteran and patriotic organizations are being asked to adopt similar resolutions; and

"Whereas, Attorney Peter Krehel, Kulpmont, a member of the Veterans of Foreign

Wars (and American Legion) has consulted with the Honorable JAMES M. QUIGLEY of the 19th Pennsylvania Congressional District, both of whom are in the vanguard to free Zastera, and have asked Post No. 8354, Veterans of Foreign Wars (and Post No. 231, American Legion) of Kulpmont, Pa., to adopt such a resolution; and

"Whereas the considerable and growing sentiment among our people against the tyrannies of Communist dictatorships should be made unmistakably clear to the rulers and the people of those countries: Now, therefore, be it

Resolved, That the U.S. Congress express its profound indignation at the arrest, sham trial, unjust conviction and continued imprisonment of Jaromir Zastera; that the executive agencies of the U.S. Government, such as the Department of State, be requested to take all possible action to bring about his release; and that the sense of this resolution be conveyed by the proper U.S. Government officials to the United Nations and to the Communist Government of Czechoslovakia.

CHEMICAL, BIOLOGICAL, AND RADIOLOGICAL WARFARE VERSUS MAN

Mr. CLARK. Mr. President, the danger of surprise attack in modern warfare is not confined to nuclear explosives delivered by missiles. Modern scientific war research has developed advance techniques against civilian populations quite apart from nuclear weapons.

The new techniques go by the name of CBR—chemical, biological, and radiological warfare.

These techniques are not to be confused with the poison gases used in the First World War, any more than the hydrogen bomb is to be confused with the mortar shell. The new methods are infinitely more effective and far more adaptable to sudden, overwhelming attack than the cumbersome gases of 1914–18.

Mr. President, I ask unanimous consent that a brilliant article on this subject entitled "CBR Versus Man," written by Norman Cousins, the editor of the Saturday Review, published in that distinguished journal July 23, 1960, may be printed in the RECORD at this point.

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

CBR VERSUS MAN

(By Norman Cousins)

The danger of surprise attack in modern warfare is not confined to nuclear explosives delivered by missiles. Modern scientific war research has developed advanced techniques against civilian populations quite apart from nuclear weapons.

The new techniques go by the name of CBR—chemical, biological, and radiological warfare.

These techniques are not to be confused with the poison gases used in the First World War, any more than the hydrogen bomb is to be confused with the mortar shell. The new methods are infinitely more effective and far more adaptable to sudden, overwhelming attack than the cumbersome gases of 1914–18.

CHEMICAL WARFARE

Chemicals have a much longer history in warfare than explosives. At least 500 years before Christ, the Greeks were using fire-making chemicals against their enemies. Some historians contend that chemical incendiaries were used in Greece as early as 1200 B.C. The Romans maintained and extended the practice.

Poisoning of wells, as old as recorded history, is a form of chemical and biological warfare. In the 14th century, Tartars in the Crimea hurled the bodies of plague victims over the walls of Italian forts. Two centuries later, the Italians developed an artillery shell that could deliver disease to the enemy. In pre-Revolutionary America, according to some historians, European traders gave blankets infected with smallpox to Indians in order to impair their fighting strength.

In modern times, the precedent for using poison chemicals in warfare was established by France and Germany in the First World War. Thereafter, all nations involved in the war, including the United States, used various kinds of poison gases. One of the most effective of these was phosgene, a choking gas. When a gas mask was developed that could protect against phosgene, Germany introduced a vomiting gas against which the mask was ineffective. When soldiers tore off their masks in order to vomit, they were exposed to the phosgene in the air. Another poison weapon that bypassed the mask was a mustard gas; it produced savage blisters.

Modern chemical warfare falls into two broad categories.

In the first category are chemicals that exercise their primary effects on the human system. For example, hydrogen cyanide, cyanogen chloride, and arsine have been developed into gases, liquids, and solids for use against human beings. When these agents get into the air and are breathed into the lungs, they pass into the bloodstream, where they interfere with the oxygen supply, thus injuring the central nervous system.

Lewisite is another chemical agent which, when used as a gas, can be highly dangerous to human tissue. It is rapidly absorbed through the skin. In sufficient quantities, it can cause blindness and interfere with the functioning of internal organs.

The most revolutionary development of all in the field of chemical warfare has the code name in the United States of "GB." It is a nerve gas. It is odorless and invisible. It is easy to disseminate. It can be packaged and delivered by short-range, medium-range, or long-range missiles. It can be spread over wide areas or used in limited situations by aerosol sprays. It can even be used in tiny dispensers of the kind that carry deodorizers.

GB, now being manufactured by the U.S. Army Chemical Corps, and, so far as is known, by other major powers, acts like a superinsecticide against human beings. Like DDT, its effect is widespread and almost instantaneous. Exposure to GB in gas form is lethal in a matter of seconds. A liquid droplet the size of a pencil dot on the skin will penetrate surface tissue and kill a man within 10 to 15 minutes. Respiration becomes erratic, followed by severe perspiration, vomiting, lack of bowel control, and convulsions.

GB derives its effectiveness by striking at one of the most mysterious and vital substances in the human body. For many centuries, doctors and scientists searched for the magic fluid or agent in the human body that enabled nerve signals to be transmitted to the muscles. The heart muscle, for example, receives a nerve impulse that causes it to beat rhythmically. Finally, medical researchers discovered this vital substance and gave it the name of cholinesterase.

Nazi Germany, in experimenting with insecticides, discovered some organic phosphates that were antagonistic to cholinesterase in the human body. The Germans called it GA. When GA came into contact with the human body, either as a gas or a liquid, it struck at cholinesterase. This made it impossible for the body to carry out the various functions that are independent of the conscious intelligence. Its cholinesterase attacked, the heart would go into rapid constriction and soon stop. Even without respect to the heart, all the other functions the body performs without conscious instruction—blood circulation, peristalsis, digestion, cell reproduction, utilization of oxygen, temperature control—can be blocked by the sudden impairment of cholinesterase.

At the end of the Second World War, the Soviet Union captured the German Tabun plant that manufactured GA and moved it to the U.S.S.R.

The U.S. Army, which came into possession of samples of GA at the end of the war, went on to develop its own nerve gas, the present GB. In a given concentration, GB is up to 20 times more potent than the original GA. Utilizing a combination of organic phosphorus fluorine compounds, GB can create casualties even before its presence is detected. It can be spread in the form of poison clouds over large areas. These clouds can be created by missile release.

American military officials testified before a congressional committee in June 1959, that, in many respects, GB is more effective against civilian populations than nuclear explosions. It has the additional advantage, they pointed out, of leaving the industrial establishment intact. Moreover, there is no radiation hazard for occupying troops or officials.

Testimony before the congressional committee also brought out that shelters, no matter how deep, could offer no protection against nerve gases. So far, no ventilation system has been devised that can filter out GA or GB. Hence, the shelters would become anticholinesterase death traps.

In the words of Maj. Gen. William H. Creasy, former chief chemical officer of the U.S. Army:

"If we go around gearing up our civil defense with underground shelters, to protect against the atomic bomb, and, instead of having the atomic bomb, when the guided missile comes over, it has a chemical or biological warhead, instead of saving people, you are guaranteeing sure death or sure sickness or whatever effect the particular warhead is designed to produce. As you go underground, you must have ventilation, and as you put in ventilating fans and air conditioners, you simply guarantee it will go down that particular intake you have conveniently arranged and hit your citizens."

The second broad category of chemical warfare is new, having been developed only since 1955. These are the psychochemicals.

Psychochemicals, unlike the blood gases and nerve gases, are not lethal except in large quantities. They also differ from the other chemicals in that they seek a temporary result. The main purpose of psychochemical warfare is to change the human personality and eliminate the will to resist or the capacity to think logically or purposefully. Psychochemicals can produce confusion, cowardice, extreme submissiveness, and mental aberrations.

A parallel family of psychochemicals can produce temporary blindness or deafness, or general paralysis.

These various psychochemicals are being manufactured by the major nations. They are made out of various lysergic acid derivatives. Like the nerve gases, they are odorless and invisible and impossible to detect by ordinary means. Advanced forms have been created and successfully tested on human beings by the U.S. Army Chemical Corps, the leaders of which have advocated their use in war or situations involving the national security.

General Creasy testified before the Committee on Science and Astronautics of the House of Representatives on June 16, 1959, about the Army experiments. He reported that men exposed to the lysergic acid derivatives turned into cringing, confused, and fawning specimens. He also called attention to the fact that a cat in a cage with a mouse was given a minuscule injection of the psychochemical. The result was that the cat fled from the mouse as though in terror for its life. General Creasy stated that it would be possible to introduce such psychochemicals into a nation's water supply, affecting large populations. The drugs retain their potency even when diluted in many parts of water. Their strength is such that they withstand boiling.

Psychochemicals can be used with equal effectiveness either against military personnel or civilian populations. General Creasy suggested the possibility that an enemy, with 30 or 35 trucks operated by special agents, could circle all U.S. Nike sites, spread the invisible and odorless gas, and convert all military personnel into nonfunctioning cowards. The same could also be done to Government offices and places carrying out vital services. The purposes would be to paralyze the sources of decision and retaliation—as an immediate prelude to atomic attack.

The research objective in chemical warfare is exactly the opposite to that of medical drug research. In medical research, the aim is to produce therapeutic agents and minimize the undesirable side effects. In chemical warfare research, all emphasis is placed on finding the agent with the undesirable characteristics which can be controlled by the attackers, but not by those attacked.

BIOLOGICAL WARFARE

While disease and war have always gone together, the full possibilities of deliberate use of manufactured microorganisms against human life were not systematically explored until after the end of the Second World War.

The U.S. Department of Defense has been undertaking extensive research in germ warfare. In seeking funds from Congress, CBR officials have expressed confidence that bacteriological weapons can take their place alongside nerve gases as cheaper and more effective devices against human life than nuclear weapons.

The central aim in developing microorganisms for war purposes is to produce a virulent strain that can overcome the usual degree of natural or acquired immunity in human beings. Other valued characteristics include high infection potential, fast reproduction, and slow rate of natural decay. Research centers have also been attempting to create mutant stains that resist counteracting agents such as antibiotics.

In general, five categories of germs form the basis of war by microorganisms:

1. Viruses: Epidemics that can be transmitted in war through the use of viruses include psittacosis, Russian spring-summer encephalitis, Venezuelan equine encephalitis, influenza, dengue fever, Rift Valley fever, smallpox, primary atypical pneumonia.

2. Protozoa: Amoebic dysentery and malaria are among the diseases in this category. However, protozoa are not so easy to grow or transmit as microorganisms in other categories.

3. Rickettsiae: Transmittable diseases in this group include Q-fever, Rocky Mountain spotted fever, undulant fever, typhus. Manufacture and transmission of these diseases in war are considered attainable and realistic.

4. Bacteria: Among the potent types useful in war are those that produce plague, cholera, diphtheria, tularemia, anthrax, brucellosis, typhoid.

5. Fungi: The principal use of fungi in war would be against fruits and vegetables. However, human beings are vulnerable to coccidiodomycosis (Joaquin Valley fever) transmitted by fungi.

Supplementing these living agents are the byproducts or toxins created by the microorganisms. Some of these toxins are highly poisonous. One of them produces botulism poisoning.

The use of bacteriological weapons need not be confined to their direct effect on human beings. Indirectly, human beings can be attacked by transmitting disease to animals and plants, thus contaminating the food supply. A wide spectrum of anti-animal agents has been developed for that purpose. These viruses and bacteria can be made to produce hog cholera, Rift Valley fever, rinderpest, brucellosis, Newcastle disease, and east African swine fever, among others.

Biological agents that can be directed against crops include fungi, viruses, insects, and bacteria. The diseases they create include wheat rust, potato blight, and blast diseases of rice.

LeRoy D. Fothergill, special adviser to the U.S. Army Biological Laboratory, took part in a symposium at the 137th national meeting of the American Chemical Society in Cleveland, Ohio, on April 6, 1960. Mr. Fothergill considered the techniques of spreading infection.

"The overt means of dissemination," he said, "is aerosol spray in a biological cloud that is invisible, odorless, and tasteless. It permeates most structures, searches out and infects all targets permeable or breathing. It establishes new focuses of contagious disease in animals, insects, birds, and people, and contaminates hospitals, food supplies, water, milk, kitchens, restaurants, and warehouses. The infection of an entire continent by biological clouds is possible under proper meteorological conditions.

"Covert means of dissemination through saboteurs are almost endlessly imaginable and nearly as endlessly practical."

RADIOLOGICAL WARFARE

Nuclear explosions have three primary effects: blast, fire, and radiation. In the context of CBR warfare, however, radiological weapons specifically exploit the use of radioactive materials against human beings. Therefore, radiological warfare involves the dissemination of radioactive isotopes—not only through bombs but through nonexplosive means or techniques. As in the case of chemical and biological agents, radioactive isotopes can be laid down in a wide variety of ways.

There is no difficulty in producing radioactive materials outside a nuclear explosion. Controlled reactors or accelerators can be made to yield whatever quantity may be desired.

Whenever a nuclear explosion seeks its principal effect through radiation rather than through blast or heat, it falls in the category of a radiological weapon. Thus, the inclusion of a layer of cobalt in a nuclear bomb could create a radiation hazard far beyond even that of strontium 90 or cesium 137. Radioactive cobalt can be produced in incredibly large quantities. If a saturating radioactive effect is sought over a large area, cobalt is one of the deadliest of materials.

Latest research in radiological warfare is directed to the development of a neutron bomb. Its purpose is to attack large industrial centers or cities, killing off the population but allowing the machinery and the buildings to remain intact.

Research has also been directed to the creation of tactical radiological weapons for use in limited war situations. By laying down a barrage of radioactive isotopes with fast-decay characteristics, it would be possible, for example, to keep enemy troops from using an important mountain pass for a certain period of time. The short life of the radioactive materials would enable an attacker to occupy the area at the end of that time without hazard. Other isotopes could be tailored to fit specific military requirements.

In any event, the nuclear arsenal of the United States and those of other nuclear powers contain a wide variety of nuclear weapons designed to meet a broad range of radiation requirements, all the way from a small effect in a limited area to a saturating radiological effect over a large area.

Moreover, radioactive isotopes can be selected according to the principal effect desired against human beings. The following chart indicates specific characteristics of radioactive materials in their effect on man:

Isotope	Part of body affected	Half life in years
Cesium 137	Whole body	30.0
Carbon 14	do	5600.0
Calcium 45	Skeleton	
Strontium 89	do	0.1
Strontium 90	do	28.0
Yttrium 90 and 91	do	
Barium 140	do	
Lanthanum 140	do	
Uranium	do	100,000.0
Plutonium	do	24,000.0
Iodine	Thyroid	
(131, 132, 133, and 135)	Liver	
Manganese 56	do	
Cobalt 60	do	
Cerium 141 and 144	do	
Praesodymium 143 and 144	do	
Neodymium 147	do	

QUESTIONS OF POLICY

Many people hold the view that CBR weapons are so horrible that no country would dare to use them. Even though various nations are manufacturing CBR weapons, it is felt that this is largely for the purpose of retaliatory warning. Supporting this view is the fact that poison gases were not employed in the Second World War, despite their widespread use in the First World War.

This raises the general question of moral restraint in warfare, as well as the efficacy of treaties designed to eliminate inhumane methods of waging war.

In 1899, at The Hague, many nations, including France and Germany, signed a treaty banning the use of projectiles filled with poison gases.

In August 1914, shortly after the outbreak of the First World War, France used tear gas against German troops. France claimed that this gas was not lethal, being intended for harassment purposes, and therefore did not fall within the Hague Treaty. The next April, Germany employed lethal chlorine against the British and French. Six months later, the British retaliated with chlorine. Three months later, the Germans introduced phosgene, a choking gas. Shortly thereafter, the French introduced blood gases. The United States used phosgene in the closing months of the war.

After the end of the First World War, public revulsion and moral indignation over the use of poison gases resulted in an unsuccessful attempt at Washington in 1921 to prohibit all war gases. This treaty was blocked by France and did not come into effect. In 1925, however, a number of leading nations signed a treaty at Geneva under which both poison gas and bacteriological weapons were outlawed. Great Britain, France, the U.S.S.R. were among the signing powers. Among those which did not sign were the United States and Japan. In 1943 President Franklin D. Roosevelt declared that under no circumstances would the United States be the first nation to use poison gas or other chemical weapons in war.

In the Second World War, all the contending nations had poison gases available but did not use them. Some measure of restraint was clearly involved. However, it

was also true that poison gas was relatively ineffective in comparison to the new forms of warfare.

World War I was a war of attrition; it stressed defensive military operations. Artillery barrages and poison gas were readily adaptable to trench warfare and the protection of long lines of communication and supply.

World War II was far more comprehensive in its techniques and objectives. The bombing plane was the prime weapon. Correspondingly, civilian population became the prime target. TNT and incendiary mass air raids on cities, sometimes involving a thousand or more planes, were the principal means by which the nations sought to impose their will upon one another. Doubtless, poison gases could have added to the misery suffered by civilians and soldiers, but it is not clear that the gain would have been sufficient to warrant their use.

In any event, the fact that poison gas was not tried has led to a fairly widespread belief that CBR weapons would be proscribed in any future conflict. Indeed, some people even hold to the view that warring nations will not dare to use atomic bombs.

What, therefore, is the likelihood that these weapons will not figure in a major war?

The significant fact here is that the military leaders have already advanced the case for CBR. Certainly, there can be no doubt that nuclear weapons will be used in variety and profusion in another major war.

First, the main striking capability of a major military power in the modern world is based on nuclear explosive force. In the case of the United States, the separate strategies of the Air Force, Army, and Navy are tied to nuclear warfare. The relatively small size of the standing armies of the United States, Great Britain, and France has been justified in military terms by the existence of nuclear capability. The billions of dollars spent on missile research and development by the United States are designed to produce a special delivery system for nuclear explosives. The United States would not have built its Atlas or Polaris long-range missiles, for example, if they had been intended to carry nonnuclear explosives.

Moreover, the testimony of U.S. military officials before budget committees of the Congress has made it abundantly clear that they feel there is no limitation on their ability either to plan for nuclear war or to fight one if major war should break out. The validity of this working assumption has not been challenged by the Congress or any other branch of Government.

Quite the contrary. The United States has officially stated to the world that it is prepared to use nuclear weapons rather than give ground in situations affecting major national interests.

The U.S.S.R. has made similar declarations. Leading Soviet officials have announced their readiness to use nuclear power in any major conflict.

Great Britain and France, in internal discussions of military policy, have identified their nuclear explosive programs as their main claim to major status in the realpolitik of world national standing. There has been no talk of restraint in the use of these weapons if a major war should break out.

The overwhelming, significant difference between poison gas in the First World War and nuclear power in the next war, if it should occur, is that poison gas was one of a wide variety of weapons in the First World War, whereas nuclear power is absolutely central today in the strategy and tactics of the major nations in their military planning. If any doubt exists about the use of atomic explosives in the next war, the military leaders do not share it.

CBR warfare, however, especially as it concerns chemical and bacteriological weapons, may be in a somewhat different category. President Roosevelt's unilateral declaration against the first use of these weapons, as well as what would seem to be a public consensus, has in a sense created a moral position of restraint.

The existence of this restraint is decried by U.S. military officials in their testimony before congressional committees. They have called for congressional and public recognition of the need to be free of any prohibitions on CBR.

In short, the American military has taken an official position in favor of the use of CBR weapons in event of another war.

Their argument is that nerve gases, psychochemicals, and disease germs represent the most effective, cheapest, and, in their own words, most humane form of warfare available in the modern world. Moreover, the great advantage they see in CBR is that it searches out and kills people without at the same time destroying the great cities and industrial establishments. Essentially, therefore, the case for CBR warfare rests on a simple proposition: It is less reprehensible and fiendish than thermonuclear warfare.

Of this there can be no doubt. A hydrogen bomb can incinerate several millions of human beings at one time, deform and disfigure millions more, make a shambles of man's edifices and homes. Nothing in the long story of human horror can compare with it.

But the fact that thermonuclear warfare is more calamitous than CBR warfare is not a moral argument in favor of chemical and biological weapons. It doesn't make plague bombs and poison gas a humane form of warfare.

However, once the position is taken that it is proper to fight a war with nuclear weapons, the case against CBR collapses. What is important is to make a case against both. For nuclear weapons combine the worst features of chemical and biological warfare with the worst features of war by TNT. Nuclear bombs cause disease—leukemia, aplastic anemia, and other forms of cancer. They also leave an indelible stain on future generations through chromosome poisoning. Therefore, any argument against CBR warfare also applies to thermonuclear warfare and vice versa.

The existence of nuclear and CBR weapons should produce not merely revulsion but a determination to mobilize all our energies against war in the modern world. The question will be academic whether a man is dying of encephalitis produced by a biological weapon or aplastic anemia produced by radiation. There would not be enough doctors to try to give treatment or even to diagnose. City hospitals, overcrowded already under peacetime conditions, would be able to address themselves to only a minute fraction of the need; that is, if they were operable at all.

Difficult though it may be to get accustomed to the idea, a new major war would not be like most previous wars in history—marked by ebb and flow, by ground fought for and held or relinquished, by people taking to shelters during a raid and coming out at the sign of an all-clear to go back to work or return to their homes. A new war would be like putting a torch to a bird's nest.

A debate over the relative horrors of thermonuclear war and CBR war is a painful commentary on the human situation in our time. The real question is not whether the hydrogen bomb is more or less ghastly than the nerve gas, but whether human beings, before it is too late, can prevent a war in which either or both may be used.

Modern warfare, whether it features hydrogen explosives or anticholinesterase agents, is directed against human life in the mass, and the conditions that make individual human life possible. The answer to such warfare is to be found not in debate over relative situations of horror but in the control of the weapons, and even more fundamentally in the control of war itself.

For the crisis of man in today's world is represented not primarily by competing ideologies. It is represented by power without control. The competition between ideologies is real, but this competition has existed in various forms through most of history. Superimposed upon the present clash of ideologies today is a new fact. This is the fact that man is in possession today of almost total power but his instruments of control over that power are unscientific and indeed primitive.

One Member of Congress, ROBERT W. KASTENMEIER, of Wisconsin, has taken congressional leadership in calling upon the country to face up to the facts and implications of CBR warfare. He has introduced a resolution which "reaffirms the long-standing policy of the United States that in the event of war the United States shall under no circumstances resort to the use of biological weapons or the use of poisonous or obnoxious gases unless they are first used by our enemies."

Paradoxically, the two groups that stand at the opposite poles on the issue of CBR warfare—the military and the pacifists—have both worked diligently to provoke general awareness of the existence of CBR.

Members of the military feel they are seriously hampered in planning for the security of this country if any limitation is placed on their capacity to wage war. Moreover, they are convinced that an enemy will not be bound by polite rules of warfare, and is probably far ahead of the United States right now in the nature and size of his CBR arsenal. They feel that if this Nation is going to be inhibited by President Roosevelt's declaration in 1943 against the use of chemical and biological weapons, it may be difficult to get the kind of support required from Congress to step up their research and manufacturing programs. Hence their belief in the need for public discussion as an essential preliminary to public acceptance.

Pacifists and their supporters believe in public discussion—as an essential preliminary to reaching the public conscience. They feel that never before has the futility and shame of violence been more starkly dramatized than by CBR. They do not regard war by CBR as being any less reprehensible than war through explosives or any other means. But they feel that CBR may cut through calloused thinking about the nature of modern warfare. Waging war by deliberately spreading disease germs may strike a nerve in public opinion in a way that may touch off a long-overdue debate about the new weapons and their implications.

Accordingly, a "vigil" has been mounted at Fort Detrick, in Frederick, Md., where the U.S. Army operates a research center for the development of germ warfare. The vigil is not a mass demonstration; it is not a picket line; it is not agitation as the term is commonly understood. It is simply a group of people—and the number may vary from day to day—who stand silently near the entrance to Fort Detrick. A sign announces the fact that their purpose is to stop preparation for germ warfare. They mounted the vigil only after making their purposes clear to officials and community leaders.

Whether or not the vigil is succeeding in producing public awareness of CBR, it has had the effect of creating respect and even admiration for the silent standees by many who work at Fort Detrick and by the people of Frederick. For the men and women of the vigil have made it clear that their purpose is not to denounce or foment but to appeal to the best in man.

As the public debate over CBR proceeds, one fact of mountainous importance is bound to emerge. For the first time in our history we are preparing for a war we know we cannot win. The President of the United States has added his own confirmation to the essential truth that the next war will be an undertaking in mutual suicide and not an approach to victory.

All this being the case, it would seem clear that the Nation ought to be mobilizing its energy, its wisdom, and its conscience for the attempt to achieve peace—peace with freedom and justice. Certainly, not until the American people put at least as much thrust into the struggle for peace as they have into the new techniques of war can they satisfy themselves on their basic responsibilities to themselves and the rest of mankind.

The use of nuclear and CBR weapons against human beings may well be the most important moral question to come before any generation of Americans. For the effects of biological and nuclear war will not be confined to the warring nations. One billion or more people could be killed or made to suffer by a war in which their countries took no part.

The question that cannot be avoided is whether any nation, even in its own defense, has the right to destroy half of the rest of the world.

AID TO EDUCATION

Mr. CLARK. Mr. President, one of the subjects with which we are going to deal in the Senate before we adjourn is the question of aid to education and the extent to which the Federal Government should participate in making our educational system the best and finest in the world.

At Mansfield State College several months ago Prof. Henry Steele Commager, of Columbia University, who is one of our leading historians and one of the greatest students of education in the United States today, delivered a provocative address on this subject which I commend to the attention of my colleagues. I ask unanimous consent that the address may be printed in the RECORD at this point.

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

ADDRESS BY PROF. HENRY STEELE COMMAGER, PH. D., AT MANSFIELD STATE COLLEGE, MAY 29, 1960

The generation that saw the first teachers' colleges in the United States—the antecedents of your institution—was one of immense ferment in education at all levels. It opened with Emerson's plea for an American scholar; it presided over Horace Mann's heroic campaign for the establishment of a democratic educational system, and the monumental contributions of Henry Barnard to that program. It rejoiced in Thaddeus Stevens' triumph over the forces of reaction in Pennsylvania, and over comparable advancements in neighboring States. It was the generation of a score of notable studies and reports on education abroad—notably those by Mann, Barnard, Calvin Stowe, Benjamin Smith, and John Griscom; of the first educational journals; of the first great western State university—that at Michigan; it was the generation that saw the beginnings of higher education for women. But all of this activity was but a reflection of something deeper—of a searching examination into the place and role of education in our society.

Who can doubt that we are entering—indeed that we are in the midst of—an era which requires a comparable reconsideration of the role of education in society, and a comparable inventiveness to enable our schools and universities to perform the obligations that will be imposed on them?

For the revolution now under way is more far-reaching, more explosive than that which we associate with the Jacksonian era, and it will make heavier demands upon educational statesmanship. Let us look briefly at the ingredients of that revolution:

First—it is almost too obvious to justify comment—an immense growth in population in the United States as elsewhere on the globe. Familiar as it is, its significance still eludes us: otherwise we would make more adequate preparation for it. From 1607 to 1850—two and one-half centuries—the American population increased to 29 million; since 1950, we have increased our population by 29 million. When the young people who graduate today are as old as most of the faculty, the population of the United States will be close to 300 million. The increase after that will be astronomical—and the statesmen must look more than 40 years ahead.

A second ingredient in the revolution of our time is technological change—change whose consequence will be social as much as economic. Automation—to use that as a symbol of labor saving devices—is already bringing about a shorter working day, week, month, year and lifetime: it will prolong youth, it will hasten formal retirement; it will provide the vast majority of men and women with more time than they ever had before for activities other than industrial. The implications here for education are too clear for elaboration.

A third ingredient—and another consequence of the technological revolution now under way—is that the demand for unskilled and semi-skilled labor will decline, and the demand for expertise will increase. Society is becoming increasingly urban and increasingly complex: it is going to need an ever increasing supply of doctors, lawyers, psychiatrists, librarians, teachers, scholars, scientists, social workers—you can extend the list yourselves. Our colleges and universities will be called upon to provide these.

They will be called on to provide another labor force as well: one competent to serve the growing demands of the welfare state. For who can doubt that—whether we like it or not—the welfare state is with us, and is going to grow even more rapidly in the next generation than it grew in the last. The demands of civil service—at every level of government; of the army and navy; of the foreign service; of politics itself—all of these will be implacable. If the welfare state is indeed to provide for the common welfare, we must see to it that its servants are well educated, well trained, upright and faithful.

We can rejoice, too, that the demand of society will increase in another dimension as well in the next generation. The upsurge of genuine social and economic equality—equality for the millions of Negroes, Puerto Ricans, Mexicans, and other less privileged elements now effectively excluded from the full benefits of our affluent society—will mean that the demands on the educational and welfare activities of society will increase even faster than population itself increases, and that these demands will present us with new and difficult problems of adjustment.

These are some of the major changes now under way on the domestic scene. On the larger stage—the global stage—we are witnessing two interrelated and far-reaching changes. The first of these is the metamorphosis of traditional nationalism, with the possibility of the creation of a true international community. The second is the shift in the center of gravity from the Atlantic to the Pacific world, which may well alter the historic position of the United States in relation to other peoples and continents. These two things together may mean that the duties and opportunities of Americans will lie more and more in the international realm. They may portend for the United States the role in the modern world that Greece and Rome played in the ancient world, England and France in the world of the 18th and 19th centuries.

What are the implications of these revolutionary changes for education—and particularly for higher education?

1. On the most elementary level, there is the clear need for expansion while somehow maintaining and improving intellectual standards. This is going to require great ingenuity, and boldness too. Quantitative and qualitative growth should not be irreconcilable—they have not been so in our own past; we must take care that they are not in the future. Yet it is hard to avoid the conclusion that quantitative growth has meant, in recent years, a lowering of standards, particularly in those public institutions unable to protect themselves from public pressures. The private colleges and universities have a special responsibility here for maintaining standards and embarking on experiments difficult for public institutions.

But clearly the future of higher education in America belongs to public institutions. Already they provide education to a majority of students; within another generation they will, it is safe to prophesy, provide education for fully three-fourths of all students. They cannot leave to private institutions the responsibility for the maintenance of high standards, or the responsibility of bold experimentation. To do so would be to contribute to the development of class education in America—and a class education with divisions along intolerable lines of public and private.

2. It will mean that scholars and administrators and educational statesmen generally will have to give the kind of thought to adult or continuing education that they gave, in the generation of Mann and Barnard, to elementary education; in the generation of Gilman, Eliot and Harper, to higher education. The next half century is going to see not only emancipation from much of the drudgery of work, but an immense expansion of free time—an expansion of this time unimaginable to any previous generation. It is a sobering thought that while for thousands of years men worked from sunup to sundown, or its equivalent, in our lifetime, and yours, the workday will be reduced to a mere fraction of the total day—4 or 5 hours, 4 or 5 days a week: this is one of those tremendous revolutions so familiar that we fail to appreciate its real significance. Something has to fill the void that has so suddenly been created, something more than magazines and television programs that rot the brain—as most of them do now; something more than games and sports and the passionate search for the ideal vacation or the ideal escape; something to take the place of the national malady of our time—the yen to relax, as if relaxation were an end in itself, and a permanent coma the ultimate ideal. In all probability the line between higher education and continuing education will be blurred and continuing education will come to be as respectable as higher education is now. But where are the Horace Manns, the C. W. Eliots, the John Dewey's of adult education?

3. The growth of automation; the rapid growth of cities with their highly technical problems; the steady growth in governmental activities; the increasing role of science and technology; the pressure of worldwide activities—all these (as I have said) will combine to make new and heavy demands on expertness—on highly specialized training. The universities will be called on to provide for more specialists than they are now providing to meet the clamorous needs of a world that hopes to escape barbarism.

One thing that this will call for is training in public enterprise. It is not easy to provide this; it is not easy, even, to persuade society of its importance.

Ours is a society which is, in large measure, dedicated to private enterprise and to private enterprise chiefly in the economic and social areas. The American ideal—that held up to the young in every social mirror, preached in newspapers, shouted from the radio and television, celebrated even on ceremonial occasions—is that of private success in private enterprise. The very suggestion of public enterprise is, in certain quarters, equated with socialism, and socialism in turn smacks of communism: to listen to some of the opponents of socialized medicine, or public housing, or the TWA, these things were all born of a Stalinist conspiracy.

Somehow we must manage to restore the ideal of public enterprise that animated the generation that won our independence and established our Republic—the ideal that animated Washington, Franklin, Jefferson, Hamilton, John Adams, and others who come readily to mind: men who spent themselves, their lives, their fortunes, and their honor, in public service.

This is not to call for something new in public education; it is not even to invoke again the name of John Dewey. The oldest tradition in education is the tradition of education for public service. This is what was meant by Paidaea—you can read it in Plato's elaborate discussion of education, or in Werner Jaeger's gloss on the teachings of Plato and the Athenians of his day. It is in the oldest tradition of English education, too, the tradition of the great public schools who turned out, generation after generation, men who spent themselves in public service. It is basic to the educational philosophy of Pestalozzo and Fellenberg in Switzerland and Germany; it pervades the whole of Jefferson's educational teachings; it is central to the thinking of Horace Mann and Henry Barnard. Notwithstanding this long background, notwithstanding the teachings of the greatest educational statesman of our time—I mean, of course, John Dewey—we have drifted far away from this concept of education. Our education is increasingly technical and vocational rather than intellectual and moral. We must reverse this process; return to our own tradition and the great tradition of Western civilization.

The task, and the responsibility, that confronts your generation is even more arduous than that which confronted the statesmen of the early Republic because your generation will be called upon to train for service—in its broadest sense—not for the American people alone, but for a good part of the globe. You will have to raise up a generation prepared to spend themselves not only in service to the city—to use the Athenian phrase—but in the service of a great community of culture and learning.

The revolution in our global relationship is—as I have already observed—even more far reaching than the revolution in our domestic situation. Here we can say with William Vaughan Moody that—

"This earth is not the steadfast thing we landsmen build upon
From deep to deep she varies pace, and while she comes is gone
Beneath my feet I feel her smooth bulk heave and dip."

But you, young as you are must feel that.

Let me remind you of some of the elements in this global revolution that will affect your generation, and that will put new burdens on American education:

First, the passing of old fashioned nationalism. Though we are in the midst of the greatest era in the history of nationalism, who can doubt that nationalism as we have known it in the past century and a half is undergoing profound modifications? Who can doubt that though the sun of nationalism seems to be high in the heavens, it has already begun to decline, that the descent, once under way, will be speedy; that we will, ere long, enter a new world of international relationships. It is not improbable that in the near future nationalism will come to play on the world scene the role that States have played, in recent years, in the American Union, and that strict insistence on the prerogative of national sovereignty will come to seem as irrelevant to reality as strict insistence on States rights is in the America of today.

Second, we are passing over a great divide in the historic relationships and positions of the great powers. The emergence of the United States and of the Soviet Union to almost uncontested predominance on the world scene has been so swift and explosive that it has tended to bemuse even those familiar with the rise and fall of nations in the past. Yet we are already moving out of that brief interlude of a world dominated by two powers and into a world where there will be seven or eight great foci of power: China, India, Japan, Africa, Latin America, Central Europe, the Arab States, perhaps—in addition to the United States, Russia and the British Commonwealth. In this new drama the United States may come to play a role analagous to that which Britain and France played in the power complex of the 18th and 19th centuries.

In short, the center of gravity is moving with convulsive speed from the Western to the Eastern and perhaps the Southern Hemisphere. Populous nations like China, India, Japan, and the emergent nations of Africa, implacably required to find resources for their growing populations, will throw off the last vestiges of colonialism, embrace forced industrialization, enter the highly competitive race for resources, and—insofar as they can or must—will imitate the habits and practices of expansion exhibited by the Western World in recent centuries.

This new global situation will inevitably impose upon the United States a new historical role. As we recede from a position of unrivaled industrial and financial power and of immense military power, we will move into a position of even greater scientific, intellectual and cultural influence. The United States will be one of the older, one of the more sophisticated nations. It will be called upon to provide the skills and knowledge needed to close the desperate gap between resources and population; to divert national energies from the sterile channels of competition to the fruitful channels of cooperation; to instruct in and fashion a nationalism that is benevolent rather than chauvinistic. It will be required to be an example and a model to the new nations of Asia and Africa and to the new-old nations of Latin America. What Judea, Athens, and the Roman Republic, the city states of Renaissance Italy, the Low Countries, France, England and Scotland were to their neighbors and to their worlds at the periods of their greatest influence, the United States may be for the larger but interdependent world of the near future.

As we move across the great watershed of our time into a new world where the clashing divisions and clamorous demand of nation, race, interest and faith become largely irrelevant, we enter an era where the solution to the great problems that crowd upon us can be met only by the application of science, learning, art, morals, philosophy, all directed by catholic and distinterested intelligence.

The institution that organizes and makes available these instruments that meets the essential requirements of universality, competency and disinterestedness, is, of course, the university. It is worldwide in character, its transcends nationalism; it is by its very nature dedicated to the disinterested search for truth; it commands the talents, the intellectual and moral resources to master and reshape the contours of the future.

It does all of this if it is true to its historical nature.

For this is the historic tradition of the university. Universities like Bologna and Salamanca, Paris and Heidelberg, Oxford and Cambridge, flourished before the emergence of modern nationalism; it is probable that they will flourish long after nationalism, as we know it now, is a thing of the past. Many of our own universities antedate the creation of the American Nation—the University of Pennsylvania in this State, for instance. All of them are by their very nature dedicated to the permanent and the universal interest of mankind, as against the ephemeral and the parochial.

All of this is general—perhaps too general. Let me be more specific.

Let me suggest a few things that colleges and universities can do to advance and prosper the international community of learning.

They can adapt themselves to the easier interchange of faculty, students and facilities. There is already such interchange at higher levels—through the beneficent enterprise of the Fulbright Commission, or the work of the International Cooperation Administration, or the Ford or Rockefeller Foundations, of NATO, UNESCO, and similar organizations. That interchange is not invariably benevolent, but clearly its objectives are; its advantages are often intangible rather than material, but not the less precious for that.

They can work out more effective cooperation in teaching, research, library, laboratory and museum acquisitions and facilities than now obtains. Most of the cooperative programs now under way are sponsored by governments, here and abroad. This is not without value, but clearly governments are interested in immediate and practical results. Universities can afford a longer view, and universities should themselves take an active part—even take the lead—in the development of cooperative ventures from nation to nation.

They can introduce their own students more effectively to non-Western civilizations. The average American student emerges from his formal education with only the haziest idea of the history, the economy, the culture, of vast portions of the globe. How few Americans are really aware, after all, of the elementary fact that the white race is a minority race; the Christian religion a minority religion? How few of those who support so uncritically the policy of nonrecognition and exclusion of China are aware that China is a country with three times our population, and with a civilization that stretches back into the remote past over 2,000 years before America was born?

They can so teach history, literature, art, philosophy, politics—whatever subjects involve the history of man—as to abate rather than exaggerate and exacerbate nationalism. Almost all of our schools, colleges and universities grossly overemphasize American history, literature, politics and so forth: Americans are not alone in this astigmatism, for most of the Old World universities concentrate similarly on their own cultures. But because most European peoples preserve a more lively sense of historical continuity with the distant past, European students, for the most part, are familiar with the ancient and medieval worlds of art, religion and philosophy as well as of history. America, which in a sense has no past, and which

never had to fight the past, has to make a special effort to recapture her historic relationship with the past—and with the rest of mankind. History herself is a resolute teacher, and there is no doubt that she will bring home to us, in time, a sense of membership in a larger society. But time is pressing, and the provincial, the parochial, and the contemporary in American education is not only culturally deplorable; it is politically and socially dangerous.

Finally, if universities are to perform their beneficent functions—if they are to help emancipate us from the limitations of chauvinistic nationalism; if they are to chart the terrain on the other side of the great watershed—they must be free. That is the fundamental condition. The scholars who constitute them must be free not only from overt controls—from censorship, from tests of creed, from restrictions on travel, from the prying of investigating committees or, worse yet, of self-appointed guardians of loyalty and orthodoxy. More, and more difficult, they must be free from pressures to accept and celebrate particular social or economic or political creeds; they must be free from pressures to be service stations to their governments or their societies. (As Mr. Gardner of the Carnegie Foundation recently put it, "Shall the universities' activities be governed by a guiding philosophy or put up for sale to any and all comers?") This is not because service to society is not entirely proper—indeed, part of the great tradition of the university has been such service. It is rather because society, if it is to prosper, must provide itself with men and women whose business it is to think ahead, to think across parochial and national boundaries, to think dispassionately and objectively. Only by protecting scholars from the clamor of the forum and the din of the marketplace can society hope to get farsighted and disinterested service. It is the duty of scholarship to keep clear the distinction between the transient and the permanent, between what may be useful now and what is designed to be useful a generation from now. It is the duty of scholarship too to keep clear the distinction between the immediate community and the larger community of learning to which it owes its allegiance.

Universities exist within and are an integral part of a particular and local community. But they are, each of them, part of that august community of learning whose origins go back to Athens and Judea, whose possibilities stretch into the illimitable future, whose citizenry is all mankind, and whose ultimate and majestic purpose is truth.

TRANSACTION OF ADDITIONAL ROUTINE BUSINESS

By unanimous consent, the following additional routine business was transacted:

REPORT ENTITLED "IMPACT OF IMPORTS ON SMALL BUSINESS" (S. REPT. NO. 1908)

Mr. RANDOLPH. Mr. President, from the Select Committee on Small Business, I submit a report entitled "Impact of Imports on Small Business," which I ask to be printed.

The PRESIDING OFFICER. The report will be received and printed, as requested by the Senator from West Virginia.

Mr. RANDOLPH. Mr. President, I also ask unanimous consent to have printed in the RECORD a statement in reference to the report.

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

STATEMENT FROM THE SENATE SMALL BUSINESS COMMITTEE

Six recommendations for softening the impact of imports on American industry were made today by the Senate Small Business Committee. The recommendations, contained in a report based on hearings of a subcommittee chaired by Senator JENNINGS RANDOLPH, Democrat, of West Virginia, had the approval of the full committee, of which Senator JOHN SPARKMAN, Democrat, of Alabama, is chairman.

The public hearing of the Randolph subcommittee was held on June 16 in response to numerous complaints the Senate committee had received from small businessmen that import competition was becoming an increasingly grave problem.

The six recommendations of the committee were:

1. American trade-agreement negotiators should "resist" granting tariff concessions on imports manufactured under "sweatshop" labor conditions. Negotiators should "press with vigor" for concessions for American exports "at least equal" to those granted on imports.

2. Consideration should be given to amending the escape-clause statute to permit the President to grant tariff or quota relief differing from the exact relief recommended by the Tariff Commission. A recent court decision construed present law as denying this flexibility to the President, who must either accept the Tariff Commission's proposed relief exactly or permit a tariff concession determined to be injurious to stand unaltered.

3. The Government should collect and publish more data, for the use of domestic industry, on the exact costs of production of imports, especially unit labor costs.

4. Tariff concessions should be granted only in a manner and to an extent that will avoid sudden, sharp increases in imports. Pointing to products in which imports doubled or tripled in a single year, the committee urged that increases, if and when necessary, should come at a slow enough rate to permit domestic competitors to "make a more gradual and orderly adjustment."

5. "The Government should continue efforts to secure international cooperation to protect patents and designs" against competition by foreign "pirates" of ideas and designs. "Congressional committees might usefully study the history and application (of sec. 337 of the Tariff Act, prohibiting "unfair competition" in foreign trade) with a view to possible simplification of its procedures, strengthening of its substance, or both."

6. "There is a moral obligation on the country as a whole to provide more tangible help (to an industry found to be seriously injured by imports), where the President has determined that higher tariffs or quotas are not in the interests of American foreign policy. No injured industry can be expected to bear willingly an economic burden that more properly belongs on the broader shoulders of the national economy." Specific readjustment aids, trade injury loans and tax concessions, the committee suggested, should be carefully considered as possible concrete methods of shifting the burden from an injured industry to the entire country.

The Small Business Committee's report briefly reviews existing and proposed legislation regarding tariffs and trade.

"Our desire," said Senator Randolph on releasing the report, "was to provide for small businessmen an introduction to the aids that are now available to them, as well as to some of the ideas that have been advanced for improving the aids, when import competition becomes a serious problem."

RESOLUTION

AMENDMENT OF RULE XIX RELATIVE TO TRANSGRESSION OF THE RULE IN DEBATE

Mr. CLARK submitted a resolution (S. Res. 369) amending rule XIX relative to transgression of the rule in debate, which was referred to the Committee on Rules and Administration.

(See the above resolution printed in full when submitted by Mr. CLARK, which appears under a separate heading.)

ENROLLED BILLS AND JOINT RESOLUTION PRESENTED

The Secretary of the Senate reported that on today, August 23, 1960, he presented to the President of the United States the following enrolled bills and joint resolution:

S. 107. An act to amend title XI of the Merchant Marine Act, 1936, relating to Federal ship mortgage insurance, in order to include floating drydocks under the definition of the term "vessel" in such title;

S. 2830. An act to amend the Library Services Act in order to extend for 5 years the authorization for appropriations, and for other purposes; and

S.J. Res. 207. Joint resolution to suspend for the 1960 campaign the equal opportunity requirements of section 315 of the Communications Act of 1934 for nominees for the Offices of President and Vice President.

ADJOURNMENT UNTIL 10 O'CLOCK A.M. TOMORROW

Mr. AIKEN. Mr. President, if there is no further business to come before the Senate at this time, I move, pursuant to the order previously entered, that the Senate adjourn until 10 o'clock a.m. tomorrow.

The motion was agreed to; and (at 8 o'clock and 30 minutes p.m.) the Senate adjourned, under the order previously entered, until tomorrow, Wednesday, August 24, 1960, at 10 o'clock a.m.

NOMINATIONS

Executive nominations received by the Senate, August 23 (legislative day of August 22), 1960:

DIPLOMATIC AND FOREIGN SERVICE

James W. Barco, of Virginia, to be the Deputy Representative of the United States of America to the United Nations with the rank and status of Ambassador Extraordinary and Plenipotentiary and the Deputy Representative of the United States of America in the Security Council of the United Nations, vice James J. Wadsworth.

James J. Wadsworth, of New York, to be the Representative of the United States of America to the United Nations with the rank and status of Ambassador Extraordinary and Plenipotentiary, and the Representative of the United States of America in the Security Council of the United Nations, vice Henry Cabot Lodge, resigning.

James J. Wadsworth, of New York, to be a Representative of the United States of America to the 15th session of the General Assembly of the United Nations.

IN THE NAVY

Francis J. Vincent (civilian college graduate) to be a permanent lieutenant in the

Medical Corps of the Navy, subject to the qualifications therefor as provided by law.

The following-named (Naval Reserve officers) to be permanent lieutenants in the Medical Corps of the Navy, subject to the qualifications therefor as provided by law:

Herbert E. Glick
Richard P. Johnsen
Ianthus I. Kibbey
William P. Mulligan
George G. Stebbins, Jr.
Dewey H. Yarley

The following-named (Naval Reserve officers) to be permanent lieutenants and temporary lieutenant commanders in the Medical Corps of the Navy, subject to the qualifications therefor as provided by law:

Paul A. Hinds
Roger F. Milnes

The following-named (Naval Reserve officers) to be permanent lieutenants (junior grade) and temporary lieutenants in the Medical Corps of the Navy, subject to the qualifications therefor as provided by law:

Clement H. Darby, Jr.
Martin G. Field, Jr.
Howard E. Gard
Franklin A. Hanauer
Daniel A. Hart
Dennis F. Hoeffler
William A. Jacobson
Alan U. Klatsky
Richard J. Magenheimer
William J. Mullins, Jr.
David C. Weibel

Robert E. Kinneman, Jr. (Naval Reserve officer), to be a permanent lieutenant in the Medical Corps of the Navy, and to be promoted to lieutenant commander when his line running mate is so promoted, subject to the qualifications therefor as provided by law.

The following-named (Naval Reserve officers) to be permanent lieutenants in the Dental Corps of the Navy, and to be promoted to lieutenant commanders when their line running mates are so promoted, subject to the qualifications therefor as provided by law:

John A. McKinnon, Jr.
Howard B. McWhorter

Charles R. Linkenbach (Naval Reserve officer) to be a permanent lieutenant (junior grade) and a temporary lieutenant in the Dental Corps of the Navy, subject to the qualifications therefor as provided by law.

Earl M. Archer, U.S. Navy retired officer, to be a commander in the line of the Navy for temporary service, pursuant to title 10, United States Code, section 1211.

Anthony A. Mitchell, chief warrant officer, to be a lieutenant in the line of the Navy for temporary service, subject to the qualifications therefor as provided by law.

Sidney H. Mathes, warrant officer, to be a lieutenant (junior grade) in the Civil Engineer Corps of the Navy for temporary service, subject to the qualifications therefor as provided by law.

William J. Gost (Naval Reserve Officers' Training Corps) to be a permanent ensign in the line of the Navy, subject to the qualifications therefor as provided by law.

The following-named (enlisted personnel, U.S. Navy) to be permanent ensigns in the Medical Service Corps of the Navy, subject to the qualifications therefor as provided by law:

Norman F. Bacon
Raymond R. Bogdan
Robert D. Casler
John A. Chamblin
Joseph D. Cicero
Gary D. Despiegler
James R. Erie
Harlan D. Foster
Verne W. Hagstrom
Aubin H. Lovin
Lawrence P. Metcalf
Paul T. Ray
James M. Robertson
James R. Ruppe
Marvin L. Stalnaker
Bailey E. Weems

The following-named (enlisted personnel, U.S. Navy) to be ensigns in the Medical Service Corps of the Navy for temporary service, subject to the qualifications therefor as provided by law:

Ronald R. Bolton
Billy R. Bonds
Donald E. Brouillette
William E. Diebner
Paul O. Dilley
James L. Dupes
James A. Faulkner
Francis A. Fink
David W. Fishel
William E. Groce
John E. Hendren
Frank N. Henson
Vernon A. Krueger
Bernard W. Laclair
Ollen C. Langston
Alton E. McConnell, Jr.
Clyde W. Null, Jr.
Clyde T. Pate, Jr.
Eugene C. Piersol
Charles A. Price
James D. Quick
Teddy R. Rhoads
Berlin J. Taylor
Hollis B. Taylor
Curtis R. Thompson
Paul D. Thomsen
"D" "C" Williams

The following-named warrant officers to be ensigns in the Medical Service Corps of the Navy for temporary service, subject to the qualifications therefor as provided by law:

Richard W. Krollman
Melton L. Martin

The following-named line officers for transfer to, and appointment in, the Civil Engineer Corps in the permanent grade of lieutenant (junior grade):

Heyward E. Boyce III
Joseph J. Gawarkiewuz III
Richard H. Knauf, Jr.
Edmund F. Lewis

The following-named line officers for transfer to, and appointment in the Civil Engineer Corps in the permanent grade of ensign:

Heyward E. Boyce III
Joseph J. Gawarkiewuz III
Richard H. Knauf, Jr.
George E. Krauter
Robert J. Kanoue
James R. Lyons
Clyde C. Schroeder

Everan C. Woodland, Jr., for temporary promotion to the grade of lieutenant commander in the Dental Corps of the U.S. Navy, subject to qualification therefor as provided by law.

The following-named officers of the U.S. Navy for permanent promotion to lieutenant (junior grade) in the line and staff corps, as indicated, subject to qualification therefor as provided by law:

Line

Richard F. Bowers
Donald G. Buxton
William L. Cain
Leroy C. Ermis
Edmund F. Farrell
Bruce S. Fleming
Donald J. Florko
Robert B. Gookin
Joe C. Greer
Richard P. Karr
Gerald F. Klinger
Gordon L. Murray, Jr.
Bruce J. Obbink
William L. Owen, Jr.
Andrew K. Patrick
Robert A. Rogers
James D. Waring

Supply Corps

Shirley T. Godsey
Dan H. Hinz
Norman K. Horner
Don L. Tadlock

Civil Engineer Corps

Frank L. Endebrock III
Karl R. Kullander

The following-named officers for temporary promotion to the grades indicated, subject to qualification therefor as provided by law:

Chief warrant officer, W–2

John C. Abbott, Jr.
Howard F. Ackerman
Theodore H. Agidius
Buford B. Akridge
Fred A. Allen
Willie Allen
William R. Alverson
Roy A. Anderberg
Harland D. Anderson
James B. Anderson
Oliver L. Anderson
Justin J. Andries, Jr.
Mike M. Angulo
William A. Ansley
Thomas M. Applegate
Allen F. Ashbacher
Albert M. Aspenwall
Bryan L. Auwen
Harrison W. Avery
Ralph G. Bailey
Henry T. Baker
Richard H. Barber
Walter P. Barek
Paul K. Barger
James D. Barker
Arthur C. Barlow
Marvin R. Barnhart
William E. Barter
Cornelius R. Bartholomew
James A. Bates
Conrad L. Baumgarner
John M. P. Bean
Marvin M. Beardsley
Paul J. Bechard
Robert A. Begg
Gustave W. Beiber
Thomas E. Belcher, Jr.
Jack L. Bell
Douglas A. Belson
Harold G. Bender
Marjorie G. Bender
John H. Benson
George J. Benton
Antone E. Berce
Edwin N. Berry
William P. Berthney
Edward C. Beuster
Lynwood A. Beverly
Gene L. Bieber
Clarence R. Bilbo
William J. Bilderback
John J. Billington
John D. Billodeau
William M. Bird
Robert P. Bishop
Edward H. Bissen
Lind B. Blackwell
Lewis Blackwell
William R. Blades
Ralph T. Blalock
Charles W. Bland
William E. Blizzard
Thomas R. Block
William B. Boardman
Jerome F. Bogart
James B. Boles
Norman D. Boltz
George W. Bonsack
Harold L. Boone
Carl E. Borman
Carl A. Bowlby
Albert E. Bowser
Allen D. Boyes
Joe L. Bradshaw
William F. Bradshaw
Gerald R. Brayton
Lloyd E. Breedlove
Robert A. Brett
Clifford N. Brinkerhoff
Junior E. Britton
Judson M. Brodie, Jr.
Jack E. Bromley
Thomas E. Brooker
Warren W. Broome
Kenneth H. Broomhead
Burl E. Broomhead
Albert L. Brown, Jr.
Boyd "A" Brown
Charles O. Brown
Joe W Brown
Robert A. Brown
Roland H. Brown
Arthur P. Brugman
Anthony Bruno
Raymond C. Brykczynski
William O. Buckalew, Jr.
Benton E. Buell
Joe F. Buice
John D. Bunnell, Jr.
Bernard E. Burgett
Herbert P. Burkhart
Russell L. Burkhart
Rodman C. T. Burpeau
Hugh A. Burwell
Frank Byars
Charles E. Cadenhead
Andrew Calabro
Stanton W. Cameron
James G. Cannon, Jr.
Noah R. Carder
John D. Carey
Wallace D. Carey
Victor C. Carlson
Frederick W. Carnes
Thomas R. Carroll
Burnett W. Carter
Hughie S. Carter
Woodrow P. Cary
Henry F. Casey, Jr.
William T. Castleberry
Frank T. Chambers
Jack W. Chase
James L. Chase
Kenneth L. Chesmore
Stanley W. Chwalek
Charles T. B. Clark
Eugene Clark
Ira S. Clark
Victor L. Clark
Henry L. Claude
Walter H. Clayton
Charles A. Clemmons, Jr.
Raymond F. Cleveland
William J. Coats
William A. Coffey
James P. Coffman
John A. Cole, Jr.
Richard S. Collins
Howard S. Combs
Lilburn K. Combs
Howard W. Commons
Ralph H. Conaway
Gordon P. Conine
Harold R. Conklin
Joseph B. Conner
Donald D. Conquest
Merill M. Cooper
Stuart H. Cooper
Harold P. Cordova
Julian P. Corvin
Maureen A. Coughlan
Bill F. Cowan
Benjamin F. Cowell
William H. Crabtree
Max L. Cramer
James F. Cranford
Arthur G. Crawford
James C. Creek
Stephen J. P. Croughan
John O. Cullipher
Francis L. Cummings
Thomas F. Cunniff
Maxie R. Cunningham
Cecil J. Cuthbert
Walter A. Dagdigian
Joseph F. Dalpay
Charles W. Darr
Joseph G. Dauber
William R. Davidson
Jack A. Davis
Leroy Davis
Richard M. Davis
Richard P. Davis
Samuel L. Dean
James R. Demo
Robert B. Depeyster
Harry J. Depp
Cleo J. Devine
Robert L. Devries
Loyd E. Dickinson
Max E. Diegelman
Ralph L. Dillin
Malcolm C. Dion
Milton S. Doane
John Dobranski
Robert M. Donaldson
Raymond M. Dorcy
Carlton D. Dowdy, Jr.
Allan W. Driscoll
Charles F. Driscoll
Charles F. Drucker, Jr.
Glen N. Drummond, Jr.
Robert A. Dube
Edward W. Dumann
John B. Duran
Otho E. Dyer
Middleton Eason
James H. Eastman
Bernard E. Eaton
Donald C. Eaton
Harry M. Edwards
Herman B. Edwards
David J. Egan
Walter E. Eggers
Robert E. Eiffert
William F. Elrod
Vernon D. Emmerson
Carl E. Erickson
Theodore A. Erickson
Roy L. Erlandson
Robert F. Erni
Albert F. Evans
Samuel Fadale
James F. Fagan
George B. Faircloth, Jr.
Harry R. Fallers, Jr.
Bernard M. Fallon
Paul J. Faust
Edward J. Feaser
John Fedora
Carl L. Felt
Richard T. Fellis
Frank M. Fellrath, Jr.

Thomas W. Felts
Roy F. Fenstermaker
Charles C. Finch
Harold E. Finsterwald
Joseph L. Fitzgibbon
Walter B. Flanagan
James D. Flanigam
Ernest Flores
James W. Flow
Emery D. Fogg
Wesley A. Follis
Egbert A. Ford
Charles E. Foreman
Norman C. Frates
Melvin C. Freeman
Charles W. A. Furlow
George W. Furqueron
Elbert R. Fussell
Joseph P. Gabler
Robert B. Gage
Hugh P. Gallagher
Gordon "C" Gamble
Thomas H. Gardner
Edward R. Garms
"J" "P" Garner
Theodore H. Gemmill
Leon George
Charles J. Gerard
Sidney L. Getz
Jack D. Gibbs
Robert M. Gibbs
Harold R. Gilliatt
William W. Glass
Edward W. Gleason
Joseph M. Godfrey
Norman E. Goldsmith
Milford I. Gordon
Richard G. Gossman
Charles E. Goucher
Paul E. Gould
David P. Graham, Jr.
Earl W. Graves
Harry L. Gray
James E. Gray
Baxter D. Green, Jr.
William G. Greenfield
Maurice C. Greer
Richard P. Grimes, Jr.
Albert A. Groah
John H. Gross
Dale Grudt
Willis A. Gunnels
George W. Gustafson
Alfred Haberman, Jr.
James E. Hagen
Paul E. Hager
John C. Hahn
Norman R. Halderman
Willie E. Haley
George P. Hamblen
Jack Hamer
Lowell G. Hammond, Jr.
William A. Hammond
William C. Haney
Philip V. Hansen
Francis G. Hanson
Robert C. Harding
Normal N. Hardway
Melvin H. Harper
Raymond H. Harper
Robert C. Harreschou
George C. Harris
Jack L. Harris
Don C. Harrison, Jr.
Lawrence F. Harrison
Walter D. Hartley
George A. Hartman
Leo Q. Harvey
Karl W. Haubert, Jr.
Robert F. Hauser
William F. Havens
Nickey R. Hawrylciw
Alan G. Hayes
John F. Hayes
Clifford C. Hayter
James E. Heafner
Gordon R. Healy
Donald F. Heckbert
Devoe E. Hedrick
Charles P. Helms
Willis E. Hempfer
Richard J. Henderson
Ronald E. Henderson
William Hensler
Gerald E. Hermsen
Benjamin C. Hibbs
Francis E. Hill
Alexander H. Hilliard
George T. Hilt
James P. Hinckle
Donald R. Hitchcock
Hubert E. Hoadley
Jack J. Hofmann
Andrew S. Holland
Richard P. Holland
William C. Hollingsworth
James D. Hollis
Allen R. Hooten
Jack "M" Howard
Charles J. Hudock
James A. Hults
Johnathan J. Hults
Herbert E. Huntley
Milton T. Hurst
William B. Hutchison
Robert M. Hylton
Willard D. Inman
Benjiman F. Inscoe
Frank X. Isselhardt, Jr.
William M. Ivie, Jr.
Leon A. Jackson
Jerry J. Jacob
William H. Jacobsen
Albert N. James
Robert F. James
Robert C. James
Lester P. Jensen
Russell J. Jensen
Richard H. Jinnette
Benjamin M. Johnson
Donald J. Johnson
Donald R. Johnson
Edward H. Johnson
Theodore A. Johnson
Thomas F. Johnson
Thomas M. Johnson
Harvey C. Johnston, Jr.
Joshua T. "S" Johnston
Daniel G. Jones
Donald B. Jones
Frank L. Jones
Harry L. Jones, Jr.
Leonard F. Jones
Victor H. Jones
William O. Jones
Lawrence J. Josefowski
Joseph J. Kanicki
Raymond F. Kasch
Vincent B. Katnic
David F. Katusha
Dwayne E. Kauffman
Daniel W. Kauffman
Thomas E. Kavanaugh
Raymond G. Kazebee
Walter H. Keasler
Leroy Keaton
Thomas V. Keener
Alfred S. Kelley
Harold A. Kelly
James W. Kelly
William W. Kelly
Alfred O. Kelsay
Don A. Kelso
Richard I. Kenley
Richard Kennedy
Otis G. Kight
Walter E. Killian
Isham E. King
Robert E. King
Marcel P. Klimaszewski
Paul Klimkewicz
Virgil M. Klotzner
Herbert E. Kodger
Vincent J. Kopek
John F. Kralemann
Theodore Kramer
Richard W. Krollman
Calen M. Lacombe
Gene H. Lacy
Nimocks F. L. Ladner
Marshall J. LaFleur
Edward L. LaForce
Harvey R. Laird
Oriel Lake
George E. LaMaze
Jack Lancaster
Edward A. Lancaster
David E. Landers
Mack S. Lanham
Richard E. Larson
Don L. Lash
Louis M. LaTerza
Frederick W. Lawrence
Thomas C. Lawrence
Charles F. Lawson
Forrest E. Leamons
Donald D. Learned
Elmer A. Ledbetter
Harry G. Lewis
Warren E. Lindberg
Gene F. Liter
Richard F. Litzinger
Stanley A. Lokey, Jr.
Frank P. Longo
Eugene O. Loomis
John C. Lordan
John G. Lorimer
Thomas G. Loughran, Jr.
Owen Lovett, Jr.
Wendell W. Lovingood
Harold W. Lowry
Charles P. Luke
Relle L. Lyman
Wilbur L. Mace
Harry Magle
Levon M. Majure
Gale S. Malcomb
Floyd E. Mancill
Alfred E. Manson
Edgar F. Marbourg, Jr.
William E. Marckfeld
Adrian J. Markus
George T. Markward
Charles R. Marlitt
Robert C. Mars
Edward G. Marsden
Melton L. Martin
Raymond C. Martin, Jr.
George A. Marts
Thomas C. Mason
Sidney H. Mathes
Charles F. Maxwell
Robert I. Maynes
Philip C. Mazzara
Victor McCauley
"J" "L" McClain
Robert A. McClure
Thomas R. McCoy
Francis J. McDonough
Charles I. T. McDowell
Wendell E. McElroy
Quinton L. McElyea
Francis G. McEnaney
Harris O. McGehee
Edward F. McLarney, Jr.
Billy L. McLeod
John B. McLeod
Walter R. McMeins
Leonard D. Mealor
Eugene F. Meitl
Dale J. Mellencamp
William V. Merrick
Leo F. Midgett
Edgar C. Miller
Glenn L. Minteer
George Mitchell, Jr.
Tracy R. Mixon
Sigurd M. Moe
Jerome A. Monaghan
Leo L. Monroe
Verne L. Moore
Philip A. Morison
Peter C. Morrissey, Jr.
Bradford O. Mosher
George Moss
Marshus M. Mullen
Ray H. Mullins
Bruce T. Mundy
Arthur R. Murphy
Chester A. Murphy
Richard Murray
Theodore S. Myers
Richard A. Nelson
Joseph L. Nestor
Sanford M. Nichols
Robert W. Noble
Bob J. Nolan
Willis R. Nolan
Fred W. Nolting
Evertt L. Nordin
John T. Norris
William T. Northrop
James G. O'Connor
Charles P. Odle
Lawrence E. O'Donnell
John B. Oliver
Albert N. Olsen
Alfred E. Olson
Leon D. Olson
Michael M. Orbovich
Bernard Orner
Robert W. D. Overly
Leslie H. Ovre
John S. Palmatier
William V. Parkin
Eddie R. Parris
Wiley B. Parrish
George W. Partlow
William M. Patterson
George T. Paul
Horace E. Paul
Norman J. Paulsen
Claude F. Peak
Lester F. Peich
Joseph W. Pieronnet, Jr.
Martin U. Pellerin
Frank J. Pennington, Jr.
Joseph V. Peragine
Richard J. Petersen
Joseph Petro
Herbert H. Petzold
Bobby R. Pharis
John C. Phillips
Richard W. Phillips
Joseph M. Podbielski
Henry J. Poltack
Richard W. Poole
Irwin W. Popp
Stanley Porter
Llew M. Powers
Orville G. Powers
Frederick F. Poyner
Herbert G. Prater
Leonard H. Preston
Byron H. Price
Earl C. Price
Lyman N. Price
Gaylord L. Proper
Rollace A. Pugh
Raymond "G" Pugsley
Paul J. Punzo
John J. Pursel
Charles L. Quantrell
James W. Quick
William T. Ramsey
James F. Rankin
Charles D. Ransdell
James A. Rasbeary
Walter A. Rau
Billy J. Rawlins
Warren E. Reading
John R. Reames
Jack L. Reckler
Thomas C. Reece, Jr.
George Reich, Jr.
Alton E. Reid
Neal S. Reid
Adam W. Reis
John V. Reische
Lendo G. Renegar
Thomas C. Reppert
Wayman B. Rettig
Maurice "C" Rexroad, Jr.
Frederick W. Reynolds, Jr.
Joseph T. Rhatigan, Jr.
Robert E. Rhodes
Willard L. Riner
Duane T. Riplog
Raymond A. Rippa
Harley M. Rittgers
Jack A. Roberts
Homer E. Robinett
Dale W. Robinson
Richard L. Robinson
William O. Robinson
Leo L. Rodrigues
Frederick J. Roehs
William F. Rolland
James M. Rose
Jack P. Rosebrook
Rolf W. Rotnem
Frederick R. Rupert
Maurice E. Sadler
Ernest E. Sanchez
Ormond H. Sandell
Rex C. Scheinfeldt
William J. Schimpf
Robert L. Schlenker
Henry Schmidt
Robert C. Schrei
Howard H. Schremser
Robert F. Schroeder
Johnnie W. Scott
Charles H. Seaton
Marvin L. Segler
Leroy P. Selberg
Leslie R. Servies
William M. Sessions
Paul Shafner
Harold A. Shannon
John J. Sharp
John C. Shedd
Quintin M. Sheipe
George E. Shelton
John R. Sheppard
Gig M. Shoemaker
Welland T. Shoop
Charles M. Shorrock
Leonard B. Sidle, Jr.
Daniel H. Sigman
Charles L. Simpson
Joseph E. Singleton
Chester J. Skjod
Frederick A. Slemp
Frank W. Smallwood, Jr.
Roger C. Smallwood
William E. Smiley
Douglas B. Smith
George R. Smith
James R. Smith
Raymond J. Smith
Vernon G. Smith
William E. Smith
Carl L. Snyder
Gerard A. Sobieck
Carlos R. Soler
Moo T. Soohoo
William C. Soule
Delous R. Sparkman
Robert C. Sparks
George L. Sporhase
William J. Sprich
Philip R. Stagg
Wesley B. Stanfill
Herbert E. Stangl
Edward A. Stanley
George B. Steere
Frank Stephens, Jr.
Laurence M. Stevens
John L. Steward
James E. Stewart
Carmen N. Stigliano
Charles E. Stith
Jack W. Storey
John E. Stroberg
Raymond E. Strong, Jr.
Roscoe S. Strother
James L. Strube
George H. Sturla
Thomas A. Suglia
Hamilton R. Sullivan
Robert J. Surber
Cecil R. Surface
Aubrey E. Swan
Albert F. Swenson, Jr.
Thomas L. Swift
Edward D. Swirka
Cecil "J" Talbot
Arnold Tallant
Bruce A. Taylor, Jr.
Carl E. Taylor
David E. Taylor
Robert M. Taylor
Mathais N. Ternes
George E. Tessier, Jr.
Charles E. Tether
Louis "M" Tew
Theodore Theodorides
Douglass G. Thompson
George L. Thompson
James M. Thompson
James C. Thompson
Leslie F. Thorpe
Henry B. Thorsen
Charles E. Tiller
James B. Tillis
Walter Timchak
Joel W. Timmons
Cecil W. Toole
Robert E. Townsend
Richard D. Travis
Merle E. Tree
Beldon H. Trigg
Richard G. Trussell
Donald L. Tupper
Frank M. Turner
William H. Turner
Clyde R. Tyre
William J. Uber
Wallace J. Ullman
Charles W. Valentine
Jacque E. Vancleef
Russell F. Vancuran
George F. Vaughan
Byron C. Vautier
George J. Voelp
Henry E. Vongenk, Jr.
James I. Wagoner, Jr.
Vernon L. Waldeck
"A" "D" Wall
Jack C. Walters
Joseph H. Walters
Milton L. Walters, Jr.
Lloyd L. Ward
Donald A. Warner
John Warren
Willard F. Wasson
George C. Watson
Donald M. Waymire
Emil J. Welk, Jr.
Perry L. Wells
Harvey J. Westfall
Norman E. Wheeler
Claire B. White
Herbert D. White
James M. Whiteside
John H. Wieting
Mack R. Wilcox
Aaren H. R. Wildermuth
John M. Wilkerson
Robert P. Wilkinson
Charles J. Wilkinson
George E. Williams
Lowell K. Williams
Robert D. Williams
Thomas O. Williams, Jr.
Joseph M. Wilson
Theodore J. Wilson
William H. Wilson
Patrick J. Windward
Ernest F. Wohleb
John M. Wolfe
Clifford H. Wood

William H. Woodhouse
Kenneth W. Woods
Bernard D. Woody
Paul L. Woollard
Harry R. Worrell
Albert M. Worrells
Robert M. Worster
Benjamin W. Wright
Maurice J. Wurth
Leon Wurzel
Hilton A. Wylie
Fulton R. Wynn
Von C. Yoder
Adrian R. Young
Jackson B. Young
Leo F. Young
James C. Zapalac
Joseph G. Zimmerman
Joseph J. Ziner
Angelo D. Zingaro
Donald J. Zink

Chief warrant officer, W-3

Eugene J. Acosta
Elton R. Adams, Jr.
Robert "I" Adams
Lindo E. Agosti
Walter C. Ahlin, Jr.
Clyde R. Ainsworth
Harvey C. Akerson
Donald F. Albee
Eugene H. Albert
Donald L. Alford
Wesley J. Allard
Richard M. Allen
James F. Anderson
Ralph K. Anderson
Julian F. Andia
Edwin C. Anthony
Leonard L. Auclair
Harold C. Augustine
Joseph H. Austin
Arthur Auvermann, Jr.
Vernon Avery
Joseph J. Baglioni
Eugene V. Baker
Donald D. Ball
Raleigh W. Ballou
George R. Ballweber
Hugh O. Baney
William E. Bannon
Herman W. Barber
Robert A. Barchenger
Alfred L. Barnard, Jr.
Charles A. Barnes
Norman B. Barnett
Everett K. Barnsdale
Norman R. Barrett
Russell Bates
William E. Bates
Robert N. Bauer
Carl R. Beach
Austin W. Beales
Francis J. Beck
Morton H. Beckley
Grenval A. Bee
Francis L. Beeby
Robert S. Beggs
Eugene F. Begley
Arthur R. Bell
Victor C. Bell
Gerald Bellville
Arthur T. Bennett
Howard E. Bergman
Duane B. Bierce
Thomas W. Birch
Roy E. Blood
David Bly
Allen D. Bodine
Lawrence R. Bohm
Edward Bojnowski
James D. Bonds
George R. Bonnette
Roderick E. Bookout
Raymond E. Boone
Donald J. Bovill
William F. Boyd
James D. Bradfield
Carl L. Brehm
Lloyd C. Briggs
Reid L. Bronson
Frans O. Brooks
Harold F. Brothers
Willie J. Broughton
Glen R. Brown
Quentin L. Brown
Stanley C. Brown
Theodore H. Brown
Herbert W. Buch
Paul R. Buck
Thomas L. Buckingham, Jr.
William M. Bullock
Charles Bulzone
Paul O. Burch
Mary L. Burke
Irvin L. Burnham
James D. Bussey
Otis H. Cagle
Robert R. Calderon
William W. Calhoun
Rosario A. Caltabiano
Walton B. Campbell
Daniel A. Carrara
Meral J. Cathcart
Floyd M. Caverly
Frederick P. Cerwonka
Roland J. Chamberlain
John H. Chapman
Bjorn Christensen
Jerome W. Christensen
Ray L. Christner
Raymond G. Cieloha
Duane M. Clark
Ralph J. Clement
William F. G. Clements
Leslie E. Clow
Thomas L. Clyatt
Walter N. Coan, Jr.
James E. Coates
William R. Cole
Arthur "J" Coleman
Harley A. Colgrove
James T. Collins
Robert F. Comstock
Robert H. Conrardy
Frank E. Corn
William Cornett
John W. Coxon
Newton U. Crawford
David F. Crowell
Robert W. Crump
Omer T. Culwell
Lester "K" Cunningham
Norman B. Cyr
Frederick J. Daigle
Robert F. Daniels
Francis C. Danneels
Manuel J. Darouze
Lois Davidson
Claude R. Davis
Ralph B. Davis
William H. Davis
Richard F. Davison
John A. Debell
John R. Deboer
Thomas P. Dulaney
Edwin K. Delave, Jr.
Dale M. Denning
Paul W. Dennis
James W. Dennison
Paul J. Derocher
Wade A. Devine
Marinus DeWitte, Jr.
Emil R. Diamond
Quirino G. Dicroce
Salvatore L. Didonato
William B. Dillon
Alexander Dirienzo
William I. Ditch
Daniel L. Dobron
William E. Donnelly
Wilbur S. Dool, Jr.
William C. Doty
Daniel C. Douglas
Andrew Dranchak
Offie L. Drennan
Charles N. Dyer
Leo J. Earner
Richard M. Edwards
Walter G. Edwards
William L. Edwards
John S. Eiden
Fred H. Eldred
Oscar W. Ellis
Emanuel J. Endrizzi
George J. Englehardt
Richard T. Erickson
Helge W. Erlandson, Jr.
William A. Evans
Elmer F. Falkenbach
William F. Fant
George R. Fender
Harry Ferro
Herman W. Filbry
Phillip V. Fish
William D. Flegal
Ernest Fontana
Normand E. Forcier
Charles L. Forman, Jr.
William O. Fortin
Leonard Foust
Cloris D. Fraim, Jr.
Elmer H. Frantz, Jr.
Richard J. Frazer
Warren O. Freiwald
Daniel A. Frieson, Jr.
Ralph D. Fuller
John J. Furey
Edward L. Gacek
Wilfred C. Gagne
Malcolm C. Gailing
Herman Gallion
Howard J. Gamber
James J. Gaston, Jr.
Sam Gerstl
James M. Geyton
George W. Gilbert
Ralph W. Gilbrook
Marvin N. Gilliam
Edward B. Glass
Robert C. Glisson
James R. Goggin
Jack V. Goodman
Tom B. Gorman, Jr.
Irving W. Goss
James P. Graham
William S. Graham, Jr.
Norman B. Grant
Paul H. Grant
Raymond J. Greene
Roy W. Greenlees
William E. Gregory
Harold H. Gressman
John J. Gripp
Warren H. Griswold
Chester A. Guerry
Ersel E. Gunderman
Clyde L. Haines
Jesse M. Haines
Jack R. Hale
Raymond N. Hale
John W. Hall
Vincent L. Hall
Joseph M. Hamill
William F. Hamlin
Merle H. Hancock
George H. Hansell, Jr.
Ernest P. Hardin
Manual D. Hardman
Stephen Harobin
Thomas E. Harper, Jr.
William O. Harper
Harold N. Harris
Leland L. Harris
Albert R. Hartgrove
Albert F. Harvey
James C. Hawley
Wilbur Hayes
John R. Heckler
Harry M. Helgesen, Jr.
Allen E. Helma
Harold L. Helms
Earl Hendry
Alfred M. Henking
Keith B. Hill
Grover C. Hinds, Jr.
Charles W. Hinson
Lawrence E. Hinton
Harold L. Hoagland
George A. Hoffman
John R. Holmes
James C. Holtzclaw, Jr.
John D. Hopson
Virgil Horner
Rex W. Hovey
Charles W. Howell
Ervan C. Hubka
James W. Hudler, Jr.
Franklin M. Hudson
Fred P. Huffman
William C. Huffstutler
Jack W. Hughes
Raymond M. Huppee
Miles E. Hurley
William J. Huttig
Drennen G. Ikard
Vincent J. Ingleright
George M. Iwen
William C. Jackson
James R. James
William E. James
Harold R. Jameson
Eugene F. Jamison
Howard T. Janes
Homer A. Jeffers
Robert L. Jenkins
Donald W. Jewell
David A. Johnson
Harold L. Johnson
Rhea A. Johnson
Wilbur C. Johnson
Earl "M" Johnston
Barney T. Jones
John A. Jones, Jr.
William C. Jordan
Peter R. Jorgensen
William W. Jose
Joseph Karlin
Charles H. Kazar
Thomas C. Keane
John G. Kearney
John L. Keating
John E. Kehoe
Joseph H. Kelley
Harold D. Kellogg
Harry T. Kelly
Douglas R. Kemp, Jr.
Lisle A. Kennedy
Max A. Kenyon
Paul D. Keough
Michael Kerekesh
Wayne F. Kesterson
Clinton R. King
Carroll E. Kinkel
Winstead B. Kirschner
Laverne L. Klaas
Hans A. Koenig
William W. Kolling
Joseph V. Kossler
Michael Kovacs
Alex Kraly
Leonard J. Kreahling
Raymond Kuhlow
Earl A. Kuhn
Mitchell C. Kunkel
Louis P. Lacey
John H. Lagoyda
Eugene E. Lambson
Charles J. Langello
William D. Lankford
Wesley E. Lapham
Duane C. Larson
Willard L. Lauer
Walter D. Laughlin
Harold K. Lawrence
Ted J. Lawrence
Thomas H. Lawrence
Donald R. Lawson
William H. Lawton
Warren F. Leard
James V. Leatherman
John I. Lee
Oliver E. Lee
Samuel M. Lee, Jr.
Francis J. Lemieux
James O. Lence
Robert L. Leonard
Michael A. Leone
Harold P. Lesh
Paul B. Lester
Theodore B. Levieux
Edward L. Lewelling
Edgar E. Lewis
William A. Lewis
Norman D. Lichtman
Charles K. Lindahl
John E. Linder
Willis W. Lindstrom
Richard F. Lipp
Jack P. Loer
Harold K. Lodgsdon
Robert G. Long
William E. Long
Lee Lorenz
Dewey J. Loselle, Jr.
Arthur L. Lowther
Homer C. Lucas
Carmen Maccioli
Jack E. Macklin
John W. Magill
Frank Manis
Robert E. Mannetta
Bernell C. Mansfield
Frank Marit, Jr.
Truman O. Marlow
Joseph S. Marsh
William C. Marshall
Andrew J. Martignoni
Robert C. Martin
Walter Martindale, Jr.
George M. Massey
Joseph C. Mastantuno
Ivan R. Mathers
Floyd L. Matthews
James A. Matthews, Jr.
Fred H. Matthiesen, Jr.
Robert W. Maynard
Emmett S. Mayne
Joseph A. Mazgay
Herman W. McCabe
John C. McCaddin
James D. McCally, Jr.
Paul G. McCart
Lama D. McCleskey, Jr.
Billy B. McDonald
Melville E. McElvain
Lawrence B. McGaughy
Samuel E. McGinnis
James F. McGregor
John T. McGuigan
Dewitt T. McGuire
Raymond L. McKee
Rex U. McKinney
Junior D. McLeod
Douglas J. McNair
Edsel McNeil
Billie L. McRoy
William C. McWhirter
Gordon E. Meek
Bernard Mejia
Alfred Mello
Bill Mendenhall
Edward W. Merideth
Robert D. Merrells
Nicholas Mesagno
Andrew N. Michael
Thomas A. Micklos
Sumner K. Midgett, Jr.
Jack S. Miller
James Q. Mills
Henry W. Minehan
Joseph A. Mineo
Hammett Mitchel
Ward E. Mitchell
Jack E. Mittner
Frank Modic
Robert J. Mohan
Robert F. Molen
William A. Molnar
James L. Mooney
Clessen Moore
Henry L. Moore
Robert L. Moore
Adrien A. Morais
Ecil O. Morris
Glenn "J" Morris
Ross D. Moss
Thomas H. Moss, Jr.
Erwin F. Mueller
Edward L. Murphy, Jr.
Harrod B. Murphy
Wallace G. Murphy
Edmund "B" Naber
John Naschak, Jr.
Raymond P. Neese
Nehemiah W. Newell
Gordan B. Newton
Donald E. Noble
Donald N. Nolan
Gus Noll, Jr.
John H. Norris
Robert B. Nowland
Charles P. O'Donnell
Benjamin F. Ogley
Charles T. Orr
Gilbert H. Orr
Warren M. Page
Orlando L. Palombo
John Park
Albert W. Parker
Thomas U. Parsons
Ivan Paulson
Loye H. Payne
Paris E. Peckinpaugh
Jerry K. Peek
Robert M. Peltier
James F. Perdue
Allan C. Peringer
David W. Perkins
Seth J. Perry
Robert L. Petersen
Alton K. Peterson
John F. Phelan
Mack H. Phillips
Melvin F. Pickel
Joseph A. Pinto
John Pirozzi
Coy T. Plaster
Leslie K. Poledna
Kenneth Price
Joseph J. Prochaska
Allen B. Proctor
Leo A. Proteau
Charles L. Pruitt
George W. Purinton
Alvin F. Putman
Craig J. Queel
Elmer Quertermous
John M. Quesenberry
Joseph L. Quigley
Herbert M. Quinn
Thomas J. Rachford, Jr.
Charles C. Ramet
Joseph V. Ramsey
Joseph D. Ramsey
Anthony P. Rangus
Richard P. Rauenzahn
Virgil L. Reed
Morris A. Reeves
Joseph R. Renard
Charles H. Reustle
Donald M. Rhoades
Louis H. Richard
Lyle J. Richard
Wallace B. Richards
Carl W. Richardson
Wendell Riddle
Jay W. Rider
Charles R. Ries
Delbert A. Rigg
Robert R. Riley, Jr.
William E. Riley
Forrest "B" Rinehart
Joe Ringhoffer
Elmer G. Ripple
Stanley D. Robards
Earl B. Robbins
Tommie R. Robbins
Leo B. Roberts
Eugene Robinson
Lee R. Robinson
Steve H. Robinson
John P. Roby
Robert P. Roth

Walstein M. Rouse
George F. Rowan
Raymond A. Rundle
Albert O. Rustad
Ralph R. Ryan
Michael J. Sabota
Thomas D. Sailers
Jerome D. Samelson
John J. Sanfelippo
Gernie G. Saunders
Philip J. Sawin
Robert L. Schlichenmaier
John "A" Schmidt
Moulton L. Schreiber
Russell L. Schuler
Charles A. Schultz
Nelson Schweers
Delman J. Schwichtenberg
Charles E. Schwinn
Philip A. Sciotto
Robert M. Scott
Alben J. Sellers
Ollen "C" Sheets
Warren L. Shelton
"A" "J" Sherman
Ernest A. Sidney
Robert B. Sikes
Alex M. Sills
Frank M. Simko
Charles J. Simpson
Elliott B. Simpson
John Simzisko
Frank W. Singer
Albert B. Singleton
Andrew Sjogren
Grover C. Smelley
Earl E. Smith
Ernest H. Smith
Floyd G. Smith
Francis H. Smith
George D. Smith
Hugh W. Smith
John P. Smith
Leland R. Smith
Luther W. Smith
Paul R. Smith
Royden O. Snuffin
Julius A. Sofranik
Alfred Sokolowski
Franklin M. Solina
Russell L. Souders
George A. Soulard
Claude A. Sowada
Martin L. Sowle
Robert R. Spangler
Charles K. Sparrow
Charles J. Speckert
Stephen C. St. Amos
William C. Stone
Earl Strain
Merle E. Strunk
Edward L. Stuckarth
Cecil L. R. Suggs
John L. Sullivan
Sulo W. Suomi
John H. Swanson, Jr.
George H. Sweeney
Arthur H. Sweet
Wallace F. Sweetland
Wallace A. Swenson
Adalbert F. Swirk
George E. Tait.
Alfred J. Tarantino
Isaac B. Taylor
John O. Taylor, Jr.
John Telepchak, Jr.
Warren "D" Thomas
Lewis C. Thompson
Robert L. Thompson
David J. Thornton
Robert L. Thrasher, Jr.
Robert D. Thume
Eddie Travis
Benjamin L. Tripodi
Edgar C. Trotter
Edward D. Tungate
Arthur D. Turney
Winfield H. Twombly, Jr.
George C. Tyler
Willie E. Tyrone
Fred C. Ulmer, Jr.
Charles M. Unfried
Milton D. Unger
Robert C. Upchurch, Jr.
Joe M. Vaughn
George E. Vogel
Murl J. Waldron
Sylvester P. Walker
Lee A. Wall
Marvin L. Wallace
William H. Wallace
William T. Waller, Jr.
John L. Wandell
Leonard A. Ward
Herbert B. Warrick
Claude H. Waters
Clarence W. Weimar
Clyde F. Weisdorfer
Claude W. Welch
Aaron L. Wells
James R. Westover
Richard E. Wharton
Eugene D. Wheeler
Coleman L. White
Lyle F. Whitson
Chester D. Wiggs
Donald Wikoren
Rolland M. Wilber
Julian P. Wilder
Edward E. Wilgus
Gail E. Wilkes
George E. Willi
Henry P. Williams, Jr.
Kenneth Williams
Boyd W. Wilson
Emory H. Wilson
Joseph H. Wilson, Jr.
Reid B. Wimer, Jr.
Raymond R. Winters
James A. Wise
Walter C. Wittkopp
Phillip P. Wolfe
Gordon W. Wolten
Emmett B. Womack, Jr.
Harvey E. Woodard
Robert L. Woods
Ralph A. Wright
Ross W. Wright
Melvin E. Wyland
Joel E. Wyman
William Yanish
Bernard F. York
Norman "P" Young
Victor Young
Chester J. Youtkus
Peter G. Zachko
Don W. Zarr
Milton W. Zeitzmann
Richard E. Ziegler

Chief warrant officer, W-4

Forest G. Adams
Ralph L. Adkins
Silas R. Alexander
Roy J. Allard
Walter F. Ashe
Helmut P. Auerbach
Millard T. Baker
Paul "B" Baker
Francis Banevicz
Raymond E. Bard
Howard G. Bartow
Stanislaw Baskevic
George E. Bateman
James R. Bates
Carl L. Bauer
Willitt J. Beck
Melbert V. Belcoe
George A. Bennett
Gordon Bennett
Frederick F. Bennis
Charles B. Bernard III
Frederick J. Blahnik
Arthur A. Boehme
John Borgens
Cornelius S. Bracken
Marion Breeding
Ralph T. Briggs
Gail W. Brooks
Eli "J" Brown
Knox "A" Buchanan
Woodrow W. Bush
Raymond R. Byrd
Joseph P. Campbell
William M. Canavan
Jesse D. Cannon
Rufus R. Cannon
John J. Cantor
Jack E. L. Carleton
Edward H. Carpenter
Thomas G. Carroll
George R. Carruth
Ramon P. Castelli
Bennett D. Cecil, Jr.
Herbert P. Chambliss
Eugene T. Chandler
Carlton C. Chesnut
Harry D. Christensen
Arnold M. Christiansen
Samuel C. Chuckta
Michael Ciardullo
Frederick E. Clarke
Jack D. Clarke
Gene L. Cleven
William T. Clooney
George W. Clotfelter
Wesley O. Collette
Floyd O. Conn
Andrew B. Cooper
Damaso Corpuz
Raymond S. Cosby
Wilbur D. Coultas
John R. Covington
Samuel Cox, Jr.
Raymond K. Crabtree
Kenneth L. Crouch
James E. Cruce
Harold M. Daniels
Louis R. Daughety
Murray K. David
John R. Davis, Jr.
Joseph "G" Deiter
Joseph B. Dickey
Naaman Dingess
Robert H. Doud
George J. Dunnigan
Victor L. Ebersole
Harvey B. Eggeling
Wayne I. Egger
Terrence H. Emerson
Bobbie Epperson
John M. Farrell
Vernor Feild
Donald A. Felton
Marvin J. Ferguson
Donald W. Floyd
Orlon "C" Foster
Keith E. Frye
Edward A. Fultz
Leslie L. Funston
Jack M. Gandee
John M. Gittinger
Victor C. Giuliani
Theodore W. Glotzbach
Ralph T. Goerner, Jr.
Augustus K. Goffe, Jr.
Adolph Good
Charles H. Greene
Clyde H. Greene
Calvin L. Griffith
Michael Grochala
Phillip S. Gronvold
George A. Guess, Jr.
Jimmie C. Hall
William E. Hans
Merwin G. Hansen
Robert F. Hanseroth
Harley C. Hanson
Iver "O" Hanson
Jasper S. Hardin
Wilbert R. Harpool
Robert S. Harris
Carl B. Hatchell, Jr.
Homer L. Haughey
Jack E. Hayes
Philip C. Haynes
Charles V. Hebert
Benjamin O. Hemus, Jr.
Kenneth O. Hester
Albert L. Hewitt
Henry V. Hickey
Jeptha B. Hicks
William "H" Hofman
Arthur Hofmann
Floyd O. Holder
Ambrose H. Holdgrafer
Herbert M. Holmes
Ralph W. Holte
Kenneth E. Houghton
Robert E. Howe
Percy W. Hudson, Jr.
Clifford D. Hunter
George J. Hunter, Jr.
William M. Hutchins
John F. Jacks
Howard J. Jackson
Keith E. James
Verle L. Jameson
Robert E. Johnsen
George W. Johnson
William J. Johnston
Richard J. Kapsch
Edward G. Kasprzak
Frederick B. Kauper
Raymond D. Kester
Rudolph Klecky
John B. Knightly
Nandor Kozma, Jr.
Frank J. Kurtz
Guy M. Larmore
Benedict J. Laurent
Max L. Leech
John R. Lepard
Wendell D. Levan
Richard W. Lewis
John C. Locker
Joseph P. Malito
Andrew T. Malleck
Hal L. Malone
Harold L. Mason
William L. Mauldin
Frank L. Maxwell
Arthur E. Mayle
Garland M. McCarty
Raymond P. McDaniel
Noah C. McDowell
Charles H. McGee
James P. McGinley, Jr.
Robert W. McKamey
Mark E. McKim
Claud K. McKnight
Irwin R. McLain
Harold E. McLaughlin
Claude W. Miller
Frank B. Miller
Lawrence M. Miller
Rudolph T. Miller
Joseph E. Moriarty
George E. Mulcare
Blair D. Mulkins
Lloyd K. Mumford
Henry P. Niepsey
Robert P. O'Leary
Milo J. Olhausen
Clarence W. Ostlund
Robert A. N. Pappano
Roy E. Parker
Vernon "V" Parker
Lee Pasvogel
Frank J. Paulino
Harold M. Pfeifer
John H. Pinning
Frederick F. Pressel
James L. Quick
Walter E. Reece
John W. Reed
Max B. Reed
Robert H. Reed
Donald J. Reinke
Leroy C. Richey
Jack W. Roberts
Leonard C. Roberts
Woodrow B. Roberts
Leon N. Robertson
Herschel E. Robinson
Henry A. Rodes
Merril Q. Roper
Salvator P. Rossitto
Louis Russo
William H. Sadler
Joao C. Santos
Clarence H. Schaefers
Elmer O. Schoenfelder
Rudolf J. Schuller
Stanley W. Senkus, Jr.
Lewis C. Severance
Charles W. Shelly
Edmund Simanowicz
Rodney "W" Skaggs
Kenneth J. Slamon
Ralph G. Sluder
Daniel W. Smith
Martin H. Smith
Paul J. Smith
Roscoe W. Snider
David W. Snyder
"J" "B" Sorrells
Robert W. Spears
William G. Spence
Clarence D. Spencer
Kenneth R. Stabler
Eugene L. Stevens
Harold L. Still
Francis E. Sullivan
George P. Teche
Willis M. Tefft
Henry O. Thomas
Albert S. Thorne
Glenice B. Tindall
Eldridge G. Tinnell
John J. Tracy
Roy E. Tresback
Wesley J. Truelove
Mike W. Turnipseed
Litton E. Tye
Joseph P. Vanlandingham
Johnnie H. Vinson
Miczyslaw J. Wajda
Jesse D. Walker
Howard A. Wallace
Robert H. Ward
Lindsay R. Waters
Thomas C. Welsh
Tex L. Western
Reid Wilson
Victor F. Winn
Joseph J. Wolf
Kenneth R. Wolf
Hugo C. Wondergem, Jr.
Jesse L. Woodruff
Norman G. Woods
Robert H. Wootton
Wesley O. Wormwood
Foster Worthington
Henry C. Yates
Stephen P. Yorden
Elmer C. Young
Leroy Young
Joseph J. Zajac
Steven T. Zakrzewski
John F. Zatorski

The following-named officers for temporary appointment to the rank of first lieutenant in the Marine Corps, subject to the qualifications therefor as provided by law:

Robert D. Abney
Richard D. Acott
Charles R. Alexander
Rodney H. Alley, Jr.
Lewie E. Amick, Jr.
Joseph S. Andre
Gene E. Bailey
William S. Baldwin
William C. Barnsley
Kent V. Berchiolli
Richard A. Bishop
Robert B. Booher
Terrence M. Bottesch
Richard L. Carlton
Ross C. Chaimson
William E. Chase
Charles W. Davis
Marino T. Dominquez
John P. J. Embry
Danny A. Endresen
Lloyd E. Gailey
Charles G. Gerard
Richard E. Gleason
Wendell O. Grubbs
James T. Hagan III
Richard L. Hoffman
Anthony C. Huebner
Joseph L. James
Paul G. Judkins
Robert L. Kester
Floyd C. Lewis
Robert D. Lewis
Harrison A. Makeever
Michael R. McDonough
William A. McGaw
Melvin J. McIntyre
Paul F. McNally
Ronald E. Merrihew
Donald E. P. Miller
Royal N. Moore, Jr.
Daniel F. M. Nielsen, Jr.
Robert M. Ondrick
Luther L. Payton, Jr.
Richard J. Pederson
Horace Poore
Donald J. Roman
Patrick S. Simpson
John D. Stevens
Robert E. Stoffey
Robert L. Thien
James D. Turner
Gerald E. Walsh
Harry R. Warfield III
Everett E. York

The following-named officers for permanent appointment to the rank of first lieutenant in the Marine Corps, subject to the qualifications therefor as provided by law:

John E. Aliyetti
Donald M. Babitz
Michael J. Barkovich
Donn C. Beatty
James R. Campbell
Howard Chapin
Robert S. Chereson
Edward E. Clanton
Harry Collins II
Charles K. Conley
Robert F. Daas,
Carmine W. De Pietro
Charles A. Dixon
Robert R. Doran
Henry D. Fagerskog
Gary R. Grant
Henry O. Grooms
Garry Harlan
Jackye W. Hayes
Ronald E. Heald
Eugene A. Homer, Jr.
Gerald L. Johnson
Lee T. Lasseter
Don L. Leach, Jr.
William W. Mackey
Huey P. L. Miller
Billy J. Palmer
David M. Pirnie
Charles A. Reynolds
Kent "L" Roberts
Danny A. Sharr
Robert N. Simpson
John M. Solan
Victor D. Steele
Eugene L. Wheeler
Jerry W. Wilson
Bruce P. Wood

IN THE MARINE CORPS

The following named officers of the Marine Corps for temporary appointment to the grade of major, subject to qualification therefor as provided by law:

Douglas E. Wade
Adolph G. Sadeski
Donald N. McKeon
Martin B. Reilly
Grover C. Koontz
Johan S. Geston
Jack Erwin
Eugene F. Hertling, Jr.
John N. Webb
William K. Rockey
Heman J. Redfield III
Arthur W. Anthony, Jr.
Richard E. Campbell
Marshall J. Treado
Robert E. Presson
Robert B. March
Charles G. Cooper
Grover J. Rees, Jr.
Robert A. Lindsley
Harold C. Colvin
James R. McEnaney
David J. Hunter
Norman B. McCrary
Henry V. Martin
Elliott R. Laine, Jr.
Thomas F. Manley
Frederick D. Leder
Alexander M. Stewart
David I. Carter
Robert D. Whitesell
John K. Davis
William B. Muir
Lloyd E. Tatem
Roddey B. Moss
William V. H. White
Howard L. Barrett, Jr.
Robert R. Montgomery
Robert E. Hunter, Jr.
Hugh T. Kennedy
Carlton D. Goodiel, Jr.
Hal W. Vincent
George E. Beattie
Clement C. Buckley, Jr.
James W. Abraham
James A. Todd
Richard H. Burnett
Paul X. Kelley
Ross L. Mulford
George W. Houck
Byron T. Chen
Peter F. C. Armstrong
John E. Buynak
Francis C. Cushing, Jr.
William J. Galyon
Charles K. Whitfield
William M. Tatum, Jr.
Richard D. Mickelson
James W. Laseter
Joseph L. Sadowski
Robert A. Walker
William K. Parcell
Winston F. Fontaine
Joseph M. Laney, Jr.
Raymond W. Craig
Carl R. Lundquist
Goodell P. Warren
Darrel E. Bjorklund
David Y. Westling
Edward J. Rutty
Robert W. Cooney
Edward J. Driscoll, Jr.
Philip M. Crosswait
Ronald I. Severson
Wilford E. Overgard
George D. Cumming
Robert E. Howard, Jr.
James G. Martz III
Robert E. Miller
George H. Shutt, Jr.
Dean C. Macho
Clarke A. Rhykerd
Raymond A. Cameron
Charles O. Hiett
Frank R. Smoke
William G. McCool, Jr.
Richard E. Percival
Russell W. McNutt
Ural W. Shadrick
Arnold E. Bench
Franklin G. Cowie, Jr.
Louis A. Bonin
Leslie L. Darbyshire
Francis E. Doud
Edgar K. Jacks
Charles A. Sewell
Conrad P. Buschmann
L. G. Linman
James A. Trout
Edward M. Guell
Paul A. Manning
Francis H. Thurston
Eugene R. Brady
James F. Meyers, Jr.
Clement C. Chamberlain, Jr.
Richard A. Bonney
Victor A. Ruvo
Palmer A. Roessle
Thomas P. Bartleson, Jr.
Freddie J. Baker
James M. Bannan
Dalvin Serrin
Donald R. Stiver
Donald L. Rice
Cecil G. Dunnagan
Francis L. Delaney
Preston E. Howell
Douglas E. Erway
Paul W. Niesen
Ralph D. Wallace
Dwight E. Howard
Frank D. McCarthy
Leonard M. Gillespie
Jack W. Conard
Daniel M. Wilson
James R. Omara
Jimmie W. Duncan
John H. Strope
James G., Doss, Jr.
Edward F. Penico
Baxter W. Seaton
David D. Finne, Jr.
Keith H. Helms
Charles E. Kiser

The following-named officers of the Marine Corps for permanent appointment to the grade of major, subject to qualification therefor as provided by law:

William C. Adams
Ulysses F. Cunha
Samuel R. Coffey
Everett W. Frank
Claud R. Swisher
Wesley D. Lamoureux
Walter W. Fleetwood
Harry D. Persons
William C. Bittick, Jr.
Stephen Sedora
John H. Menjes
Waldron E. Thomas
William E. Gardner
Francis X. Clegg
William K. Buskirk
Charles M. Schmidt
James W. Wilson

HOUSE OF REPRESENTATIVES

TUESDAY, AUGUST 23, 1960

The House met at 12 o'clock noon.

The Chaplain, Rev. Bernard Braskamp, D.D., offered the following prayer:

Matthew 6: 33: *Seek ye first the kingdom of God, and His righteousness.*

God of all grace, may there be nothing in this day's work which shall be harmful to others and dishonorable to ourselves but may all that we say and do receive Thy benediction and redound to Thy glory.

Inspire us to pray continually and fervently for the coming of world peace when diplomacy and statesmanship shall open up new ways for nations to live together in harmony and in love.

May we apprehend Thy truth, and have the courage to pursue the ways of justice and brotherhood, giving them the place of preeminence in our endeavors to find the Christian solution to all the problems of our social order.

Hear us in the Master's name. Amen.

THE JOURNAL

The Journal of the proceedings of yesterday was read and approved.

MESSAGES FROM THE PRESIDENT

Sundry messages in writing from the President of the United States were communicated to the House by Mr. Miller, one of his secretaries.

DEPARTMENTS OF STATE AND JUSTICE, THE JUDICIARY, AND RELATED AGENCIES APPROPRIATION BILL, 1961

Mr. ROONEY. Mr. Speaker, I ask unanimous consent that the Committee on Appropriations may have until midnight tonight to file a conference report on the bill H.R. 11666, making appropriations for the Departments of State and Justice, the Judiciary, and related agencies for the fiscal year ending June 30, 1961, and for other purposes.

The SPEAKER. Is there objection to the request of the gentleman from New York?

There was no objection.

FAIR LABOR STANDARDS ACT

Mr. BARDEN. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 12677) to amend the Fair Labor Standards Act of 1938, as amended, to provide coverage for employees of interstate retail enterprises, to increase the minimum wage under the act to $1.15 an hour, and for other purposes, with Senate amendments thereto, disagree to the Senate amendments, and agree to the conference asked by the Senate.

The SPEAKER. Is there objection to the request of the gentleman from North Carolina?

Mr. JOHANSEN. I object, Mr. Speaker.

FOREIGN MINISTERS MEETING OF THE AMERICAN REPUBLICS AT SAN JOSE, COSTA RICA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER laid before the House the following message from the President of the United States, which was read, and, together with the accompanying papers, referred to the Committee on Agriculture and ordered to be printed:

To the Congress of the United States:

The meeting of Foreign Ministers of the American Republics at San Jose, Costa Rica, has just completed its deliberations on the charges made against the Dominican Republic by the Government of Venezuela, as well as on the flagrant violation of human rights by the Trujillo regime. The Foreign Ministers voted unanimously to condemn the Dominican acts of aggression and intervention against Venezuela, culminating in the attempt on the life of the President of that country, and resolved to (1) break diplomatic relations with the Dominican Republic, and (2) interrupt partially economic relations with that country beginning with a suspension of trade in arms and implements of war, with the provision that the Council of the Organization of American States shall study the feasibility and desirability of extending this trade suspension to other articles. The United States joined with the other American Republics in approving these measures.

Some 322,000 short tons of the sugar not being purchased from Cuba pursuant to the reduction in the Cuban quota is, under the July amendment to the Sugar Act, to be allocated to the Dominican Republic. This allocation is in addition to the Dominican Republic's 1960 quota amounting to approximately 130,000 tons. Since total imports of sugar from the Dominican Republic in 1959 amounted only to about 84,000 tons, the statutory allocation would give that country a large sugar bonus seriously embarrassing to the United States in the conduct of our foreign relations throughout the hemisphere.

In view of the foregoing considerations, the Government should have discretion to purchase elsewhere the quantity apportioned to the Dominican Republic pursuant to the July amendment to the Sugar Act. I therefore request legislation providing that amounts which would be purchased in the Dominican Republic pursuant to the July amendment need not be purchased there, but may be purchased from any foreign countries without regard to allocation.

I would also remind the Congress that the Sugar Act's present termination date of March 31, 1961—only 3 months after the reconvening of Congress next January—could cause a serious gap in supplies, because it often takes as much as 1 or 2 months after purchase for sugar from distant areas to reach our refineries. Thus an extension of the Sugar Act beyond its present termination date is necessary at this session in order to protect consumers in the United States