

there might be a list your name would go on or they would put an asterisk beside your name in the phone book. I think both ideas are good ones and I am sure that a lot of other people feel this way as all my friends have the same feelings on this matter as I do.

I am hopeful that I will know if such a bill is adopted. If there is any information as to when the bill is put forth for adoption, or any information on the outcome of it, I would greatly like to have it.

Thank you for taking the time to read this and I sincerely hope that the public is kept aware of what will happen with this Bill.

Sincerely,

WADSWORTH, OHIO,
July 13, 1972.

Re telephone privacy bill, Les Aspin, Member of Congress

Representative HARLEY O. STAGGERS, Chairman, House Commerce Committee, Rayburn Building, Washington, D.C.

DEAR MR. STAGGERS: I am writing to you in regard to a matter of deep concern to myself and other Americans. It is simply this—in a society becoming more complex each passing day, I find myself increasingly the prey of others through the device of the telephone. I resent being treated without courtesy and dignity, and merely considered to be a "consumer" without any cognizance of the individual I really am.

You are aware that a concern of this country is the fostering of a healthy commercial climate. In the words of Calvin Coolidge, "The business of this country is business." HOWEVER, I will not be treated with contempt, nor can I stand by and allow my friends and neighbors to be so treated also. Something must be done to protect the sanctity of the home from the obnoxious, frequent and repetitive phone calls to the homes of our citizens from "business persons" too lazy to employ other more acceptable means of selling their wares and products.

It is a real shame of this country that our state lawmakers are not more responsive to their real constituents, the people. I had attempted to have a bill similar to that of Mr. Aspin's introduced into the Ohio legislature, but was treated disgracefully. It is deplorable that Congress must fill the vacuum our lobby-ridden statehouses create.

I strongly urge you to hold hearings on this Bill as soon as possible, and your efforts to ensure its passage.

Respectfully,

CHICAGO, ILL., July 15, 1972.
U.S. Representative LES ASPIN,
House Office Building, Washington, D.C.:
Strongly support and urge passage of bill H.R. 14884.

BROOKFIELD, ILL.

HOLLYWOOD, FLA., July 14, 1972.
DEAR SIR: Enclosed is your article on which I'm commenting on. I certainly wish you luck in passing this bill. I want to tell you, my telephone is, "unlisted" and they manage to get through regardless!

This invasion is as bad as the TV commercials. I hope you win your fight.

Good luck!

Sincerely,

OAK PARK, ILL., July 14, 1972.
U.S. Representative LES ASPIN,
House Office Building, Washington, D.C.

DEAR REPRESENTATIVE ASPIN: I am writing to show my support of bill H.R. 14884 regarding businesses calling unsolicited on the phone.

I hope very much that this bill is adopted as I feel a person has a telephone for his own use and that of his friends, and should not be disturbed at home by advertisers.

Sincerely,

LITHUANIAN INDEPENDENCE

HON. RAY J. MADDEN

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 17, 1972

MR. MADDEN. Mr. Speaker, the citizens of the Calumet region of Indiana of Lithuanian descent, along with Lithuanians throughout the Nation, are to be commended for constantly keeping up the fight to have an independent and free government of Lithuania restored. The Soviet Communist Government has continued to inflict its tyranny, not only on Lithuania but other captive nations through central Europe.

As chairman of the special congressional committee to investigate the Katyn Forest Massacre in the 82d Congress, and also a member of the special committee to investigate Communist ag-

gression in the 83d Congress, I am familiar with the barbaric Soviet tyranny inflicted on these captive nations. Both these congressional committees held hearings in this country and in Europe during the investigation made almost 20 years ago.

I wish to incorporate with my remarks a resolution adopted by the members of World Lithuanian Community, East Chicago, Ind., which was enacted in a mass meeting held July 11, 1972:

RESOLUTION

The members of World Lithuanian Community, East Chicago, Indiana chapter gathered at a mass meeting at 3903 Fir Street East Chicago, Indiana on June 11, 1972, during the commemoration of the brutal deportations by the Soviet secret police to slave labor camps in Siberia, adopted following resolution:

Whereas the sovereign and independent state of Lithuania was forcibly and illegally seized in 1940 by the Soviet Union,

Whereas the Soviet Union secret police in June 1941 arrested and deported many thousands of Lithuanians from their native country to the slave labor camps in Siberia.

Whereas several thousand youths just recently battled police and Soviet soldiers after a young Roman Catholic, Romas Kalanta, publicly burned himself to death "for political reasons" in the Lithuanian city of Kaunas,

Whereas last March over 17,000 Lithuanian-Catholics signed a bitterly-worded Petition to Communist Party leaders demanding an end to religious suppression and it went unheard until said petitions were sent to the U.N. Secretary-General, Kurt Waldheim,

Therefore, be it resolved to appeal to and request the President of the United States, Secretary-General of U.N. and Human Rights Commission in United Nations to insist on the restoration of sovereign rights, religious freedom and self-government to Lithuania and other Baltic States as a prerequisite for a lasting peace based on international justice.

Be it still further resolved to forward copies of this resolution to the Honorable Richard M. Nixon, President of the United States of America, to Honorable Kurt Waldheim, Secretary-General of the U.N., Human Rights Commission of United Nations, the Honorable Congressman Mr. Ray J. Madden from local district in Indiana and to the press.

VIKTORAS T. MAKIEJUS,
Chairman of the Meeting.

HOUSE OF REPRESENTATIVES—Tuesday, July 18, 1972

The House met at 12 o'clock noon.

Dr. Ernest Andrews, Zion's Reformed United Church of Christ, Allentown, Pa., offered the following prayer:

Eternal God, our Father, in whose service lies perfect freedom, we thank Thee for this "sweet land of liberty," our priceless heritage and habitation. In this veritable workshop of democracy, we ask Thy inspiration, guidance, and power for those privileged to labor here as representatives of a free people.

Enshrined in our hearts, as in our history, is the sublime, but partially fulfilled ideal symbolized by the Liberty Bell, "Proclaim liberty throughout all the land unto all the inhabitants thereof."

May this day hold many opportunities to further that sacred mission. May no task seem trivial or routine, but rather a precious means of serving Thee and Thy people—and of helping to fashion a future closer to the perfection of Thy holy will.

In Jesus' name we pray. Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Without objection, the Journal stands approved.

There was no objection.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Arrington, one of its clerks, announced that the Senate had passed without amendment bills of the House of the following titles:

H.R. 1997. An act for the relief of Joseph F. Sullivan;

H.R. 3751. An act for the relief of Albert W. Reiser, Jr.;

H.R. 5237. An act to carry into effect a provision of the Convention of Paris for the Protection of Industrial Property, as revised at Stockholm, Sweden, July 14, 1967;

H.R. 6739. An act for the relief of Cpl. Michael T. Kent, U.S. Marine Corps Reserve;

H.R. 7829. An act for the relief of Stephen H. Clarkson; and

H.R. 15869. An act to extend for 90 days the time for commencing actions on behalf of an Indian tribe, band, or group.

DR. ERNEST F. ANDREWS, DISTINGUISHED ALLENTONIAN

(Mr. ROONEY of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks and include extraneous matter.)

Mr. ROONEY of Pennsylvania. Mr. Speaker, today I am very proud to have one of my distinguished constituents, Dr. Ernest F. Andrews, pastor of Zion's Reformed Church in Allentown, Pa., as visiting chaplain. Dr. Andrews, a native of Allentown, has received numerous degrees, including his B.A. from Moravian College, his D.D. from Lancaster Theological Seminary, his M.A. from Bucknell University, and his S.T.D. from Temple University.

In addition to his educational achievements, Dr. Andrews is particularly well known for the impetus that he and the members of his congregation provided in establishing a Liberty Bell Shrine in Allentown in 1962, the year of the congregation's 200th anniversary.

The purpose of the project, which was undertaken by the Liberty Bell Shrine Committee under the chairmanship of Dr. Morgan D. Person, was to bring a replica of the Liberty Bell back to Zion's Church where the original Liberty Bell had been given sanctuary during the perilous year of 1777 when the British occupied Philadelphia.

It has been a great honor to have with us today such distinguished Allentonnians as Dr. Andrews and his lovely wife who have done so much to commemorate a period of our history.

LESSONS IN WELFARE, CASE NO. 5

(Mrs. GRIFFITHS asked and was given permission to address the House for 1 minute, to revise and extend her remarks and include extraneous matter.)

Mrs. GRIFFITHS. Mr. Speaker, Johnny No Doe's mother received a very interesting letter in June from her sister Emma. You remember Emma, Mr. Speaker. She married Harold and moved to Madison, Wis. They have two children. The letter follows:

MADISON, WIS.,
June 15, 1972.

LOU ELLA NO DOE,
New York, N.Y.

DEAR SIS: Yes, we are going to join you in New York. We had intended to move to Milwaukee. Harold thought he could get some work there, but you know the Supreme Court in April agreed with the welfare director that the Reitz's had to move back to Vanden Broek to continue getting their checks. I don't know why Vanden Broek was still paying their welfare. They had lived in Milwaukee three years. HEW's chief report on state general assistance plans doesn't even show how many other states have laws like this. So, we're coming to New York. If you move out of state, the Court won't let them send you back, but if you just move from one county to another in a state, they can force you back—so we'll be seeing you in New York.

I hope Mr. Lindsay puts us up at the Wal-

dorf. It seems to me the Constitution must entitle us to stay with our own kind. We are Republicans now, you know, since the Democrats nominated that Mr. McGovern and his \$1,000 per person plan. Why, that is less money than our dear President Nixon is paying now. Four thousand dollars for 4, as opposed to the \$3756 we would get in New York, and you can lose 3 checks a year. Plus, the way we figure it, the 4 main programs in New York city brings the total to an equivalent of \$5912 glorious untaxed dollars. Why should we take \$4000?

Don't you wonder sometimes if the Supreme Court ever bothers to read the cases they decided before? I guess they are too busy.

See you next month. Do take care of Johnny. You know how much he means to you.

Love,

EMMA.

P.S.—You heard that Grandpa died in Detroit, didn't you? Medicaid took complete care of him. It is so much better than medicare.

ATTORNEY GENERAL URGED TO PRESS TREASON CHARGES AGAINST JANE FONDA

(Mr. THOMPSON of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Georgia. Mr. Speaker, according to the radio reports of yesterday's date, Jane Fonda is in Hanoi calling upon the American service personnel to disobey the orders of the U.S. Government and, indeed, to desert and to turn themselves in to the North Vietnamese.

Mr. Speaker, declared war, undeclared war, police action, whatever it may be—if the report is true, this is treason, and it is time that this Government took some action against people such as Jane Fonda who have given aid and comfort to our enemy and, indeed, going to the capital city of our enemy and going on the radio and urging American forces to disobey their Government and to desert their country that has given to Miss Fonda and others so much.

Mr. Speaker, I am addressing a letter to the Attorney General of the United States this afternoon urging him to investigate fully this matter, and if true to bring charges of treason against Jane Fonda.

PRIVATE CALENDAR

The SPEAKER. This is Private Calendar day. The Clerk will call the first individual bill on the Private Calendar.

MRS. ROSE THOMAS

The Clerk called the bill (H.R. 2067) for the relief of Mrs. Rose Thomas.

Mr. GROSS. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa? There was no objection.

MARIA LUGIA DIGIORGIO

The Clerk called the bill (H.R. 2070) for the relief of Maria Luigia DiGiorgio.

Mr. GROSS. Mr. Speaker, I ask unani-

mous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa? There was no objection.

MRS. ANNA MARIA BALDINI DELA ROSA

The Clerk called the bill (H.R. 3713) for the relief of Mrs. Anna Maria Baldini Dela Rosa.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon? There was no objection.

CHARLES COLBATH

The Clerk called the bill (H.R. 4310) for the relief of Charles Colbath.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri? There was no objection.

MRS. CARMEN PRADO

The Clerk called the bill (H.R. 6108) for the relief of Mrs. Carmen Prado.

Mr. GROSS. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa? There was no objection.

RENE PAULO ROHDEN-SOBRINHO

The Clerk called the bill (H.R. 5181) for the relief of Rene Paulo Rohden-Sobrinho.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri? There was no objection.

CATHERINE E. SPELL

The Clerk called the bill (H.R. 7312) for the relief of Catherine E. Spell.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri? There was no objection.

DONALD L. BULMER

The Clerk called the bill (H.R. 1994) for the relief of Donald L. Bulmer.

Mr. GROSS. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa? There was no objection.

MRS. MARINA MUNOZ DE WYSS
(NEE LOPEZ)

The Clerk called the bill (H.R. 5579) for the relief of Mrs. Marina Munoz de Wyss (nee Lopez).

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri?

There was no objection.

CARMEN MARIA PENA-GARCANO

The Clerk called the bill (H.R. 6342) for the relief of Carmen Maria Pena-Garcano.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri?

There was no objection.

WILLIAM H. NICKERSON

The Clerk called the bill (H.R. 4064) for the relief of William H. Nickerson.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri?

There was no objection.

ALBINA LUCIO Z. MANLUCU

The Clerk called the bill (S. 559) for the relief of Albina Lucio Z. Manlucu.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

MARGARIDA ALDORA CORREIA
DOS REIS

The Clerk called the bill (H.R. 6504) for the relief of Margarida Aldora Correia dos Reis.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

EMILIA RUFFOLO

The Clerk called the bill (H.R. 10142) for the relief of Emilia Ruffolo.

Mr. GROSS. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa?

There was no objection.

DONALD P. LARIVIERE

The Clerk called the bill (H.R. 8952) for the relief of Donald P. Lariviere.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

MR. AND MRS. JOHN F. FUENTES

The Clerk called the bill (H.R. 11045) for the relief of Mr. and Mrs. John F. Fuentes.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri?

There was no objection.

ARLINE LOADER AND MAURICE
LOADER

The Clerk called the bill (S. 341), for the relief of Arline Loader and Maurice Loader.

Mr. HALL. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Missouri?

There was no objection.

FREDI ROBERT DREILICH

The Clerk called the bill (H.R. 2725) for the relief of Fredi Robert Drellich.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

DENNIS YIANTOS

The Clerk called the bill (S. 65) for the relief of Dennis Yiantos.

Mr. GROSS. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Iowa?

There was no objection.

DAVID CAPPS

The Clerk called the bill (H.R. 1860) for relief of David Capps, formerly a corporal in the U.S. Marine Corps.

There being no objection, the Clerk read the bill as follows:

H.R. 1860

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That David Capps, of Newport News, Virginia, formerly a corporal in the United States Marine Corps, is relieved of liability to the United States in the amount of \$133.75, representing the overpayments of military pay for the period beginning with July 1968, and ending November 1968, and including the amount received on payroll numbered 524, as a result of an administrative error and through no fault of his own. In the audit and settlement of the accounts of any certifying or disbursing officer of the United States, credit

shall be given for amounts for which liability is relieved by this section.

SEC. 2. (a) The Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to the said David Capps, an amount equal to the aggregate of the amount paid by him, or withheld from sums otherwise due him, with respect to the indebtedness to the United States specified in the first section of this Act.

(b) No part of the amount appropriated in subsection (a) of this section in excess of 10 per centum thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this subsection shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

With the following committee amendment:

Page 2, line 13, strike "in excess of 10 per centum thereof".

The committee amendment was agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

JOHN S. ATTINELLO

The Clerk called the bill (H.R. 6204) for the relief of John S. Attinello.

There being no objection, the Clerk read the bill as follows:

H.R. 6204

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to John S. Attinello of Alexandria, Virginia, the sum of \$100,000, in full satisfaction of all claims of the said John S. Attinello against the United States for loss of patent rights in Great Britain and Canada on a highlift supercirculation system for aircraft which was developed and patented in the United States by him (United States Patent Numbered 2,868,480), but which was not patented in such countries as a result of the failure of the Department of Defense to forward to the appropriate American embassies applications filed with such Department by the said John S. Attinello.

SEC. 2. No part of the amount appropriated in this Act in excess of 10 per centum thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

With the following committee amendments:

Page 1, line 7, after "States" insert "as recommended by the Chief Commissioner of the U.S. Court of Claims on March 13, 1972, in Congressional Reference Case No. 1-71, John S. Attinello v. the United States."

Page 1, line 8, strike "and Canada".

Page 2, line 1, strike "such countries" and insert "that country".

Page 2, lines 2, 3, and 4, strike "appropriate American embassies applications filed with such Department by the said John S. Attinello," and insert "Commissioner of Patents a request for permission for the said

John S. Attinello to file a patent application in such country."

The committee amendments were agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

DAVID J. FOSTER

The Clerk called the bill (H.R. 10012) for the relief of David J. Foster.

There being no objection, the Clerk read the bill as follows:

H.R. 10012

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to David J. Foster (a former member of the United States Air Force), of Rossville, Kansas, the sum of \$571.60. The payment of such sum shall be in full settlement of all claims of the said David J. Foster against the United States for failure to receive health insurance reimbursement of expenses he incurred in connection with the pregnancy of his spouse in 1970. Health insurance coverage was not made available to the said David J. Foster at the time of his separation from the United States Air Force due to an administrative error on the part of the United States Air Force and without fault on his part.

Sec. 2. No part of the amount appropriated in the first section of this Act in excess of 10 per centum thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with such claims, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provision of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

With the following committee amendments:

Page 1, line 6, strike "\$571.60" and insert "\$481.60".

Page 2, line 7, strike "in excess of 10 per centum thereof."

The committee amendments were agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

WILLIAM E. BAKER

The Clerk called the bill (H.R. 10635) for the relief of William E. Baker.

There being no objection, the Clerk read the bill, as follows:

H.R. 10635

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That William E. Baker of Coleman, Michigan, is relieved of liability to the United States in the amount of \$670.92, representing the amount claimed to be due to the United States as a result of certain overpayments paid to him while he was a member of the United States Marine Corps. Such overpayments were the result of administrative errors which occurred without fault on the part of the said William E. Baker. In the audit and settlement of the accounts of any certifying or disbursing officer of the United States, credit shall

be given for the amount for which liability is relieved by this section.

Sec. 2. (a) The Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to the said William E. Baker an amount equal to the aggregate of the amounts paid by him, or withheld from sums otherwise due him, with respect to the indebtedness to the United States referred to in the first section of this Act.

(b) No part of the amount appropriated in subsection (a) of this section in excess of 10 per centum thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim. Any person violating the provisions of this subsection shall be fined not more than \$1,000.

With the following committee amendments:

Page 1, line 4, strike "\$670.92" and insert "\$630.92".

Page 2, line 11, strike "in excess of 10 per centum thereof."

The committee amendments were agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

SGT. GARY L. RIVERS

The Clerk called the bill (H.R. 12638) for the relief of Sgt. Gary L. Rivers, U.S. Marine Corps, retired.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

SEAVIEW ELECTRIC CO.

The Clerk called the resolution (H. Res. 943) to refer the bill (H.R. 3462) entitled "A bill for the relief of Seaview Electric Co." to the Chief Commissioner of the Court of Claims.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the resolution be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

HERBERT IMPROTE

The Clerk called the bill (H.R. 10363) for the relief of Herbert Improte.

There being no objection, the Clerk read the bill, as follows:

H.R. 10363

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Herbert Improte of Centereach, New York, postmaster, is hereby relieved of all liability for payment to the United States of the sum of \$27,150, representing the value of postal funds and accountable papers in his custody as postmaster of the Centereach Post Office, Centereach, New York, which were taken from such post office in a burglary occurring on August 3, 1969, and for which he is being held liable. In the audit and settlement of the accounts relative to such sum, credit shall be given for the amounts for which liability is relieved by this Act.

SEC. 2. (a) The Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to the said Herbert Improte the sum of any amounts received or withheld from him on account of the loss referred to in the first section of this Act.

(b) No part of any amount appropriated in subsection (a) of this section in excess of 10 per centum thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this subsection shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

With the following committee amendment:

Strike all after the enacting clause and insert: "That, on such terms as it deems just, the U.S. Postal Service is authorized to compromise, release, or discharge in whole or in part the liability of Herbert Improte, postmaster of the Centereach Post Office, Centereach, N.Y., for the loss of \$27,150, resulting from a burglary at that post office on or about August 3, 1969."

The committee amendment was agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

ELMER ERICKSON

The Clerk called the bill (S. 889) to restore the postal service seniority of Elmer Erickson.

Mr. DELLENBACK. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER. Is there objection to the request of the gentleman from Oregon?

There was no objection.

WILLARD O. BROWN

The Clerk called the bill (S. 2359) for the relief of Willard O. Brown.

There being no objection, the Clerk read the bill as follows:

S. 2359

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) Willard O. Brown, of Abilene, Texas, shall be held and considered—

(1) to have been appointed as a Foreign Service officer of class 1 under sections 511 and 621 of the Foreign Service Act of 1946, on May 13, 1966;

(2) to have served, during the period from May 13, 1966, through April 30, 1970, as a Foreign Service officer of class 1;

(3) to have retired on April 30, 1970, as a Foreign Service officer of class 1; and

(4) to have had in effect for the period from May 13, 1966, through April 30, 1970, that amount of group life insurance, and an equal amount of group accidental death and dismemberment insurance (purchased by the Civil Service Commission) to which he would have been entitled as a Foreign Service officer of class 1 during such period.

(b) The Secretary of State shall determine—

(1) the amount of salary (including increases in salary under section 625 of the Foreign Service Act of 1946) to which said Willard O. Brown would have been entitled during the period from May 13, 1966, through

April 30, 1970, as a Foreign Service officer of class 1, less an amount equal to the difference between the amount actually paid by the said Willard O. Brown in group life and accidental death and dismemberment insurance premiums and the amount of such premiums he would have paid for the coverage of such insurance during that period had he been a Foreign Service officer of class 1;

(2) the amount of any lump-sum payment to which the said Willard O. Brown would have been entitled under section 5551 of title 5, United States Code (relating to accumulated and accrued leave), upon his retirement on April 30, 1970, as a Foreign Service officer of class 1; and

(3) the amount of annuity to which the said Willard O. Brown would have been entitled under section 821 of the Foreign Service Act of 1946 from May 13, 1970, through the day prior to the date of enactment of this Act had such annuity been computed on the basis of the amount of salary referred to in clause (1) of this subsection and the service referred to in subsection (a) of this section.

(c) Each amount determined by the Secretary under subsection (b) of this section shall be (1) reduced by any amount paid to the said Willard O. Brown as salary during the period referred to in clause (1) of such subsection, as a lump-sum payment upon such retirement, or as an annuity, as the case may be, and (2) as so reduced, paid by the Secretary out of funds available for the payment of salaries of foreign service officers, lump-sum payments, or annuities to such officers, as appropriate.

(d) In the administration of section 821 of the Foreign Service Act of 1946, as amended, the said Willard O. Brown shall be entitled to be paid an annuity as recomputed on the basis of the provisions of subsection (a) of this section.

SEC. 2. No part of any payment authorized in this Act shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Violation of the provisions of this section is a misdemeanor punishable by a fine not to exceed \$1,000.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

The SPEAKER. This concludes the call of the Private Calendar.

PROVIDING FOR CONSIDERATION OF H.R. 14455, COMMUNICABLE DISEASE CONTROL PROGRAMS

Mr. MATSUNAGA. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1026 and ask for its immediate consideration.

The Clerk read the resolution as follows:

H. Res. 1026

Resolved, That upon the adoption of this resolution it shall be in order to move that the House resolve itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 14455) to amend the Public Health Service Act to extend and revise the program of assistance under that Act for the control and prevention of communicable diseases. After general debate, which shall be confined to the bill and shall continue not to exceed one hour, to be equally divided and controlled by the chairman and ranking minority member of the Committee on Interstate and Foreign Commerce, the bill shall be read for amend-

ment under the five-minute rule. It shall be in order to consider the amendment in the nature of a substitute recommended by the Committee on Interstate and Foreign Commerce now printed in the bill as an original bill for the purpose of amendment under the five-minute rule. At the conclusion of such consideration, the Committee shall rise and report the bill to the House with such amendments as may have been adopted, and any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions. After the passage of H.R. 14455, the Committee on Interstate and Foreign Commerce shall be discharged from the further consideration of the bill S. 3442, and it shall then be in order in the House to move to strike out all after the enacting clause of the said Senate bill and insert in lieu thereof the provisions contained in H.R. 14455 as passed by the House.

The SPEAKER. The gentleman from Hawaii is recognized for 1 hour.

Mr. MATSUNAGA. Mr. Speaker, I yield 30 minutes to the gentleman from California (Mr. SMITH), pending which I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1026 provides for consideration of H.R. 14455, which, as reported by our Committee on Interstate and Foreign Commerce, would amend and extend for 3 years the present program of assistance for the prevention and control of communicable diseases. The resolution calls for an open rule, with 1 hour of general debate. For purposes of amendment, it shall be in order to consider the committee substitute as an original bill. After passage of H.R. 14455 the Commerce Committee shall be discharged from further consideration of S. 3442, the Senate companion bill, and a motion shall be in order to strike all after the enacting clause of S. 3442 and amend it with the House-passed language.

Mr. Speaker, H.R. 14455 is directed toward the upturns in recent years in the incidence of a number of communicable diseases, including measles, rubella or German measles, whooping cough and, particularly, venereal disease. To deal with these problems, H.R. 14455 would authorize \$90 million for each of the fiscal years 1973, 1974, and 1975, to be allocated in the following way:

Five million dollars is authorized for each fiscal year, for grants to States for the development of plans to meet epidemics and other health emergencies.

Fifty million dollars is authorized for each of the 3 years, for program grants to control venereal diseases. Approximately 650,000 cases of venereal diseases were reported in 1971, and that represents only a fraction of the actual cases, which may number as many as 2½ million.

Ten million dollars per fiscal year is authorized for tuberculosis control programs. Although 35,000 active new cases were reported last year, a great many of them in my own State of Hawaii, there is no direct Federal program in this area.

Five million dollars is authorized annually for program grants relating to

measles, rubella, or German measles, has been of particular concern because, if contracted by women during pregnancy, it can cause deformities or retardation in the infant. A 5-year program is now underway to eradicate rubella completely by inoculating all schoolchildren in the country.

\$20 million dollars is authorized each year to fund control programs directed to communicable diseases not otherwise specified.

Mr. Speaker, H.R. 14455 is a direct and commendable response to demonstrated needs in our immunization programs. That funding levels have been inadequate in past years can be easily verified by examining the rising incidence of the various diseases mentioned in the bill.

Mr. Speaker, I urge the adoption of House Resolution 1026 in order that H.R. 14455 may be considered.

Mr. SMITH of California. Mr. Speaker, I yield myself such time as I may use.

Mr. Speaker, House Resolution 1026 does provide for the consideration of H.R. 14455, the communicable disease control programs. It is to be considered under a 1-hour open rule.

The resolution makes the committee bill in order as a substitute, and permits the substitution of S. 3442 upon passage of H.R. 14455.

The purpose of H.R. 14455 is to extend for 3 years the existing program authorizing grants to States and local communities for communicable disease programs.

The bill authorizes \$90,000,000 for each of the fiscal years 1973, 1974, and 1975. Of this amount, in each fiscal year, \$50,000,000 is for venereal disease programs, \$10,000,000 is for tuberculosis control, \$5,000,000 is for measles programs, \$20,000,000 is for other communicable disease programs and the remaining \$5,000,000 is to develop plans to meet epidemics or other health emergencies.

The Secretary of Health, Education, and Welfare is authorized to transfer up to 50 percent of the amount in any of the above programs to another one of the programs.

There are no minority views in the committee report.

The Committee on Interstate and Foreign Commerce reported the bill by a voice vote.

Mr. Speaker, I urge adoption of the rule.

Mr. MATSUNAGA. Mr. Speaker, I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 15081, NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD ACT OF 1972

Mr. MATSUNAGA. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1027 and ask for its immediate consideration.

The Clerk read the resolution as follows:

H. RES. 1027

Resolved, That upon the adoption of this resolution it shall be in order to move that the House resolve itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 15081) to amend the Public Health Service Act to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack against heart, blood vessel, lung, and blood diseases, and for other purposes. After general debate, which shall be confined to the bill and shall continue not to exceed one hour, to be equally divided and controlled by the chairman and ranking minority member of the Committee on Interstate and Foreign Commerce, the bill shall be read for amendment under the five-minute rule. At the conclusion of the consideration of the bill for amendment, the Committee shall rise and report the bill to the House with such amendments as may have been adopted, and the previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit. After the passage of H.R. 15081, the Committee on Interstate and Foreign Commerce shall be discharged from the further consideration of the bill S. 3323, and it shall then be in order in the House to move to strike out all after the enacting clause of the said Senate bill and insert in lieu thereof the provisions contained in H.R. 15081 as passed the House.

The SPEAKER. The gentleman from Hawaii is recognized for 1 hour.

Mr. MATSUNAGA. Mr. Speaker, House Resolution 1027 provides an open rule with 1 hour of general debate for consideration of H.R. 15081, the National Heart, Blood Vessel, Lung, and Blood Act of 1972. After passage of H.R. 15081, the Committee on Interstate and Foreign Commerce shall be discharged from further consideration of S. 3323 and it shall be in order to move to strike all after the enacting clause of the Senate bill and amend it with the House-passed language.

The purpose of H.R. 15081 is to enlarge the authority of the National Heart and Lung Institute with the aim of preventing or curing diseases of the heart and blood vessels, the lung, and the blood.

The Director of the Institute, with the advice of the Advisory Council, will develop a plan for research into the prevention of the diseases, for the evaluation of methods of therapy, education of the public and health professions, training, evaluation of emergency service. The bill calls for interagency coordination with the activities of the Institute.

A 21-member Advisory Council is established to oversee development and implementation of the program and to approve grant requests for more than \$35,000.

A total of \$1.29 billion is authorized for the 3-year program, to be appropriated on a specified basis over fiscal years 1973-75.

Mr. Speaker, I urge the adoption of House Resolution 1027 in order that the legislation may be considered.

Mr. SMITH of California. Mr. Speaker, I yield myself such time as I may use.

(Mr. SMITH of California asked and was given permission to revise and extend his remarks.)

Mr. SMITH of California. Mr. Speak-

er, House Resolution 1027 provides for the consideration of H.R. 15081, the National Heart, Blood Vessel, Lung and Blood Act of 1972. It calls for a 1-hour open rule which provides for the substitution of S. 3323 upon the passage of H.R. 15081.

The purpose of H.R. 15081 is to expand the National Heart and Lung Institute in order to provide additional resources in the fight against heart, blood vessel, lung, and blood diseases.

More specifically, the Director of the National Heart and Lung Institute is required to develop an expanded program which includes research, field studies, evaluation of treatment methods, and training of scientific personnel. In addition, there is to be a program to provide the public with health information regarding diet, exercises, hypertension, cigarette smoking, weight control, and other factors in the prevention of these diseases.

An Interagency Technical Committee on Heart, Blood Vessel, Lung and Blood Diseases, and Blood Resources is to be established to coordinate efforts in different agencies.

In addition, the National Advisory Heart Council is to be replaced with the National Heart and Lung Advisory Council, which is to consist of 21 members.

The cost of this bill is \$370 million for fiscal year 1973, \$430 million for fiscal year 1973, and \$490 million for fiscal year 1975. The total cost of the bill for 3 years is \$1,290 million.

In a letter printed in the committee report, the Office of Management and Budget indicates that it prefers enactment of another bill, H.R. 13715, rather than this bill. The Office of Management and Budget indicates that it is reflecting the views of the Department of Health, Education, and Welfare in taking this position.

There are no minority views in the report of the Committee on Interstate and Foreign Commerce.

The committee reported the bill by a voice vote.

Mr. Speaker, I urge adoption of the rule.

Mr. MATSUNAGA. Mr. Speaker, I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PERMISSION FOR COMMITTEE ON RULES TO FILE REPORTS

Mr. MATSUNAGA. Mr. Speaker, I ask unanimous consent that the Committee on Rules may have until midnight tonight to file certain reports.

The SPEAKER. Is there objection to the request of the gentleman from Hawaii?

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 14424, NATIONAL INSTITUTE OF AGING

Mr. SISK. Mr. Speaker, by direction of the Committee on Rules, I call up

House Resolution 1012 and ask for its immediate consideration.

The Clerk read the resolution as follows:

H. RES. 1012

Resolved, That upon the adoption of this resolution it shall be in order to move, clause 7 of rule XIII to the contrary notwithstanding, that the House resolve itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 14424) to amend the Public Health Service Act to provide for the establishment of a National Institute of Aging, and for other purposes. After general debate, which shall be confined to the bill and shall continue not to exceed one hour, to be equally divided and controlled by the chairman and ranking minority member of the Committee on Interstate and Foreign Commerce, the bill shall be read for amendment under the five-minute rule. At the conclusion of the consideration of the bill for amendment, the Committee shall rise and report the bill to the House with such amendments as may have been adopted, and the previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit.

The SPEAKER. The gentleman from California (Mr. SISK) is recognized for 1 hour.

Mr. SISK. Mr. Speaker, I yield 30 minutes to the gentleman from California (Mr. SMITH), pending which I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1012 provides an open rule with 1 hour of general debate for consideration of H.R. 14424 to establish a National Institute of Aging. Because there are no cost estimates included in the report, points of order are waived for failure to comply with the provisions of clause 7, rule XIII.

The purpose of H.R. 14424 is to establish within the National Institutes of Health a National Institute of Aging. The Institute would conduct research on the aging process, preventive measures with respect to special health problems of the aged, and treatment and cures for those problems.

An Advisory Council similar to others within NIH would be established with the additional duty of reporting to the Secretary of HEW on related programs administered by him. The Council, of course, would also make reports to the President for transmittal to the Congress.

No cost estimate can be made for the establishment of the new Institute since no new authority is granted to the NIH.

The Community Mental Health Centers Act is amended to provide a 1-year program of matching grants for construction and staffing of facilities for the mental health of the aged. For this program \$20 million is authorized for fiscal year 1973.

Mr. Speaker, I urge the adoption of the rule in order that the legislation may be considered.

Mr. SMITH of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the resolution, House Resolution 1012, provides for the consideration of H.R. 14424, the National In-

stitute of Aging, under a 1-hour rule, with points of order being waived insofar as clause 7 of rule 13 is concerned, because the report gives an estimate in a roundabout way of the cost which does not comply with the rule; evidently they were not able to ascertain this as of the present time.

Mr. Speaker, the primary purpose of H.R. 14424 is to establish a new National Institute of Aging within the National Institute of Health. This Institute would conduct and support research on the health problems of the aged and the process of aging. In addition, a National Advisory Council on Aging is to be established to advise the Secretary of Health, Education, and Welfare on problems related to the aged.

A second major purpose of the bill is to amend the Community Mental Health Centers Act to authorize funds for the construction of facilities and to provide mental health services for the aged.

The committee report states that the cost of the new Institute of Aging cannot be ascertained, because this bill does not grant any new authority to NIH, but merely consolidates existing programs relating to aging. Twenty million dollars is authorized for programs under the Community Mental Health Centers relating to mental health of the aged.

The committee report contains no departmental letters on H.R. 14424, since this is a clean bill introduced after the close of hearings. However, there is one letter from the Office of Management and Budget opposing earlier bills with similar provisions. This letter notes that HEW opposed legislation to establish a new Institute for research on health problems of the aged because such legislation would only create more administrative costs without increasing research. The letter notes that disease-oriented research which is presently conducted by the individual institutes within NIH is more appropriately concerned with diseases as they affect persons at all age levels. It would be duplicative to consider diseases only as they affect the aged. The letter from OMB also opposes the mental health provisions on the ground that these services are already conducted under the community mental health center program.

There are no minority views in the report of the Committee on Interstate and Foreign Commerce.

The committee reported the bill by a voice vote.

Mr. Speaker, I urge adoption of the rule.

Mr. SISK. Mr. Speaker, I have no requests for time.

Mr. Speaker, I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER. The question is on the resolution.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. MONTGOMERY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members, and the Clerk will call the roll.

The question was taken; and there were—yeas 374, nays 4, not voting 54, as follows:

[Roll No. 265]

YEAS—374

Abbott	Davis, S.C.	Hull
Abernethy	Davis, Wis.	Hungate
Abourezk	de la Garza	Hunt
Abzug	Delaney	Hutchinson
Adams	Dellenback	Ichord
Addabbo	Dellums	Jacobs
Alexander	Dennis	Jarman
Anderson	Dent	Johnson, Calif.
Calif.	Derwinski	Johnson, Pa.
Anderson, Ill.	Devine	Jonas
Andrews, Ala.	Dickinson	Jones, N.C.
Andrews,	Diggs	Karath
N. Dak.	Dingell	Kastenmeier
Annunzio	Donohue	Kazen
Archer	Dorn	Keating
Arends	Dow	Kee
Ashbrook	Drinan	Keith
Ashley	Dulski	Kemp
Aspin	Duncan	King
Aspinall	du Pont	Kluczyński
Badillo	Eckhardt	Koch
Baker	Edwards, Calif.	Kuykendall
Barrett	Ellberg	Kyl
Begich	Erlenborn	Kyros
Belcher	Esch	Landgrebe
Bell	Eshleman	Landrum
Bennett	Evans, Colo.	Latta
Bergland	Fascell	Leggett
Betts	Findley	Lennon
Bevill	Fish	Lent
Blaggi	Fisher	Link
Blester	Flood	Lloyd
Bingham	Flowers	Long, Md.
Blackburn	Foley	Lujan
Boggs	Ford, Gerald R.	McClary
Boland	Ford,	McCloskey
Boiling	William D.	McCollister
Bow	Forsythe	McCormack
Brademas	Fountain	McCulloch
Brasco	Fraser	McDade
Bray	Frelinghuysen	McEwen
Brinkley	Frenzel	McFall
Brooks	Frey	McKay
Brotzman	Fuqua	McKevitt
Brown, Mich.	Gallfanakis	McKinney
Brown, Ohio	Garmatz	Madden
Broyhill, N.C.	Gaydos	Mahon
Broyhill, Va.	Gettys	Mallard
Buchanan	Glaimo	Mallory
Burke, Fla.	Gibbons	Mann
Burke, Mass.	Goldwater	Mathias, Calif.
Burleson, Tex.	Gonzalez	Mathis, Ga.
Burlison, Mo.	Goodling	Matsumaga
Burton	Grasso	Mayne
Byrne, Pa.	Gray	Mazzoli
Byrnes, Wis.	Green, Oreg.	Meeds
Byron	Green, Pa.	Melcher
Cabell	Griffin	Metcalfe
Caffery	Griffiths	Michel
Camp	Gross	Mikva
Carey, N.Y.	Grover	Miller, Calif.
Carlson	Gubser	Miller, Ohio
Carney	Gude	Mills, Ark.
Carter	Haley	Mills, Md.
Casey, Tex.	Halpern	Minish
Cederberg	Hamilton	Mink
Celler	Hammer-	Minshall
Chamberlain	schmidt	Mitchell
Clancy	Hanley	Mizell
Clark	Hanna	Monagan
Clausen.	Hansen, Idaho	Montgomery
Don H.	Harrington	Moorhead
Clawson, Del.	Harsha	Morgan
Cleveland	Harvey	Moss
Collier	Hathaway	Murphy, Ill.
Collins, Ill.	Hawkins	Murphy, N.Y.
Collins, Tex.	Hays	Myers
Colmer	Hechler, W. Va.	Natcher
Conable	Heckler, Mass.	Nedzi
Conover	Heinz	Nelsen
Conte	Helstoski	Nichols
Conyers	Henderson	Nix
Corman	Hicks, Mass.	Obey
Cotter	Hicks, Wash.	O'Neill
Culver	Hillis	Patman
Curlin	Hogan	Patten
Daniel, Va.	Hollifield	Pepper
Daniels, N.J.	Hosmer	
Danielson	Howard	

Perkins	Ruth	Terry
Pettis	St Germain	Thompson, Ga.
Peyser	Sandman	Thompson, N.J.
Pickle	Satterfield	Thompson, Wis.
Pike	Saylor	Thone
Pirnie	Scherle	Tiernan
Poage	Schneebeli	Udall
Poff	Schwengel	Ullman
Powell	Scott	Van Deerlin
Preyer, N.C.	Sebelius	Vander Jagt
Price, Ill.	Shoup	Vanik
Price, Tex.	Shriver	Veysey
Pucinski	Sikes	Vigorito
Purcell	Sisk	Waggonner
Quile	Skubitz	Walde
Quillen	Slack	Wampler
Rallsback	Smith, Calif.	Ware
Randall	Smith, Iowa	Whalen
Rangel	Smith, N.Y.	White
Rees	Snyder	Whitehurst
Reid	Springer	Whitten
Reuss	Staggers	Wiggins
Rhodes	Stanton,	Williams
Roberts	J. William	Wilson, Bob
Robinson, Va.	Stanton,	Wilson,
Rodino	James V.	Charles H.
Roe	Steed	Winn
Rogers	Steele	Wolff
Roncalio	Steiger, Ariz.	Wyatt
Rooney, N.Y.	Stephens	Wyder
Rooney, Pa.	Stokes	Wylie
Rosenthal	Straton	Wyman
Rostenkowski	Stubblefield	Yates
Roush	Sullivan	Yatron
Rousselot	Symington	Young, Fla.
Roy	Talcott	Young, Tex.
Roybal	Taylor	Zablocki
Runnels	Teague, Calif.	Zion
Ruppe	Teague, Tex.	Zwach

NAYS—4

Crane	Martin	Schmitz
Hall		

NOT VOTING—54

Anderson,	Gallagher	Pelly
Tenn.	Hagan	Podell
Baring	Hansen, Wash.	Pryor, Ark.
Blanton	Hastings	Rarick
Blatnik	Hébert	Riegle
Broomfield	Horton	Robison, N.Y.
Chappell	Jones, Ala.	Ryan
Chisholm	Jones, Tenn.	Sarbanes
Clay	Long, La.	Scheuer
Coughlin	McClure	Seiberling
Davis, Ga.	McDonald,	Shipley
Denholm	Mich.	Spence
Dowdy	McMillan	Steiger, Wis.
Downing	Macdonald,	Stuckey
Dwyer	Mass.	Whalley
Edmondson	Molohan	Widnall
Edwards, Ala.	Mosher	Wright
Evins, Tenn.	O'Hara	
Flynt	O'Konski	
Fulton	Passman	

So the resolution was agreed to.

The Clerk announced the following pairs:

Mr. Hébert with Mr. Widnall.
Mr. Blatnik with Mr. Broomfield.
Mr. Blanton with Mr. Robison of New York.
Mr. Jones of Alabama with Mr. Edwards of Alabama.
Mr. Chappell with Mr. McClure.
Mr. Fulton with Mr. Coughlin.
Mr. Molohan with Mr. Mosher.
Mr. O'Hara with Mr. McDonald of Michigan.
Mr. Macdonald of Massachusetts with Mr. Hastings.
Mr. Shipley with Mr. Horton.
Mr. Anderson of Tennessee with Mr. Steiger of Wisconsin.
Mr. Baring with Mr. O'Konski.
Mr. Davis with Mr. Pelly.
Mr. Denholm with Mr. Riegle.
Mr. Downing with Mr. Spence.
Mr. Passman with Mr. Whalley.
Mr. Wright with Mr. Scheuer.
Mr. Jones of Tennessee with Mr. Long of Louisiana.
Mrs. Hansen of Washington with Mrs. Dwyer.
Mrs. Chisholm with Mr. Gallagher.
Mr. Clay with Mr. Ryan.
Mr. Podell with Mr. McMillan.
Mr. Stuckey with Mr. Sarbanes.
Mr. Pryor of Arkansas with Mr. Rarick.

Mr. Sieberling with Mr. Hagan.
Mr. Flynt with Mr. Edmondson.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

APPOINTMENT AS MEMBER OF THE SELECT COMMITTEE ON THE HOUSE RESTAURANT

The SPEAKER. Pursuant to the provisions of House Resolution 317, 92d Congress, the Chair appoints as a member of the Select Committee on the House Restaurant the gentleman from Pennsylvania Mr. JOHNSON, to fill an existing vacancy thereon.

PERSONAL EXPLANATION

Mr. WILLIAM D. FORD. Mr. Speaker, on June 30, I was unable to be present on the House floor during consideration of amendments to the public debt limitation bill.

For the record, had I been present, I would have enthusiastically voted in support of the Senate-added provision granting a 20-percent increase in social security benefits.

PERSONAL ANNOUNCEMENT

Mr. DULSKI. Mr. Speaker, due to pressing obligations in my district, I missed rollcalls Nos. 255 through 262. Had I been present and voting, I would have voted "yea" on rollcalls Nos. 256, 257, 260, and 262. On rollcall No. 259 I would have voted "nay."

SALUTE TO AHEPA

(Mr. SAYLOR asked and was given permission to address the House for 1 minute, to revise and extend his remarks and include extraneous matter.)

Mr. SAYLOR. Mr. Speaker, I salute and offer my personal congratulations to the Order of AHEPA—American Hellenic Educational Progressive Association—which is celebrating its golden anniversary.

The Order of AHEPA faithfully instructs its members in the principles of government and has diligently promoted and encouraged loyalty to the United States. In doing this AHEPA has provided its membership with a deep and abiding appreciation of the privileges of citizenship.

The American Hellenic Educational Progressive Association has also championed the cause of education by maintaining new channels for facilitating the dissemination of culture and learning. This can be easily recognized through their extensive efforts in scholarship and other educational programs.

AHEPA's worldwide assistance to flood, hurricane, and earthquake victims will never be truly measured but their compassion for mankind has guided them to contribute to those people stricken by disaster.

I wish AHEPA continued success and applaud them for offering countless services to the betterment of American life.

NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD ACT OF 1972

Mr. STAGGERS. Mr. Speaker, I move that the House resolve itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 15081) to amend the Public Health Service Act to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack against heart, blood vessel, lung, and blood diseases, and for other purposes.

The motion was agreed to.

IN THE COMMITTEE OF THE WHOLE HOUSE

Accordingly the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill H.R. 15081, with Mr. UBALL in the chair.

The Clerk read the title of the bill.

By unanimous consent, the first reading of the bill was dispensed with.

The CHAIRMAN. Under the rule, the gentleman from West Virginia (Mr. STAGGERS) will be recognized for 30 minutes, and the gentleman from Illinois (Mr. SPRINGER) will be recognized for 30 minutes.

The Chair recognizes the gentleman from West Virginia (Mr. STAGGERS).

Mr. STAGGERS. Mr. Chairman, I yield myself such time as I may require.

Mr. Chairman and Members of the Congress, this is a very important bill and I am going to take just a few moments to tell of its importance to all Americans.

This bill came out of the subcommittee on a voice vote. It came out of the full committee on a voice vote.

I would like to compliment the subcommittee again, as I have many times, for the great job they have been doing for this land and for every American citizen, for the health legislation that has come out of that subcommittee. I also want to compliment its chairman, the gentleman from Florida (Mr. ROGERS), the two doctors on the subcommittee, as well as the other members of the subcommittee. They are great and noble Americans—the gentleman from Kentucky (Mr. CARTER) and the gentleman from Kansas (Mr. ROY) and the ranking minority member of the subcommittee, the gentleman from Minnesota (Mr. NELSEN) and all members of that subcommittee.

Also, I would like to compliment the professional staff member who will be leaving us this year—Jim Menger—for the great job he has done not only for the committee but for all Americans.

He knows more about the medical laws of this land than any other man in America—and I do not make any exception as to anyone—and he can quote most of those laws to you at any time.

We have put on a man as a substitute to take his place and I will make a remark or two about that in a moment or so.

Mr. Chairman, turning to the bill before us now, I would like to say that hanging over this bill is a sense of deep urgency—it is the urgency of death. We take it for granted that we who are born must die—but the question is—when and how? When we read that more than

50,000 young Americans have died in a mistaken war in Southeast Asia, we are overcome with horror. But what shall we say when we read that more than 8 million die in a single year because of the diseases associated with the circulatory system. Those stricken down in battle have at least the excuse that they have been serving their country. But those falling because of heart diseases are victims of total disaster.

They have not carried out their obligations to society, to their children, and to those who depend upon them. This is not to say that it is their fault that they die untimely deaths. It is to say, however, that it is the fault of all of us, and I think, especially the Members of this Congress of the United States, that something has not been done before this time; that we can take the fact that 55,000 die on the highways each year, and take that for granted, and 50,000 die in war, yet a million people die, many of whose lives we could probably save.

We have not yet done what we feel sure can be done to preserve them for their useful lives.

For too long we have taken the position that it is the will of Heaven that they perish prematurely, and yet within the last century medical science has conquered the great killers, one after another: yellow fever, typhoid fever, smallpox, diphtheria, polio, and a long list of others that have wiped out hundreds of thousands of people at a time. These have yielded to the skill of modern medicine. Many of these diseases did come as epidemics and attacked millions of people at a time.

This bill is given an hour's time for consideration. Before that hour is up, some 120 Americans will have died of one of these ills, and in the next hour another 120, and the next hour another 120, and every hour. I think that we can do something about it here in the Congress now, if we care to do it. We say that there are things that we cannot do, but with the help of Almighty God, we can do almost everything. If we can go to the moon and if we can conquer these other great killers of mankind, I think we can conquer the three greatest of all: heart and stroke and cancer.

Last year we passed a crash program on cancer, and I am hopeful that within the next year or 10 years we will have made substantial progress in this area. There are 26 million of Americans today who are afflicted in some way with heart disease. There are 20 million that are disabled with lung disease in this country, and the deaths each year from heart disease are over a million. Yet we complacently just take it and say, "Well, that is the will of God, and we cannot do anything about it." We have not done that with other diseases. We have attacked them, and it is time now we do it with this.

There are 30,000 who die from lung disease each year, and 60,000 others who die from afflictions which affect the lungs, or who die of other causes related to lung diseases. This has been going on for a long time, not only in our lifetime, but on down through the years and the centuries.

Familiarity has bred, not contempt, but indifference. We are still fatalistic enough to charge it to the will of Heaven.

It is proposed here that we drop that indifference. Let us make a direct attack on something that we can no longer afford to consider impossible to prevent. Let us act as we would in any other great national disaster. It is proposed here that we focus all of our medical facilities, our intelligence and skill on these diseases so terrible in their total effects, and so elusive as to escape a concerted attack.

We have the trained minds of dedicated physicians and scientists, and we have an armament of medical tools and techniques. We can put these to work with an appropriation that would seem small in comparison with what we consider reasonable for any other great calamity—say, for instance, the recent floods associated with the tropical storm Agnes.

Our committee has enlisted an able and energetic man, as I said before, to help us—and I will mention his name a little bit later.

But again I say that this is a national disaster and disaster methods must be applied. The pressure of deep urgency must be applied. A million deaths a year, plus all the economic and social losses incident thereto, are far more than a nation such as ours can afford. Some day medicine will find the answers to the challenge, and the sooner the better. Today we do not know where the answer may be found. In some hoped-for tomorrow we may wonder why the answer was not found long ago. If that tomorrow were really tomorrow, a million Americans would be alive next July 18 who otherwise certainly would be dead.

I mentioned the fact that we had appointed a new person to take the place of James M. Menger on our committee. He is a young medical doctor named Dr. Hyde. I do not like to refer to it in a frivolous way, but once a month I expect him to be a Dr. Jekyll. I expect him to get hold of the institutes who have anything to do with cancer and heart and stroke diseases and see what progress they have been making and find out where their money is being spent and what they are doing. Then I expect him to report to me and to the Congress and to the people of America as to what progress has been made from month to month and as to what is happening. I think that is the least we can do.

I think we can conquer all three diseases, and we will if we have the will to do it and to see that it is done.

Mr. Chairman, I will devote the remainder of my remarks to an explanation of the bill.

Mr. Chairman, this bill is designed to provide authority to the National Heart and Lung Institute similar to that provided for in the National Cancer Institute legislation approved last year.

The Subcommittee on Public Health and Environment held hearings on this legislation on April 25 and 26, and all testimony received was favorable to the objectives of the bill. Following the hearings a clean bill was introduced, which was then ordered reported to the

House by the full committee by a voice vote.

The bill provides that the Director of the National Heart and Lung Institute shall within 180 days, develop a plan, and thereafter carry out this plan to expand, intensify, and coordinate the activities of the Institute in respect to heart, blood vessel, lung, and blood diseases. The bill sets out specific items which must be covered in the program to be designed by the Director, and provides for its coordination with other activities relating to the subjects covered by the program.

The bill provides for development of up to 15 new basic clinical research and training centers for heart, blood vessel, and blood diseases, and for 15 new centers for chronic lung diseases.

One billion 200 million dollars in appropriations are authorized over a 3-year period for this program.

In addition, the bill authorizes the establishment of heart, blood vessel, lung, and blood disease prevention and control programs through the cooperation of other Federal health agencies, State, local, and regional public health agencies and nonprofit private health agencies. For this program, \$90 million is authorized over the 3-year life of the bill.

Mr. Chairman, cardiovascular disease is the Nation's leading health problem. It afflicts more than 26 million Americans, and kills more than 1 million persons annually. An additional 20 million persons are disabled with diseases of the lung, and chronic pulmonary disorders directly cause more than 30,000 deaths each year and contribute to at least 60,000 more.

In a sense, the increasing mortality from cardiovascular disease is a reflection of advances we have made in other areas. We have attained a state of control of infectious diseases through immunization programs, and through the use of antibiotic therapy so that many diseases formerly rated high as causes of death are today almost insignificant statistically. This has meant that chronic disorders have become more prevalent as causes of disability and death.

Nevertheless, there is much that can be done to decrease the total of heart disease and of lung disorders, and this bill is designed to strengthen our national attack on these diseases.

Similar legislation has passed the Senate (S. 3323) and we hope it will be possible to get this legislation to the President's desk for his signature at the earliest practicable date.

Mr. SPRINGER. Mr. Chairman, I yield myself such time as I may consume.

POINT OF ORDER

Mr. HALL. Mr. Chairman, will the gentleman yield for a point of order?

Mr. SPRINGER. I yield to the gentleman from Missouri.

Mr. HALL. Mr. Chairman, I make the point of order that there is an excessive number of committee counsel and clerks on the floor of the Committee of the Whole.

Mr. SPRINGER. All I can reply to the gentleman is that on my side I have one.

Mr. HALL. I did not ask that question.

The CHAIRMAN. The Committee of the Whole will suspend. The gentleman from Missouri has made the point of order that there are an excessive number of clerks and staff on the floor of the House.

The Speaker of the House has ruled that the committee is entitled to have four professionals and the staff director on the floor. If there are staff members in excess of that number on the floor, will they please retire from the Chamber?

The gentleman from Illinois may proceed.

Mr. SPRINGER. Mr. Chairman, I realize that when we begin to talk about a National Heart, Blood Vessel, Lung, and Blood Act we are talking about the combination of the most serious killers in this country in any year. There are more than 2 million deaths a year in this country, and more than half of the 2 million, substantially more, 54.1 percent, of all the deaths in this country in a 12-month period are due to the heart, blood vessel, lung, and blood diseases.

A more startling fact to me in the testimony before the committee was this: that in 1900 we had only 137 deaths per thousand per year. In 1968, the last year for which we have really good figures, that number had reached 373 persons per thousand who died from these diseases.

In other words, in a period of 68 years the number of people dying from heart, blood, and lung diseases had almost trebled. This naturally puts the Subcommittee on Health and our committee, which handles that, on an alert. Should we or should we not do anything about it?

When we have almost a trebling of the deaths per thousand from these diseases, the committee felt there was an obligation to meet the problem in this bill.

There may be some differences of opinion as to how much money ought to be spent on such a program, and there was in the committee a great variation of thought as to how much money was needed to carry out the job we felt had to be done.

First, I believe it would be well for me to explain in a few sentences, what this bill does and what its purposes are.

We already have a National Heart and Lung Institute. One of the purposes of this act is to enlarge the authority of this Institute.

Second, there is imposed upon the Director of the Institute the obligation to develop a plan to expand and intensify the activities of the Institute regarding heart, blood vessel, and blood diseases. We give him a direction as to exactly what course of action he is to take. That is the second thing we do. We expect him to do that, because we are going to give him some additional funds, which he says he needs to carry out that purpose.

Third, the bill does authorize and also directs the Director to construct laboratories and facilities for further research in these four associated diseases.

In the fourth place, the Director is directed to establish control programs

for heart, blood vessel, lung, and blood diseases.

Fifth and very important, in my opinion—probably the most important one single feature of this bill—the Director is authorized to establish 15 new centers for basic and clinical research of these four diseases and 15 new centers for lung diseases alone. So this would be a total, may I say, of 30 research centers, 15 in lung and 15 in the other three related diseases.

Some Members always find fault, I suppose, whenever we establish an advisory council or a commission. We somehow or other had the feeling that if we were to undertake this project, which involves a substantial sum of money, we ought to have some kind of a council which would oversee the activities as to what is being done by the Director of this Institute to carry out the purposes of this act. So, sixth, we do establish a 21-member National Heart and Lung Advisory Council.

There was a great deal of discussion in the committee about what this Council ought to do. But I believe we have spelled out in this legislation exactly what it will do, how often it will meet, how often it will advise and counsel with the Director with reference to this matter.

In a way, I suppose this resembles what we put in the last Cancer Act, when the President wanted it at the White House. We sort of halfway gave him that, because he wanted some overall supervision to be sure that the Director did exactly what we authorize and direct him to do in this legislation. So that was the reason for the creation of the 21-member Council. We do expect to get on that council the very best talent available.

There was a great deal of discussion as to whether they were going to meet once a month or twice a year or what. My recollection is we put in there that they were to meet once a month to be sure something was done with reference to this.

Now item 7: The director is authorized to approve grants for research in this field up to \$35,000 without any further authority. We felt that that was feasible. Anything beyond \$35,000 he has to have the approval of his Advisory Council.

Now let me come to the last point, the eighth, which is the authorization.

May I say to my colleagues this is a sizable amount of money when you are talking about \$350 million for 1973, \$400 million for 1974, \$450 million for 1975. I do not now whether the subcommittee of the Committee on Appropriations handling this matter is going to grant all of this money, but I am sure they will have very thorough hearings as to whether or not there is a need for all of the money contained in this, which does come to, as I say, a sizable amount of money—\$1.29 billion. That is a lot of money.

There was a great deal of argument as to whether we needed that much. There were some who thought maybe it ought to be more. I suppose in all of these things we compromise, and I assume when we go to conference there will be

another compromise, but I have enough faith in the appropriation process to know they will have very thorough hearings in this period of 3 years as to how much will be authorized and how much would be justified in view of the need.

I do believe we are now acting on those related diseases which account for more than half of the deaths in this country. This is a serious matter. I believe if this is done right, we have a great chance of success and of doing something about it.

We do realize many of us today have eating habits, playing habits, and working habits that our grandfathers did not have. My grandfather worked on a farm. He owned a farm and was outdoors most of the day. He had a lot of fresh air. He probably ate and slept regularly, and I think our life patterns have certainly changed a great deal in those 68 years. That is the reason why we are having three times as many deaths 68 years later from these associated diseases.

Looking into the future, a great deal of it will have to be educational, I believe. I do not believe merely having research and pointing out what the causes are and how it happens and how you happen to die of something will cure it all. We will have to have an education process. The eating, sleeping, and drinking habits of people are going to have to be changed if we are going to reach this goal!

Mr. LONG of Maryland. Will the gentleman yield?

Mr. SPRINGER. I am glad to yield to the gentleman.

Mr. LONG of Maryland. I am intrigued by what the gentleman said in comparing the life habits of his grandfather with those of the people of the same age living today. It must be kept in mind, however, that people of 50 or 100 years ago who lived such healthy outdoor lives nevertheless died a lot younger than persons living today. I am wondering whether the increase in these heart and lung diseases do not really come about because of the increase in the longevity of the population. Are there not a lot of people who are living longer and therefore reaching ages when these diseases catch up with them?

Mr. SPRINGER. I think it could be recognized as probably true. But on the other hand if you want to go back to 1900, we find a number of people dying from pneumonia which would have been one of the greatest causes of death, and today you have very few people dying from pneumonia. I am talking about the diseases that are contained in this bill. However, the gentleman, I believe, is right. The longer people live—Wigglesworth tables show this, and if you are a lawyer—and I believe you are—you will recognize it—if you are younger, the chances of living longer are lesser, and if you are older, these chances increase.

Yesterday I was talking to an expert on cancer, and he said that, strange as it may seem, a lot of people think cancer is a woman's disease, but it is really a disease of men between the ages of 57 and 63. I have been working on cancer for 10 years and that is the first time I knew that. The man said the statistics show

that. He said the remarkable thing about it is most of these people who get cancer—a great majority of them—have outlived the younger ones.

They have escaped measles and rubella, and diphtheria, smallpox, all these other ones, and then they finally get to the day where eventually cancer catches them. So the gentleman does have an important point.

Mr. MICHEL. Mr. Chairman, will the gentleman yield?

Mr. SPRINGER. I yield to the gentleman from Illinois.

Mr. MICHEL. Mr. Chairman, may I first take this opportunity to commend the gentleman from Illinois (Mr. SPRINGER) my neighbor and colleague, who in all these health bills over the course of the years has done such an outstanding job in bringing them to the floor. His very clear and concise explanations have been excellent. We are certainly going to miss the gentleman in this House who, because of his own decision, is retiring from this body.

Mr. Chairman, I would like to pose several questions.

The gentleman well knows that we funded in the HEW appropriation bill this year some \$300 million for the Heart and Lung Institute of NIH for continued work on heart and lung diseases. Over in the other body there were other increases made, and we will be going to conference with the Senate on Thursday, probably, to reconcile these differences. I should say here and now that there are so many additional increases in other items that in all probability the bill will be vetoed. It is beyond the realm of suitable compromise.

The gentleman has made the point that there are sizable amounts authorized here.

Mr. SPRINGER. If the gentleman from Illinois will permit me to interrupt him at this point, may I say that I am not in accord with that because, insofar as I know, the administration has not ruled itself as being opposed to this bill. On the other two bills there is a question, but not as to this bill. So I know of no veto in the offing, but perhaps the gentleman has more knowledge on that than I have.

Mr. MICHEL. I was referring to a veto of the regular labor HEW appropriation bills, but the gentleman has anticipated my question, and that is what kind of testimony you had heard from the administration and, second, and more specifically, what is so magic about those particular figures which in the course of 3 years involves nearly one and a third of a billion dollars.

Mr. SPRINGER. May I say to the gentleman that where I think most of these funds will be going will be in two portions of these eight matters that I mentioned. The fifth one says that the Director is authorized to establish 15 new centers for performing clinical research services for heart, blood vessel, and blood diseases, and 15 new centers for research into lung diseases. Those will be costly. They involve substantial amounts of money there.

Mr. MICHEL. Will those involve construction?

Mr. SPRINGER. Yes, they will; they involve construction, maintenance, and then we will have to man them. So there will be a substantial amount of money in that.

Then the other one that I mentioned, which was the seventh point I made, that the Director may approve research grants up to \$35,000. All those approved up to that will be insignificant, the ones he is going to approve will be those above \$35,000, with the approval of the National Advisory Council, and some of those will run into rather sizable sums of money around the country where there are specialists in these diseases.

For instance, one of the outstanding ones is the Johns Hopkins Hospital over in Baltimore, and I would expect they probably would get a rather substantial amount for research in this field.

Mr. MICHEL. If the gentleman will yield further, where is it anticipated that these 30 new centers will be located? Would they be located by geographical dispersion around the country, or would they gravitate toward existing medical centers? What criteria will be used in this respect?

Mr. SPRINGER. There was a great deal of discussion, as I recall, in the committee, but it was anticipated that these would be spread around over the country. I think for one reason we would expect a research center to be located where there were a substantial number of people who have, we will say, an incidence of these diseases in a large number. We certainly would not concentrate them all in the Washington or New York-Baltimore area, and along this coast. We would expect them to be spread out over the country.

We did this, as you know, in one other piece of legislation with reference to cancer. We finally did not pass it in the order that the Johnson administration wanted it, as you know. They had several cancer institutes and those were to be located, as you will recall, in New York, Boston, Chicago, New Orleans, Houston, San Francisco, Los Angeles, and Miami. Those were spread around. However, we did not pass that bill in that form.

But, I would anticipate that this would be of the same nature.

Mr. MICHEL. Is it anticipated that any university-oriented or medical research-oriented institution could conceivably then file an application under the act to be considered, as one of these 30 centers?

Mr. SPRINGER. If they have the qualifications and if they have the expertise that is needed, I do not think it would make any difference whether it was a university or some other institution.

Mr. MICHEL. Would that determination be made by this 21-member National Heart and Lung Advisory Council? Or would this be—

Mr. SPRINGER. If it is in excess of \$35,000, it would have to have that Council's approval. It would then have to appear before the Council and have the approval of the Council.

Mr. MICHEL. We are already into the fiscal year 1973. Was that taken into account in determining the funding level or authorization for the fiscal year 1973?

I do not think they are going to build

any 30 centers in 1973. I doubt if you are going to have a completion of any 30 centers, or half that many, in 1974.

I would anticipate you probably would get the great amount of them in the third year—and that is only a guess. The gentleman is on that subcommittee and he probably knows better than I do, but I am trying to give the thrust of the program and where I think the money would go.

I think it is important that we have this particular kind of dialog because the gentleman indicated that a great deal could very well be involved in construction. This takes considerable time and a number of steps before actual obligation of funds is necessary. For example, until you have an application received, review and approval, then design and architectural drawings, advance engineering, and so forth.

So with all the problems we have been having from these lobbying groups pressing for full funding the amounts authorized in this bill for fiscal year 1973 cannot be spent. I think this ought to be pointed out right here. The goals intended are indeed laudable and noble. I think, however, we are probably several years away from achieving the goals funding wise that we see here enumerated.

Mr. SPRINGER. I think the gentleman has made an important point here.

I think he well remembers, whether he was on the subcommittee or not, our distinguished colleague, God bless him—he is dead—our colleague from Rhode Island—did get the subcommittee to give the National Institute on Cancer \$300 million for 1 year and even though the Institute explained that they could not spend it, he and the subcommittee insisted on giving it anyway.

To my recollection, they came back at the end of the year with only about one-fifth of it spent. So I think it would be incumbent upon your subcommittee to go very thoroughly into what could be done in year 1 and year 2 and year 3 and also I would anticipate when they come before you that they will have the details on this and a designed program and give it to you in a little better form than we can here.

But I know the gentleman's subcommittee will give this matter the proper attention.

Mr. MICHEL. I thank the gentleman for his direct responses to my questions and again applaud his diligence and attention to the host of bills that have been reported from his committee, particularly in the last two Congresses.

Mr. ROGERS. Mr. Chairman, will the gentleman yield?

Mr. SPRINGER. I yield to the chairman of the subcommittee, the gentleman from Florida.

Mr. ROGERS. Mr. Chairman, I would just like to comment, if I may, on the colloquy that has just been going on.

So far as the necessity for funding is concerned, I would agree that in building clinics, it will take some time—undoubtedly. But, I think if the gentleman will go into it. I am sure, he with his committee, will find that the requests for needed research are for beyond what is being funded and greatly exceed that.

Furthermore, we are trying to give some impetus to the long fight against lung diseases, which has been negligible in this institute.

There is a needed demand for action there which I am sure the committee will bring out when they hear it. Their staff is practically nothing. I think it is one or two or three people in an institute, and that is all they have to work on lung diseases which affect 20 million people.

So there is much to be done and it should go far beyond what has been done.

But if the gentleman will, as I know, look at it reasonably, I think you will find that the committee has been reasonable on the ceiling.

Mr. HALL. Mr. Chairman, will the gentleman yield?

Mr. SPRINGER. I yield to the gentleman from Missouri.

Mr. HALL. Mr. Chairman, I appreciate our distinguished colleague, the gentleman from Illinois, yielding.

I certainly want to compliment him on the clear and succinct way in which he has made his statement in the well, as to the basic eight points covered by the legislation in the bill (H.R. 15081). As usual, it is directly to the point, it is keenly analytical; and I agree with our colleague from Illinois that we are certainly going to miss him.

Mr. Chairman, I should like to ask the gentleman from Illinois a question predicated on a background of long experience in at least the surgical aspect of cardiovascular and pneumonic diseases, and also on the administrative aspect of having established and supplied personnel service for some of the first general hospitals, at least of the Army, that were dedicated to blood vascular research and surgery. Further, in view of the proposed expenditure of \$1.3 billion over the next 3 years, what is the justification and the rationale for this additional impetus at this time, in view of the in-being "stroke, cancer, heart, and kidney programs," in view of the in-being of the National Institute of Health, Heart, and Lung Sub-institute, so to speak; and in view of the rather generous authorization for black lung and other pneumonic diseases, all of which are the sacred cows of good health, many of which are in the vain hope that we can continue to extend life further and further?

Perhaps that part is not in vain, but we will never contradict the divine principle that man is created to be born and to eventually die, if not deteriorate.

I should like to hear a little more rationale and justification of the duplicative aspects of this bill over what is in being.

Mr. SPRINGER. May I say to my colleague this: I think the serious question was whether or not you want to create these research centers. That is the big issue. That is the biggest issue, in my opinion. This is the judgment of this body. We only come to you with this offer of what we thought that these centers could do. That remains to be seen, but this is the great expansion, as I see it, so far as this program with reference to these four related diseases is concerned. If you do not want to accept it, why,

vote against the bill. I say that this is, in my opinion, the thrust of it, and this is where you are going to get probably the greatest amount of immediate benefit.

I am talking about two things, research and location in those areas where doctors can go—we will say this research center—to get information.

Secondly, is whether or not you want to give this director the money the chairman mentioned a moment ago with reference to killer research, which is going to be a sizable amount of money.

In the third place, the director is directed to establish control programs, control programs for heart, blood vessel, lung, and blood diseases, and that amount is a total of \$90 million alone. I think it is in those three areas that you are going to get the thrust of the program.

I do not know that I could make it any clearer to the gentleman than to put it just as simple as I can. That is the thrust of the program, and I do believe that those three things are in addition to what you are presently doing.

Mr. Chairman, I am sorry I cannot yield for a question; I will in a couple of minutes.

Mr. HUNGATE. I just want to commend the gentleman from Illinois on his service to the Congress in the contribution that I think he has made.

I have had an opportunity to deal with him and his staff, and I think he is efficient, effective, and meritorious. The gentleman cannot be intimidated when he thinks he is correct, and I would hope the rest of us would do as well as we can to follow his example.

Mr. SPRINGER. I thank the gentleman for his kind remarks.

I would like to say that we do have a staff member who has been with us almost as long as I have been on the committee—Jim Menger. He has been eminently fair. I doubt if the Chair knows what his politics are; I do not.

As I say, I do not, and I have talked with him and have had breakfast with him day after day. I think our staff has been without politics. Jim Menger is the best example of that. He is a real expert in this field. He will be missed not only by myself and the chairman but also by every member of the committee.

Mr. NELSEN. Mr. Chairman, will the gentleman yield?

Mr. SPRINGER. I yield to the gentleman from Minnesota (Mr. NELSEN), the ranking minority member of our subcommittee.

Mr. NELSEN. Mr. Chairman, first I wish to join with my colleagues in expressing my appreciation for the fine work that our colleague, the gentleman in the well, has done over a period of years. I know we are going to miss him on the committee. I want him to understand we have appreciated the fine work he has done.

I also wish to join with the gentleman in the well in commending our staff member Dr. Menger, who has done such a tremendous job for us on our committee.

Mr. Chairman, on two separate occasions, President Nixon has recommended to Congress a program of action on heart

and related diseases. On January 2, 1972, in his state of the Union message, the President said:

In addition, we will be giving increased attention to the fight against diseases of the heart, blood vessels and lungs, which presently account for more than half of all the deaths in this country. It is deeply disturbing to realize that, largely because of heart diseases, the mortality rate for men under the age of 55 is about twice as great in the United States as it is, for example, in some of the Scandinavian countries.

On March 2, 1972, in his health message, the President also pointed out that if current rates of incidence continue, some 12 million Americans will suffer heart attacks in the next 10 years. Through budget requests, he has recognized the need for development of new medical devices to assist blood circulation and improved instruments for early detection of heart diseases and has called for a program to explore the relationship of high-risk factors such as smoking, high blood pressure and high blood fats to the onset and progression of heart diseases.

Our committee bill requires the development and implementation of a nine-point program. One of the requirements is that the Director of the National Heart and Lung Institute shall conduct a program of education for the public and health professions with regard to heart, blood vessel, lung and blood diseases. Special emphasis is to be placed on informing the public of the effect of reduction of known risk factors in preventing these disorders.

I believe my colleagues on the subcommittee would agree that this provision alone, calling for public education in the area of early detection and recognition of symptoms and then impressing on the public the need for immediate action, makes the bill worthwhile, for this will be the difference between life and death for a vast number of people in the years that lie ahead.

I commend this bill to your favorable consideration.

Mr. STAGGERS. Mr. Chairman, I yield 5 minutes to the gentleman from Florida (Mr. ROGERS).

Mr. ROGERS. Mr. Chairman, I thank the gentleman from West Virginia for yielding. First of all I want to commend the chairman of the full committee for his great interest in health and the leadership he has exerted and his sponsorship of this bill as well as many others. He has been a driving force and has stood behind this subcommittee in all its work.

I think each member of this subcommittee has been diligent and has devoted hours and hours to the subject of health. In great measure it has been due to the fine support we have received from the chairman as well as from the ranking minority member, who has just spoken.

I am not going to take the time now to say what it will mean to all of us to lose the gentleman from Illinois, BILL SPRINGER. I am sure the opportunity will come later for us to express ourselves on that, but I already feel the loss that will occur, and we will miss his contributions which he has made over the years. We will greatly miss him.

As for the staff, Jim Menger has done a magnificent job throughout the years. He does know more about public health legislation than anybody else in America, and the Subcommittee on Public Health and Environment will greatly miss him particularly.

Mr. Chairman, I rise in support of a bill in which every American has a stake: The National Heart, Blood Vessel, Lung, and Blood Act of 1972. While the name of the bill is cumbersome, its purpose is simple: To foster research and control programs aimed at effective and direct attack on cardiovascular and pulmonary diseases.

Mr. Chairman, the legislation which the subcommittee asked the association to comment on deals with the problems of diseases of the heart, lungs, blood, and blood vessels. The association is concerned about these diseases and the epidemic proportions they have assumed.

Heart and blood vessel diseases are among the major causes of death in the United States, killing more than 1 million people each year. Cardiovascular disease is responsible for 54.1 percent of all deaths in the United States, killing old and young alike. Heart attacks kill 600,000 people annually. More than 12 million Americans will suffer some kind of heart attack in the next 10 years.

Lung diseases are deadly killers and debilitators; approximately 20 million Americans are disabled with diseases of the lungs. In addition, death from emphysema is rising at a rate unparalleled by any other disease.

Enormous numbers of people are being killed and disabled by thrombosis. This disease, the formation of blood clots in the vessels, is responsible for most of the suffering and death caused by the 200,000 strokes occurring annually in the United States.

These grim facts exemplify the need for action concerning these diseases. It is clearly in the national interest to act on these problems. These diseases strike down people in the prime, most productive years. Even when not fatal, these diseases seriously disable people so that they no longer can work. In addition to creating a life of nonproductive existence and suffering, these diseases also have a serious economic impact on the country.

Mr. Chairman, as you know, primary responsibility for Federal support of research into these diseases lies within the National Heart and Lung Institute, one of the 10 institutes within the National Institutes of Health. Established as the National Heart Institute in 1948, it has become the world's leading center of excellence for the study of heart and lung disease. In November 1969, the Institute was renamed the National Heart and Lung Institute in order to reflect its expanded functions with regard to pulmonary disease. Headed by one of this country's finest public servants, Dr. Theodore Cooper, the Institute has sponsored and participated in innumerable research programs which have contributed to the accumulation of valuable knowledge regarding heart, lung, blood vessel and blood diseases. This bill is de-

signed to give direction and impetus to these efforts through several innovative provisions designed to streamline research supported by the Institute and make the fruits of that research more accessible to the medical community.

Mr. Chairman, the bill is substantially similar to the cancer legislation enacted in December of 1971 after months of critical and fruitful debate. I know you will recall that the debate centered on the desirability of maintaining the responsibility for Federal cancer research within the National Institutes of Health. You will recall that the Congress decided that maintaining the research effort within NIH was the proper approach; this bill is geared to that principle.

Mr. Chairman, the bill contains several important features. It requires—for the first time—the establishment of a national program to expand, coordinate, and intensify the activities of the Institute. It affords broader administrative authority for the Director of the Institute. It requires the dissemination of health information respecting heart and lung disease. It authorizes the establishment of prevention and control programs which will aid in the prevention, diagnosis and treatment of these diseases. It authorizes the development of 15 new basic and clinical research and demonstration centers for heart, blood vessel, and blood diseases as well as 15 new basic and clinical research and demonstration centers for lung diseases. It requires stepped up and formal coordination of all Federal programs relating to these diseases. It replaces the existing National Advisory Council with a National Heart and Lung Advisory Council with public members appointed by the Secretary, and with representatives from Federal departments and agencies who have responsibility for some aspect of health.

Mr. Chairman, one point of clarification. The proposed section 414 would authorize control programs for heart, blood vessel, lung, and blood diseases in cooperation with other Federal agencies, State, local, and regional public health agencies. It is our belief that the Department in developing regulations should consult with representatives of State and local health departments since they will, in many cases, be responsible for the administration of the control programs.

Mr. Chairman, this bill has broad support. It is designed to make substantial inroads against the leading health problems in the Nation today. I urge the bill's adoption.

Mr. Chairman, this is a good bill. It will attack the problem of heart and blood and lung diseases in a more adequate manner than they have ever been approached before.

Of course the bill does carry a great deal of money, about \$1,290 million, but at the time we are considering the cost over the next 3 years, we also ought to consider what it is costing every American taxpayer not to do an adequate job in research and control of heart and lung diseases. The American Heart Association has estimated that cardiovascular

diseases alone cost this Nation \$17.3 billion—not million—per year. There are some 52 million lost man-days of production per year. These figures do not involve lung disease, and emphysema is the most rapidly rising disease we now have. They do not include losses associated with other diseases of the lung which we really have not properly attacked on the research scene.

So I think it should be put in proper perspective what we are talking about when we speak of the cost to the American people of doing an insufficient job on these diseases. This bill goes to that problem and I think the committee has tried to pull together a reasonable bill that will get us going, that calls for a stepped-up national research program, and that calls for the fruits of these programs to be disseminated so doctors all over this Nation will know what the latest methods of treatment are and can apply them.

I would urge the House to support this bill, as I believe it will overwhelmingly, because the American people are ready to halt the slaughter from heart and lung diseases in this country.

Mr. VEYSEY. Mr. Chairman, will the gentleman yield?

Mr. ROGERS. I am happy to yield to the gentleman from California.

Mr. VEYSEY. I should like to use just a moment to ask a question of the distinguished chairman of the subcommittee, the gentleman from Florida.

I strongly support the provisions in H.R. 15081, because I see the need, along with the gentleman, for additional research in these important areas, but I also see some further needs which are not met within this particular legislation.

The bill would provide funding for research in blood diseases, such as serum hepatitis, which we recognize is a very important killer in our society today.

Would the distinguished subcommittee chairman be able to comment to me on the likelihood of some separate action being taken on other aspects of this problem, such as regulation of the blood banks through which this disease is being spread, and the encouragement of volunteer donors?

Mr. ROGERS. I will be glad to comment.

I am sure the chairman of the full committee shares the gentleman's concern, as I do. We know of the gentleman's interest and leadership in trying to bring this problem to national attention.

As I am sure the gentleman realizes, there is currently a study being done, which HEW has authorized, into this problem of blood banking nationally. It is being done by Booze, Allen. This firm's report is due about September. I believe we should wait until that report comes in, and reviews its recommendations, before we attack the problems associated with blood banking.

The committee is concerned about the problem posed by the gentleman. We do want to do something. We plan to do something. But we believe we should wait for the completion of the study.

We do recognize the interest of the gentleman, and would expect to continue to keep in close touch with him on this problem.

Mr. VEYSEY. I thank the gentleman for that assurance. I also should like to see the report, which is due in the near future. I am very hopeful that immediately upon receipt of that information we may be able to move into an examination of the possibility of regulation of blood banks, and encouragement of volunteer donors.

As the gentleman well knows, I have introduced a bill, with nearly 100 cosponsors in this House, H.R. 11828; and there is in the other body legislation sponsored by Senators PERCY and HARTKE, S. 2909; which would move forcibly, in the direction of immediate remedial action against this important killer, tainted blood. I hope we can have very early hearings.

Mr. ROGERS. I thank the gentleman.

Mr. STAGGERS. Mr. Chairman, I yield myself such time as I may consume.

I want not only to applaud what has been said about our colleague, Mr. SPRINGER, but also to add that without his help, many bills which affect every American would not have passed the Congress. He has always been fair. He has always been very astute in everything he has done for the committee in the study of the bills. His knowledge and his work have been outstanding, and his contributions to help strengthen legislation coming from the committee have been of enormous aid.

Our committee has an informal rule, and every member of the committee follows the rule, that when we disagree, we do not need to be disagreeable. I believe that has been pretty well adopted by the committee.

Without the leadership of the gentleman from Illinois (Mr. SPRINGER) on the other side of the aisle, I expect we would have been torn apart many times.

He has not only been able in his work, but he has been a mediator in all ways. Publicly I want to say to him thanks a million for his help. I know his time in Congress is coming to a close, but we have many more important bills, and I am sure that BILL SPRINGER will be there trying to help for what he thinks is in the best interest of the Nation as a whole, as always.

Mr. ROY. Mr. Chairman, will the gentleman yield?

Mr. STAGGERS. I yield to the gentleman.

Mr. ROY. Mr. Chairman, cardiovascular disease is one of the Nation's leading health problems, affecting more than 27 million, and killing more than 1 million persons annually. The incidence of cardiovascular disease has increased over the past several decades to epidemic proportions as the control of infectious diseases has extended the lifespan of the average American and left him vulnerable to chronic diseases. Reflecting this situation, between 1900 and 1968 the death rate from heart disease rose from 137 to 373 per 100,000 population, making it the Nation's No. 1 killer. Today, almost half of all deaths among persons

between the ages of 35 and 64 are caused by diseases of the heart and blood vessels. In 1968, mortality from circulatory disease was over 1 million people, with a quarter of these under the age of 65. Atherosclerosis, hypertension, rheumatic heart disease, and congenital heart defects—the impact of these major forms of cardiovascular disease is staggering.

A disease which is this prevalent is a serious drain on the Nation's resources. The American Heart Association estimates that cardiovascular disease alone may cost the Nation an annual \$17.3 billion and account for 52 million lost man-days of production each year. In addition, it has been estimated that approximately 11 years could be added to the life expectancy of the average American with the elimination of cardiovascular disease as a major form of morbidity and mortality. As grim as these statistics may be, they do not take into account the human suffering which may be brought about by physical disability and the inability to lead a comfortable and productive life. For many of those affected, chronic cardiovascular disease may mean irretrievable loss of health and a distressing reduction in the quality of life.

It is encouraging to note, however, that medical research has made a number of striking advances in the past 20 years in the diagnosis and treatment of cardiovascular problems. Cardiac catheterization, angiocardiology, and ultrasound have all increased our ability to understand the precise problems of the individual patient. Computers and other electronic devices have also contributed to more skillful diagnostic procedures.

There is at the present time no cure for most major cardiac diseases, but present therapeutic regimens, aided when necessary by surgical intervention, can often impede or delay the insidious progress of these disorders. Anticoagulants, diuretics, digitalis, nitroglycerin, and antibiotics all have increased our ability to combat heart disease. Spectacular advances in cardiac surgery have increased the life expectancy of those with congenital defects and several other types of abnormalities.

In addition to the very major problems that heart disease poses for our population, diseases of lung and blood also pose major problems. Chronic pulmonary disorders, such as asthma, bronchitis, and emphysema directly cause more than 30,000 deaths each year and contribute to at least 60,000 more. An additional 20 million persons are disabled with diseases of the lung. Disorders of the blood, such as sickle cell anemia and hemophilia, produce lifelong disability for those afflicted. Sickle cell anemia affects approximately 40,000 to 50,000 Americans of African descent. Severe hemophilia affects an additional 10,000 to 15,000 Americans.

There is an evident need to increase our Nation's effort to understand and alleviate the suffering and death caused by all these diseases. For this reason, I am pleased to support the National Heart, Blood Vessel, Lung, and Blood Act of 1972 which is presented to this House here this afternoon. This bill augments the Federal research effort in these areas by

building upon strengths of existing programs and expanding them. The bill requires the Director of the National Heart and Lung Institute to develop and carry out a nine-point plan. This plan covers a wide range of activities, including research into the epidemiology, etiology, and prevention of all forms of heart, blood vessel, lung, and blood diseases. The plan is to provide for evaluation of methods of therapy, research into the effective use of the Nation's blood resources, education of the public and health professions, training of scientists and clinicians, and establishment of programs for the evaluation and study of emergency medical services. It is directed to set out recommendations for staffing and appropriations commensurate with the scope of the program. The bill specifically provides for coordination of the proposed program with activities of other institutes to the extent that they may be conducting research in these areas.

In addition to establishing a broad, well-organized national effort, the bill authorizes sizable new funds, \$1.29 billion over 3 years, for this purpose.

Because of the magnitude of the problem, and because of the comprehensiveness of the new program proposed, I am pleased at this time to urge the enactment of the National Heart, Blood Vessel, Lung, and Blood Act of 1972.

Mr. SPRINGER. Mr. Chairman, I do want to acknowledge the kind words of my chairman. He has been very thoughtful and very helpful in everything that I attempted to do in the committee. I am thankful for his good words.

I yield the remainder of the time allotted to me to a member of the subcommittee, the gentleman from Kentucky (Mr. CARTER).

Mr. CARTER. I thank the distinguished gentleman for yielding to me.

I, too, want to echo the comments made by our distinguished chairman. The distinguished gentleman from Illinois (Mr. SPRINGER) has been a wonderful leader on our side of the aisle. I know of no ranking member on any committee who knows his work and does his homework as well as this distinguished gentleman.

I would point to the fact that on the selection of ranking members in our group he was one of the few who received a complete vote of every member of the committee, which I think is certainly highly complimentary and shows a great deal of faith is reposed in the distinguished gentleman from Illinois.

Mr. Chairman, I want to say that I do support this legislation. I think it is badly needed. We have and we have had over the years too many deaths, too many, from heart, stroke, and pulmonary diseases. We need to do more about it. It is my feeling the establishment of well-equipped heart and lung centers throughout our country with adequately trained personnel to demonstrate new methods of diagnosis and treatment of heart and lung diseases will be extremely helpful. This bill will do just that.

I strongly support the legislation and ask for the support of the Members.

Mr. KEATING. Mr. Chairman, today in America we are faced with a killer

which takes more lives than any other single force. That killer is heart disease. Its cost in terms of economic burden is massive, and its overall effect is devastating. Heart disease, while striking primarily at people who are in their most productive years—between the ages of 40 and 60, kills more than 1,000,000 people annually, afflicting another 27,000,000. Lung diseases disable 20,000,000 people annually, while chronic pulmonary disorders such as asthma, bronchitis, and emphysema directly cause more than 30,000 deaths each year and contribute to at least 60,000 more.

Lifelong disability is produced for those affected with disorders of the blood—sickle cell anemia and hemophilia.

Thus, almost 50,000,000 Americans, one-quarter of this country's population, are afflicted by diseases of the heart, blood vessels, lungs, and blood.

Approximately three-fourths of this Nation's people are affected by such diseases directly or indirectly through a member of their family. Figures such as these merit great concern.

Many of the recent developments in heart disease control are dramatic. Passage of H.R. 15081 would insure the continuation of the great strides that have been made in the past, and pave the way for even greater success in the future.

The establishment of a national heart, blood vessel, lung and blood disease program would provide the opportunity for more extensive research, field studies, testing and evaluation of these diseases, education and training, and evaluation of emergency medical services.

Research and training grants would be increased to insure the benefits of free competitive research.

As many as 15 new basic and clinical research and demonstration centers for heart, blood vessel, and blood diseases and up to 15 centers for chronic lung diseases may be established by the Director.

And, the coordination of Federal health programs would be increased.

I urge my colleagues to share in the concern for this cause.

Mr. KYROS. Mr. Chairman, I rise in support of H.R. 15081, a bill to enlarge the authority of the National Heart and Lung Institute to focus more intensive attention on the causes and cures of cardiovascular and lung diseases.

As we all know, cardiovascular disorders lead the list of fatal diseases. Each year, more than a million and a quarter Americans suffer heart attacks, and more than half of those die. Last year, over 6,000 heart fatalities were in my State of Maine. It is a medical fact that, in all instances, more men than women are dying of cardiovascular disease; 27 percent more men than women succumb to heart attacks. Moreover, these men are in the 45-to-55-age bracket, at a time when they are settled with homes and families and are productive members of society. It has been estimated that cardiovascular disease may cost the Nation as much as \$17 billion yearly, a very serious economic toll.

It is vital that we begin work to pre-

serve an important resource of this country: The American male. H.R. 15081 will build upon the existing strengths of the programs within the National Heart and Lung Institute, and will include research into the causes and prevention of all forms of heart, blood vessel, and blood diseases.

A second notable facet of this legislation is its increased attention to lung diseases, so closely related to cardiovascular disorders. Asthma and emphysema have become major health problems, and some 36,000 people die yearly from all chronic respiratory conditions. The National Heart, Blood Vessel, Lung, and Blood Act of 1972 will double present funding for heart and lung disease research, and will provide 30 new research clinics, 15 each for heart and lung, throughout the country. The bill will also aid in the recruitment of additional manpower, a serious problem in this area of health care.

Mr. Chairman, it is, indeed, a pleasure to give my full support to this important legislation.

Mr. HARRINGTON. Mr. Chairman, I rise today in support of House Resolution 15081, the National Heart, Blood Vessel, Lung, and Blood Act of 1972.

The health situation in this country is deplorable. Responsible steps must be taken to give adequate health care to all Americans. One of the first steps is embodied in this bill—to advance the national attack against diseases of the heart and blood vessels, the lungs, and the blood. To fight any disease knowledge and research is necessary.

Heart and blood vessel diseases are the major causes of death today in the United States. Over 15 million Americans have been stricken with heart disease, with another 13 million suspected sufferers. Approximately 1.2 million Americans suffer heart attacks each year, with a half million of those dying. The incredible element is that half of those who die from heart attacks do so before medical attention arrives. It is estimated that over 12 million Americans will die from heart attacks in the next 10 years.

The incidence of chronic respiratory diseases, particularly emphysema, has been recognized by health authorities as a growing menace because of the increasing contamination of our environment. In the last 5 years, emphysema cases have risen over 109 percent. People affected by bronchitis and/or emphysema number over 4½ million. The number of deaths per 100,000 causes by emphysema has increased from 5.4 in 1960 to 11.1 in 1970, more than a two-fold increase in just one decade.

The funding provided by this bill will definitely help combat these crippling diseases. I hope that my colleagues join with me and vote for this measure.

Mr. PRICE of Illinois. Mr. Chairman, the health of citizens of the United States should be of prime concern to the Members of Congress. For this reason I support H.R. 15081, the National Heart, Blood Vessel, Lung, and Blood Act.

Although much research has been done and much progress has been accomplished, millions of Americans still

suffer from disorders of the heart, blood, and lungs. An attack against these disorders has never been coordinated on a scale large enough to be truly effective. Now is the time to mount such an attack. The best way to advance the attack is on an expanded national scale under the guidance of the Director of the National Heart and Lung Institute. This is the plan which will be established if H.R. 15081 is enacted. The funds allotted to this program are vitally needed to help end the misery of many Americans who know the pain and suffering caused by circulatory and respiratory disorders. I urge the support of my colleagues for this worthy cause.

Mr. DONOHUE. Mr. Chairman, I most earnestly hope that this pending bill, H.R. 15081, to enlarge the authority of the National Heart and Lung Institute to accelerate our national attack against diseases of the heart and blood vessels, the lungs, and blood, is overwhelmingly accepted by the House this afternoon.

In substance, this measure is intended to cover a wide range of activities including research into the epidemiology, etiology, and prevention of all forms of heart, blood vessel, lung, and blood diseases. In addition, the nine-point plan set up by this legislation provides for the evaluation of methods of therapy, research into the effective use of the Nation's blood resources, education of the public and health professions, training of scientists and clinicians, and establishment of programs for the study and evaluation of emergency medical services.

Mr. Chairman, the diseases covered by the provisions of this bill are among the leading health problems in the country today. They prematurely reduce both the length and quality of the lives of millions of Americans and they constitute a serious drain on the Nation's economic and social resources. Research in these disease areas, up to now, has provided a certain number of methods of treatment but, obviously, a tremendous amount of research still remains to be undertaken in order to accomplish the fundamental objective of this measure which is, very simply, to hasten the day when diseases of the heart, lungs, blood vessels, and blood can no longer be counted among this country's leading causes of death and disability.

Mr. Chairman, by all standards of reasonable measurement, this bill is in the national interest and I urge its adoption without any extended delay.

Mr. MINISH. Mr. Chairman, I rise in support of H.R. 15081, the National Heart, Blood Vessel, Lung, and Blood Act of 1972.

As a cosponsor of this vital legislation, I commend the Committee on Interstate and Foreign Commerce for its action in reporting legislation which will significantly improve the Federal Government's effort to combat heart and lung disease.

Last year, I was proud to have been a prime sponsor of the "conquest of cancer" legislation which eventually led to the Cancer Attack Act signed into law in December of 1971. The legislation before us today represents an attempt to do the same thing for heart disease that we were

able to accomplish for cancer last year, that is, provide the impetus for a greatly expanded research effort to find the causes and cures for these dread diseases.

The National Heart, Blood Vessel, Lung, and Blood Act authorizes appropriations of \$1.2 billion over a 3-year period to substantially augment the Federal research effort in cardiovascular, pulmonary, and blood diseases. The bill would require the drafting of a comprehensive plan for attacking these disorders by the Director of the National Heart and Lung Institute, with the support of a new 21 member National Heart and Lung Advisory Council.

The plan is intended to cover a wide range of activities including research into the epidemiology, etiology, and prevention of all forms of heart, blood, and lung disease. In addition, the plan is to provide for evaluation of methods of therapy, research into the effective use of the Nation's blood resources, training of scientists and clinicians, establishment of programs for the study and evaluation of emergency medical services, and recommendation for staffing and appropriations commensurate with the scope of the program. The bill also specifically provides for coordination of the proposed program with the activities of other components of the National Institutes of Health that may be conducting related research.

Moreover, as part of his expanded authority, the Director of the National Heart and Lung Institute shall conduct a program of education for the public and health professions with respect to heart and lung diseases. Special emphasis is to be placed on informing the public of the effect of reduction of known risk factors in preventing these diseases.

As another means of insuring the rapid translation of research results to the community, the bill also provides for the creation of heart, blood vessel, lung, and blood disease control programs. These programs are to be established in cooperation with Federal, State, and other agencies. Under the bill, a separate 3-year authorization of \$90 million is provided for control program activities.

Mr. Chairman, heart disease is the number one killer in America today. More than 1 million Americans die annually of various forms of heart disease. Moreover, the incidence of heart trouble has been increasing at an alarming rate. Between 1900 and 1968, the death rate from heart disease has risen from 137 to 373 per hundred thousand. Nearly half of all deaths today among those between the ages of 35 and 64 are caused by diseases of the heart and blood vessels. It has been estimated that we could add up to 11 years of life expectancy to the average American if cardiovascular disease could be eliminated as a major cause of morbidity.

Diseases of the lungs are fast becoming major causes of disability and death in the United States. Chronic respiratory conditions, in fact, were the underlying cause of 36,000 deaths in 1970 and contributed to 60,000 more. Asthma afflicts more than 5 million Americans; chronic bronchitis, 4 million; and emphysema, 1 million.

As grim as these statistics surely are,

they can in no way measure the severe amount of suffering visited upon millions of victims of these terrible diseases and upon their families. The increasing prevalence of heart and lung diseases warrants a major national effort to eradicate them. I urge approval of H.R. 15081.

Mr. PEPPER. Mr. Chairman, I want to commend the able chairman and the distinguished members of his committee on Interstate and Foreign Commerce in bringing to legislative fruition this program to provide for the expansion and intensification of our national research program into the causes and prevention of heart and lung diseases. This is a good bill and I believe its passage paramount to our mounting a national effort against these dread afflictions which stand out as two of the most serious facing our Nation today. This is the first major effort to provide a research and treatment program against heart and lung diseases since the enactment in June 1948 of S. 2215, setting up the National Heart Institute, of which I was a cosponsor.

For many years I have worked in both the House and the Senate to promote the health and prolong the prime of life for Americans. While I served in the U.S. Senate I introduced in February 1947 S. 720, a bill to authorize a heart research program through the appropriate agencies. A little later I cosponsored S. 2215 with my colleagues Senators Henry Styles Bridges, Irving McNeil Ives, and James Edward Murray. This Senate bill, to amend the Public Health Service Act to support research and training in diseases of the heart and circulation, and to aid the States in the Development of community programs for the control of these diseases, was enacted in June 1948. In January 1949, I introduced Senate Joint Resolution 35 to establish National Heart Week in order to help provide for the continuous education of all Americans and help create a national awareness of the causes, treatment and prevention of this pernicious disease. As a Member of the House of Representatives, I was a joint sponsor of the Health Professions Educational Assistance Act and the Heart Disease, Cancer and Stroke Amendments of 1965. On January 18, 1972, I introduced H.R. 12460 to amend the Public Health Service Act to strengthen the National Heart and Lung Institute and the National Institutes of Health.

The National Heart, Blood Vessel, Lung and Blood Act of 1972 will enlarge the authority of the National Heart and Lung Institute in order to advance and accelerate our Federal effort to attack these diseases. This measure requires the Director of the National Heart and Lung Institute, with the advice of the National Heart and Lung Advisory Council, to develop and carry out a 9-point plan for a national heart, blood vessel, lung, and blood disease program. The bill authorizes \$1.2 billion for fiscal years 1973-75 for the national heart, blood vessel, lung and blood disease program and \$90 million for the same period for the initiation of heart, blood vessel, lung and blood disease control programs.

Mr. Chairman, 20 million Americans are suffering from heart and blood vessel diseases, and an additional 5 million are

afflicted with chronic lung diseases. This means that approximately one in six Americans is handicapped by these diseases. In addition, each year over 1 million die of heart and blood vessel diseases, accounting for 54 percent of our deaths. We are reminded too of the economic impact these diseases inflict on so many Americans and their families. The American Heart Association estimates that cardiovascular disease alone may cost the Nation an annual \$17.3 billion and account for 52 million lost man-days of production each year.

The passage of this bill will manifest our commitment to utilize our vast medical and scientific resources, knowledge, and skills in a comprehensive effort to resolve some of our major domestic problems and health certainly stands out as one of the most crucial. Let us hope that this measure will save the lives and promote the health and happiness of so many of our fellow Americans and indeed indirectly of people all over the world.

Mr. STAGGERS. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. Under the rule, the Clerk will read the bill for amendment.

The Clerk read as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "National Heart, Blood Vessel, Lung, and Blood Act of 1972".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) Congress finds and declares that—

(1) diseases of the heart and blood vessels collectively cause more than half of all the deaths each year in the United States and the combined effect of the disabilities and deaths from such diseases is having a major social and economic impact on the Nation;

(2) elimination of heart and blood vessel diseases as significant causes of disability and death could increase the average American's life expectancy by about eleven years and could provide for annual savings to the economy in lost wages, productivity, and costs of medical care of more than \$30,000,000,000 per year;

(3) chronic lung diseases have been gaining steadily in recent years as important causes of disability and death, with emphysema alone being the fastest rising cause of death in the United States;

(4) chronic respiratory diseases affect an estimated ten million Americans, emphysema an estimated one million, chronic bronchitis an estimated four million, and asthma an estimated five million;

(5) thrombosis (the formation of blood clots in the vessels) may cause, directly or in combination with other problems, many deaths and disabilities from heart disease and stroke which can now be prevented;

(6) blood and blood products are essential human resources whose value in saving life and promoting health cannot be assessed in terms of dollars; and

(7) the greatest potential for advancement against heart, blood vessel, lung, and blood diseases lies in the National Heart and Lung Institute, but advancement against such diseases depends not only on the research programs of that Institute but also on the research programs of other research institutes of the National Institutes of Health.

(b) It is the purpose of this Act to enlarge the authority of the National Heart and Lung Institute in order to advance the na-

tional attack upon heart, blood vessel, lung, and blood diseases.

HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PROGRAMS

SEC. 3. Part B of title IV of the Public Health Service Act is amended (1) by redesignating section 413 as section 419A, (2) by redesignating section 414 as section 418, and (3) by adding after section 412 the following new sections:

"NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PROGRAM

"SEC. 413. (a) The Director of the Institute, with the advice of the Council, shall within one hundred and eighty days after the effective date of this section, develop a plan for a National Heart, Blood Vessel, Lung, and Blood Disease Program (hereafter in this part referred to as the 'Program') to expand, intensify, and coordinate the activities of the Institute respecting heart, blood vessel, lung, and blood diseases (including its activities under section 412) and shall carry out the Program in accordance with such plan. The Program shall be coordinated with the other research institutes of the National Institutes of Health to the extent that they have responsibilities respecting such diseases and shall provide for—

"(1) investigation into the epidemiology, etiology, and prevention of all forms and aspects of heart, blood vessel, lung, and blood diseases, including investigations into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, and prevention of such diseases;

"(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal heart, blood vessel, lung, and blood phenomena;

"(3) research into the development, trial, and evaluation of techniques, drugs, and devices (including computers) used in, and approaches to, the diagnosis, treatment, and prevention of heart, blood vessel, lung, and blood diseases and the rehabilitation of patients suffering from such diseases;

"(4) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive, diagnostic, therapeutic, and rehabilitative approaches to such diseases;

"(5) studies and research into blood diseases and blood, and into the use of blood for clinical purposes and all aspects of the management of its resources in this country, including the collection, preservation, fractionalization, and distribution of it and its products;

"(6) the education and training of scientists and clinicians in fields and specialties (including computer sciences) requisite to the conduct of programs respecting heart, blood vessel, lung, and blood diseases;

"(7) public and professional education relating to all aspects of such diseases and the use of blood and blood products and the management of blood resources;

"(8) establishment of programs for study and research into heart, blood vessel, lung, and blood diseases of children (including cystic fibrosis, hyaline membrane, and hemolytic and hemophilic diseases) and for the development and demonstration of diagnostic, treatment, and preventive approaches to these diseases; and

"(9) the establishment of programs for study, research, and evaluation of emergency medical services for people in critical condition in connection with heart, blood vessel, lung, or blood diseases.

The Program shall give special emphasis to the continued development in the Institute of programs relating to atherosclerosis, hypertension, thrombosis, and congenital abnormalities of the blood vessels as causes of stroke, and to effective coordination of such

programs with related stroke programs in the National Institute of Neurological Diseases and Stroke.

"(b) (1) The plan required by subsection (a) of this section shall be transmitted to the Congress and shall set out the Institute's staff requirements to carry out the Program and recommendations for appropriations for the Program.

"(2) The Director of the Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the Council and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the Program during the preceding calendar year and a plan for the Program during the next five years.

"(c) In carrying out the Program, the Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council and without regard to any other provision of this Act, may—

"(1) if authorized by the Council, obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than fifty experts or consultants who have scientific or professional qualifications;

"(2) acquire, construct, improve, repair, operate, and maintain heart, blood vessel, lung, and blood disease laboratories and research and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years; and

"(3) enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes of the United States (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institution.

"(d) The Director of the Institute shall conduct a program to provide the public and the health professions with health information with regard to cardiovascular and pulmonary diseases. In the conduct of such program, special emphasis shall be placed upon dissemination of information regarding diet, exercise, stress, hypertension, cigarette smoking, weight control, and other factors in the prevention of arteriosclerosis and other cardiovascular diseases and of pulmonary diseases.

"HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE CONTROL PROGRAMS

"Sec. 414. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, shall establish programs as necessary for cooperation with other Federal health agencies, State, local, and regional public health agencies, and nonprofit private health agencies in the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases, appropriately emphasizing the prevention, diagnosis, and treatment of such diseases of children.

"(b) There are authorized to be appropriated to carry out this section \$20,000,000 for the fiscal year ending June 30, 1973, \$30,000,000 for the fiscal year ending June 30, 1974, and \$40,000,000 for the fiscal year ending June 30, 1975.

"NATIONAL RESEARCH AND DEMONSTRATION CENTER FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES

"Sec. 415. (a) The Director of the Institute may provide for the development of—

"(1) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, and blood diseases; and

"(2) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for chronic lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children).

Centers developed under this subsection may be supported under subsection (b) or under any other applicable provision of law. The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraphs (1) and (2) of this subsection.

"(b) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, may enter into cooperative agreements with public or nonprofit private agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, existing or new centers (including centers established under subsection (a)) for basic or clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases. Funds paid to centers under cooperative agreements under this subsection may be used for—

"(1) construction, notwithstanding section 405,

"(2) staffing and other basic operating costs, including such patient care costs as are required for research,

"(3) training, including training for allied health professions personnel, and

"(4) demonstration purposes.

The aggregate of payments (other than payments for construction) made to any center under such an agreement may not exceed \$5,000,000 in any year. Support of a center under this subsection may be for a period of not to exceed five years and may be extended by the Director of the Institute for additional periods of not more than five years each, after review of the operations of such center by an appropriate scientific review group established by the Director. As used in this section, the term 'construction' does not include the acquisition of land.

"INTERAGENCY TECHNICAL COMMITTEE

"Sec. 416. (a) The Secretary shall establish an Interagency Technical Committee on Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources which shall be responsible for coordinating those aspects of all Federal health programs and activities relating to heart, blood vessel, lung, and blood diseases and to blood resources to assure the adequacy and technical soundness of such programs and activities and to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.

"(b) The Director of the Institute shall serve as Chairman of the Committee and the Committee shall include representation from all Federal departments and agencies whose programs involve health functions or responsibilities as determined by the Secretary.

"NATIONAL HEART AND LUNG ADVISORY COUNCIL

"Sec. 417. (a) There is established in the Institute a National Heart and Lung Advisory Council to be composed of twenty-one members as follows:

"(1) The Secretary and the chief medical

officer of the Veterans' Administration (or their designees) and a medical officer designated by the Secretary of Defense shall be ex officio members of the Council.

"(2) Eighteen members appointed by the Secretary.

Nine of the appointed members shall be selected from among the leading medical or scientific authorities who are skilled in the sciences relating to diseases of the heart, blood vessels, lungs, and blood; two of the appointed members shall be selected from persons enrolled in residency programs providing training in heart, blood vessel, lung, or blood diseases; and seven of the appointed members shall be selected from members of the general public who are leaders in the fields of fundamental or medical sciences or in public affairs.

"(b) (1) Each appointed member of the Council shall be appointed for a term of four years, except that—

"(A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

"(B) of the members first appointed after the effective date of this section, five shall be appointed for a term of four years, five shall be appointed for a term of three years, five shall be appointed for a term of two years, and three shall be appointed for a term of one year, as designated by the Secretary at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

"(2) A vacancy in the Council shall not affect its activities, and eleven members of the Council shall constitute a quorum.

"(3) The Council shall supersede the existing National Advisory Heart Council appointed under section 217, and the appointed members of the National Advisory Heart Council serving on the effective date of this section shall serve as additional members of the National Heart and Lung Advisory Council for the duration of their terms then existing, or for such shorter time as the Secretary may prescribe.

"(4) Members of the Council who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the functions of the Council compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

"(c) The Secretary (or his designee) shall be the Chairman of the Council.

"(d) The Director of the Institute shall (1) designate a member of the staff of the Institute to act as Executive Secretary of the Council, and (2) make available to the Council such staff, information, and other assistance as it may require to carry out its functions.

"(e) The Council shall meet at the call of the Chairman, but not less often than four times a year."

AUTHORIZATION OF APPROPRIATIONS FOR PART B OF TITLE IV OF THE PUBLIC HEALTH SERVICE ACT

Sec. 4. Part B of title IV of the Public Health Service Act is amended by adding at the end thereof the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"Sec. 419B. For the purpose of carrying out this part (other than section 414), there are authorized to be appropriated \$350,000,000 for the fiscal year ending June 30, 1973, \$400,000,000 for the fiscal year ending June 30, 1974, and \$450,000,000 for the fiscal year ending June 30, 1975."

AUTHORITY OF THE DIRECTOR OF THE NATIONAL HEART AND LUNG INSTITUTE TO APPROVE GRANTS

Sec. 5. Section 419A of the Public Health Service Act (as so redesignated by section 3 of this Act) is amended—

(1) by striking out "grants-in-aid" in subsection (a) and inserting in lieu thereof "except as provided in subsection (c), grants-in-aid"; and

(2) by adding after subsection (b) the following new subsection:

"(c) Under procedures approved by the Director of the National Institutes of Health, the Director of the National Heart and Lung Institute may approve grants under this Act for research and training in heart, blood vessel, lung, and blood diseases—

"(1) in amounts not to exceed \$35,000 after appropriate review for scientific merit but without review and recommendation by the Council, and

"(2) in amounts exceeding \$35,000 after appropriate review for scientific merit and recommendation for approval by the Council."

CONFORMING AMENDMENTS TO PART B OF TITLE IV OF THE PUBLIC HEALTH SERVICE ACT

Sec. 6. (a) Section 411 of the Public Health Service Act is amended by striking out "National Heart Institute" and inserting in lieu thereof "National Heart and Lung Institute".

(b) Section 412 of such Act is amended—

(1) by striking out "heart" each place it occurs (except in the heading) and inserting in lieu thereof "heart, blood vessel, lung, and blood";

(2) by striking out "Surgeon General" and inserting in lieu thereof "Secretary";

(3) by striking out "National Advisory Heart Council" and inserting in lieu thereof "National Heart and Lung Advisory Council";

(4) by redesignating paragraphs (a), (b), (c), (d), (e), (f), and (g) as paragraphs (1), (2), (3), (4), (5), (6), and (7), respectively; and

(5) by amending the section heading to read as follows:

"RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNG, AND BLOOD"

(c) Section 418 of such Act (as so redesignated by section 3 of this Act) is amended—

(1) by inserting "(a)" immediately after "Sec. 418." and by adding at the end thereof the following new subsection:

"(b)(1) The Council shall advise and assist the Director of the Institute with respect to the Program established under section 413. The Council may hold such hearings, take such testimony, and sit and act at such times and places, as the Council deems advisable to investigate programs and activities of the Program.

"(2) The Council shall submit a report to the President for transmittal to the Congress not later than January 31 of each year on the progress of the Program toward the accomplishment of its objectives."

(2) by striking out "Surgeon General" each place it occurs (except paragraph (f)) and inserting in lieu thereof "Secretary";

(3) by striking out "heart" each place it occurs and inserting in lieu thereof "heart, blood vessel, lung, and blood";

(4) by striking out "Surgeon General" in paragraph (f) and inserting in lieu thereof "Secretary, the Director of the National Institutes of Health, and the Director of the National Heart and Lung Institute"; and

(5) by redesignating paragraphs (a), (b), (c), (d), (e), and (f) as paragraphs (1), (2), (3), (4), (5), and (6), respectively.

(d) Section 419A of such Act (as so redesignated by section 3 of this Act) is amended—

(1) in subsection (a), by (A) striking out "Surgeon General" and inserting in lieu thereof "Secretary", and (B) striking out "heart" and inserting in lieu thereof "heart, blood vessel, lung, and blood"; and

(2) in subsection (b), by (A) striking out

"The Surgeon General shall recommend to the Secretary acceptance of conditional gifts, pursuant to section 501," and inserting in lieu thereof "The Secretary may, in accordance with section 501, accept conditional gifts", and (B) striking out "heart" and inserting in lieu thereof "heart, blood vessel, lung, and blood".

(e) The heading for part B of such Act is amended to read as follows:

"PART B—NATIONAL HEART AND LUNG INSTITUTE"

CONFORMING AMENDMENTS TO OTHER PROVISIONS OF THE PUBLIC HEALTH SERVICE ACT

Sec. 7. (a) Section 217 of such Act is amended—

(1) by striking out "the National Advisory Heart Council," each place it occurs in subsection (a);

(2) by striking out "heart diseases," in subsection (a) and by striking out "heart," in subsection (b).

(b) Sections 301(d) and 301(i) of such Act are each amended by striking out "National Advisory Heart Council" and inserting in lieu thereof "National Heart and Lung Advisory Council".

REPORT TO CONGRESS

Sec. 8. The Secretary of Health, Education, and Welfare shall carry out a review of all administrative processes under which the National Heart, Blood Vessel, Lung, and Blood Disease Program, established under part B of title IV of the Public Health Service Act, will operate, including the processes of advisory council and peer group reviews, in order to assure the most expeditious accomplishment of the objectives of the Program. Within one year of the date of enactment of this Act, the Secretary shall submit a report to the Congress of the findings of such review and the actions taken to facilitate the conduct of the Program, together with recommendations for any needed legislative changes.

EFFECTIVE DATE

Sec. 9. This Act and the amendments made by this Act shall take effect sixty days after the date of enactment of this Act or on such prior date after the date of enactment of this Act as the President shall prescribe and publish in the Federal Register.

Mr. STAGGERS (during the reading). Mr. Chairman, I ask unanimous consent that the bill be considered as read, printed in the RECORD, and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from West Virginia?

There was no objection.

COMMITTEE AMENDMENTS

The CHAIRMAN. The Clerk will report the committee amendments.

The Clerk read as follows:

Committee amendments:

Page 3, beginning in line 20, strike out "within one hundred and eighty days after the effective date of this section."

Page 6, line 11, strike out "shall be transmitted to the Congress and shall" and insert in lieu thereof "shall (A) be developed within one hundred and eighty days after the effective date of this section, (B) be transmitted to the Congress, and (C)".

Page 8, line 9, strike out "in" and insert in lieu thereof "affecting".

The committee amendments were agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker having resumed the chair, Mr. UDALL, Chairman of the Committee of the Whole House on the State of the

Union, reported that that Committee having had under consideration the bill (H.R. 15081) to amend the Public Health Service Act to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack against heart, blood vessel, lung, and blood diseases, and for other purposes pursuant to House Resolution 1027, he reported the bill back to the House with sundry amendments adopted by the Committee of the Whole.

The SPEAKER. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER. The question is on the passage of the bill.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. SCHMITZ. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members, and the Clerk will call the roll.

The question was taken; and there were—yeas 380, nays 10, not voting 42, as follows:

[Roll No. 266]

YEAS—380

Abernethy	Burton	Dickinson
Abouzeck	Byrne, Pa.	Diggs
Abzug	Byrnes, Wis.	Dingell
Adams	Byron	Donohue
Addabbo	Cabell	Dorn
Alexander	Caffery	Dow
Anderson	Carey, N.Y.	Drinan
Anderson, Calif.	Carlson	Dulski
Anderson, Ill.	Carney	Duncan
Andrews, Ala.	Carter	du Pont
Andrews, N. Dak.	Casey, Tex.	Eckhardt
Annunzio	Cederberg	Edwards, Calif.
Archer	Celler	Ellberg
Arends	Chamberlain	Erlenborn
Ashley	Chappell	Esch
Aspin	Chisholm	Eshleman
Aspinall	Ciancy	Evans, Colo.
Badillo	Clark	Fascell
Baker	Clausen	Findley
Baring	Don H.	Fish
Barrett	Clawson, Del.	Fisher
Beigh	Clay	Flood
Belcher	Cleveland	Flowers
Bell	Collier	Foley
Bennett	Collins, Ill.	Ford, Gerald R.
Bergland	Collins, Tex.	Ford
Betts	Colmer	William D.
Bevill	Conable	Forsythe
Blaggi	Conover	Fountain
Blester	Conte	Fraser
Bingham	Conyers	Frelinghuysen
Blackburn	Corman	Frenzel
Boggs	Cotter	Frey
Boland	Crane	Fuqua
Bolling	Culver	Galifianakis
Brademas	Curlin	Garmatz
Brasco	Daniel, Va.	Gaydos
Bray	Daniels, N.J.	Gettys
Brinkley	Danielson	Giatino
Brooks	Davis, S.C.	Gibbons
Brotzman	Davis, Wis.	Goldwater
Brown, Mich.	de la Garza	Gonzalez
Brown, Ohio	Delaney	Goodling
Broyhill, N.C.	Dellenback	Grasso
Broyhill, Va.	Dellums	Gray
Buchanan	Denholm	Green, Oreg.
Burke, Fla.	Dennis	Green, Pa.
Burke, Mass.	Dent	Griffin
Burlison, Mo.	Derwinski	Griffiths
	Devine	Grover

Gubser	Mann	Runnels
Gude	Martin	Ruppe
Haley	Mathias, Calif.	Ruth
Halpern	Mathis, Ga.	St Germain
Hamilton	Matsunaga	Sandman
Hammer-	Mayne	Satterfield
schmidt	Mazzoli	Saylor
Hanley	Meeds	Scherie
Hansen, Idaho	Melcher	Scheuer
Harrington	Metcalfe	Schneebell
Harsha	Michel	Schwengel
Harvey	Mikva	Scott
Hastings	Miller, Calif.	Shoup
Hathaway	Miller, Ohio	Shriver
Hawkins	Mills, Ark.	Sikes
Hays	Mills, Md.	Sisk
Hechler, W. Va.	Minish	Skubitz
Heckler, Mass.	Mink	Slack
Heinz	Minshall	Smith, Calif.
Helstoski	Mitchell	Smith, Iowa
Henderson	Mizell	Smith, N.Y.
Hicks, Mass.	Monagan	Snyder
Hicks, Wash.	Montgomery	Springer
Hillis	Moorhead	Staggers
Hogan	Morgan	Stanton
Holifield	Moss	J. William
Horton	Murphy, Ill.	Stanton
Hosmer	Murphy, N.Y.	James V.
Howard	Myers	Steed
Hull	Natcher	Steele
Hungate	Nedzi	Steiger, Ariz.
Hunt	Nelsen	Stephens
Hutchinson	Nichols	Stokes
Ichord	Nix	Stratton
Jacobs	Obey	Stubblefield
Jarman	O'Hara	Sullivan
Johnson, Calif.	O'Neill	Symington
Johnson, Pa.	Patman	Talcott
Jonas	Patten	Taylor
Jones, N.C.	Pelly	Teague, Calif.
Karh	Pepper	Teague, Tex.
Kastenmeier	Perkins	Terry
Kazen	Pettis	Thompson, Ga.
Keating	Peyser	Thompson, N.J.
Kee	Pickle	Thompson, Wis.
Keith	Pike	Thone
Kemp	Pirnie	Tierman
King	Poage	Udall
Kluczynski	Poff	Ullman
Koch	Powell	Van Deerlin
Kuykendall	Preyer, N.C.	Vander Jagt
Kyl	Price, Ill.	Vanik
Kyros	Price, Tex.	Veysey
Landrum	Pucinski	Vigorito
Latta	Purcell	Waggonner
Leggett	Quile	Waldie
Lennon	Quillen	Wampler
Lent	Rallsback	Ware
Link	Randall	Whalen
Lloyd	Rangel	White
Long, Md.	Rees	Whitehurst
Lujan	Reid	Whitten
McClary	Reuss	Wiggins
McCloskey	Rhodes	Williams
McCollister	Riegle	Wilson, Bob
McCormack	Roberts	Wilson,
McCulloch	Robison, N.Y.	Charles H.
McDade	Robinson, Va.	Winn
McEwen	Rodino	Wolf
McFall	Roe	Wyatt
McKay	Rogers	Wylder
McKevitt	Roncallo	Wylie
McKinney	Rooney, N.Y.	Wyman
McMillan	Rooney, Pa.	Yates
Macdonald,	Rosenthal	Yatron
Mass.	Rostenkowski	Young, Fla.
Madden	Roush	Zablocki
Mahon	Rousselot	Zion
Mailliard	Roy	Zwach
Mallory	Roybal	

NAYS—10

Abbitt	Camp	Schmitz
Ashbrook	Gross	Sebelius
Bow	Hall	
Burleson, Tex.	Landgrebe	

NOT VOTING—42

Anderson,	Gallagher	Podell
Tenn.	Hagan	Pryor, Ark.
Blanton	Hanna	Rarick
Blatnik	Hansen, Wash.	Ryan
Broomfield	Hébert	Sarbanes
Coughlin	Jones, Ala.	Seiberling
Davis, Ga.	Jones, Tenn.	Shipley
Dowdy	Long, La.	Spence
Downing	McClure	Steiger, Wis.
Dwyer	McDonald,	Stuckey
Edmondson	Mich.	Whalley
Edwards, Ala.	Mollohan	Widnall
Evins, Tenn.	Mosher	Wright
Flynt	O'Konski	Young, Tex.
Fulton	Passman	

So the bill was passed.

CXVIII—1520—Part 19

The Clerk announced the following pairs:

Mr. Hébert with Mr. Broomfield.
Mr. Blatnik with Mr. Widnall.
Mr. Blanton with Mr. McClure.
Mr. Jones of Alabama with Mr. Edwards of Alabama.
Mr. Evins of Tennessee with Mr. Mosher.
Mr. Mollohan with Mr. Steiger of Wisconsin.
Mr. Young of Texas with Mr. O'Konski.
Mr. Shipley with Mr. Coughlin.
Mr. Anderson of Texas with Mr. Dowdy.
Mr. Davis of Georgia with Mr. Whalley.
Mr. Passman with Mr. Edmondson.
Mr. Jones of Tennessee with Mr. Gallagher.
Mrs. Hansen of Washington with Mrs. Dwyer.
Mr. Podell with Mr. McDonald of Michigan.
Mr. Stuckey with Mr. Spence.
Mr. Pryor of Arkansas with Mr. Rarick.
Mr. Seiberling with Mr. Long of Louisiana.
Mr. Flynt with Mr. Ryan.
Mr. Fulton with Mr. Sarbanes.
Mr. Downing with Mr. Hagan.
Mr. Hanna with Mr. Wright.

Mr. ASHBROOK changed his vote from "yea" to "nay."

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER. Pursuant to the provisions of H. Res. 1027, the Committee on Interstate and Foreign Commerce is discharged from the further consideration of the bill (S. 3323) to amend the Public Health Service Act to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack against diseases of the heart and blood vessels, the lungs, and blood, and for other purposes.

The Clerk read the title of the Senate bill.

MOTION OFFERED BY MR. STAGGERS

Mr. STAGGERS. Mr. Speaker, I offer a motion.

The Clerk read as follows:

Mr. STAGGERS moves to strike out all after the enacting clause of the bill S. 3323 and to insert in lieu thereof the provisions of H.R. 15081, as passed, as follows:

SHORT TITLE

SECTION 1. This Act may be cited as the "National Heart, Blood Vessel, Lung, and Blood Act of 1972".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) Congress finds and declares that—

(1) diseases of the heart and blood vessel collectively cause more than half of all the deaths each year in the United States and the combined effect of the disabilities and deaths from such diseases is having a major social and economic impact on the Nation;

(2) elimination of heart and blood vessel diseases as significant causes of disability and death could increase the average American's life expectancy by about eleven years and could provide for annual savings to the economy in lost wages, productivity, and costs of medical care of more than \$30,000,000,000 per year;

(3) chronic lung diseases have been gaining steadily in recent years as important causes of disability and death, with emphysema alone being the fastest rising cause of death in the United States;

(4) chronic respiratory diseases affect an estimated ten million Americans, emphysema an estimated one million, chronic bronchitis an estimated four million, and asthma an estimated five million;

(5) thrombosis (the formation of blood

clots in the vessels) may cause, directly or in combination with other problems, many deaths and disabilities from heart disease and stroke which can now be prevented;

(6) blood and blood products are essential human resources whose value in saving life and promoting health cannot be assessed in terms of dollars; and

(7) the greatest potential for advancement against heart, blood vessel, lung, and blood diseases lies in the National Heart and Lung Institute, but advancement against such diseases depends not only on the research programs of that Institute but also on the research programs of other research institutes of the National Institutes of Health.

(b) It is the purpose of this Act to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack upon heart, blood vessel, lung, and blood diseases.

HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PROGRAMS

SEC. 3. Part B of title IV of the Public Health Service Act is amended (1) by redesignating section 413 as section 419A, (2) by redesignating section 414 as section 418, and (3) by adding after section 412 the following new sections:

"NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PROGRAM

"SEC. 413. (a) The Director of the Institute, with the advice of the Council, shall develop a plan for a National Heart, Blood Vessel, Lung, and Blood Disease Program (hereafter in this part referred to as the 'Program') to expand, intensify, and coordinate the activities of the Institute respecting heart, blood vessel, lung, and blood diseases (including its activities under section 412) and shall carry out the Program in accordance with such plan. The Program shall be coordinated with the other research institutes of the National Institutes of Health to the extent that they have responsibilities respecting such diseases and shall provide for—

"(1) investigation into the epidemiology, etiology, and prevention of all forms and aspects of heart, blood vessel, lung, and blood diseases, including investigations into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, and prevention of such diseases;

"(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal heart, blood vessel, lung, and blood phenomena;

"(3) research into the development, trial, and evaluation of techniques, drugs, and devices (including computers) used in, and approaches to, the diagnosis, treatment, and prevention of heart, blood vessel, lung, and blood diseases and the rehabilitation of patients suffering from such diseases;

"(4) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive diagnostic, therapeutic, and rehabilitative approaches to such diseases;

"(5) studies and research into blood diseases and blood, and into the use of blood for clinical purposes and all aspects of the management of its resources in this country, including the collection, preservation, fractionalization, and distribution of it and its products;

"(6) the education and training of scientists and clinicians in fields and specialties (including computer sciences) requisite to the conduct of programs respecting heart, blood vessel, lung, and blood diseases;

"(7) public and professional education relating to all aspects of such diseases and the use of blood and blood products and the management of blood resources;

"(8) establishment of programs for study

and research into heart, blood vessel, lung, and blood diseases of children (including cystic fibrosis, hyaline membrane, and hemolytic and hemophilic diseases) and for the development and demonstration of diagnostic, treatment, and preventive approaches to these diseases; and

"(9) the establishment of programs for study, research, and evaluation of emergency medical services for people in critical condition in connection with heart, blood vessel, lung, or blood diseases.

The Program shall give special emphasis to the continued development in the Institute of programs relating to atherosclerosis, hypertension, thrombosis, and congenital abnormalities of the blood vessels as causes of stroke, and to effective coordination of such programs with related stroke programs in the National Institute of Neurological Diseases and Stroke.

"(b) (1) The plan required by subsection (a) of this section shall (A) be developed within one hundred and eighty days after the effective date of this section, (B) be transmitted to the Congress, and (C) set out the Institute's staff requirements to carry out the Program and recommendations for appropriations for the Program.

"(2) The Director of the Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the Council and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the program during the preceding calendar year and a plan for the Program during the next five years.

"(c) In carrying out the Program, the Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council and without regard to any other provision of this Act, may—

"(1) if authorized by the Council, obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than fifty experts or consultants who have scientific or professional qualifications;

"(2) acquire, construct, improve, repair, operate, and maintain heart, blood vessel, lung, and blood disease laboratories and research and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed 10 years; and

"(3) enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes of the United States (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institution.

"(d) The Director of the Institute shall conduct a program to provide the public and the health professions with health information with regard to cardiovascular and pulmonary diseases. In the conduct of such program, special emphasis shall be placed upon dissemination of information regarding diet, exercise, stress, hypertension, cigarette smoking, weight control, and other factors affecting the prevention of arteriosclerosis and other cardiovascular diseases and of pulmonary diseases.

"HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE CONTROL PROGRAMS

"SEC. 414. (a) The Director of the Institute, under policies established by the Direc-

tor of the National Institutes of Health and after consultation with the Council, shall establish programs as necessary for cooperation with other Federal health agencies, State, local, and regional public health agencies, and nonprofit private health agencies in the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases, appropriately emphasizing the prevention, diagnosis, and treatment of such diseases of children.

"(b) There are authorized to be appropriated to carry out this section \$20,000,000 for the fiscal year ending June 30, 1973, \$30,000,000 for the fiscal year ending June 30, 1974, and \$40,000,000 for the fiscal year ending June 30, 1975.

"NATIONAL RESEARCH AND DEMONSTRATION CENTERS FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES

"SEC. 415. (a) The Director of the Institute may provide for the development of—

"(1) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, and blood diseases; and

"(2) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for chronic lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children).

Centers developed under this subsection may be supported under subsection (b) or under any other applicable provision of law. The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraphs (1) and (2) of this subsection.

"(b) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, may enter into cooperative agreements with public or nonprofit private agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, existing or new centers (including centers established under subsection (a)) for basic or clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases. Funds paid to centers under cooperative agreements under this subsection may be used for—

"(1) construction, notwithstanding section 405,

"(2) staffing and other basic operating costs, including such patient care costs as are required for research,

"(3) training, including training for allied health professions personnel, and

"(4) demonstration purposes.

The aggregate of payments (other than payments for construction) made to any center under such an agreement may not exceed \$5,000,000 in any year. Support of a center under this subsection may be for a period of not to exceed five years and may be extended by the Director of the Institute for additional periods of not more than five years each, after review of the operations of such center by an appropriate scientific review group established by the Director. As used in this section, the term 'construction' does not include the acquisition of land.

"INTERAGENCY TECHNICAL COMMITTEE

"SEC. 416. (a) The Secretary shall establish an Interagency Technical Committee on Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources which shall be responsible for coordinating those aspects of all Federal health programs and activities relating to heart, blood vessel, lung, and blood diseases and to blood resources to assure the adequacy and technical soundness of such programs and activities and to provide for

the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.

"(b) The Director of the Institute shall serve as Chairman of the Committee and the Committee shall include representation from all Federal departments and agencies whose programs involve health functions or responsibilities as determined by the Secretary.

"NATIONAL HEART AND LUNG ADVISORY COUNCIL

"SEC. 417. (a) There is established in the Institute a National Heart and Lung Advisory Council to be composed of twenty-one members as follows:

"(1) The Secretary and the chief medical officer of the Veterans' Administration (or their designees) and a medical officer designated by the Secretary of Defense shall be ex officio members of the Council.

"(2) Eighteen members appointed by the Secretary.

Nine of the appointed members shall be selected from among the leading medical or scientific authorities who are skilled in the sciences relating to diseases of the heart, blood vessels, lungs, and blood; two of the appointed members shall be selected from persons enrolled in residency programs providing training in heart, blood vessel, lung, or blood diseases; and seven of the appointed members shall be selected from members of the general public who are leaders in the fields of fundamental or medical sciences or in public affairs.

"(b) (1) Each appointed member of the Council shall be appointed for a term of four years, except that—

"(A) any members appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

"(B) of the members first appointed after the effective date of this section, five shall be appointed for a term of four years, five shall be appointed for a term of three years, five shall be appointed for a term of two years, and three shall be appointed for a term of one year, as designated by the Secretary at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

"(2) A vacancy in the Council shall not affect its activities, and eleven members of the Council shall constitute a quorum.

"(3) The Council shall supersede the existing National Advisory Heart Council appointed under section 217, and the appointed members of the National Advisory Heart Council serving on the effective date of this section shall serve as additional members of the National Heart and Lung Advisory Council for the duration of their terms then existing, or for such shorter time as the Secretary may prescribe.

"(4) Members of the Council who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the function of the Council compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

"(c) The Secretary (or his designee) shall be the Chairman of the Council.

"(d) The Director of the Institute shall (1) designate a member of the staff of the Institute to act as Executive Secretary of the Council, and (2) make available to the Council such staff, information, and other

July 18, 1972

CONGRESSIONAL RECORD — HOUSE

24115

assistance as it may require to carry out its functions.

"(e) The Council shall meet at the call of the Chairman, but not less often than four times a year."

AUTHORIZATIONS OF APPROPRIATIONS FOR PART B OF TITLE IV OF THE PUBLIC HEALTH SERVICE ACT

Sec. 4. Part B of title IV of the Public Health Service Act is amended by adding at the end thereof the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"Sec. 419B. For the purpose of carrying out this part (other than section 414), there are authorized to be appropriated \$350,000,000 for the fiscal year ending June 30, 1973, \$400,000,000 for the fiscal year ending June 30, 1974, and \$450,000,000 for the fiscal year ending June 30, 1975."

AUTHORITY OF THE DIRECTOR OF THE NATIONAL HEART AND LUNG INSTITUTE TO APPROVE GRANTS

Sec. 5. Section 419A of the Public Health Service Act (as so designated by section 3 of this Act) is amended—

(1) by striking out "grants-in-aid" in subsection (a) and inserting in lieu thereof "except as provided in subsection (c), grants-in-aid"; and

(2) by adding after subsection (b) the following new subsection:

"(c) Under procedures approved by the Director of the National Institutes of Health, the Director of the National Heart and Lung Institute may approve grants under this Act for research and training in heart, blood vessel, lung, and blood diseases—

"(1) in amounts not to exceed \$35,000 after appropriate review for scientific merit but without review and recommendation by the Council, and

"(2) in amounts exceeding \$35,000 after appropriate review for scientific merit and recommendation for approval by the Council."

CONFORMING AMENDMENTS TO PART B OF TITLE IV OF THE PUBLIC HEALTH SERVICE ACT

Sec. 6. (a) Section 411 of the Public Health Service Act is amended by striking out "National Health Institute" and inserting in lieu thereof "National Heart and Lung Institute".

(b) Section 412 of such Act is amended—

(1) by striking out "heart" each place it occurs (except in the heading) and inserting in lieu thereof "heart, blood vessel, lung, and blood";

(2) by striking out "Surgeon General" and inserting in lieu thereof "Secretary";

(3) by striking out "National Advisory Heart Council" and inserting in lieu thereof "National Heart and Lung Advisory Council";

(4) by redesignating paragraphs (a), (b), (c), (d), (e), (f), and (g) as paragraphs (1), (2), (3), (4), (5), (6), and (7), respectively; and

(5) by amending the section heading to read as follows:

"RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNG, AND BLOOD"

(c) Section 418 of such Act (as so redesignated by section 3 of this Act) is amended—

(1) by inserting "(a)" immediately after "Sec. 418." and by adding at the end thereof the following new subsection:

"(b) (1) The Council shall advise and assist the Director of the Institute with respect to the Program established under section 413. The Council may hold such hearings, take such testimony, and sit and act at such times and places, as the Council deems advisable to investigate programs and activities of the Program.

"(2) The Council shall submit a report to the President for transmittal to the Congress not later than January 31 of each year on the progress of the Program toward the accomplishment of its objectives."

(2) by striking out "Surgeon General" each place it occurs (except paragraph (f)) and inserting in lieu thereof "Secretary";

(3) by striking out "heart" each place it occurs and inserting in lieu thereof "heart, blood vessel, lung, and blood";

(4) by striking out "Surgeon General" in paragraph (f) and inserting in lieu thereof "Secretary, the Director of the National Institutes of Health, and the Director of the National Heart and Lung Institute"; and

(5) by redesignating paragraphs (a), (b), (c), (d), (e), and (f) as paragraphs (1), (2), (3), (4), (5), and (6), respectively.

(d) Section 419A of such Act (as so redesignated by section 3 of this Act) is amended—

(1) in subsection (a), by (A) striking out "Surgeon General" and inserting in lieu thereof "Secretary", and (B) striking out "heart" and inserting in lieu thereof "heart, blood vessel, lung, and blood"; and

(2) in subsection (b), by (A) striking out "The Surgeon General shall recommend to the Secretary acceptance of conditional gifts, pursuant to section 501," and inserting in lieu thereof "The Secretary may, in accordance with section 501, accept conditional gifts", and (B) striking out "heart" and inserting in lieu thereof "heart, blood vessel, lung, and blood";

(e) The heading for part B of such Act is amended to read as follows:

"PART B—NATIONAL HEART AND LUNG INSTITUTE"

CONFORMING AMENDMENTS TO OTHER PROVISIONS OF THE PUBLIC HEALTH SERVICE ACT

Sec. 7. (a) Section 217 of such Act is amended—

(1) by striking out "the National Advisory Heart Council," each place it occurs in subsection (a);

(2) by striking out "heart diseases," in subsection (a) and by striking out "heart," in subsection (b);

(b) Sections 301(d) and 301(i) of such Act are each amended by striking out "National Advisory Heart Council" and inserting in lieu thereof "National Heart and Lung Advisory Council"

REPORT TO CONGRESS

Sec. 8. The Secretary of Health, Education, and Welfare shall carry out a review of all administrative processes under which the National Heart, Blood Vessel, Lung, and Blood Disease Program, established under part B of title IV of the Public Health Service Act, will operate, including the processes of advisory council and peer group reviews, in order to assure the most expeditious accomplishment of the objectives of the Program. Within one year of the date of enactment of this Act, the Secretary shall submit a report to the Congress of the findings of such review and the actions taken to facilitate the conduct of the Program, together with recommendations for any needed legislative changes.

EFFECTIVE DATE

Sec. 9. This Act and the amendments made by this Act shall take effect sixty days after the date of enactment of this Act or on such prior date after the date of enactment of this Act as the President shall prescribe and publish in the Federal Register.

The motion was agreed to.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

A similar House bill (H.R. 15081) was laid on the table.

COMMUNICABLE DISEASE CONTROL PROGRAM

Mr. STAGGERS. Mr. Speaker, I move that the House resolve itself into the Committee of the Whole House on the State of the Union for the consideration

of the bill (H.R. 14455) to amend the Public Health Service Act to extend and revise the program of assistance under that act for the control and prevention of communicable diseases.

The motion was agreed to.

IN THE COMMITTEE OF THE WHOLE

Accordingly the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill H.R. 14455, with Mr. UDALL in the chair.

The Clerk read the title of the bill.

By unanimous consent, the first reading of the bill was dispensed with.

The CHAIRMAN. Under the rule, the gentleman from West Virginia (Mr. STAGGERS) will be recognized for 30 minutes, and the gentleman from Kentucky (Mr. CARTER) will be recognized for 30 minutes.

The Chair recognizes the gentleman from West Virginia (Mr. STAGGERS).

Mr. STAGGERS. Mr. Chairman, I yield myself such time as I may require.

Mr. Chairman, I rise in support of H.R. 14455, a bill to extend and revise the program of assistance under the Public Health Service Act for the control and prevention of communicable diseases.

Mr. Chairman, this bill is a 3-year extension of the existing program under section 317 of the Public Health Services Act authorizing grants to States and local communities for communicable disease programs.

The bill in general follows the pattern of existing law, except that it authorizes specifically earmarked amounts for five categories of programs.

The bill authorizes \$5 million a year to deal with epidemics and other health emergencies; \$50 million a year for venereal disease programs; \$10 million a year for tuberculosis control programs; \$5 million a year for measles control programs; and \$20 million a year for communicable disease programs other than programs for tuberculosis, venereal disease, and measles.

The legislation authorizes the Secretary of Health, Education, and Welfare to transfer up to 50 percent of the amount appropriated for any other foregoing programs for use under any other program. This transfer authority should provide the Secretary with needed flexibility in administering the programs.

Mr. Chairman, this legislation is a result of congressional initiative in 1970 and was enacted in that year over administration opposition. The position of the administration on this legislation this year is essentially the same as it was in 1970; which is to the effect that section 314(e) of the Public Health Service Act contains sufficient authority for these programs.

The committee did not agree with that view in 1970, and does not agree with it today. The committee feels that section 314(e) projects should be directed primarily toward State and local needs, as determined by the State or locality, and that specialized target national programs should be earmarked in legislation. The extension of section 314(e) authority was used by OMB for some time to argue against the continuation of programs of grants for domestic agricultural migratory workers, and that au-

thority has been stretched by the administration so far as to provide initial funding for health maintenance organizations, although there has never been any justification presented to this committee for the use of those funds in that regard.

We feel that if there is to be congressional control and direction of programs, it should be provided through legislation such as that contained in the bill before us today, and we feel that this should be the authority relied on by the administration for immunization programs.

Mr. CARTER. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this is a very important bill. It is of course to extend the Public Health Service Act for 3 years and to authorize grants for specific communicable disease prevention programs.

This act was first passed in 1955 and it provided for grants to fund immunization programs against polio. It has been since supplemented and expanded by the Vaccination Assistance Act of 1962, and by legislation in 1965, and again in 1967. The administration of President Kennedy, I understand, and also the administration of President Johnson opposed passage of this legislation, but the Congress in its wisdom thought these programs were necessary, and this legislation was passed, and both Presidents signed the legislation. Certainly I think it is good, and any time we think legislation is wise and good for the people of our country we should pass it, regardless of what any particular group of people might think or any particular division of the Federal Government.

Of course, as the distinguished chairman, the gentleman from West Virginia, has stated, the Secretary of HEW is authorized to make grants to States and political subdivisions to meet the cost of communicable disease control. We do have a great many problems today. Venereal disease is one of them. Gonorrhea last year occurred or was found in 624,000 cases, almost trebled since 1962. We had 23,000 cases of syphilis, which had increased 5,000 cases since 1969. We had 24,000 deformed youngsters born in the year 1964 as a result of German measles.

If Members had ever been in attendance when these youngsters were born, they would realize that one does not feel well at seeing a youngster born without a brain, which is called an anencephalic monster. One also is certainly terribly affected when one sees a youngster born with congenital heart defects or with congenital deafness or with hernias or with many of the other things that German measles cause. If youngsters are immunized against German measles, this does not occur when they reach child-bearing age.

It is very important for us to provide funds to prevent the occurrence of these very gruesome and terrible birth deformities.

Furthermore, it is very important for

us today to institute programs and to improve programs we have for control of venereal diseases. As we stated, there has been a widespread increase in gonorrhea. There are newer methods of detection of this disease in women which can be applied. Almost every county health officer throughout our country is empowered to examine people who come to his office for detection of these diseases. Those officers do great work and I think we should do everything in our power to assist them.

Again, lues or syphilis is on the increase. This is a disease which can be transmitted to new-born youngsters in cases of inadequate treatment of the mothers.

Of course, we should make every effort in this area to find those who have this disease and to eradicate the disease.

At one time it was very difficult to treat the disease, as some of my friends realize. It was treated with arsenicals, arsphenamine, and mercurials, which were very dangerous to the patient, although in many cases they resulted in cures.

Now it is relatively easy to effect a cure in lues or syphilis, and also in gonorrhea. I believe it behooves us to make the funds available, so that these cures can be effected and so that we can prevent the disease which adversely affect the youngsters of our country.

I strongly support the passage of this bill.

Mr. LONG of Maryland. Mr. Chairman, will the gentleman yield?

Mr. CARTER. I yield to the distinguished gentleman from Maryland.

Mr. LONG of Maryland. The gentleman just said there are cures for venereal diseases. I have heard statements that new strains of gonorrhea and syphilis are emerging which are immune to these miracle drugs, and that this is the reason why there has been a resurgence of these two venereal diseases. What are the facts?

Mr. CARTER. I know of no resistant strain of the *Spirochaeta Treponema pallidum*, the cause of syphilis. I believe all of them yield to penicillin. However, there are the gram-negatives, *Neisseria bacillus*, which is not affected by penicillin. It does develop a tolerance to it. It is rather difficult to eradicate it by the use of penicillin in some cases.

Mr. LONG of Maryland. Would the gentleman say the big increases in gonorrhea and syphilis are due to this factor, or to other factors?

Mr. CARTER. To other factors. Perhaps to an increase in promiscuity, which might account for some of it.

Mr. LONG of Maryland. I thank the gentleman.

Mr. CARTER. I strongly urge the passage of this bill.

At this time I want to take just a minute to say that I regret very much the loss of Dr. Jim Menger, who has been a wonderful adviser and helper. I notice he is lowering his head beneath his paper there, but he has been a superior legal technician—positively supracalifragilistic.

We have a new name for him. It is no longer Jim Menger, since has has

gone out for hirsutism. We call him Fu Manchu.

Mr. Chairman, I strongly urge the passage of the bill.

Mr. STAGGERS. Mr. Chairman, I yield 5 minutes to the chairman of the subcommittee, the gentleman from Florida (Mr. ROGERS).

Mr. ROGERS. Mr. Chairman, I thank the gentleman for yielding.

I want to urge the House to give favorable consideration to this legislation.

As the last speaker, Mr. CARTER, has just mentioned, it is a vitally needed piece of legislation. These are programs that need urgent handling.

This has been brought out already. In fact, a letter dated May 22, 1972 from the President which reports on communicable disease programs has stated that many of these diseases are now having an increase of incidence. It is estimated by most experts, as Mr. CARTER has pointed out, there has been a tremendous increase in these diseases.

Stating its purpose and potential in the most simple terms, this bill, entitled, "The Communicable Disease Control Act, can prevent millions of Americans from contracting a wide variety of communicable diseases whose causes can range from simple discomfort to expensive hospitalization to retardation and even death. We have the power to do these things, to prevent and cure disease, if we will just use the knowledge which our scientists and medical men have given us.

We can prevent measles, German measles, polio, mumps, diphtheria, tetanus, and can cure, when detected, venereal disease, TB, and whooping cough.

When the original communicable disease program was enacted, we moved against these diseases and were on the verge of eliminating them. But funds were cutback year after year and in 1968 we saw this authority eliminated by the Office of Management and Budget. Since then, we have seen the statistics climb once again.

Now we see venereal disease at pandemic proportions. An estimated 10 percent of the Nation's population, or around 2.5 million, have actual incidence of gonorrhea. More than 100,000 Americans had syphilis in the latest reporting period.

This legislation will earmark more than 50 percent—or \$150 million of the total funding of \$270 million—for venereal disease over the 3-year span of the bill to help remedy this national epidemic.

Tuberculosis, a leading cause of death not too long ago, is again a serious health hazard. More than 14 million Americans have been infected by TB and more than 35,000 new active cases have been reported. The legislation will devote \$30 million for treatment and screening of TB over the next 3 years.

Measles, the most common of these communicable diseases, is already up over last year in 15 States, including my State of Florida. Although regarded as a childhood disease, this illness can, and does, result in retardation and even death. Yet we can prevent it.

This Nation fully realized the impact of German measles in 1964 when an epi-

demically affecting expectant mothers resulted in the birth of some 20,000 severely handicapped children. This epidemic, which was preventable, is expected to cost the Nation \$1.6 billion over the lifetime of these children in addition to the suffering and heartbreak. We are working now on a program which we hope can bring this killer to its knees through an intense immunization plan. Our task here is made clear by a recent report of an epidemic in Minnesota in the April-June reporting period.

We have incorporated provisions in this bill which gives the Secretary of HEW flexibility to move against outbreaks and epidemics. We have set aside \$5 million for each fiscal year for emergency situations.

During the past year we have seen outbreaks of various communicable diseases which have gone unreported until they reached the epidemic stage. In St. Petersburg, Fla., this was the case. I think it vital that HEW move quickly to implement requirements to have State and local health agencies immediately report any trend in incidents of communicable disease which could lead to an epidemic so that it can be stemmed with minimal cost to the community.

When the consensus among medical experts is that we as a Nation must move to preventive medicine, it is imperative that we do use those tools available which can prevent disease. Basically, that is what this bill is geared for, preventing disease.

Dr. CARTER has already pointed out the horrible things that happen to people as a result of diseases that can be prevented. That is the point. If we could not do anything about these diseases, there would not be any point in passing this legislation. But this legislation goes to prevention of known preventable diseases. Not to pass this legislation and not to take advantage of the research we have spent money on to find out the ways to prevent diseases is almost criminal.

In our own State we had a recent example of what can happen without support of these programs. My distinguished colleague from St. Petersburg is very much aware of the measles epidemic they had there. There was no reason for it had we had a proper program of immunization.

There are similar examples all over this Nation. We ought to do something about it. This legislation allows us to do something about it, and it ought to be passed unanimously by this House.

I thank the gentleman for yielding.

Mr. CARTER. Mr. Chairman, I yield 5 minutes to the distinguished gentleman from Illinois (Mr. MICHEL).

Mr. MICHEL. Mr. Chairman and members of the committee, as I look at this proposal before us now, the largest amount of money to be authorized here is for venereal disease control. It is in the amount of \$50 million for each of the next 3 fiscal years.

I am reminded in the mark up of our Subcommittee on Appropriations on the Department of Health, Education, and Welfare, 6 years ago I offered an amend-

ment to increase the amount for this particular item half a million dollars, because at that time we could foresee a growing incidence of venereal disease. We were fighting at that time, as I recall it, for only half a million dollars. Now we are up to \$13 million or \$14 million in total of this item.

In the testimony that we had before our subcommittee, witnesses emphasized the need for more research for new avenues to remedy the problem.

I would like to inquire either of the subcommittee chairman or the full committee chairman under the venereal disease item here does it preclude any amount of money being spent for research in this area? When you say this is a control program, is this \$50 million for controlling what we have not been able to control with \$13 million or \$14 million?

I ask that because doctors and specialists in the field tell us there is no use in putting good money after bad for the same old kind of program that is not working. They tell us what we have to do, really, is to get some new approaches and research.

I would like to pose the question here as to whether or not any of this \$50 million authorized in this coming fiscal year could conceivably go for research in this area, or is it all simply for a control program that some of the specialists in the field tell us is obsolete.

Mr. STAGGERS. I would be glad to answer the gentleman if he will yield to me.

Mr. MICHEL. I am happy to yield to the distinguished chairman.

Mr. STAGGERS. It is completely a control program with no research, because we think we know the answers that the medical profession has and we need the controls to put them to work and see that something is done about it.

Mr. MICHEL. I would reiterate again the testimony we get before our subcommittee is that just putting three times as much money in the next year into a control program that we have had going currently this year is not going to get the job done.

We have got to take a new approach. And if we simply foreclose any of this money going into the research areas, I do not think we can stand here today and, as laudible as it may sound, pat ourselves on the back and say that by throwing \$50 million out of here we are going to put a dent into this venereal disease problem in this country.

I want to see us really get to the heart of the matter, and do it the right way rather than simply throwing additional amounts of money at the problem.

Mr. STAGGERS. Mr. Chairman, if the gentleman will yield further, I might say to the gentleman that these are grants which are made with the local communities and States.

Mr. MICHEL. I understand that.

Mr. STAGGERS. They are used in different ways, but they are for control programs in those communities, and they can use them in various additional ways to handle the problem.

Mr. MICHEL. I would certainly hope, if nothing else, that we might send word out to the hustings and to these local

communities that they do some serious thinking about how they use these out-right grants.

Mr. GROSS. Mr. Chairman, will the gentleman yield?

Mr. MICHEL. I yield to the gentleman from Iowa.

Mr. GROSS. This bill authorizes \$150 million over a 3-year period.

Mr. MICHEL. That is right.

Mr. GROSS. If this money is being thrown away on obsolete or ineffective programs, then this is a further waste of the taxpayers' money.

Mr. MICHEL. That is what I do not want to see happen.

It is easy to get up here on the floor during authorizing legislation and mention these programs that touch the heartstrings of everybody, because who can be against cancer research? Who can be against more money for a heart and lung institute? Who can be against helping crippled children? And, in this case, who can be opposed to remedying the venereal disease problem that is getting out of control? But are we really getting at the problem in the right way, or are we simply appropriating or authorizing the appropriation of vast sums of money that are not going to get the job done? That is what I have to be concerned about. Then when the appropriation bill comes up here and the testimony of the experts says they cannot use that amount, but only a third of it, it would seem that we may be overzealous in the amounts we are authorizing here today.

We have to talk about this at the authorizing time rather than only at the time when we appropriate the money.

After all, this money has to come out of the pockets of the taxpayers.

The CHAIRMAN. The time of the gentleman from Illinois has expired.

Mr. MICHEL. Mr. Chairman, would the gentleman from Kentucky yield me 5 additional minutes?

Mr. CARTER. Mr. Chairman, I yield 5 additional minutes to the distinguished gentleman from Illinois (Mr. MICHEL) with the provision that I might make a remark.

Mr. MICHEL. I appreciate the gentleman yielding me this additional time.

Mr. CARTER. Mr. Chairman, I would like to ask the gentleman from Illinois as to what areas of research he is referring.

Mr. MICHEL. All I am saying—and as I indicated before, I have been one of the advocates for increasing the amount of money to remedy the problem—but what I am saying is that by appropriating more money can we get at this problem, because it would seem that we are not altogether sure as to how we can best do it. I think we need more research. I do not have the hearing record before me right at this minute, but I can dig it out within a matter of possibly 30 minutes, and could refer the gentleman to them.

Mr. CARTER. If the distinguished gentleman from Illinois will yield further to me, I would say that I do not believe that research is the problem in this case. As we have stated before, we know the treatment of gonorrhea, we know the treatment for syphilis, we know the way

to prevent rubella, or german measles, and we know how to prevent regular measles. We also know how to treat tuberculosis, which is included in this.

Mr. MICHEL. I have no question on that.

Mr. CARTER. In the field of tuberculosis, perhaps further research is needed.

Now, I must admit that during the past several years there has been some laxity in the efforts of the health officials throughout our country at the county level. They can use the money if they will get on the ball field and do something about it.

I have made this point many times in the subcommittee and in the full committee that if they will really work and try to find these cases and try to treat them that they can use this money which we are authorizing, and much more, I am sure. Further, I think that it is needed.

Mr. MICHEL. The other question that I would like to inquire about here is particularly with respect to the item of tuberculosis control.

I know that in the other body there was an increase in our appropriation bill that passed this House of some \$8 million. I know that while the incidence or the rate is declining with respect to tuberculosis, nevertheless, it is a communicable disease—it is a problem—wherever there is one case found, there is always the danger that it is going to spread. We certainly do not want to be lax in our funding here, for wherever a problem surfaces we have to get at it immediately.

You know, we have many contributions locally and statewide for the eradication of these particular diseases. Are we in any way by authorizing this higher level of expenditure in these areas inhibiting the States and local communities in pulling their fair share? Will they tend to look solely to the Federal Government for funds in this area? That is what I am somewhat concerned about.

There will be those who say—this is a national problem and there is no need whatsoever for local and State funds being used for this purpose. But we do it currently, and I think we ought to continue it because wherever money is raised locally and spent locally, I think we are going to get a better dollar return for that expenditure at that level.

So I am simply asking that general question of any member of the subcommittee on all these communicable disease problem areas.

Mr. ROGERS. I will be glad to answer and to explain what my feeling about it would be.

Certainly, I do not think it will cut down local effort, or voluntary effort. This has not been the case as to other diseases that we have attacked. We are still working and we have so much to do that we need everybody, including the Government.

Well, to say that we need research, well—this committee has heard—Research—research—research. We have funded research and we need to fund research. But, it is time to put something to work and to do something for people.

I know the gentleman believes that. To say that we are going to do nothing for research does not make sense, when, as the gentleman from Kentucky, Dr. Carter said, we already have the answer and we know what can be done.

Now this bill says, "Let us do it." And not go through this bureaucratic answer of saying, "Oh, well, we need a little more research so let us not do anything."

It is time to change that. The committee and the Congress made that decision and this bill carries out that judgment. I think the gentleman from Kentucky (Mr. CARTER) is perfectly right. All of the evidence substantiates that—we know what to do—we can prevent these diseases and treat the people and we ought to do it.

I am sure the gentleman agrees with that.

The CHAIRMAN. The time of the gentleman from Illinois has again expired.

Mr. CARTER. Mr. Chairman, I yield 2 more minutes to the distinguished gentleman from Illinois for the purpose of asking a question and to make a short statement.

Mr. MICHEL. I am happy to yield to the gentleman.

Mr. CARTER. I want to state that I am certainly sympathetic to what the gentleman is saying. He wants to see that the money is wisely spent. The gentleman is on the Committee on Appropriations, and I am all for his seeing that that is done. We do not want any money wasted. We want every cent that is appropriated used, and used wisely. I would hope that in the future we can do something to activate our health offices throughout our country who have not been as active as they should have been.

I want to compliment the distinguished gentleman for his efforts and I want to say that he is a very fine member of the Committee on Appropriations.

Mr. MICHEL. I thank the gentleman for his comments and for his observations.

I would just say to the gentleman, as a doctor in his own right and much better qualified professionally than I am subjected to these responsibilities involuntarily, I have to take the word of those professional witnesses who have come before us and, if it is simply a problem of bringing pressure to bear upon our local communities, now that the money is available, to get off their haunches, as he indicates here, then I am certainly satisfied to rest my case with that observation.

Far be it for this Member to say that we ought to research the problem to death without actually delivering the remedy.

I have been very critical of many of the research requests that have been made before our subcommittee. I am just saying on the strength of the last testimony that came before us there were conceivably some new strains we were not getting at and that had to be looked into. If that is all debunked by subsequent testimony before the other gentleman's committee, then I am certainly willing to abide by that most recent testimony. I just simply want to see the work done, the most work done for

the dollars spent. I thank the gentleman very much for yielding.

Mr. STAGGERS. Mr. Chairman, I yield 5 minutes to the gentleman from Iowa (Mr. SMITH).

Mr. SMITH of Iowa. Mr. Chairman, I think in view of the colloquy that just occurred on the floor that perhaps one other point should be made, that is, that money alone and passage of this bill alone cannot solve the problems in controlling communicable diseases through natural immunization programs. There is no way at the present time in this country to have a fully effective national mass immunization program, and there will not be after this bill is passed. The bill may contribute to it, but the gentleman from Kentucky alluded to the basic problem. We depend upon county health organizations. Each one has a veto. After 3 years we still have not completed a national immunization against rubella. We made grants to States. They put up money which was sometimes by way of services "in kind" which in some instances is merely an allocation of the time of individuals who were already partially paid for by the Federal Government. The State health departments are putting up little in many cases. They in turn depend upon the county health organizations and some of them do not cooperate.

In the case of rubella, right over here across the river in Virginia one county vetoed the program, and a neighboring county OK'd it. Since 20 percent per year move from one county to the other, at the end of 2 or 3 years they need a new screening program and it will be difficult to determine who was immunized and who was not.

We simply do not have an effective national immunization program. We will not have one until we have a reform in the health delivery system in this country. Somehow we must provide that doctors can delegate authority to nurses, so that health nurses can where appropriate conduct the immunization. We really should not compare the great success of the polio vaccine program because that was an oral vaccine. That is easy. In the case of rubella and in many immunization programs, we are talking now about a vaccine which must be injected. Some people should not have the vaccine due to pregnancy or other conditions. Some children might react adversely to the vaccine. It is a completely different thing, and so I just want to point out that in spite of all that we have heard here today, that after we pass this bill, and even if we appropriate all of the money permitted, we still will not have a way in this country to effectively execute a national mass immunization program.

Mr. KYROS. Mr. Chairman, it is a pleasure for me to endorse today H.R. 14455, a bill for the control and prevention of communicable disease. This very worthy legislation extends by 3 years the present program of vaccination assistance grants, and includes control programs for tuberculosis, venereal disease, RH disease, rubella, and regular measles.

In recent years, this country has had

a tremendous increase in the incidence of communicable diseases, particularly venereal disease, now of epidemic proportions. H.R. 14455, which authorizes a total of \$90 million for each of 3 fiscal years, will go far to provide adequate diagnostic techniques and public health control programs for syphilis and gonorrhea.

Similarly, although a few childhood diseases have declined, measles continues to constitute a major health problem among some 6 or 8 million school and preschool children each year. The Communicable Disease Control Act of 1970 granted \$73,000 to my own small State of Maine, and the increased funds authorized in H.R. 14455 will permit even more intensive efforts to control this irritating and often dangerous contagious disease.

Control of communicable disease is particularly important to States such as Maine, which have a predominance of rural poor in the population. The State-administered and federally funded vaccination programs are often the only way that Maine's small children receive medical protection, and I am heartily pleased to express my full support of the Communicable Disease Control Programs Act today, as a cosponsor of the bill and member of the Public Health Subcommittee.

Mr. ROY. Mr. Chairman, the bill currently under consideration by this body represents a 3-year extension of the communicable disease programs. Its purpose, as you know, is to authorize grants to States and local communities for such programs, with specific authorizations for various categories of diseases. Its predecessor was originally enacted in 1955 and provided for a program of grants to carry out immunization programs against poliomyelitis. Not long afterward the legislation was extended and expanded by the Vaccination Assistance Act of 1962, which provided assistance to States and communities to administer extensive vaccination programs designed to protect our citizenry against poliomyelitis, diphtheria, whooping cough, and tetanus. Following further expansion of the program in 1965, programs combating measles and other infectious diseases representing a public health problem were included.

In 1966 a new law, the Comprehensive Health Planning and Public Health Services Amendments, was enacted providing formula grants to the States for public health programs, with the States themselves setting their own priorities for expenditures of funds. Contained in that act was a program of project grants for targeted projects in the public health field. At the time of its passage, many felt that the enactment of this law, as well as its amendment and expansion by the Partnership for Health Amendments for 1967, would make categorical grant programs such as the immunization program unnecessary, and the authority for immunization programs contained in the original section of the Public Health Service Act was permitted to expire on June 30, 1968.

However, experience has shown that the measures I have just mentioned did

not adequately provide for immunization programs. Hearings before the Subcommittee on Public Health and Welfare in 1970 clearly demonstrated that funds for immunization programs had not been adequate to the need, and as a consequence, the Nation had suffered an upturn in the incidence of a number of communicable diseases such as measles, rubella, whooping cough, and particularly venereal disease. And while more recent hearings this year before that same subcommittee showed that progress under the immunization programs has been better over the past 2 years, there still remains a great deal to be done.

Venereal disease has reached epidemic proportions in the United States today. Reported gonorrhea has continued to increase in all but one of the past 17 years. From 1962 the level of reported cases has climbed from 260,468 to 624,371 cases in 1971. This increase is all the more alarming in view of studies showing the disease to be greatly underreported, and that the actual incidence may be about 2½ million cases annually. Similarly, increases in syphilis have been recorded, particularly in the number of primary and secondary levels of the disease. In 1962 the reported cases were 20,084; in 1969, 18,679; but in 1971 the number was 23,336.

Rubella likewise constitutes a major health problem in the United States. While the disease is usually mild, and primarily affects school age and preschool age children, when contracted by pregnant females the disease is extremely serious. Should the mother develop the disease during the first 3 months of pregnancy there is a strong likelihood that the child will be born deformed, bear congenital heart defects, or other abnormalities, or be mentally retarded, or a combination of all three. An epidemic of rubella in 1964 has been estimated to have led to the birth of at least 20,000 severely handicapped children in the United States.

Other diseases are of equal concern. Hearings before the Congress have shown that approximately 4½ million children in the 1 to 4 age groups have not been immunized against, or had, regular measles. With approximately 3½ million who become 1 year of age each year this means about 8 million susceptible children who have not been inoculated against measles. Although usually considered as a relatively mild disease, measles can lead to severe brain damage, mental retardation, or death. Also, tuberculosis, at one time one of the Nation's leading causes of death, remains a serious health problem. Considered estimates note that there are approximately 14 million people in the United States who have been infected with tuberculosis at one point of time or another in their lives. Last year witnessed 35,000 new active cases of reported tuberculosis undergoing treatment. Still, there presently exists no Federal program to discover or give preventive treatment to the estimated 14 million Americans who have been infected with tuberculosis, and since some 300,000 of these people will come down with active tuberculosis at some time in their lives—assuming the

average rate of active tuberculosis is 2½ percent of those infected—I am of the opinion that more needs to be done in this area.

Similarly, I believe that the information before us today demonstrates the needs for sound and effective programs for the purpose of immunizing and treating our people for all these communicable diseases. The incidence of active cases in all the diseases I have just noted is on the rise, in part due to the expiration of the predecessor of this measure before us today. The proposed legislation authorizes up to \$90 million for the purpose of assisting States and local communities to set up immunization programs to combat these communicable diseases.

Mr. Chairman, I therefore urge the Congress to give this measure full and speedy approval so that effective programs can be continued and resumed anew. We can afford to do no less in an area which affects the health and lives of our people so much.

Mr. DONOHUE. Mr. Chairman, I most earnestly hope and urge that this measure now before us, H.R. 14455, designed to extend and expand the existing program of the Public Health Service in helping States and local communities to control and eliminate communicable diseases, will be resoundingly approved by this House.

Authoritative testimony and the facts developed from experience clearly show that existing programs do not adequately provide for immunization treatment of the public against major infectious diseases. As an unfortunate consequence, our country has suffered an upturn in the incidence of a number of very serious communicable diseases such as rubella, measles, whooping cough, and particularly venereal disease. Most regrettably, venereal disease has become practically an epidemic in the United States today.

Mr. Chairman, beyond the human suffering that accompanies the disabilities imposed by these communicable diseases, they also represent a tremendous drain upon the Nation's economic resources amounting to billions of dollars. It is obvious, therefore, that control and prevention of these very grave communicable diseases should be of a priority concern to our Government and to our people and I believe this bill should be given the overwhelming support of the membership of this House, in the national interest.

Mr. STAGGERS. Mr. Chairman, I have no further requests for time.

Mr. CARTER. Mr. Chairman, I have no further requests for time.

The CHAIRMAN. Pursuant to the rule, the Clerk will now read the substitute committee amendment printed in the reported bill as an original bill for the purpose of amendment.

The Clerk read as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 317 of the Public Health Service Act (42 U.S.C. 347b) is amended to read as follows:

"GRANTS FOR VACCINATION PROGRAMS AND OTHER COMMUNICABLE DISEASE CONTROL PROGRAMS

"SEC. 317. (a) The Secretary may make grants to States and, with the approval of

the State health authority, to political subdivisions of States to assist in meeting the costs of communicable disease control programs. In making a grant under this section the Secretary shall give consideration to the relative extent, in the area served by the applicant, of the problems which relate to one or more of the communicable diseases referred to in subsection (h) (1) and to the level of performance of the applicant in preventing and controlling such disease.

"(b) (1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Except as provided in paragraph (2), such application shall be in such form, submitted in such manner, and containing such information, as the Secretary shall by regulation prescribe.

"(2) An application for a grant for a fiscal year beginning after June 30, 1973, shall—

"(A) set forth with particularity the objectives (and their priorities, as determined in accordance with such regulations as the Secretary may prescribe) of the applicant for each of the programs he proposes to conduct with assistance from a grant under this section;

"(B) contain assurances satisfactory to the Secretary that, in the fiscal year for which a grant under this section is applied for, the applicant will—

"(1) conduct such programs as may be necessary to develop an awareness in those persons in the area served by the applicant who are most susceptible to the diseases referred to in subsection (h) (1) of the importance of immunization against such diseases, to encourage such persons to seek appropriate immunization, and to facilitate access by such persons to immunization services; and

"(2) where appropriate, conduct such programs as may be necessary for the detection and treatment of venereal diseases in persons in the area served by the applicant, including persons who have venereal diseases but who do not have the symptoms of such diseases; and

"(C) provide for the reporting to the Secretary of such information as he may require concerning (1) the problems, in the area served by the applicant, which relate to any communicable disease referred to in subsection (h) (1), and (2) the communicable disease control programs of the applicant.

"(3) Nothing in this section shall be construed to require any State or any political subdivision of a State to have a communicable disease control program which would require any person, who objects to any treatment provided under such a program, to be treated or to have any child or ward of his treated under such a program.

"(c) (1) Payments under grants under this section may be made in advance on the basis of estimates or by way of reimbursement, with necessary adjustments on account of underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of this section.

"(2) The Secretary, at the request of a recipient of a grant under this section, may reduce such grant by the fair market value of any supplies (including vaccines and other preventive agents) or equipment furnished to such recipient and by the amount of the pay, allowances, travel expenses, and any other costs in connection with the detail of an officer or employee of the Government to the recipient when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such recipient and for the purpose of carrying out the program with respect to which the grant under this section is made. The amount by which any such grant is so reduced shall be avail-

able for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detaching the personnel, on which the reduction of such grant is based.

"(d) The Secretary shall develop a plan under which personnel, equipment, medical supplies, and other resources of the Service and other agencies under his jurisdiction may be affectively utilized to meet epidemics of, or other health emergencies involving, any disease referred to in subsection (h) (1). There are authorized to be appropriated to the Secretary \$5,000,000 for the fiscal year ending June 30, 1973, \$5,000,000 for the fiscal year ending June 30, 1974, and \$5,000,000 for the fiscal year ending June 30, 1975, for costs incurred in utilizing such resources in accordance with such plan.

"(e) (1) There are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1973, \$50,000,000 for the fiscal year ending June 30, 1974, and \$50,000,000 for the fiscal year ending June 30, 1975, for grants under this section for communicable disease control programs relating to venereal diseases.

"(2) There are authorized to be appropriated \$10,000,000 for the fiscal year ending June 30, 1973, \$10,000,000 for the fiscal year ending June 30, 1974, and \$10,000,000 for the fiscal year ending June 30, 1975, for grants under this section for communicable disease control programs relating to tuberculosis.

"(3) There are authorized to be appropriated \$5,000,000 for the fiscal year ending June 30, 1973, \$5,000,000 for the fiscal year ending June 30, 1974, and \$5,000,000 for the fiscal year ending June 30, 1975, for grants under this section for communicable disease control programs for measles.

"(4) There are authorized to be appropriated \$20,000,000 for the fiscal year ending June 30, 1973, \$20,000,000 for the fiscal year ending June 30, 1974, and \$20,000,000 for the fiscal year ending June 30, 1975, for grants under this section for communicable disease control programs other than communicable disease control programs for which appropriations are authorized by paragraph (1), (2), or (3).

"(5) Not to exceed 50 per centum of the amount appropriated for any fiscal year under any of the preceding paragraphs of this subsection may be used by the Secretary for grants for such fiscal year under programs for which appropriations are authorized under any one or more of the other paragraphs of this subsection if the Secretary determines that such use will better carry out the purposes of this section.

"(f) Nothing in this section shall limit or otherwise restrict the use of funds which are granted to a State or to a political subdivision of a State under other provisions of this Act or other Federal law and which are available for the conduct of communicable disease control programs from being used in connection with programs assisted through grants under this section.

"(g) The Secretary shall submit to the President for submission to the Congress on January 1 of each year a report (1) on the extent of the problems presented by the diseases referred to in subsection (h) (1), (2) on the effectiveness of the activities, assisted under grants under this section, in preventing and controlling such diseases, and (3) setting forth a plan for the coming year for the prevention and control of such diseases.

"(h) For the purposes of this section:

"(1) The term 'communicable disease control program' means a program which is designed and conducted so as to contribute to national protection against tuberculosis, venereal disease, rubella, measles, Rh disease, poliomyelitis, diphtheria, tetanus, whooping cough, or other communicable diseases which are transmitted from State to State, are amenable to reduction, and are determined by the Secretary to be of national significance. Such term includes vaccination

programs, laboratory services, and studies to determine the communicable disease control needs of States and political subdivisions of States and the means of best meeting such needs.

"(2) The term 'State' includes the Commonwealth of Puerto Rico, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Virgin Islands, and the District of Columbia."

SEC. 2. The amendment made by the first section of this Act shall apply to grants made under section 317 of the Public Health Service Act after June 30, 1972, except that subsection (d) of such section as amended by the first section of this Act shall take effect on the date of enactment of this Act.

Mr. STAGGERS (during the reading). Mr. Chairman, I ask unanimous consent that the substitute committee amendment be considered as read, printed in the Record, and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from West Virginia?

There was no objection.

Mr. McCLODY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am planning to vote in favor of this measure (H.R. 14455) to extend the Public Health Service Act for 3 years and to authorize grants for specific communicable disease prevention programs. I take this position, notwithstanding the apparent opposition of the Department of Health, Education, and Welfare to the extension of such categorical disease programs as are included in this measure. I believe that the Department of Health, Education, and Welfare has sounded a warning. The measure itself suggests the inadvisability of directing health and health prevention programs toward specifically individually identifiable ailments.

Mr. Chairman, it is my hope that under existing or this amendatory legislation the Department of Health, Education, and Welfare and the Public Health Service can establish some truly health-oriented programs. The American people are entitled to better information and greater support in behalf of "health." I say this—and emphasize the word "health"—because I have the strong feeling that too much of our emphasis is placed on "disease." In other words, we are supporting "disease-oriented" programs instead of health-oriented programs. The amendments which we are considering today require applicants to locate, detect, identify, and treat specific diseases. Clearly, this should be done as a part of a health control program. However, it would seem even more important to identify, publicize and promote programs of nutrition, sound physical and mental habits, as well as moral and spiritual attitudes all of which can contribute to promoting individual and group health.

Mr. Chairman, a comprehensive health program deserves early funding. There are many specialists in this area who are entitled to recognition and support by the Department of Health, Education, and Welfare. If there is any lack of information as to where these specialists can be found, I would be pleased to cooperate in providing the names and ad-

dresses and particular disciplines of those who specialize in promoting human health.

Mr. Chairman, we are far from being the healthiest Nation in the world—and many recent trends indicate that our health habits and our social mores are deteriorating with the result that human health itself is suffering and new and different diseases are emerging. The path we are traveling may be endless if we continue to rely on disease as the sole basis for achieving health. It is time for us to look to the original underlying intent of this and earlier legislation—and to fulfill the objective of comprehensive health planning—and disease prevention. That is the reason I have asked for this time and have undertaken to present this statement.

The CHAIRMAN. The question is on the committee amendment in the nature of a substitute.

The committee amendment in the nature of a substitute was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker having resumed the chair, Mr. UDALL, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee having had under consideration the bill (H.R. 14455) to amend the Public Health Service Act to extend and revise the program of assistance under that act for the control and prevention of communicable diseases, pursuant to House Resolution 1026, he reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER. Under the rule, the previous question is ordered.

The question is on the amendment.

The amendment was agreed to.

The SPEAKER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER. The question is on the passage of the bill.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. SPRINGER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members, and the Clerk will call the roll.

The question was taken; and there were—yeas 388, nays 2, not voting 42, as follows:

[Roll No. 267]

YEAS—388

Abbt	Annunzio	Bell
Abernethy	Archer	Bennett
Abourezk	Arends	Bergland
Abzug	Ashbrook	Betts
Adams	Ashley	Bevill
Addabbo	Aspin	Blaggi
Alexander	Aspinall	Blester
Anderson	Badillo	Bingham
Calif.	Baker	Blackburn
Anderson, Ill.	Baring	Boggs
Andrews, Ala.	Barrett	Boland
Andrews,	Belcher	Bolling
N. Dak.		Bow

Brademas	Goodling	Mink
Brasco	Grasso	Minshall
Bray	Gray	Mitchell
Brinkley	Green, Oreg.	Mizell
Brooks	Green, Pa.	Monagan
Brotzman	Griffin	Montgomery
Brown, Mich.	Griffiths	Moorhead
Brown, Ohio	Gross	Morgan
Broyhill, N.C.	Grover	Moss
Broyhill, Va.	Gubser	Murphy, Ill.
Buchanan	Gude	Murphy, N.Y.
Burke, Fla.	Haley	Myers
Burke, Mass.	Hall	Natcher
Burleson, Tex.	Halpern	Nedzi
Burlison, Mo.	Hamilton	Nelsen
Burton	Hammer-	Nichols
Byrne, Pa.	schmidt	Nix
Byrnes, Wis.	Hanley	Obe
Byron	Hanna	O'Hara
Cabell	Hansen, Idaho	O'Neill
Caffery	Harrington	Patman
Camp	Harsha	Patten
Carey, N.Y.	Harvey	Pelly
Carlson	Hastings	Pepper
Carney	Hathaway	Perkins
Carter	Hawkins	Pettis
Casey, Tex.	Hays	Peyser
Cederberg	Hechler, W. Va.	Pickle
Celler	Heckler, Mass.	Pike
Chamberlain	Heinz	Pirnie
Chappell	Helstoski	Poage
Chisholm	Henderson	Poff
Clancy	Hicks, Mass.	Powell
Clark	Hicks, Wash.	Preyer, N.C.
Clausen,	Hillis	Price, Ill.
Don H.	Hogan	Price, Tex.
Clawson, Del	Hollifield	Pucinski
Clay	Horton	Purcell
Cleveland	Hosmer	Quillen
Collier	Howard	Rallsback
Collins, Ill.	Hull	Randall
Collins, Tex.	Hungate	Rangel
Colmer	Hunt	Rees
Conable	Hutchinson	Reid
Conover	Ichord	Reuss
Conte	Jacobs	Rhodes
Conyers	Jarman	Riegle
Corman	Johnson, Calif.	Roberts
Cotter	Johnson, Pa.	Robinson, Va.
Crane	Jonas	Robison, N.Y.
Culver	Jones, N.C.	Rodino
Curlin	Karth	Roe
Daniel, Va.	Kastenmeier	Rogers
Daniels, N.J.	Kazen	Roncallo
Danielson	Keating	Rooney, N.Y.
Davis, S.C.	Kee	Rooney, Pa.
Davis, Wis.	Keith	Rosenthal
de la Garza	Kemp	Rostenkowski
Delaney	King	Roush
Dellenback	Kluczynski	Roussot
Dellums	Koch	Roy
Denholm	Kuykendall	Roybal
Dennis	Kyl	Runnels
Dent	Kyros	Ruppe
Derwinski	Landgrebe	Ruth
Devine	Landrum	St Germain
Dickinson	Latta	Sandman
Diggs	Leggett	Satterfield
Dingell	Lennon	Saylor
Donohue	Lent	Scherle
Dorn	Link	Scheuer
Dow	Lloyd	Schmitz
Drinan	Long, Md.	Schneebeli
Dulski	Lujan	Schwengel
Duncan	McClary	Scott
du Pont	McCloskey	Sebellus
Eckhardt	McCollister	Shoup
Edwards, Calif.	McCormack	Shriver
Eilberg	McCulloch	Sikes
Erlenborn	McDade	Sisk
Esch	McEwen	Skubitz
Eshleman	McFall	Slack
Evans, Colo.	McKay	Smith, Calif.
Fascell	McKevitt	Smith, Iowa
Findley	McKinney	Smith, N.Y.
Fish	McMillan	Snyder
Fisher	Macdonald,	Springer
Flood	Mass.	Staggers
Flowers	Madden	Stanton,
Foley	Mahon	J. William
Ford, Gerald R.	Mailliard	Stanton,
Ford,	Mann	James V.
William D.	Mathias, Calif.	Steed
Forsythe	Mathis, Ga.	Steele
Fountain	Matsunaga	Steiger, Ariz.
Fraser	Mayne	Stevens
Frelinghuysen	Mazzoli	Stokes
Frenzel	Meeds	Stratton
Frey	Melcher	Stubblefield
Fuqua	Metcalfe	Sullivan
Gallfianakis	Michel	Symington
Garmatz	Mikva	Talcott
Gaydos	Miller, Calif.	Taylor
Gettys	Miller, Ohio	Teague, Calif.
Gibbons	Mills, Ark.	Teague, Tex.
Goldwater	Mills, Md.	
Gonzalez	Minish	

Terry	Waggonner	Winn
Thompson, Ga.	Waldie	Wolf
Thompson, N.J.	Wampler	Wyatt
Thompson, Wis.	Ware	Wylder
Thone	Whalen	Wylie
Tiernan	White	Wyman
Udall	Whitehurst	Yates
Ullman	Whitten	Yatron
Van Deerlin	Wiggins	Young, Fla.
Vander Jagt	Williams	Young, Tex.
Vanik	Wilson, Bob	Zablocki
Veysey	Wilson,	Zion
Vigorito	Charles H.	Zwach

NAYS—2

Mallory Martin

NOT VOTING—42

Anderson,	Gallagher	Podell
Tenn.	Gialmo	Pryor, Ark.
Blanton	Hagan	Quie
Blatnik	Hansen, Wash.	Rarick
Broomfield	Hébert	Ryan
Coughlin	Jones, Ala.	Sarbanes
Davis, Ga.	Jones, Tenn.	Selberling
Dowdy	Long, La.	Shipley
Downing	McClure	Spence
Dwyer	McDonald,	Steiger, Wis.
Edmondson	Mich.	Stuckey
Edwards, Ala.	Mollohan	Whalley
Evins, Tenn.	Mosher	Widnall
Flynt	O'Konski	Wright
Fulton	Passman	

So the bill was passed.

The Clerk announced the following pairs:

Mr. Hébert with Mr. Broomfield.
 Mr. Blatnik with Mr. Quie.
 Mr. Blanton with Mr. O'Konski.
 Mr. Davis of Georgia with Mr. Coughlin.
 Mr. Mollohan with Mr. Spence.
 Mr. Fulton with Mr. Mosher.
 Mr. Anderson of Tennessee with Mr. McClure.
 Mrs. Hansen of Washington with Mr. Steiger of Wisconsin.
 Mr. Shipley with Mr. Whalley.
 Mr. Selberling with Mr. Widnall.
 Mr. Passman with Mr. Edwards of Alabama.
 Mr. Podell with Mr. McDonald of Michigan.
 Mr. Evins of Tennessee with Mr. Wright.
 Mr. Downing with Mr. Gallagher.
 Mr. Gialmo with Mr. Rarick.
 Mr. Pryor of Arkansas with Mr. Hagan.
 Mr. Edmondson with Mr. Ryan.
 Mr. Sarbanes with Mr. Long of Louisiana.
 Mr. Jones of Alabama with Mr. Flynt.
 Mr. Stuckey with Mr. Jones of Tennessee.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER. Pursuant to the provisions of House Resolution 1026, the Committee on Interstate and Foreign Commerce is discharged from the further consideration of the bill (S. 3442) to amend the Public Health Service Act to extend the authorization for grants for communicable disease control and vaccination assistance and for other purposes.

The Clerk read the title of the Senate bill.

MOTION OFFERED BY MR. STAGGERS

Mr. STAGGERS. Mr. Speaker, I offer a motion.

The Clerk read as follows:

Mr. STAGGERS moves to strike out all after the enacting clause of the bill S. 3442 and to insert in lieu thereof the provisions of H.R. 14455 as passed, as follows:

That section 317 of the Public Health Service Act (42 U.S.C. 347b) is amended to read as follows:

"GRANTS FOR VACCINATION PROGRAMS AND OTHER COMMUNICABLE DISEASE CONTROL PROGRAMS"

"SEC. 317. (a) The Secretary may make grants to States and, with the approval of the State health authority, to political subdivisions of States to assist in meeting the

According to the recommendations of the committee which went into the problems of the aged at the White House, in the 1971 recommendations they have recommended to the Congress exactly

Baker
 Barling
 Barrett
 Beitch
 Belcher

what the gentleman from Illinois (Mr. SPRINGER) has been recommending for the past 12 years.

Mr. Chairman, I rise in support of H.R. 14424, a bill to provide for the establishment of a National Institute of Aging, and for other purposes.

Mr. Chairman, this bill provides for the establishment in the National Institutes of Health of a new Institute to be known as the National Institute of Aging. It provides for the establishment of an Advisory Council similar to the other Advisory Councils in NIH, but with the additional duties of advising the Secretary of HEW on programs relating to the aged which are administered by him, and reporting to the President for transmittal to the Congress an evaluation of those programs.

The bill also amends the Community Mental Health Centers Act to provide a 1-year program of matching grants for construction and staffing facilities for the mental health of the aged. We expect to take up legislation extending the Community Mental Health Centers Act early next year, and will consider this program at that time along with other amendments to the Community Mental Health Centers Act.

The bill authorizes \$20 million in appropriations for programs under the Community Mental Health Centers Act. The bill does not create any additional authority for the National Institutes of Health since today the Institute of Child Health and Human Development has authority to conduct research into the aging process and problems of the aged, subject to an indefinite authorization of appropriations.

In 1971 the White House Conference on Aging made a number of recommendations including recommendations for the establishment of a National Institute of Aging and for the establishment of adequately staffed comprehensive mental health diagnostic and treatment centers. This bill carries out those recommendations.

The principal reason for the establishment by legislation of a new institute is that in the opinion of the committee there has not been sufficient emphasis given by NIH to research of the aging process and the problems of the aged. About 11 percent of the budget of the National Institute of Child Health and Human Development has been devoted to aging since 1964. We do not feel that this is adequate, and believe that the establishment of a new institute will lead to more research and training programs in this field.

The number of older people in the United States is growing faster than the population is growing as a whole. At present rates of growth the population of the United States over the age of 64 will number about 28 million persons by the end of this century. During our hearings it was repeatedly pointed out that we understand very little about the aging process and means to slow it or arrest it. It is time to seriously consider to try and slow the aging process.

The committee feels that the importance of this goal is such that an institute should be created with the func-

tion of concentrating its efforts in this area, and we urge the passage of the bill.

Mr. SPRINGER. Mr. Chairman, I yield myself such time as I may consume. Mr. Chairman, the bill before us today relates to a subject which is of great personal interest to me and to millions of other American citizens. That subject is the aged in our Nation. The social, psychological, economic, medical, and physiological problems of the aging are indeed complex but present a challenge which we cannot ignore.

We hear a lot these days about the problems of our young people, of our urban poor, of our minorities. But not so much attention is paid to the problems of another large group of citizens. In fact, there seems to be a conspiracy of silence about the problems of our old people.

The contributions of our senior citizens cannot always be measured in the gross national product. Yet life goes on after 65 for an increasing number of people. There are an estimated 20 million of them now, and their number will grow with further development of life-saving medical technology. We must do a better job in meeting the needs of these older people and in giving them a greater opportunity to contribute to society.

It is unfortunate for the Nation that we have not been supporting research into the causes of human aging and into the problems that accompany the aging process at a level equal to the importance of the problem. This feeling was shared by the 1971 White House Conference on Aging as evidenced by its recommendations. One important recommendation of the Conference was that a National Institute of Gerontology be established immediately to support and conduct research and training in the biomedical and social-behavioral aspects of aging.

The bill before us does exactly that. It provides for the establishment of the National Institute of Aging to conduct and support research on the aging process, research on preventative measures with respect to special health problems and requirements of the aged and research on treatment and cures for the other special health problems and requirements of the aged.

The bill also establishes a National Advisory Council on Aging which is given the duty of advising, consulting with, and making recommendations to the Secretary of Health, Education, and Welfare on all programs relating to aged which are administered by him. The Council also shall monitor such programs and the programs conducted by the Institute and submit to the President annually for transmittal to the Congress an evaluation of the efficacy of such programs, together with recommendations for improvements.

The 1971 White House Conference on Aging noted that among the aged "mental impairment and a wide variety of functional disorders are common," and also noted the widespread "depressive reaction to the changes in role, status, appearance and to decrements of function or ill health" characteristic of this age group.

In order to deal with this problem the bill authorizes grants for the costs of construction of facilities to provide mental health services for the aged and a portion of the costs of compensation of professional and technical personnel for the operation of a facility for mental health of the aged.

Under this section of the bill grants may be made only with respect to facilities which are part of or affiliated with community mental health, or where there is no such center, satisfactory provision must be made for appropriate authorization of existing community resources needed for an adequate program of prevention and treatment of mental health problems of the aged. This feature of the bill will provide safeguards against duplication and waste.

In order to carry out these provisions of the bill there is authorized for the fiscal year 1973 \$5 million for grants for construction and \$15 million for grants for compensation of professional and technical personnel and for training and evaluation grants.

Finally, the bill authorizes grants for specialized training programs relating to the mental health of the aged, and surveys and field trials to evaluate the adequacy of programs for the mental health of the aged within the United States.

I know that all of my colleagues in the House share my concern that we have too long ignored the problems of the aged. This bill is certainly a step in the right direction toward alleviating many of these problems and I strongly urge prompt and unanimous passage of this extremely important legislation.

I do not think even my distinguished colleague from Iowa is going to object to this bill when I get through talking to him about it and about the cost.

Mr. GROSS. Will the gentleman yield to me later?

Mr. SPRINGER. I will yield to the gentleman later since I mentioned his name.

Mr. LONG of Maryland. Mr. Chairman, will the gentleman yield to me on that point?

Mr. SPRINGER. I yield to the gentleman from Maryland.

Mr. LONG of Maryland. Mr. Chairman, yesterday in the Older Americans Act we created a National Council on The Aging. In the bill we are now debating we would create a National Advisory Council on Aging. I know that there is some difference, but it does seem to me that there may be overlapping there. I wonder if the gentleman could assure me that there is no overlapping?

Mr. ROGERS. Mr. Chairman, will the gentleman yield to me on that question?

Mr. SPRINGER. I yield to my distinguished colleague, the gentleman from Florida (Mr. ROGERS).

Mr. ROGERS. I am delighted to have this opportunity to respond to the inquiry of the gentleman from Maryland.

There is no overlapping.

Mr. LONG of Maryland. None at all?

Mr. ROGERS. None at all, because this Council is a technical, scientific council. This bill establishes a National Advisory Council on Aging, which is to have functions identical to those which each

other research institute advisory councils have—advising the Director of the Institute on research matters, reviewing requests for funding of contracts and research grants, and monitoring programs conducted by the Institute. It is a technical advisory committee. Yesterday's bill established a National Advisory Council on Aging which would advise the President on matters relating to the special needs of older people. It also is to study the Federal Government's benefits programs and the effect of tax programs on the elderly.

Mr. LONG of Maryland. Would it be possible to find another name for this Council? I think there may be some confusion.

Mr. ROGERS. I do not think there will be because of this Council advising an institute within the NIH, and the other Council advising the President.

Mr. Chairman, I thank the gentleman for yielding.

Mr. GROSS. Mr. Chairman, will the gentleman yield?

Mr. SPRINGER. I yield to my colleague, the gentleman from Iowa (Mr. GROSS).

Mr. GROSS. Mr. Chairman, did the gentleman say—and I thank the gentleman for yielding—did the gentleman say that he did not know what makes the spots and speckles in the epidemis of the skin?

Mr. SPRINGER. I said that is only evidence of the fact that you are aging. That is one of the things you can see.

Mr. GROSS. But there are other evidences of aging, is that right?

Mr. SPRINGER. Oh, yes; there are other evidences, may I say.

I think I understand my distinguished colleague, my I say. I would guess that he can see his much plainer than I can.

Mr. GROSS. I will say to the gentleman that we do not need to spend millions of dollars, so far as I am concerned, to tell me that I am getting older as the days go by. There are other things that tell me that, and some of them I regret very much. I just do not know—I am still unconvinced that this bill is necessary.

Mr. SPRINGER. I respect my colleague from Iowa who usually has some rather succinct remarks and I think he has made his point here today, that he does not need any advice as to the fact that he is aging, and that he knows it.

I know also exactly what the gentleman from Iowa knows, but I am hoping in the years to come someone will be able to recognize what the aging process is and how we can do something about it and how we can reverse some of these things that maybe the gentleman from Iowa is doing and that I am doing that will help us maybe to live a few years longer.

Mr. GROSS. If the gentleman is referring to a gentleman from Iowa by the name of GROSS and not a gentleman by the name of SCHWENDEL.

Mr. SPRINGER. I understand that the gentleman from Iowa by the name of SCHWENDEL has not said one word as yet.

Mr. STAGGERS. Mr. Chairman, I yield 5 minutes to the gentleman from Florida (Mr. ROGERS), the chairman of the subcommittee.

Mr. ROGERS. Mr. Chairman, I thank the gentleman for yielding. I will not use all of the 5 minutes.

Mr. Chairman, I want to commend the members of the subcommittee for going into this matter thoroughly and for the long interest of the gentleman from Illinois (Mr. SPRINGER) in this matter. I think it is a great tribute to him in view of his interest. It has taken 12 years to bring this legislation into being. But I think it is a bill that is going to pay off great dividends to the American people.

This bill is not necessarily intended so much to extend life as it is to make one's life healthier. For example, it will promote research which would prevent people from losing their faculties and their abilities during the middle years. Think of the savings that will bring about. Think of not having to put so many people into nursing homes and so that people can take care of themselves. This is what we are talking about—trying to benefit humanity.

Also, I think it is pretty interesting to note, if you will look at the figures, the population of women over 65 has grown very rapidly whereas the category of men over 65 has not grown correspondingly. Now why is that? Why are there so many more women living over 65 than there are men?

That trend has changed. Where it used to be about 110 or 112 women over 65 as compared to 100 men, it is now up to 121 women to 100 men. These are questions that ought to be researched and answered. Why is the breadwinner dying earlier than his spouse?

There are so many things that we simply do not know that we need to know. Answers to these questions hopefully will be achieved, by the research in nutrition and of the mental health of the elderly, both elements of the program that we are trying to advance.

Mr. Chairman, the provisions of this bill have received thorough scrutiny by the Subcommittee on Public Health and Environment and by expert and lay personnel. The bill was the subject of 3 days of hearings by the subcommittee in March. Moreover, the problems of the aged have received maximum attention during two White House Conferences. The 1961 Conference unanimously called for the establishment of a National Institute of Gerontology. The Congress ignored this recommendation and, instead, in 1964 created the National Institute on Child Health and Human Development which is concerned with the study of the entire lifespan processes: the Institute today covers the process of development of the young, the adult population, and the elderly.

Last year, the White House Conference on Aging evaluated the efficacy of this decision. The Conference was held from November 28 through December 2, 1971, and attended by delegates from every State in the Union.

Mr. Chairman, the very first recommendation of the conference's section on aging research and demonstration was as follows:

That a National Institute on Gerontology be established immediately to support and conduct research and training in the bio-

medical and social-behavioral aspects of aging.

The training committee recommended:

We urge the creation of an adequately funded National Institute of Gerontology for training and research. A substantial portion of the funds allocated to it should be earmarked for training.

The physical and mental health section recommended:

Specific attention should be given to increasing the funds available for basic research and for operational research with a strong suggestion that a gerontological institute be established within the National Institutes of Health to provide the essential coordination of training and research activities.

The report of the special concerns section of aging and aged blacks:

It is recommended that the establishment of a National Institute of Gerontology be supported. . . .

Mr. Chairman, there is ample evidence to support the need for the establishment of a separate institute. Aging research has received only approximately 11 percent of the funds allocated to the NICHD since it was created. The remainder of the funds have been allocated to child health—approximately 58 percent—and to population research—approximately 31 percent. Clearly, there is a lack of a strong advocacy for aging research at the policymaking level within the existing Institute.

Research on aging—which has been all but buried as an active research area—must receive a renewed thrust from the Congress. There are convincing reasons to believe that creation of a separate institute—and its concomitant increase in Federal research on the aging process—will add years, perhaps decades, of additional health in the middle years.

Mr. Chairman, the second major provision of the bill deals with the mental health of the aged. The bill adds a new part G to the Community Mental Health Centers Act authorizing a program of grants to public or nonprofit private agencies and organizations for construction of facilities for the mental health of the aged, the cost of professional and technical personnel in new facilities for the mental health of the aged or in new services in existing facilities, and for training and program evaluation. The section in essence parallels the provisions for specialized programs for alcoholics, drug abusers, and children already authorized by the Centers Act.

Mr. Chairman, this section also implements a principal recommendation of the White House Conference. The Conference's section of mental health care, strategies and aging recommended that:

Adequately staffed and programmed comprehensive mental health diagnostic and treatment centers be developed in . . . community mental health centers.

While all centers funded under the Community Mental Health Centers Act are authorized to provide services for the aged, few have provided comprehensive specialized programs targeted to meet the needs of this group. This legislation will provide the incentives necessary to

develop comprehensive programs and will stimulate services responsive to the needs of this new target population which, under existing authorities, has been sadly neglected. This population group currently constitutes the largest age group in our mental hospitals; and the incidence of psychiatric disturbances is highest among the elderly.

Mr. Chairman, aging is a major biological process. It is this process that now nullifies our efforts to increase meaningful years of healthy human life. The proposed Institute of Aging should significantly increase our knowledge of aging which in turn quite likely would result in practical means of increasing our years of healthy life and aid in making the declining years of life happier and more worthwhile.

Mr. Chairman, today the House has taken up three extremely important bills in the health field. I would like to express my sincere thanks to the Members of the House for their compassionate consideration of these bills. Also, Mr. Chairman, I wish to thank the members of the Subcommittee on Public Health and Environment for their tireless efforts in developing this legislation. These members—Mr. SATTERFIELD; Mr. KYROS; Mr. PREYER; Mr. SYMINGTON; Mr. ROY; Mr. NELSEN, the ranking minority member; Mr. CARTER; Mr. HASTINGS; and Mr. SCHMITZ have my thanks for their energies and their sensitivity to the health needs of the American people. The hours of work they have devoted—in hearings, in executive session and in personal research—accrue to the benefit of each American.

Mr. CARTER. Mr. Chairman, will the gentleman yield?

Mr. ROGERS. I yield to the gentleman.

Mr. CARTER. I certainly think we need research in this area. It is true that women do live longer. Perhaps because of the increased amount of estrogen that their bodies secrete—I do not know. But it is something that should be looked into thoroughly.

Further, we should do more research on the aging process in men. I have never been quite satisfied that men do not live as long as they should. It has always been strange to me that a good man is soon called to his reward, but it seems a rascal will live forever, and I want to find the reason.

Mr. ROGERS. I thank the gentleman. I share the gentleman's concern in that regard. May I say too, in this whole problem, this committee has gone into this question with witnesses and with great concern.

I particularly want to mention one person who has been a constant promoter of research on aging and who has urged that Congress take this action—Mrs. Florence Mahoney who has done a magnificent job on bringing the need for this Institute to the attention of this committee and to the attention of the Congress.

Mr. WHITE. Mr. Chairman, will the gentleman yield?

Mr. ROGERS. I yield to the gentleman.

Mr. WHITE. I would like to have a clarification of what the bill contem-

plates in grants. It looks like a very fine bill.

Does this bill contemplate that if a hospital is to be constructed, a general hospital, that if a portion of that hospital is to be devoted to the treatment of persons who are aging, that they would be eligible for a grant?

Mr. ROGERS. Actually, this would carry out more traditional programs of the National Institutes of Health. We are not basically putting a lot of new authority here. We are simply in this bill setting up a focus for research to be done on aging, so all of these normally authorized programs presently carried out with respect to aging within the Institute on Child and Human Development of the National Institutes of Health will continue.

Mr. WHITE. Do you know whether or not they can now receive a grant?

Mr. ROGERS. Pardon?

Mr. WHITE. Do you know now whether a hospital can receive a grant if a portion of that hospital is devoted to the treatment of those who are aging?

Mr. ROGERS. Well, there may be some program that they could under Hill-Burton, but not specifically for aging. They would have to go through a regular program, but the authorization would not be tied to a program specifically for the aged, so the answer is, "No."

The CHAIRMAN. The time of the gentleman from Florida has expired.

Mr. STAGGERS. Mr. Chairman, I yield to the gentleman 2 additional minutes.

Mr. ROGERS. The answer to the gentleman's question is "No."

Mr. WHITE. Can an institution receive a grant solely to construct a building for research and aging under this particular bill?

Mr. ROGERS. No, there is no provision for that in this bill.

Mr. WHITE. No construction cost whatever for that?

Mr. ROGERS. No, not in this bill.

Mr. WHITE. I see. Thank you.

Mr. ROGERS. I would urge the passage of the bill, and I yield back the balance of my time.

(Mr. NELSEN (at the request of Mr. SPRINGER) was granted permission to extend his remarks at this point in the RECORD.)

Mr. NELSEN. Mr. Chairman, the aging process involves many of the body's structural systems. It affects the psychological composition and the mental well-being of our older citizens. It creates in individuals problems which must be met, and only now are we beginning to realize the need for immediate upgrading of research in the area of aging.

The role of older people in American life has changed dramatically in recent decades. President Nixon, in his message to the Congress on Aging, points out that the number of Americans 65 years old and over is more than six times as great as it was in 1900—compared to less than a threefold increase in the population under 65. In 1900, one out of every 25 Americans was 65 or over; today, one in 10 has reached his 65th birthday.

While the number of older Americans has been growing so rapidly, their tradi-

tional patterns of living has been severely disrupted. The family, as we once knew it, with grandparents living nearby, rarely exists today. Ties have changed and more and more older people live apart from their families, and often alone.

There is a great deal we do not know about the aging process. We do know, however, that older people are vulnerable to many problems including mental illness and environmental factors. The White House Conference on Aging, recognizing these problems, has stated we must guarantee to these older citizens health care as a basic right and a quality of life consistent with that which our Nation should assure those who have made invaluable contributions to its development.

Mr. Chairman, this is a worthy bill and I urge its passage. I feel there is a need to establish in the National Institutes of Health, a new Institute to be known as the National Institute of Aging to study the aging process and the diseases which affect the aged.

Mr. HARRINGTON. Mr. Chairman, I rise in support of H.R. 14424, which would establish a National Institute of Aging within the National Institutes of Health, as well as authorize grants for mental health facilities and services for the aged.

The special problems of the elderly citizen are often conveniently swept aside in this rapidly changing, youth-oriented society. Yet even if our conscience could allow us to turn a deaf ear toward the plight of the aged, continued neglect can lead only to more serious problems that will soon become impossible to ignore.

Eight out of 10 elderly persons have at least one chronic health problem. The elderly person is twice as likely to be disabled and require hospitalization as a younger one. At the same time, the number of older Americans is growing faster than the population as a whole. By the year 2000 people 65 and older will number 28 million.

Our knowledge about the health impairment of age is embarrassingly small. We know little about the aging process itself, or its arrestment. We are behind in the development of treatment techniques of medical ailments especially prevalent among the aged. The result has been tragic: a life for many elderly Americans that is, to be crude, simply not worth living.

Our efforts to confront the health aspects of this crisis have been piecemeal and haphazard. The problems of the aged have had to compete for funds and attention with the whole spectrum of other concerns in various agencies and departments. Consequently, the concerted and coordinated effort necessary to deal with the special dilemma of the elderly in this society has been lacking.

Congress has before it today an opportunity to partially solve this lapse, specifically in the area of health care. By the creation of the National Institute of Aging, we will bring under one roof the resources and personnel to concentrate specifically on the maintenance of physical and mental capabilities of the

aged, so that they may continue to enjoy rewarding and fulfilling lives.

At the same time, we will be authorizing grants for the construction and staffing of mental health facilities for the elderly. These are badly needed. For not only does this population constitute the largest age group in our mental hospitals, but it faces characteristic feelings of uselessness, loneliness, and worthlessness, often accompanied by physical deterioration. Hopefully, we will be able to develop better ways of responding to the particular needs of the aged.

We should not delude ourselves into thinking, however, that a mere reorganization or single appropriation will be adequate to confront the spectrum of problems facing the elderly, which are many and varied. A comprehensive, multifaceted program is still needed.

In the area of health care we must move beyond study into direct action to guarantee every elderly person adequate care in the face of chronic or crippling health impairments. I will soon be introducing legislation that would provide complete coverage to all Americans for custodial or home care in the event of chronic illness. Over 22 million Americans presently suffer from disabling chronic illnesses. A great many of them are elderly. They face a life of hardship, of pain, and economic insecurity.

This Congress has before it, in addition, pending legislation covering other areas of concern to the aged: housing, employment, transportation, and more. It is time for Congress to move with all possible dispatch to actively consider these bills, finally discharging our responsibility to the elderly American.

Yet despite the long road that lay ahead of us in this area, the legislation before us today is a beginning. I urge my colleagues to support it.

Mr. BURKE of Florida. Mr. Chairman, I support H.R. 14424, which will provide for the establishment, within the National Institutes of Health, of a new institute to be known as the National Institute of Aging. This new institute will then serve as a focal point for activities which relate to the health of the elderly, including work on the aging process and diseases of the aged. Two other provisions will add further focus on the problems of the elderly: First, an advisory council with a mandate to advise the Secretary of Health, Education, and Welfare on programs relating to the aged which he administers, and to report to the President its evaluation of HEW programs; and, second, a 1-year program of matching grants for construction and staffing of facilities for the mental health of the aged under the present Community Mental Health Centers Act.

Some argue that this new institute duplicates existing services and will cost more money for administrative overhead without providing commensurably better services. However, I feel our Federal Government has become so large and so complex that ascertaining available programs within the structure takes research skills beyond the reach of most elderly Americans. It is my opinion that by consolidating the authorities of a variety of insti-

tutions in one easily identifiable institute which will, first, conduct and support research on the aging process; second, handle research on preventive measures with respect to the special health problems and requirements of the aged, and, third, engage in research on treatment and cures for other special health problems and requirements of the aged, we will properly recognize the importance of the health of our elderly.

Mr. Chairman, the number of older people in the United States is growing faster than the population is growing as a whole. If the present rate of growth continues, the population of the United States—age 65 and over—will number about 28 million by the end of this century thus our older citizens will compose between 11 and 16 percent of the projected population. We have ignored the needs of this growing segment of our population for too long. In the past the focus has been on the needs of youth and middle age but time has come when we must balance our programs to serve all Americans.

At the present time, the expected number of remaining years of life for men who reach age 65 is 15 years, for women who reach age 65 it is 17 years. The greater increase in life expectancy of women in this century increases the ratio of older women to older men. It is already 139 to 100 and it will soon be higher. Perhaps this gap could be avoided if more emphasis is given to the research on the aging process.

Changes in mortality rates could have significant effects upon the composition of the population. For example, a 50 percent reduction in major cardiovascular-renal disease would have the potential of increasing life expectancy by over 3 years for persons 65 years of age. Increases in life expectancy of up to 25 years would be possible if major advances in the control of intrinsic aging influences were achieved.

Presently, poor health is a major reason for retirement. Eight of every 10 persons age 65 or over has at least one chronic health problem, and four have some limitation on activity. Persons 65 and over are twice as likely as younger ones to be physically disabled and to require hospitalization. Once in the hospital, they usually stay twice as long as younger persons. The cost of health care to older persons is over twice the costs to younger persons.

Mr. Chairman, regrettably the present program for the aging in the National Institutes of Health is inadequate. In 1962, the National Institute of Child Health and Human Development was established. Today, this Institute covers the process of development of the young, the adult population and the elderly. However, since 1964, only 11 percent of the budget of this Institute has been devoted to the aged. This is too little.

We understand very little about the aging process and we know nothing about how to slow it down or even arrest it. For the past 70 years the average life-span has remained essentially constant at 70 years. Now the time has come to try and slow down the aging process. Research in laboratories indicates that anti-

oxidants added to the daily diet of animals increase lifespans by as much as 25 to 45 percent. Since the major problem of the aged is the maintenance of functional capabilities, both mental and physical, a new institute within NIH would aid in making life worth living as long as possible.

Mr. Chairman, my State of Florida has many senior citizens who have come to Florida to live out their golden years. I am aware from my contacts of their many needs and hopes. Health is by far the most important thing to them and the passage of this legislation, which would establish a National Institute of Aging, should provide new hope of a better life for millions of Americans. I hope both Houses of Congress will pass this legislation.

Mr. ROY. Mr. Chairman, today we are considering three bills which are of particular interest to me, for they were originally considered by the Subcommittee on Public Health and Environment, of which I am a member. I would like to address my remarks to one of these bills, H.R. 14424. This bill is twofold in nature. First, it establishes a National Institute of Aging within the larger National Institutes of Health. The new Institute would conduct research on the aging process, focusing on the special problems of our older and retired citizens. This increased research into the aging process will most assuredly produce medical information that will ultimately allow our senior citizens to lead more productive, meaningful lives.

The second part of this legislation provides for the creation of community mental health centers for the aged. It is common knowledge that a great number of the aged are treated in inappropriate, custodial facilities. We tend to institutionalize the aged all too readily. We must encourage alternatives to this, emphasizing outpatient—rather than inpatient—treatment. H.R. 14424 does exactly this.

Mr. Chairman, this piece of legislation is very important in terms of what it does, but it is perhaps more important in terms of what it means. At long last, we are recognizing that the process of aging is an ongoing one, with many dimensions and many stages.

The latter stage, from the age of 60 and over, is the one most feared and least understood. This bill means that we are finally giving more than lip service to the special needs of the aged. It means that we are acknowledging the fact that 20 million Americans face problems that are not known by any other segment of our society.

Presently, research on aging is conducted by the National Institute of Child Health and Human Development. If one looks at the statistics, one can readily see that only 11 percent of the budget of this Institute is devoted to research for the aging, as opposed to 58 percent for research in the area of child health. Certainly the area of child health is one of utmost importance, and merits this kind of budget. However, the area of aging is of great importance too, and is deserving of more specialized attention, as outlined in this bill.

This bill's concern is not to increase the number of facilities. It is not to increase the size of the ever-increasing bureaucracy. Rather, it is the intention of this bill to meet the total needs of the aged.

These needs are unique in nature and many in number. They are real. They are in need of understanding. I rise in support of H.R. 14424.

Mr. KYROS. Mr. Chairman, as a member of the Subcommittee on Public Health and Environment, I rise in support of H.R. 14424.

Last autumn, at the mandate of the 90th Congress, the White House Conference on Aging was held in Washington. It was attended by over 3,400 delegates from every State in the Union. Among others, two of its major recommendations were: first, the establishment within NIH of a National Institute on Aging to coordinate the activities of the Federal Government relating to the health and special problems of the elderly, and second, the establishment of adequate diagnosis and treatment centers to deal specifically with the extensive mental health problems of aging citizens. H.R. 14424 would carry out these recommendations.

Mr. Chairman, the number of older people in the United States is growing faster than the population as a whole, and their problems are growing also. In my State of Maine, over 118,000 residents are over age 65, half of whom live in poverty, often alone in small rural communities. Among their most fundamental problems is the maintenance of simple good health—mental and physical—so as to make life worth living, in an age when modern medicine is consistently increasing life expectancy. At the present time, 8 out of every 10 citizens over age 65 have at least one chronic health problem.

Our subcommittee hearings convincingly demonstrated that the existing programs of the National Institutes of Health do not give enough emphasis to the problems of aging and the aged. Indeed, we know very little about the aging process itself. A National Institute on Aging is necessary at this time to concentrate and expand Federal efforts in this vital area.

In addition to the establishment of a new Institute on Aging, Mr. Chairman, H.R. 14424 would amend the Community Mental Health Centers Act to provide a program of matching grants for the construction and staffing of facilities for the mental health of the aged. While any center funded under this act may provide services for the aged, few now have comprehensive or specialized programs to meet the specific needs of this age group, among whom psychiatric disturbance is highest in the Nation. Feelings of worthlessness, isolation, and loneliness—combined with physical deterioration—are serious problems that must be dealt with. Institutionalization is not the answer; rather, the emphasis must be on outpatient therapy and reliance on community resources. This is the goal of the Community Mental Health Centers Act, and of the bill we are discussing today.

Mr. Chairman, this is the type of legislation which can begin to meet the needs of our senior citizens. It offers not lip-

service to their problems, of which there has been too much, but a realistic program for responsible action. I urge passage of H.R. 14424.

Mr. DRINAN. Mr. Chairman, I enthusiastically support the bill before us, H.R. 14424, to create a National Institute on Aging.

In March, 1972, the Subcommittee on Public Health and Environment of the House Committee on Interstate and Foreign Commerce held a series of hearings on the problems associated with the aging process. The issues explored during the course of the hearings are of the greatest importance to the 20.5 million senior citizens in our country and, in fact, to every citizen.

The average life expectancy in the United States has changed very little in the past 20 years. Have we reached an absolute limit? Can we prolong life expectancy further by concentrating research efforts on the treatment and prevention of diseases which commonly afflict the elderly?

Can we obtain a better return on Federal research dollars by trying another approach—slowing the aging process? Experiments with certain species of animals have shown that a class of common chemical agents known as "antioxidants," when used as a dietary supplement, can increase the life span by as much as 45 percent. Could similar results be achieved with human beings? Could we, in effect, increase life expectancy from 70 to 100 years by slowing the aging process through the use of such chemicals?

To conduct research on questions such as these, the Federal Government 10 years ago created the National Institute of Child Health and Human Development in the National Institutes of Health. During its existence, however, this Institute has devoted only 11 percent of its budget to problems associated with aging, and the remaining 89 percent to child health and population research.

Moreover, research on diseases common to the aged is divided among the many different biomedical institutes which comprise NIH, making it difficult for State health and planning agencies and other interested parties to keep informed of developments in all fields of interest to the elderly.

In short, the Federal Government lacks the coordinated approach essential to successful research on the aging process and the prevention and treatment of diseases which commonly afflict the elderly. The measure we are considering today, H.R. 14424, would coordinate Federal efforts in these areas by creating a National Institute on Aging at NIH and transferring to it the research on aging now being done by the National Institute of Child Health and Human Development, and the research on specific diseases now being conducted by several other Institutes at NIH.

H.R. 14424 also amends the Community Mental Health Centers Act to provide funds for the construction and staffing of community mental health centers for the aged. Here, the emphasis is not so much on research as on treat-

ment. Experts agree that institutionalization frequently reinforces psychiatric disturbances in elderly patients—disturbances which are rooted in feelings of isolation and loneliness. The community mental health center approach, emphasizing outpatient treatment and community involvement, is highly desirable.

H.R. 14424 authorizes \$20 million for construction and staffing of centers for the elderly. This authorization parallels similar programs under the Community Mental Health Centers Act for drug addicts, alcoholics, retarded children, and other groups with special mental health care needs.

It is serious business to create an entirely new Institute of the Federal Government, as this bill proposes. Yet the figures are so compelling—more than 20 million Americans aged 65 or over, 1,000 people celebrating their 65th birthday every day, eight out of 10 elderly Americans with chronic health problems, more elderly Americans in mental institutions than any other age group—and the achievements to date so minimal that this is a proposal which must be implemented immediately.

I urge my colleagues to support H.R. 14424, to coordinate Federal research on the aging process and to provide funds for community mental health centers for the elderly.

Mr. PRICE of Illinois. Mr. Chairman, I rise in support of H.R. 14424, for I believe it will be of great value in providing necessary benefits to the aged.

H.R. 14424 would establish a new institute within the National Institutes of Health. This Institute, the National Institute of Aging, was strongly recommended by the White House Conference on Aging. Presently, problems of the aged must compete for priority within the National Institute of Child Care and Human Development, an organization which devotes only 11 percent of its budget to the problems of the aged. The legislation we are discussing today would consolidate the authorities of a variety of institutes into one new Institute which would devote all its resources to the problems of aging.

The legislation also amends the Community Mental Health Centers Act to provide a 1-year program of matching grants for construction and staffing of facilities for the mental health of the aged.

Mr. Chairman, with the number of older people growing faster than the population as a whole, the problems of the elderly become more numerous. The purpose of the legislation is to provide our senior citizens with better service. In my opinion, and I trust in the opinion of my colleagues in the House, this is a necessary and desirable piece of legislation which will benefit not only today's senior citizens, but all of us sooner or later. Care of the aged is one of the Nation's most noble ideals. I urge my colleagues to help make this ideal a reality.

Mr. RANDALL. Mr. Chairman, the legislative week that began yesterday may well be reported in the future as the week that the U.S. House of Representatives took the time to write into law some of the things that have so very

long been needed to benefit our senior citizens.

It will be recalled that yesterday the House passed some important amendments to the Older Americans Act. H.R. 15657, was approved by a vote of 351 to 3. This bill was not simply a slight modification of the old law. Instead, it extended, strengthened, and improved the Older Americans Act of 1965 as once before amended in 1969.

Now today, Mr. Chairman, on the second day of this legislative week we are about to make yet another advance for our older citizens as we vote to establish a National Institute of the Aging. It should be recalled the White House Conference on the Aging held the last few days in November and first few days of December in 1971 was attended by about 3,500 delegates from every State in the Union. While that conference made a substantial amount of recommendations, one of its foremost proposals was to establish a National Institute of the Aging. The legislation we consider today would carry out those recommendations.

I enthusiastically support H.R. 14424 which amends the Public Health Services Act to provide for this National Institute of the Aging within the National Institutes of Health. This new institute would serve as a focal point for all of the activity by the National Institutes of Health which relate to the elderly including the aging process and those diseases which primarily affect the aged.

Not only does this legislation provide for the physical ailments of our elderly, but it amends the Community Mental Health Science Act to provide a 1-year program of matching grants for the construction of facilities and their staffing to improve the mental health of the aged.

That the bill we consider today enjoys the support of just about all of the membership should be proved by the fact that it was reported to the House by a voice vote and not a single amendment was offered to the bill during committee consideration. I have heard some rumors or some slight rumblings that the administration is not in full support of this legislation because some way or other it is a wrong course to set up a specialized institute for aging within the National Institutes of Health. While I am not as sure of the exact basis for the objection it would seem that if in fact the objection was based upon the further specialization of functions within the overall National Institutes of Health, then the complaint is not very well founded. The very reason for the entire concept of NIH has been that of specialization. Certainly the diseases of the aging should yield to the work of the specialists as well as any other subject matter that has been so well handled by NIH.

Mr. Chairman, research has revealed that poor health is a major reason for retirement. This legislation will respond to the needs to more clearly understand the aging process and find the means to slow it or arrest it. This bill will have been well worth the effort if it serves only to keep a few more of our elderly out of nursing homes or extended care facilities

for just a short period longer than might otherwise be the case.

There are all manner of special studies that should be conducted. One which would be most interesting and undoubtedly productive is to analyze the reason for the fact which seems to exist that more men die shortly after the age 65 than women. Generally speaking, our elderly women enjoy greater longevity.

Oh, there are so many interesting areas of specialization that can now come sharply into focus when this new National Institute of the Aging begins to function. Mr. Chairman, this has truly been a week in which the House of Representatives has taken the time to consider on the floor legislation passed out by the Education and Labor, Interstate and Foreign Commerce, as well as the recommendations of the Special Studies Subcommittee on the Problems of the Aging which it has been my honor to Chair for nearly 2 years. This is the week the House has translated talk into action.

Mr. ANNUNZIO. Mr. Chairman, I rise to express my enthusiastic support for H.R. 14424, a bill to amend the Public Health Service Act to provide for the establishment of a National Institute of Aging.

This legislation would give recognition to the fact that an increasing proportion of our population is aged 65 or over and that among these individuals health and health related needs are a major problem. Currently over 20 million Americans are 65 years of age or older and this number is increasing every day. One hundred years ago only 2.9 percent of the population was age 65 or over. Today 9.9 percent of the population is in this age range.

Too often in the past, aging has been regarded as an inevitable process resulting in a gradual decline in capacities about which nothing could be done. Yet with our increased knowledge of biology, biochemistry, and physiology, these assumptions are not necessarily valid. If we understood the aging process better, it might be possible to slow it down and avoid many of the ills and infirmities that afflict older persons. Solving the mysteries of old age could prevent the deterioration that leads to chronic diseases and could prolong the period of vigorous and productive life without lengthening senility.

H.R. 14424 would help us respond to this challenge. First of all, a new National Institute of Aging would be established to conduct and support: first, research on the aging process; second, research on preventive measures with respect to the special health problems and requirements of the aged; and third, research on treatment and cures for the other special health problems and requirements of the aged. This new Institute would serve as a focal point for the activities of the National Institutes of Health which relate to the elderly, including the aging process and diseases which affect primarily the aged.

The functions of other Institutes of the National Institutes of Health which relate to the functions of the new National Institute of Aging would be transferred to it.

H.R. 14424 also establishes a National

Advisory Council on Aging which would advise, consult with, and make recommendations to the Secretary of Health, Education, and Welfare on all programs relating to the aged which are administered by him. The Council would also monitor these programs and the programs conducted by the Institute, and submit to the President annually for transmittal to the Congress an evaluation of the efficacy of such programs, together with recommendations for improvements.

In addition, the bill would add a new part to the Community Mental Health Centers Act relating to mental health of the aged. Grants would be authorized for the cost of construction of facilities to provide mental health services for the aged and for a portion of the costs of compensation of professional and technical personnel for the operation of facilities for mental health of the aged. Grants could be made only with respect to facilities which are part of or affiliated with a community mental health center, or where there is no such center, where satisfactory provision has been made for appropriate utilization of existing community resources needed for an adequate program of prevention and treatment of mental health problems of the aged. No grant would be made unless the applicant provided satisfactory assurances that the facility would make available a full range of treatment, liaison, and follow-up services for the aged in the service area of the facility who need such services, and would, when requested, provide consultation and education for personnel of other community agencies serving the aged in the area.

In addition, the Secretary of Health, Education, and Welfare would be authorized to make grants to public or non-profit private agencies or organizations for: first, developing specialized training programs or materials relating to the provision of services for the mental health of the aged, or developing in-service training or short-term or refresher courses; second, training personnel to operate, supervise, and administer services; and third, conducting surveys and field trials to evaluate the adequacy of the programs for the mental health of the aged within the United States with a view to determining ways and means of improving, extending, and expanding such programs.

The bill would authorize appropriations of \$5 million for fiscal year 1973 for construction and \$15 million for initial grants for compensation of professional and technical personnel and for training and evaluation grants.

Mr. Chairman, I would also like to mention briefly H.R. 15657, the Comprehensive Older Americans Services Amendments of 1972. This bill, together with H.R. 14424, will bring to many older Americans the services which the recent White House Conference on Aging pointed out were so badly needed. H.R. 15657, which it supported and which passed the House on Monday, would strengthen and extend the Older Americans Act of 1965.

In addition to extending the present program, this legislation upgrades the status of the Administration on Aging

within the Department of Health, Education, and Welfare; creates a National Advisory Council on the Aging; provides for the establishment of area agencies on aging; authorizes the construction of senior centers; and authorizes special impact programs in such areas as housing, transportation, employment, continuing education for older persons, and preretirement education.

In conclusion, Mr. Chairman, I urge us to respond to the challenge laid down by the delegates to the White House Conference on Aging by passing H.R. 14424, just as the House passed H.R. 15657 yesterday. The provisions of these two bills will be of major assistance in bringing a better life to our older citizens.

Mr. DONOHUE. Mr. Chairman, I urge and hope that this bill, H.R. 14424, providing for the establishment of a National Institute of Aging will be given the overwhelming endorsement of this House this afternoon.

Obviously this measure is a timely and important response to the growing awareness of the distressing problems daily facing our elderly citizens.

In essence, this measure would establish, within the National Institutes of Health, a National Institute of Aging to conduct research on the aging process and on the treatment, cures, and prevention of special health problems affecting the aged. This bill would also expand the Community Health Centers Act to authorize grants for special research projects that are relevant to the study and treatment of the mental health difficulties of our older citizens.

Mr. Chairman, the number of older people in this country is growing faster than the population is growing as a whole. Authoritative testimony and evidence demonstrates that the major problem of the aged is the maintenance of functional capabilities, both physical and mental, to the maximum extent so as to make life worth living for as long as is possible. A basic function of the new Institute, created by this bill, will be to actively expand current and future research leading to the accomplishment of this goal.

Mr. Chairman, there is no question but that the problems and the needs of our constantly increasing number of older citizens have been too much and too long neglected by our National Government.

This bill provides us all with an opportunity to significantly correct that negligence and to return, to those who have given so much to the progress of this country, a real measure of material help and moral encouragement. It also provides us with a timely opportunity to demonstrate that we are as concerned about our own American citizens as we are about the people of other countries all over the world.

In summary, I believe that the appropriations involved in this bill are prudent and reasonable and the objectives are entirely in the national interest. I hope, therefore, that the bill is resoundingly adopted.

Mrs. ABZUG. Mr. Chairman, I rise in support of H.R. 14424, which would establish a National Institute of Aging to serve as a focal point for the activities of

the National Institutes of Health which relate to the elderly, including the aging process and diseases which affect primarily the aged. While this bill does not go as far as my bill, H.R. 13370, providing for the establishment of a Cabinet Department of Elder Affairs, the principle is the same, and I am pleased to see it supported here in the House.

"Youth must be served," to be sure, but equally important and deserving of service are those at the other end of the chronological spectrum, those who have faithfully served their society and who are now our senior citizens. Many members of our older population are slowly sinking into the depths and despair of poverty. Seventy percent of all single women and 32 percent of all single men over the age of 65 have incomes of less than \$2,670 per year. Eight out of every ten of their precious dollars is allocated for housing, food, transportation, and medical care.

Not only are our elderly poor, but they also live daily with chronic and debilitating illness. More than three-quarters of our aged suffer from at least one chronic disease; one-half suffer from two or more. The incidence of illness increases as income decreases, and the recent trend of "medical starvation" continues to take its toll. The average out-of-pocket health cost for the elderly was \$248 in 1969. Costs such as these cannot be borne by persons living in abject poverty. Medicare does not provide enough financial relief to pay the cost of the medical needs of the elderly.

In New York City, for example, almost all persons over 65 are enrolled in one or both parts of medicare, and about 210,000 are covered by medicaid. It might seem at first glance that older people have to pay very little of their medical expenses, but this is just not so. In 1969, with medicare in full force and effect, older people were still paying an average of 30 percent of their medical costs out of their own pockets. Many people simply cannot afford the costs of prescription drugs, eye and dental examinations and care, or even the \$48 annual premium for medicare.

In the last 2 years, medical costs have risen 10 percent, hospital charges have increased 65 percent, doctors' fees have risen 12 percent, and drugs have gone up 5 percent. The overall increase for medical expenses is significantly above what it was in 1959.

The Institute of Aging will serve the purpose of centralizing in one location all of the medical issues respecting older Americans, thus enabling us to see the entire picture and to act accordingly. I urge the passage of this bill.

Mr. DANIELS of New Jersey. Mr. Chairman, I rise in support of H.R. 14424, a bill to establish a National Institute of Aging.

Mr. Chairman, as the principal sponsor in this body of the legislation which called for the 1971 White House Conference on Aging, I have a special concern about the problems of older Americans. Thus, I am very happy to see one of the recommendations of that conference being debated on the floor of this House.

The 1971 Conference called for the establishment of a National Institute on Aging and also for the establishment of mental health diagnostic and treatment centers with special staff and programs designed to deal with geriatric problems. H.R. 14424 would enact this recommendation into law.

The National Institute of Child Health and Human Development was established in 1962. This agency covers the process of development of the young, adult and the elderly. Only 11 percent of their budget is devoted to problems of the aged. The remainder of their funds is used for child health and population research. I think this points out the lack of attention which has been paid to health problems of older Americans.

Mr. Chairman, persons over 65 are twice as likely to be in need of medical care, and when they are hospitalized their stay is apt to be twice as long as that of younger persons required to seek hospital care.

Mr. Chairman, we have a long way to go to save present health problems of older Americans. It is my contention that we can go farther than this and that we can perform miracles if only we understand a little better the problems of aging itself, the mysterious process by which a human body degenerates. Scientists have gone far toward increasing the life span of lower animals. It is not inconceivable to me that the whole aging process can be slowed and that the human species may enjoy a longer and healthier and more useful life. I see this bill as a necessary first step toward that goal.

Mr. Chairman, I urge all Members to join with me in support of this bill.

Mr. STAGGERS. Mr. Chairman, I have no further requests for time.

Mr. SPRINGER. Mr. Chairman, I have no further requests for time.

The CHAIRMAN. The Clerk will read.

The Clerk read as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That title IV of the Public Health Service Act (42 U.S.C. ch. 6 A, subch. III) is amended by adding at the end thereof the following new part:

"PART H—NATIONAL INSTITUTE OF AGING
"ESTABLISHMENT OF NATIONAL INSTITUTE OF AGING

"SEC. 461. For the purpose of conducting and supporting (1) research on the aging process, (2) research on preventive measures with respect to the special health problems and requirements of the aged, and (3) research on treatment and cures for the other special health problems and requirements of the aged, the Secretary shall establish in the Public Health Service an institute to be known as the National Institute of Aging (hereinafter in this part referred to as the 'Institute').

"NATIONAL ADVISORY COUNCIL ON AGING

"SEC. 462. (a) The Secretary shall establish a National Advisory Council on Aging to advise, consult with, and make recommendations to him on programs relating to the aged which are administered by him and on those matters which relate to the Institute. The Advisory Council shall monitor such programs and the programs conducted by the Institute and shall submit to the President annually for transmittal to the

Congress on evaluation of the efficacy of such programs of the Institute and the Secretary and suggestions and recommendations for improvements.

"(b) The provisions relating to the composition, terms of office of members, and reappointment of members of advisory councils under section 432(a) shall be applicable to the Advisory Council established under this section, except that the Secretary may include on such Advisory Council such additional ex officio members as he deems necessary.

"(c) Upon appointment of such Advisory Council, it shall assume all, or such part as the Secretary may specify, of the duties, functions, and powers of the National Advisory Health Council relating to programs for the aged with which the Advisory Council established under this part is concerned and such portion as the Secretary may specify of the duties, functions, and powers of any other advisory council established under this Act relating to programs for the aged.

"FUNCTIONS

"Sec. 463. The Secretary shall, through the Institute, carry out the purposes of section 301 with respect to research, investigations, experiments, demonstrations, and studies related to the diseases and the special health problems and requirements of the aged, except that the Secretary shall determine the areas in which and the extent to which he will carry out such purposes of section 301 through the Institute or another Institute established by or under other provisions of this Act, or both of them, when both such Institutes have functions with respect to the same subject matter. The Secretary may also provide training and instruction and establish traineeships and fellowships, in the Institute and elsewhere, in matters relating to the study and investigation of the diseases and the special health problems and requirements of the aged. The Secretary may provide trainees and fellows participating in such training and instruction or in such traineeships and fellowships with such stipends and allowances (including travel and subsistence expenses and dependency allowances) as he deems necessary and, in addition, provide for such training, instruction, traineeships, and fellowships through grants to public or other nonprofit institutions."

Sec. 2. The Community Mental Health Centers Act is amended by adding at the end thereof the following new part:

"PART G—MENTAL HEALTH OF THE AGED

"GRANTS FOR FACILITIES AND STAFFING

"Sec. 281. (a) Grants may be made to public or nonprofit private agencies and organizations (1) to assist them in meeting the costs of construction of facilities to provide mental health services for the aged within the States, and (2) to assist them in meeting a portion of the costs (determined pursuant to regulations of the Secretary) of compensation of professional and technical personnel for the operation of a facility for mental health of the aged constructed with a grant made under part A of this section or for the operation of new services for mental health of the aged in an existing facility.

"(b) (1) Grants may be made under this section only with respect to (A) facilities which are part of or affiliated with a community mental health center providing at least those essential services which are prescribed by the Secretary, or (B) where there is no such center serving the community in which such facilities are to be situated, facilities with respect to which satisfactory provision (as determined by the Secretary) has been made for appropriate utilization of existing community resources needed for an adequate program of prevention and treatment of mental health problems of the aged.

"(2) No grant shall be made under this section with respect to any facility unless the applicant for such grant provides assurances satisfactory to the Secretary that such facility will make available a full range of treatment, liaison, and followup services (as prescribed by the Secretary) for the aged in the service area of such facility who need such services, and will, when so requested, provide consultation and education for personnel of other community agencies serving the aged in such area.

"(3) The grant program for construction of facilities authorized by subsection (a) shall be carried out consistently with the grant program under part A, except that the amount of any such grant with respect to any project shall be such percentage of the cost thereof, but not in excess of 66% per centum (or 90 per centum in the case of a facility providing services in an area designated by the Secretary as an urban or rural poverty area), as the Secretary may determine.

"(c) Grants made under this section for costs of compensation of professional and technical personnel may not exceed the percentages of such costs, and may be made only for the periods, prescribed for grants for such costs under section 242.

"(d) (1) There are authorized to be appropriated for the fiscal year ending June 30, 1973, (A) \$5,000,000 for grants under this section for construction, and (B) \$15,000,000 for initial grants under this section for compensation of professional and technical personnel and for training and evaluation grants under section 282.

"(2) There are authorized to be appropriated for the fiscal year ending June 30, 1974, and for each of the next six fiscal years such sums as may be necessary to continue to make grants with respect to any project under this section for which an initial staffing grant was made from appropriations under paragraph (1)(B) for the fiscal year ending June 30, 1973.

"TRAINING AND EVALUATION

"Sec. 282. The Secretary is authorized, during the period beginning July 1, 1972, and ending with the close of June 30, 1973, to make grants to public or nonprofit private agencies or organizations to cover part or all of the cost of (1) developing specialized training programs or materials relating to the provision of services for the mental health of the aged, or developing inservice training or short-term or refresher courses with respect to the provision of such services; (2) training personnel to operate, supervise, and administer such services; and (3) conducting surveys and field trials to evaluate the adequacy of the programs for the mental health of the aged within the United States with a view to determining ways and means of improving, extending, and expanding such programs."

Mr. STAGGERS (during the reading). Mr. Chairman, I ask unanimous consent that the bill be considered as read, printed in the RECORD, and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from West Virginia?

There was no objection.

The CHAIRMAN. If there are no amendments to be proposed, under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker having resumed the chair, Mr. UDALL, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee having had under consideration the bill (H.R. 14424) to amend the Public Health Service Act to provide for the establishment of a National Institute of Aging, and for other purposes, pursuant to

House Resolution 1012, he reported the bill back to the House.

The SPEAKER. Under the rule, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER. The question is on the passage of the bill.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. SPRINGER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members, and the Clerk will call the roll.

The question was taken; and there were—yeas 380, nays 10, not voting 42, as follows:

[Roll No. 268]

YEAS—380

Abbott	Clausen	Goldwater
Abourezk	Don H.	Gonzalez
Abzug	Clawson, Del.	Goodling
Adams	Clay	Grasso
Addabbo	Cleveland	Gray
Alexander	Collier	Green, Oreg.
Anderson	Collins, Ill.	Green, Pa.
Calif.	Collins, Tex.	Griffin
Anderson, Ill.	Colmer	Griffiths
Andrews, Ala.	Conable	Grover
Andrews	Conover	Gubser
N. Dak.	Conte	Gude
Annunzio	Conyers	Haley
Archer	Corman	Halpern
Arends	Cotter	Hamilton
Ashley	Culver	Hammer-
Aspin	Curlin	schmidt
Aspinall	Daniel, Va.	Hanley
Badillo	Daniels, N.J.	Hanna
Baker	Danielson	Hansen, Idaho
Baring	Davis, S.C.	Harrington
Barrett	Davis, Wis.	Harsha
Begich	de la Garza	Harvey
Belcher	Delaney	Hastings
Bell	Dellenback	Hathaway
Bennett	Dellums	Hawkins
Bergland	Denholm	Hays
Betts	Dennis	Heckler, W. Va.
Bevill	Dent	Heckler, Mass.
Blaggi	Derwinski	Helms
Blester	Devine	Helstoski
Bingham	Dickinson	Henderson
Blackburn	Diggs	Hicks, Mass.
Boggs	Dingell	Hicks, Wash.
Boland	Donohue	Hillis
Bolling	Dorn	Hogan
Bow	Dow	Hollifield
Brademas	Drinan	Horton
Brasco	Dulski	Hosmer
Bray	Duncan	Howard
Brinkley	du Pont	Hull
Brooks	Eckhardt	Hungate
Brotzman	Edwards, Calif.	Hunt
Brown, Mich.	Ellberg	Hutchinson
Brown, Ohio	Erlenborn	Ichord
Broyhill, N.C.	Esch	Jacobs
Broyhill, Va.	Eshleman	Jarman
Buchanan	Evans, Colo.	Johnson, Calif.
Burke, Fla.	Fascell	Johnson, Pa.
Burke, Mass.	Fish	Jonas
Burleson, Tex.	Fisher	Jones, N.C.
Burlison, Mo.	Flood	Karh
Burton	Flowers	Kastenmeier
Byrne, Pa.	Foley	Kazen
Byrnes, Wis.	Ford, Gerald R.	Keating
Byron	Ford	Kee
Cabell	William D.	Keith
Caffery	Forsythe	Kemp
Carey, N.Y.	Fountain	King
Carlson	Fraser	Kluczynski
Carney	Frelinghuysen	Koch
Carter	Frenzel	Kuykendall
Casey, Tex.	Frey	Kyl
Cederberg	Fuqua	Kyros
Celler	Galifianakis	Landrums
Chamberlain	Garmatz	Latta
Chappell	Gaydos	Leggett
Chisholm	Gettys	Lennon
Ciancy	Gialmo	Lent
Clark	Gibbons	Link

Lloyd	Pettis	Snyder
Long, Md.	Peyser	Springer
Lujan	Pickle	Staggers
McClary	Pike	Stanton,
McCloskey	Pirnie	J. William
McCollister	Poage	Stanton,
McCormack	Poff	James V.
McCulloch	Powell	Steed
McDade	Preyer, N.C.	Steele
McEwen	Price, Ill.	Steiger, Ariz.
McFall	Price, Tex.	Stephens
McKevitt	Pucinski	Stokes
McKinney	Purcell	Stratton
McMillan	Quile	Stubblefield
Macdonald,	Quillen	Sullivan
Mass.	Railsback	Symington
Madden	Randall	Talcott
Mahon	Rangel	Taylor
Mallard	Rees	Teague, Calif.
Mallory	Reid	Teague, Tex.
Mann	Reuss	Terry
Mathias, Calif.	Rhodes	Thompson, Ga.
Mathis, Ga.	Riegle	Thompson, N.J.
Matsunaga	Roberts	Thomson, Wis.
Mayne	Robinson, Va.	Thone
Mazzoli	Robison, N.Y.	Tierman
Meeds	Rodino	Udall
Melcher	Roe	Ullman
Metcalfe	Rogers	Van Deerlin
Michel	Roncallo	Vander Jagt
Mikva	Rooney, N.Y.	Vanik
Miller, Ohio	Rooney, Pa.	Veysey
Mills, Ark.	Rosenthal	Vigorito
Mills, Md.	Rostenkowski	Waggonner
Minish	Roush	Waldie
Mink	Rousselot	Wampler
Minshall	Roy	Ware
Mitchell	Roybal	Whalen
Mizell	Runnels	White
Monagan	Ruppe	Whitehurst
Montgomery	Ruth	Whitten
Moorhead	St Germain	Wiggins
Morgan	Sandman	Williams
Moss	Satterfield	Wilson, Bob
Murphy, Ill.	Saylor	Wilson,
Murphy, N.Y.	Scherle	Charles H.
Myers	Scheuer	Winn
Natcher	Schneebell	Wolf
Nedzi	Schwengel	Wyatt
Nelsen	Scott	Wylder
Nichols	Sebelius	Wylie
Nix	Shoup	Wyman
Obey	Shriver	Yates
O'Hara	Sikes	Yatron
O'Neill	Sisk	Young, Fla.
Patman	Skubitz	Young, Tex.
Patten	Slack	Zablocki
Pelly	Smith, Calif.	Zion
Pepper	Smith, Iowa	Zwach
Perkins	Smith, N.Y.	

NAYS—10

Ashbrook	Gross	Martin
Camp	Hall	Schmitz
Crane	Landgrebe	
Findley	McKay	

NOT VOTING—42

Abernethy	Fulton	Passman
Anderson,	Gallagher	Podell
Tenn.	Hagan	Pryor, Ark.
Blanton	Hansen, Wash.	Rarick
Blatnik	Hébert	Ryan
Broomfield	Jones, Ala.	Sarbanes
Coughlin	Jones, Tenn.	Seiberling
Davis, Ga.	Long, La.	Shipley
Dowdy	McClure	Spence
Downing	McDonald,	Steiger, Wis.
Dwyer	Mich.	Stuckey
Edmondson	Miller, Calif.	Whalley
Edwards, Ala.	Mollohan	Widnall
Evins, Tenn.	Mosher	Wright
Flynt	O'Konski	

So the bill was passed.

The Clerk announced the following pairs:

Mr. Hébert with Mr. Broomfield.
 Mr. Blatnik with Mr. Coughlin.
 Mr. Blanton with Mr. Spence.
 Mr. Davis of Georgia with Mr. McClure.
 Mr. Mollohan with Mr. Steiger of Wisconsin.
 Mr. Fulton with Mr. Long of Louisiana.
 Mr. Anderson of Tennessee with Mr. Miller of California.
 Mrs. Hansen of Washington with Mrs. Dwyer.
 Mr. Shipley with Mr. Abernethy.
 Mr. Seiberling with Mr. McDonald of Michigan.
 Mr. Passman with Mr. Dowdy.
 Mr. Podell with Mr. Mosher.

Mr. Evins of Tennessee with Mr. Rarick.
 Mr. Downing with Mr. Ryan.
 Mr. Pryor of Arkansas with Mr. Whalley.
 Mr. Edmondson with Mr. Widnall.
 Mr. Sarbanes with Mr. Gallagher.
 Mr. Jones of Alabama with Mr. Edwards of Alabama.
 Mr. Stuckey with Mr. O'Konski.
 Mr. Jones of Tennessee with Mr. Hagan.
 Mr. Wright with Mr. Flynt.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. STAGGERS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to extend their remarks on the three bills just passed.

The SPEAKER. Is there objection to the request of the gentleman from West Virginia?

There was no objection.

PERSONAL EXPLANATION

Mr. LINK. Mr. Speaker, yesterday, July 17, I was absent from the House. Had I been present I would have voted "yea" on H.R. 15635, Juvenile Delinquency Prevention Act, and on H.R. 15657, Comprehensive Older American Services Amendments of 1972.

AN EXAMPLE OF HEAVY-HANDEDNESS BY CABINET AGENCIES

(Mr. ROBERTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROBERTS. Mr. Speaker, during the past several months I have on several occasions joined with the officials of my hometown of McKinney, Tex., in negotiating with the Department of Housing and Urban Development concerning a proposed 236 housing project scheduled to be built in McKinney. Unfortunately for the residents of McKinney, the negotiations have been fruitless in that they have provided no relief. I think it is in the interest of the Members of the House to be reminded of the heavy-handedness of Cabinet agencies in dealing with the various local governments with which they come in contact.

In this particular instance, HUD has refused to revoke its approval of a 236 project which was "sold" to the planning and zoning commission and the city council of McKinney under false pretenses. As the city manager of McKinney, Mr. Lee S. Vickers, stated in a letter to Mr. Manuel Sanchez, Area Administrator, HUD, on January 7, 1972:

The Developer at no time during his application indicated his plan to build federally subsidized apartments at the White Avenue location. If so informed, neither the Planning and Zoning Commission nor the City Council would have approved the preliminary site plan for the Willow Creek Apartments.

In an area where home values range from \$20,000 to \$35,000, this is completely understandable.

When the city council of McKinney approved the zoning change to allow for multifamily dwellings, they understood that this project was to be a high-cost

luxury-apartment complex, commensurate with the surrounding area. They were deliberately misled by the developers, out-of-State people who have no interest in the city of McKinney or its residents.

In view of this deception and the lack of demand for better housing, as detailed by the city of McKinney in a catalog of vacancies of lower-income subsidized housing, I joined with the McKinney city officials in recommending that approval of this project be withheld. We contacted Mr. Sanchez in Dallas and his superiors in Washington, but to no avail.

I, personally, find no justification for this refusal to put an end to this absurd situation before construction starts and it is too late. The people of McKinney do not want and do not need it. In December of last year the McKinney city officials made a study of the three federally assisted housing programs in the city. They found:

First. The housing authority of McKinney operating under the low rent housing program with a 90 percent occupancy, resulting in 20 vacant apartments.

Second. McKinney East Development, a 235 program of approximately 100 houses of which 34, formerly occupied, were vacant.

Third. McKinney East Apartments, a 221 program of approximately 10 units, had, as of the filing of the report, six tenants and 50 additional applications. Assuming all 50 applicants were approved and accepted, 44 vacancies would still exist.

I submit that these figures clearly illustrate that there is not sufficient demand for low-cost housing in McKinney to justify the existence of another federally subsidized—taxpayer subsidized—housing program. The response that the existing programs do not cover all aspects of low-cost housing, a response offered by HUD to earlier inquiries, is not responsive. Arbitrary distinctions are not the issue. The issue is whether we should use Federal tax money to force unwanted housing on any community, housing for which there is no demand, as evidenced by the fact that many low-cost units are presently available and unused.

On February 22, 1972, Secretary Romney testified that present policies were inadequate and that the Congress might wish to join with HUD in a thorough evaluation of the present approaches.

The Senate, on March 2, 1972, passed an omnibus bill (S. 3248) which undertook some of this reevaluation. Specifically, section 502 of this bill is designed to replace 236 housing. Given this action by the Senate and the extremely dubious circumstances surrounding the approval of this project, reasonableness demands that HUD withhold action on this project until it is demonstrably in the interest of the city of McKinney and its residents.

GIANT AMONG MEN

(Mr. DE LA GARZA asked and was given permission to address the House for 1 minute, to revise and extend his remarks and include extraneous matter.)

Mr. DE LA GARZA. Mr. Speaker, it has been well and wisely said that "Among individuals as among nations, respect for the rights of others is peace."

The words were used by Benito Juarez, a great Mexican patriot and statesman, to express the essence of his political thought when, under his leadership, peace was reestablished in Mexico in 1867 after many years of strife and civil war.

The Congress of the United Mexican States has proclaimed 1972 as the year of Juarez. One hundred years ago today, this great Mexican patriot died after years of dedicated service to his country.

As a Member of our own Congress from a district that has a common border with Mexico, I am proud to pay tribute to a man who has been compared, in his love of his country and of freedom, to our own immortal Abraham Lincoln.

Benito Juarez, a Zapotec Indian by birth, rose from humble beginnings to the Presidency of the Republic of Mexico in a time of deep internal problems and international crisis. His struggle against personal adversity was matched by his struggle to liberate Mexico from foreign invasion.

Selected for the church when he was a youngster, he instead studied law and became deeply involved in the politics of his country. Rising to the position of Justice in the Comonfort regime, Juarez launched the measures which curbed the privileges of the clergy and the military, in those days the two most powerful institutions of Mexico.

These measures led to the drafting of the Constitution of 1857. Its liberal and progressive provisions aroused the opposition of the Conservative Party and precipitated the revolution known as the War of Reform.

Juarez led the fight against the rebellion and was successful in reestablishing the legitimate order. In 1859 he was elected constitutional President of Mexico.

A few years later his conservative opponents sought the help of Napoleon III, who established a monarchy in Mexico under the rule of Maximilian of Austria. Juarez again leaped to the defense of the Republic and its constitutional government, and again he triumphed when the last foreign soldier was driven from Mexican territory in 1867.

Mr. Speaker, Benito Juarez, with his sense of justice and profound respect for the rights of other people, brought a new way of life to his country. His memory is deserving of honor and respect by all freedom-loving people everywhere in the world. He stands as one of the towering figures in the history of the Americas.

Truly, if nations, as well as individuals today were to follow the wisdom of his words, "Entre los hombres, como entre las naciones, el respeto al derecho ajeno es la paz," this indeed would be a better world and all of us would be better as individuals. We respectfully join our sister republic of Mexico and its people in solemn commemoration of this date.

EDUCATION AMENDMENTS OF 1972

(Mr. WILLIAM D. FORD asked and was given permission to address the

House for 1 minute, to revise and extend his remarks and include extraneous matter.)

Mr. WILLIAM D. FORD. Mr. Speaker, a great deal of confusion has arisen over the amendment which I cosponsored to stay all court-ordered cross-district busing until all appeals have been exhausted or until the time for such appeals has expired. This amendment, which became law on June 23, is now section 803 of the Education Amendments of 1972.

This law, which is the first and only provision passed by Congress to stop forced cross-district busing, was at first strongly criticized by President Nixon. Perhaps he had personal political reasons for doing so. However, he has since evidently changed his way of thinking and has now ordered the Justice Department to make full use of it.

Only yesterday, in a brief submitted by the Justice Department to the U.S. Court of Appeals for the Sixth Circuit, the Justice Department stated that there can be little doubt that this law will require a stay once Judge Roth orders a specific desegregation plan in the suit now pending before the U.S. district court in Detroit which involves over 50 suburban school districts.

In a memorandum in support of their emergency motion to stay Judge Roth's original order for the development of a plan of desegregation, the attorneys for the suburban school districts have set forth an excellent review of the background of section 803, along with sound and logical arguments for upholding its constitutional validity and a comprehensive summary of its legislative history.

Mr. Speaker, because of the confusion which has existed with respect to the effectiveness of this law, and because of the widespread interest in the current controversy at this point I am inserting into the Record that portion of the memorandum brief submitted by the attorneys for the Michigan suburban school districts which deals with section 803:

A STAY OF PROCEEDINGS SHOULD BE ORDERED ON THE BASIS OF SECTION 803 OF THE "EDUCATION AMENDMENTS OF 1972"

I. INTRODUCTION

On June 23, 1972, the President of the United States signed into law the "Education Amendments of 1972". This comprehensive legislation became effective on July 1, 1972. One provision, Section 803, was added during debates in the House of Representatives as a non-germane Amendment, and relates to the question of a stay or suspension of proceedings by this Court at this time. Section 803 provides as follows:

"Sec. 803. Notwithstanding any other law or provision of law, in the case of any order on the part of any United States district court which requires the transfer or transportation of any student or students from any school attendance area prescribed by competent State or local authority for the purposes of achieving a balance among students with respect to race, sex, religion, or socioeconomic status, the effectiveness of such order shall be postponed until all appeals in connection with such order have been exhausted or, in the event no appeals are taken, until the time for such appeals has expired. This section shall expire at midnight on January 1, 1974."

As a result of this legislation, it is submitted that the Ruling on Desegregation Area and Order for Development of Plan of Desegregation, entered by this Court on June 14, 1972, and particularly those provisions relating to the transfer and trans-

portation of students within the desegregation area, is ineffective until all appeals from that ruling have been exhausted.

Section I B. of the Court's Order of June 14, 1972 provides, in part, as follows:

"... the panel is to develop a plan for the assignment of pupils ... and shall develop as well a plan for the transportation of pupils, for implementation for all grades, schools and clusters in the desegregation area ... The panel may recommend immediate implementation of an interim desegregation plan for grades K-6, K-8, or K-9 in all or in as many clusters as practicable, with complete and final desegregation to proceed no later than the fall 1973 term."

Section II A. of the Court's Order of June 14, 1972, in part, provides:

"Pupil reassignment to accomplish desegregation of the Detroit public schools is required within the geographical area ... referred to as the 'desegregation area'."

Section II B. of the Court's Order of June 14, 1972, in part, provides:

"... pupil reassignments shall be effected within the clusters described in Exhibit P.M. 12 so as to achieve the greatest degree of actual desegregation to the end that, upon implementation, no school grade or classroom be substantially disproportionate to the overall pupil racial composition."

Section II E. of said Order provides, in part, as follows:

"Transportation and pupil assignment shall ... be a two-way process with both black and white pupils sharing the responsibility for transportation requirements at all grade levels."

Finally, Section II I. of the Court's Order provides, in part:

"The State Board of Education and the State Superintendent of Education shall with respect to all school construction and expansion, 'consider the factor of racial balance along with other educational considerations in making decision about new school sites, expansion of present facilities * * *'."

The particular students to be transferred and transported from one attendance area, prescribed by their local school district, to another attendance area, prescribed by this Court, have not been identified and the exact date when such transfer and transportation shall occur has likewise not been determined by the June 14 Order of this Court. It is perfectly clear, however, as indicated by the above referred to provisions of said Order, that:

1. Transfer of students has been ordered (Section I B., II A. and II E.).

2. The transfers have been ordered for the purpose of achieving a balance with respect to race. (Section II B. and II I.).

That the Order of the Court dated June 14, 1972 constitutes an order "which require[s] the transfer or transportation" of students within the meaning of Section 803 is unquestionable in view of the above quoted provisions and the clear language and legislative history of Section 803. The Order of this Court from the bench on July 10, 1972, directing the purchase of 295 buses, makes this all the more clear. Congress has mandated postponement of the effectiveness of this type of order during the pendency of appeals and it is submitted that this Court should therefore suspend the effectiveness of its Order until appeals are resolved in this cause.

In the event it should be determined that the Order of June 14, 1972 does not, by its own terms, actually require the transfer or transportation of students and is therefore not at this moment subject to the provisions of Section 803 declaring such an Order to be ineffective, it is submitted that the practical effect of Section 803 is to make it incumbent upon this Court to grant an equitable stay of proceedings at this time. If it is ruled that as a prerequisite to the application of Section 803, the Court enter a further Order in pursuance of the Desegregation Panel's recommendations particularizing the students and schools involved in the pupil assign-

ments and pupil transportation, they will themselves be ineffective thus rendering, for all intents and purposes, the Orders of June 14 and July 10 ineffective. Accordingly, this Court should enter an Order staying proceedings now, at least insofar as the Court's prior Orders may contemplate the entry of further Orders assigning and transporting students prior to the exhaustion of appeals in order to carry out the manifest intent of Congress that massive expense and hardship not occur until the legal rights of the parties have been finally determined.

Both prior and subsequent to the signing of the "Education Amendments of 1972" by the President of the United States, there was and continues to be considerable speculation as to the effectiveness of Section 803 and the applicability thereof to the instant case. Such speculation, often politically motivated, should have no effect on the construction to be afforded Section 803; such question being subject only to judicial determination. Accordingly, the following is a discussion of several of the principal issues which might be raised with respect to this unique action by the Congress of the United States. Intervening School Districts contend that the significant pre-enactment material, and cases, discussed below, compel the conclusion that Section 803 must ultimately suspend the effectiveness of any order transferring students issued by this Court, and therefore dictates that a Stay of Proceedings be instituted now, so that all appeals may be exhausted before the implementation of relief in this cause is further continued.

II. CONSTITUTIONAL VALIDITY OF SECTION 803

The Intervening School Districts anticipate that argument will be made that Section 803 is an unconstitutional attempt by the United States Congress to limit the jurisdiction of the United States district courts to implement their orders while appellate procedures are being exhausted. The simple answer to this anticipated argument is found in Section 1 of Article III of the United States Constitution, which sets forth the power of Congress to govern the jurisdiction of the lower federal courts. This Section provides as follows:

"Sec. 1. The judicial Power of the United States, shall be vested in one supreme Court, and in such inferior Courts as the Congress may from time to time ordain and establish."

The breadth of authority of Congress over the jurisdiction of the federal courts of the United States was dramatically illustrated in the 1868 case of *Ex parte McCordle*, 7 Wall. 506, 19 L. Ed. 264 (1868). There, a civilian held for trial by a military commission was denied a Writ of Habeas Corpus by the circuit court. While an appeal from this denial was pending before the Supreme Court of the United States, Congress passed a statute taking away the appellate jurisdiction of the Supreme Court in habeas corpus cases. The Supreme Court held that this was a legitimate exercise of congressional power and that the legislation deprived the United States Supreme Court of jurisdiction even though the Act was passed after the Supreme Court had already taken jurisdiction of the case. This was so even though the cause before the Court involved an alleged violation of the plaintiff's constitutional rights.

Although the invoking of the appellate procedures from the decision of a lower federal court does not, as a general rule, operate to effect an automatic stay of proceedings this has not always been the case. As discussed in the case of *Brockett v Brockett*, 2 How 238, 11 L. Ed. 251 (1844) and the *Slaughterhouse cases*, 10 Wall 273, 19 L. Ed. 915 (1869), the Judiciary Act of 1789 provided that the filing of a Writ of Error within ten days from the date of entry of the order of the court below operated as an automatic supersedeas and stay of execution under Section 23 of the Judiciary Act. No case could be found challenging the validity of this auto-

matic stay provision of the Judiciary Act of 1789.

In more recent times, the question of congressionally imposed limitations on the jurisdiction of the lower federal courts has been discussed in a number of cases arising in several different contexts:

A. Labor

Although the Congress of the United States may not circumscribe the original jurisdiction of the Supreme Court, it may limit or even remove the general jurisdiction of the lower federal courts. This power is illustrated in the case of *Lauf v E.G. Skinner & Co.*, 303 US 323, 82 L. Ed. 872 (1938), involving the construction of certain provisions of the Norris-La Guardia Act. That Act provided that "no court of the United States shall have jurisdiction to issue a temporary or permanent injunction in any case involving or growing out of a labor dispute" unless certain very specific findings were made by the court, involving substantial and irreparable injury in balancing the interests of the parties. In the *Lauf* case, the United States Supreme Court in upholding this provision, stated simply at page 330,

"There can be no question of the power of Congress thus to define and limit the jurisdiction of the inferior courts of the United States."

B. Voting rights

The question of Congress' power over the lower federal courts arose in another context, involving the elimination of the jurisdiction of the district court to entertain certain matters arising under the Voting Rights Act of 1965. In referring to that provision of the Act which requires states to seek certain relief only in one district court in the United States, the Supreme Court of the United States in *South Carolina v Katzenbach*, 383 US 301, 15 L. Ed. 2d 769 (1966) stated, at page 331:

"Despite South Carolina's argument to the contrary, Congress might appropriately limit litigation under this provision to a single court in the District of Columbia, pursuant to its constitutional power under Art. III, § 1, to 'ordain and establish' inferior federal tribunals."

C. Selective service

The limited nature of the jurisdiction of the inferior federal courts, as determined by the Congress, is further illustrated in the selective service cases. In *Falbo v United States*, 320 US 549, 88 L. Ed. 305 (1944), the Supreme Court held that a selective service registrant could not defend a prosecution on the ground that he was wrongfully classified, where the offense was a failure to report for induction. The court held that until the registrant had exhausted all administrative appeals, the courts of the United States had no jurisdiction to entertain his claim that he had been improperly inducted. Following the *Falbo* case, the United States Supreme Court ruled in *Estep v United States*, 327 US 114, 90 L. Ed. 567 (1946), that in a case where the registrant had exhausted all administrative appeals before refusing to submit to induction, Congress had properly limited the scope of the court's review to determining whether or not the local draft board had acted beyond its jurisdiction. In speaking for three of the justices, Justice Douglas stated at pages 122 and 123:

"The provision making the decisions of the local boards 'final' means to us that Congress chose not to give administrative action under this Act the customary scope of judicial review which obtains under other statutes. It means that the courts are not to weigh the evidence to determine whether the classification made by the local boards was justified. The decisions of the local boards made in conformity with the regulations are final even though they may be erroneous. The question of jurisdiction of the local board is reached only if there is no basis in fact for the classification which it gave the registrant."

In a concurring opinion, Mr. Justice Rutledge stated at page 132:

"I have no doubt that Congress could make administrative or executive actions final in such matters as these in the sense of excluding all judicial review, excepting only what may be required by the Constitution in the absence of suspension of the writ of habeas corpus."

In the case of *Edwards v Selective Service Local Board*, III. 432 F.2d 287 (5th Cir. 1970), the subject of judicial review of local draft board classifications again came up for review. In that case, involving a registrant who sought to enjoin his induction into the armed forces, the court held that judicial review of registrant's classification was barred by Congressional mandate. In its opinion, the 5th Circuit Court of Appeals stated at page 290:

"This Court and the court whose order we review are each and both inferior courts of limited jurisdiction. The route of our reasoning properly starts with the presumption that we lack subject matter jurisdiction until it has been demonstrated to exist. This has long been the basic tenet of federal jurisprudence (citations omitted). The power to ordain and establish these courts is vested in the Congress; and, with exceptions not pertinent here, Congress has the power to give, withhold and restrict our jurisdiction" (emphasis added).

See also *Carlson v. United States*, 364 F.2d 914 (10th Cir. 1966).

D. Price control

The Emergency Price Control Act of 1942 gave rise to several cases discussing the power of the Congress to limit judicial review in the area of wartime price controls. The Emergency Price Control Act of 1942 provide that a person subject to an order or regulation of the Administrator under the Act could first file a protest of the Administrator's action and could thereafter appeal such action only to the Emergency Court of Appeals created under the Act and thereafter to the United States Supreme Court. The Emergency Price Control Act also provided that the Emergency Court of Appeals and the Supreme Court had exclusive jurisdiction over the subject matter involved and no other court, federal, state or territorial, could have jurisdiction or power to consider the validity of any regulation or order of the Administrator. Finally, the Emergency Price Control Act provided that the Emergency Court of Appeals and the United States Supreme Court were denied the jurisdiction to issue a temporary stay or injunction to prohibit the enforcement of the Administrator's regulations or orders during the pendency of an appeal from the denial of a protest, taken to the Emergency Court of Appeals or the United States Supreme Court.³

In *Lockerty v. Phillips*, 319 U.S. 182, 87 L. Ed. 1339 (1943), the United States Su-

³ Of interest also is the Economic Stabilization Act of 1970, as amended Dec. 22, 1971, which provides in Sec. 211, as follows:

"(e)(1) . . . [N]o interlocutory or permanent injunction restraining the enforcement, operation, or execution of this title, or any regulation or order issued thereunder, shall be granted by any district court of the United States or judge thereof.

"(f) The effectiveness of a final judgment of the Temporary Emergency Court of Appeals enjoining or setting aside in whole or in part any provision of this title, or any regulation or order issued thereunder, shall be postponed until the expiration of thirty days from the entry thereof, except that if a petition for a writ of certiorari is filed with the Supreme Court under subsection (g) within such thirty days, the effectiveness of such judgment shall be postponed until an order of the Supreme Court denying such petition becomes final, or until other final disposition of the action by the Supreme Court."

preme Court upheld the validity of that portion of the statute removing jurisdiction of the subject matter from all other courts. In its opinion, the court stated at page 187:

"There is nothing in the Constitution which requires Congress to confer equity jurisdiction on any particular inferior federal court. All federal courts, other than the Supreme Court, derive their jurisdiction wholly from the exercise of the authority to 'ordain and establish' inferior courts, conferred on Congress by Article 3, § 1, of the Constitution. . . . The congressional power to ordain and establish inferior courts includes the power 'of investing them with jurisdiction either limited, concurrent, or exclusive, and of withholding jurisdiction from them in the exact degrees and character which to Congress may seem proper for the public good.'" (emphasis added)

And at page 188, the Court stated:

"In light of the explicit language of the Constitution and our decisions, it is plain that Congress has the power to provide that the equity jurisdiction to restrain enforcement of the Act, or of regulations promulgated under it, be restricted to the Emergency Court, and, upon review of its decisions, to this Court."

In a subsequent opinion, *Yakus v. United States*, 321 US 414, 88 L Ed 834 (1944), the Court considered the question not raised in *Lockerty*, as to whether Congress could withhold from the courts actually vested with subject matter jurisdiction of price control appeals, (the Emergency Court of Appeals and the United States Supreme Court) the power to stay an order or regulation of the Price Control Administrator or the power to issue an injunction prohibiting the enforcement of such order or regulation. In upholding this provision of the Emergency Price Control Act, the Supreme Court stated, at page 437:

"In the circumstances of this case we find no denial of due process in the statutory prohibition of a temporary stay or injunction."

And at page 441:

"Here, in the exercise of the power to protect the national economy from the disruptive influences of inflation in time of war Congress has seen fit to postpone injunctions restraining the operations of price regulations until their lawfulness could be ascertained by an appropriate and expeditious procedure. In so doing it has done only what a court of equity could have done, in the exercise of its discretion to protect the public interest. What the courts could do Congress can do as in the guardian of the public interest. What the courts could do Congress can do as the guardian of the public interest of the nation in time of war." (emphasis added)

Finally, at page 444, the court stated:

"There is no constitutional requirement that test be made in one tribunal rather than in another, as long as there is an opportunity to be heard and for judicial review which satisfies the demands of due process, as is the case here."

E. Due process and general application

1. Section 803 meets all requirements of one process.

The applicability of the above precedents, and particularly the *Yakus* line of reasoning, to Section 803 is clear. In the exercise of its constitutional grant of power and control over the federal judiciary, Congress has seen fit to speak to the procedures by which the courts, at all levels, shall determine the ultimate substantive rights and remedies of all the parties in a particular category of litigation.

The *Yakus* case is especially relevant because it dealt with a congressional mandate of a stay of proceedings. The Emergency Price Control Act provisions allowed the Price Control Administrator to impose substantial controls over individuals and then required

that such controls, which were administratively ordered changes from the status quo, be maintained during the process of appeals. So long as adequate appellate procedures were available, there was no denial of due process by limiting the interlocutory jurisdiction of the courts during the pendency of such appeals even though, as was admitted by the court in discussing the *Lockerty* and *Yakus* cases, irreparable harm could occur. In the instant case, a similar restriction on the jurisdiction of the courts during the pendency of appeals has been imposed by the Congress with one significant difference: The stay mandated by Section 803 maintains the status quo, while the Emergency Price Control Act mandates the continuance of a questionable order or regulation.

As stated in *Yakus*, page 444, supra, the demands of due process must be met in cases where congressional restraints on the general jurisdiction of the federal courts are imposed, once such general jurisdiction is granted. This was discussed in the case of *Battaglia v. General Motors Corp.*, 169 F. 2d 254 (2d Cir 1948), a case involving the Portal-to-Portal Act. The United States Supreme Court, in several cases preceding the Portal-to-Portal Act, had interpreted the Fair Labor Standards Act of 1938 as granting certain claims for time spent by employees before and after the performance of their main activities. Congress responded by enacting the Portal-to-Portal Act, which deprived both state and federal courts of jurisdiction to entertain the claims under the Fair Labor Standards Act and outlawed the substantive liability for the claims themselves. The Second Circuit held that while Congress might not have the power to simply remove the jurisdiction of all courts to entertain actions to enforce such claims, the denial of jurisdiction was proper where the effect of the withholding of jurisdiction itself was not the cause of extinguishing the substantive liabilities involved. At page 257, the Court stated:

"We think, however, that the exercise by Congress of its control over jurisdiction is subject to compliance with at least the requirements of the Fifth Amendment. That is to say, while Congress has the undoubted power to give, withhold, and restrict the jurisdiction of courts other than the Supreme Court, it must not so exercise that power as to deprive any person of life, liberty, or property without due process of law or to take private property without just compensation."

In the instant case it is clear that Section 803 does not deny due process since it simply requires the maintenance of the status quo during the pendency of appeals. The issue is resolved by the language and holdings of *Yakus*, at page 442, supra:

"... legislative formulation of what would otherwise be a rule of judicial discretion is not a denial of due process or a usurpation of judicial functions."

The case at bar indeed involves allegations and findings regarding substantive constitutional rights under the 14th Amendment of the Constitution of the United States and these rights may not be extinguished by action of Congress. The manner in which these substantive constitutional rights are to be safeguarded and the establishment of procedures to remedy denials of these rights by the courts of the United States is reserved, however, by Article III, Section 1 of the United States Constitution, to the Congress. Within the teachings of *Yakus* and *Battaglia*, so long as minimum due process requirements of the Fifth Amendment are met, Congress may exercise its wide discretion in mandating the procedural jurisdiction of the lower federal courts in this area which is of such national concern today.

2. Section 803 does not violate any constitutional requirement of immediate relief.

Intervening School Districts are aware that the argument has been made that Section 803 is unconstitutional for the reason that it

abrogates a constitutional interest in immediate relief. This argument has been based upon the teachings of the United States Supreme Court in *Alexander v. Holmes County Board of Education*, 396 US 19, 24 L Ed 19 (1969) and *Carter v. West Feliciana Parish School Board*, 396 US 290, 24 L Ed 2d 477 (1970). These cases are further amplifications of the principle stated in *Green v. County School Board of New Kent County*, 391 US 430, 20 L Ed 2d 716 (1968). In that case the United States Supreme Court reiterated that the "deliberate speed" standard established in the second *Brown* decision in 1955, 349 US 294, was no longer applicable, c.f. *Griffin v. County School Board*, 377 US 218, 12 L Ed 2d 256 (1964), and that the burden on a school board today is to come forward with a plan that promises to work and "promises realistically to work now". 391 US 439, 20 L Ed 2d 724. Reasoning from the conclusions of these cases, opponents of the validity of Section 803 have made the argument that there is now a constitutional interest in immediate implementation of a plan upon a *prima facie* showing of continued segregation.

It is submitted that the principle of the above cases does not extend to the facts of the case at bar, which are totally distinguishable. In each of the above cited cases, the existence of a dual school system, constituting *de jure* segregation, was at issue. Each one of the school systems in the above cited cases had operated dual systems prior to 1954, and thereafter, by operation of state law. This simple fact was either admitted or previously adjudicated in all of those cases. Thus the issue of "liability" had been completely resolved and the only question before the United States Supreme Court and the lower appellate courts was that of the timing and efficacy of implementing a plan of desegregation. The comment of Justices Harlan and White in a concurring opinion in *Carter v. West Feliciana Parish School Board*, supra, to the effect that the burden, in actions similar to the *Alexander* case, should be shifted from Plaintiffs, seeking redress for a denial of constitutional rights, to Defendant school boards, and to the further effect that:

"What this means is that upon a *prima facie* showing of non compliance with this Court's holding in *Green v. County School Board of New Kent County*, 391 US 430, 20 L Ed 2d 716, 88 S. Ct 1689 (1968), sufficient to demonstrate a likelihood of success at trial, plaintiffs may apply for immediate relief that will at once extirpate any lingering vestiges of a constitutionally prohibited dual school system."

must be read as applicable only to a case where the issue of the existence of a "constitutionally prohibited dual school system" has been resolved unfavorably to the defendant school board. Intervening School Districts contend that the teachings of the United States Supreme Court in the above cited line of cases accordingly apply only after full resolution of the issue of *de jure* segregation. In the case at bar, this issue has not been fully resolved through appellate process. As outlined in this Brief, and as this Court knows, there are serious questions of law, both as to the issue of the existence of *de jure* segregation with the school district of the City of Detroit and as to the appropriateness of metropolitan relief in this cause. There has been no allegation or adjudication of the existence of a dual school system within the Defendant Intervenor's school districts. Accordingly, it should be readily apparent that the United States Supreme Court has not ruled that the right to implementation of a plan of desegregation under the Constitution is immediate, except in instances where the existence of a dual school system in violation of the Constitution has been finally adjudicated or admitted.

Thus, it is clear that Section 803 cannot be held unconstitutional in the context of

the case at bar where there has been no exhaustion of appellate remedies on the issues of liability in the first instance.

Even in a case involving the application of Section 803 to an order transferring students, where there has been full adjudication and exhaustion of appeals on the issue of liability, there is no reason why the Section cannot be reasonably accommodated to the teachings of the United States Supreme Court in the above cited line of cases. Indeed, the Supreme Court has clearly indicated an immediacy requirement, once the existence of a dual system has been finally adjudicated (and Defendants contend that such finality must include the complete exhaustion of appeals on such issue). If at that point, a separate order transferring students or further implementing a plan of desegregation previously adopted is entered, it is clear that Section 803 would compel the postponement of effectiveness of that order until any appeals from that order have been exhausted. However, under the teachings of *Green, Alexander, and Carter, supra*, any appellant would have extreme difficulty defending a motion to dismiss an appeal, in view of the immediacy requirements. Accordingly, any delay extended by Section 803 would, under those circumstances, be of an extremely brief nature and would undoubtedly still meet the requirements of those cases, notwithstanding the application of Section 803.

In summary, the question simply resolves itself into one of whether or not Section 803 is an attempt by the Congress to circumscribe the constitutional rights of the Plaintiffs guaranteed to them by the Fourteenth Amendment, or a direction by the Congress as to the procedures by which these substantive rights will be enforced by the courts of the United States. It is respectfully submitted that Section 803 could not be more clearly procedural in nature. The ultimate declaration of the substantive rights of the parties to this case will not be affected by the application of Section 803 any more than the ultimate determination of the substantive rights of the parties was affected in those desegregation cases where the courts, in the exercise of their discretion, granted a stay of proceedings to maintain the interests of all of the parties in *status quo*. Considering the serious and substantial questions relative to the issues of "liability" and "remedy" and their potential effect on parties Plaintiff and Defendant it cannot be said that the delay during appeal will *per se* constitute a denial of substantive constitutional rights. As stated so well in *Yakus*, Congress "has done only what a court of equity could have done, in the exercise of its discretion to protect the public interest."

III. QUESTIONS AS TO THE INTENDED APPLICATION OF SECTION 803 ARE CONTROLLED BY ITS LEGISLATIVE HISTORY

The legislative history of an Act of Congress is composed of the debates, amendments, committee reports, and explanations by its sponsors and managers attending a bill which subsequently becomes law. The legislative history of a law may be resorted to as an aid in determining the proper construction of a statute which is ambiguous or of doubtful meaning. Annot. 70 A.L.R. 5, 6, (1931); *Blake v National City Bank*, 23 Wall. 307, 23 L Ed 119 (1875); *Railroad Commission v Chicago B. & Q. R. Co.*, 257 US 563, 66 L Ed 371 (1922); *Duplex Printing Press Co v Deering*, 254 US 443, 65 L Ed 349 (1921); *United States v Great Northern R. Co.*, 287 US 144, 77 L Ed 223 (1932); *Wright v Mountain Trust Bank*, 300 US 440, 81 L Ed 736, (1937); *Mitchell v Kentucky Finance Co.*, 359 US 290, 3 L Ed 2d 815 (1959); *Swann v Charlotte-Mecklenburg*, 402 US 1, 16, 17, 28 L Ed 2d 554, 567 (1971) and numerous other cases cited in 70 A.L.R. 5, 6, 7, 8.

It is anticipated by the Intervening School Districts that issue will be taken as to the meaning and application of several aspects of

Section 803. Because it is certainly possible that Section 803 is capable of several interpretations as to its effect on Orders antedating the effective date of the statute, its effect on suits pending as of the effective date, and whether it applies to all Orders requiring the transfer and transportation of students, even if in pursuance of a finding of unlawful segregation, the correct interpretation must be determined by examination of the legislative history.

The rule as to the applicability of legislative history in construing the intent of a statute has been summarized as follows:

In construing legislative intent by reference to the legislative history, the Court must differentiate between statements made by individual legislators and those made by the sponsors of the Bill, the chairmen of the committees which consider the Bill, and the conference committee reports. Annot., 70 A.L.R. 5, 26-39.

In considering the legislative history of a statute, Mr. Justice Frankfurter, joined by Black and Burton, JJ., dissenting, in agreement with the majority on this point stated the following:

"It has never been questioned in this Court that committee reports as well as statements by those in charge of a bill or of a report, are authoritative elucidations of the scope of a measure. *Schwegmann Bros v Calvert Distillers Corp.*, 341 US 384, 399, 400, 95 L Ed 1035, 1050, 1051 (1951)." See also *Duplex Printing v Deering*, 254 US 443, 474, 65 L Ed 349 (1921); and *Railroad Commission v Chicago, B. & Q. R. Co.*, 257 US 563, 66 L Ed 371 (1922).

In considering weight to be given to statements made by the sponsors of a bill the Supreme Court has stated:

"We have often cautioned against the danger, when interpreting a statute, of reliance upon the views of its legislative opponents. In their zeal to defeat a bill, they understandably tend to overstate its reach. The fears and doubts of the opposition are no authoritative guide to the construction of legislation. It is the sponsors that we look to when the meaning of the statutory words is in doubt." *Schwegmann Bros v Calvert Distillers Corp.*, 341 US 384, 394-395, 95 L Ed 1035, 1048 (1951); see also *Mastro Plastics Corp v Labor Bd.*, 350 US 270, 288, 100 L Ed 309, 323 (1956); *NLRB v Fruit & Vegetable Packers*, 377 US 58, 66, 12 L Ed 2d 129, 135 (1964); *Woodwork Mfg Assoc v NLRB*, 386 US 612, 639, 640, 18 L Ed 2d 357, 375 (1967).

In *United States v United Mine Workers*, 330 US 258, 91 L Ed 884 (1947), statements were made regarding the proper construction of a statute by the sponsor of the bill in the House of Representatives and by the ranking minority member of the committee which reported the bill. These statements were not challenged by any representative voting for the bill and because the Senate did not express a contrary understanding, the Court felt that such legislative history was "determinative guidance" in establishing the proper statutory construction. The massive number of cases which have been decided on the basis of legislative history is illustrated by Appendix A to Mr. Justice Frankfurter's dissenting opinion in *Commissioner of Internal Revenue v Church*, using three pages to list "Decisions During the Past Decade in which Legislative History was Decisive of Construction of a Particular Statutory Provision". 335 US 632, 687, 688, 689, 93 L Ed 288, 321, 322, 323 (1949).

One of the most recent examples of the use by the United States Supreme Court of legislative history of Congressional Legislation is *Swann v Charlotte-Mecklenburg*, 402 US 1, 16, 17, 28 L Ed 2d 554, 567 (1971).

IV. THE LEGISLATIVE HISTORY OF SECTION 803

As indicated in the foregoing portion of this Brief, it is proper and necessary for the courts to look to the legislative history of

laws when their interpretation is subject to question. In such cases, the intent of Congress as expressed in its debates and committee reports will be determinative of the interpretation to be placed on the law in question.

With respect to Section 803, there is ample legislative history to support the position urged by the Newly Intervening School Districts.

The first phase in the history of Section 803 was when it was introduced by Congressman Broomfield in the U.S. House of Representatives on November 4, 1971 as a non-germane amendment to the "Education Amendments of 1972". On that evening, Mr. Broomfield stated:

"Mr. Chairman, my amendment would postpone the effectiveness of any U.S. district court order requiring the forced busing of children to achieve racial balance until all appeals to that order have been exhausted.

"... [S]ome U.S. federal courts have ordered busing in recent months. In many instances, I feel that these orders are breaking new constitutional ground—that these orders have created a new and unprecedented extension of existing law.

"We can expect that many of these decisions ordering busing will be appealed and that on appeal they may be overturned. However, the appeals process is a long and difficult one. It may take two or three years. Thus, before the courts can completely decide this question, before the law is crystallized once and for all, busing will have become an accomplished fact.

"Mr. Chairman, forced busing may prove to be an expensive, time consuming and disruptive mistake.

"My amendment would only delay a lower court's busing order until all those parties have had a chance to plead their case at their court of last resort."—Congressional Record, November 4, 1971, vol. 117, pt. 30, p. 39302.

Although too extensive to be repeated herein at length, the discussion by one of the Co-Sponsors, Congressman Nedzi, as reported in the Congressional Record, constitutes description of the entire history of the instant case and events leading to the submission of Section 803, and demonstrates beyond doubt that it was the specific intention of the Co-Sponsors that Section 803 be applicable to *Bradley v. Milliken*.—Congressional Record—House H10416, H10417, November 4, 1971.

Following passage of the "Education Amendments of 1972" in the House, with Section 803 as an amendment, and passage of the "Education Amendments of 1972" in the Senate, but containing different "anti busing" amendments, the Act again came up for debate in the House on a motion to send it to Conference Committee. In addressing Section 803, the following debate in the House was had on March 8, 1972:

"Mr. BROOMFIELD. Mr. Speaker, I rise to stress the importance of retaining the House language of the amendment to stay busing orders until all appeals have been exhausted.

"Mr. Speaker, the other body would have us discriminate against some busing orders. Some orders would be stayed pending appeal and others would not. We should write the law so that it applies uniformly to all cases which involve busing, otherwise, this law will be by definition, unfair.

"Mr. GERALD R. FORD. I would first like to ask the gentleman several questions. First, is the Broomfield amendment retroactive?

"Mr. BROOMFIELD. Yes; it is.

"Mr. GERALD R. FORD. It is retroactive in its entirety?

"Mr. BROOMFIELD. In its entirety.

"Mr. GERALD R. FORD. The second question

is this: Your amendment states that the effectiveness of 'any order' to achieve a racial balance of students 'shall be postponed.'

"Now, does that mean that it would affect orders which have already been put into effect or put into partial effect? In other words, all would be suspended pending final appeal?"

"Mr. BROOMFIELD. That is correct."

"Mr. GERALD R. FORD. Mr. Speaker, if the gentleman will yield further, is it the intent of the author of the amendment that this stay during an appeal of any order shall be equally applicable not only to orders involving forced busing but to desegregation cases generally?"

"Mr. BROOMFIELD. Yes; it would be, in both cases."—Congressional Record of March 8, 1972, p. 7555.

The Conference Committee Report was ordered to be printed on May 23, 1972, and stated, in part, as follows:

"The conference agreement contains the precise language of the House amendment and provides that this section shall expire midnight, January 1, 1974. *This section does not authorize the reopening of final orders, however, appealable orders are considered to be within the scope of this amendment.* The conferees are hopeful that the judiciary will take such action as may be necessary to expedite the resolution of the issues subject to this section." (Emphasis supplied).—U.S. House of Representatives, 92d Congress, 2d Session, Report No. 92-1085, Education Amendments of 1972, May 23, 1972, p. 220.

The Conference Committee Report was brought before the Senate in May of 1972. Senator Pell was the manager in the Senate for the Conference Committee Report containing Section 803. During the ensuing debates on the Senate floor on May 23, 1972, the following occurred:

Senator PELL. . . . The conferees struggled long and hard over the so-called busing amendments. The Conference Report adopts verbatim the Broomfield Amendment, except that the duration of the Amendment is limited to January 1, 1974. During conference discussion, there was disagreement as to the meaning of the Broomfield language. Here I would say that a literal reading of the language by a non-lawyer would indicate that if a local educational agency is under an appealable order to transport students to achieve racial balance, that local educational agency can receive a stay of that order whether it has been implemented or not. I expect that today's debate will bring disagreement from those who have more of a legal background on the subject than I. However, I would say that the Senate is not in the habit of enacting frivolous language, and those who interpret our work as a sham and a fraud do injustice to both the Senate and the House." Page 18438.

Senator Javits, speaking against the Broomfield Amendment, stated:

"Then, Mr. President, we come to the Broomfield Amendment, which was finally compromised as between the two bodies, and here again we have an absolutely flat, automatic stay of any order until appeals have been exhausted. At least, if you take the language for what the House sponsors say it means—and I will discuss that in a moment—you have an automatic stay for 19 (sic) months of any lower court order which would seek either to transfer or to transport students in respect of what again I say the Amendments House sponsors claim is an effort to desegregate in order to comply with the Constitution." Page 18443.

Senator Dominick, who is the ranking minority member of the Education Subcommittee of the Senate and a member of the Conference Committee which reported on Section 803, stated as follows:

"Mr. DOMINICK. Mr. President, as the ranking minority member of the Education Subcommittee, I rise in support of the Conference Report of the Education Amendments of 1972."

"To those colleagues who oppose the Conference Report because effect of the Broomfield language is ambiguous or not strong enough I point out that this was the best we could get. May I quote to you some legislative history from the House side describing exactly what is intended by the language. On March 8, 1972, the distinguished minority leader (Mr. Gerald R. Ford) asked the author of the Amendment several highly pertinent questions. The colloquy went like this:

"Mr. GERALD R. FORD. I would like to ask the gentleman several questions. First, is the Broomfield amendment retroactive?"

"Mr. BROOMFIELD. Yes; it is."

"Mr. GERALD R. FORD. Is it retroactive in its entirety?"

"Mr. BROOMFIELD. In its entirety."

"Mr. GERALD R. FORD. The second question is this: Your amendment states that the effectiveness of 'any order' to achieve a racial balance of students 'shall be postponed.'"

"Now, does that mean that it would affect orders which have already been put into effect or put into partial effect? In other words, all would be suspended pending final appeal?"

"Mr. BROOMFIELD. That is correct."

"The only limitations that the conference placed on the express and clearly intended language of the Broomfield Amendment are the termination date of January 1, 1974, and the statement of the conference's qualification that it affects only appealable orders. I understand this qualification to add nothing other than to substantiate the finality of the order language already contained in the Amendment. In view of the language and the legislative intent, I believe that the effect of Broomfield is clear, and my colleagues should vote accordingly with full knowledge of the consequences."—Congressional Record—Senate, S8396, S8397, May 24, 1972.

The Conference Committee Report was brought before the House in June of 1972, and Congressman Quile, the ranking minority member of the House Committee on Education and Labor and a member of the Conference Committee, co-managed the Report with Congressman Perkins. On June 8, 1972, Congressman Quile stated:

"... [t]he Broomfield amendment, . . . was aimed solely at staying Federal court desegregation orders involving the transfer or transportation of students until all appeals are exhausted or until the time for taking such appeals has expired without one being taken. This is an extremely important and necessary action designed to obtain equity and uniformity in these cases, and perhaps to give the Federal judiciary some time to assess the mood of Congress and the country with respect to wholesale busing of schoolchildren."

"Accordingly, the conference report contains without substantive change the most significant and effective of the amendments covered by the instructions of the House. For the first time in the field of school desegregation the Congress will be exercising its authority, which is limited under the Constitution, to regulate the actions of Federal courts."—Congressional Record—House, H5404, June 8, 1972.

Further on in the debate on accepting the Conference Committee Report the following colloquy occurred between Congressman Broomfield and Congressman O'Hara, co-sponsors of Section 803, and Congressman Perkins, the Chairman of the Conference Committee and the Chairman of the House Committee on Education and Labor:

"Mr. O'HARA. Mr. Speaker, I am particularly interested in the provisions of section 803 of the conference report."

"First, I would like to ask Mr. Broomfield about his meaning when his amendment spoke of an order of a district court requiring the transfer or transportation of students 'for the purpose of achieving a balance among students with respect to race, sex, religion, or socioeconomic status.' In all of the court orders with which I am familiar, the court has stated that its purpose is to prevent unconstitutional segregation of students. May I inquire of the gentleman from Michigan if it was his intention that section 803 apply to orders that have the practical effect of achieving some sort of racial balance, although the court may have stated that its order was entered for the purpose of correcting unconstitutional segregation?"

"Mr. BROOMFIELD. Yes; it was my intention to cover such cases and specifically, it was my intention to cover cases like those now being litigated in Richmond and Detroit."

"Mr. O'HARA. May I ask the chairman of the conference committee, the gentleman from Kentucky, if his understanding is the same as that of the gentleman from Michigan (Mr. Broomfield)?"

"Mr. PERKINS. Yes, it is. It is my understanding that section 803 covers district court orders which require the transfer or transportation of students for racial purposes whether the court order is framed in terms of correcting unconstitutional segregation or whether it is framed in terms of 'achieving a balance among students with respect to race.'"

"Mr. O'HARA. If I could continue to have the attention of the gentleman from Kentucky, the effective date of section 803 is July 1 of this year."

"The joint explanatory statement of the committee of conference says:

"This section does not authorize the reopening of final orders, however, appealable orders are considered to be within the scope of this amendment."

"Does this mean that if an order requiring the transfer or transportation of students has been entered prior to July 1, 1972, the effectiveness of such order shall be postponed until all appeals in connection with such order have been exhausted, or, in the event that no appeals are taken, until the time for such appeal has expired?"

"Mr. PERKINS. The gentleman from Michigan is correct. Section 803 will apply to such orders whether entered before or after July 1, 1972, as long as appeals of such orders have not been exhausted or, in the event no appeal of such order was taken, until the time for such appeal has expired."

"Mr. O'HARA. I thank the gentleman from Michigan and the gentleman from Kentucky for their explanations and I urge adoption of the conference report with the very important provisions contained in section 803."—Congressional Record—House, H5416, June 8, 1972.

Later in the same debate, Congressman Broomfield made the following statement:

"Mr. Speaker, I would like to address one final point. There has been some confusion, some misunderstanding about the operation of my antibusing amendment. I have read with a great deal of surprise that my amendment only applies to busing for purposes of arriving at a racial balance."

"I have seen my amendment quoted out of context so as to imply that it will not be effective in preventing the vast majority of busing which is or will be ordered."

"I suggest that a complete reading of the language reads, 'for the purpose of achieving a balance among students with respect to race, sex, religion or socioeconomic status.'"

"I repeat it halts busing ordered on the basis of socioeconomic status. That phrase was purposely added to my bill and retained only after a great deal of thought. Our feeling is that the phrase is wide enough and

open enough to include any rationale or basis which a court might conceive of in order to justify busing.

"I realized that by limiting the language only to cases involving racial balance, there would be those who would try to skirt and evade the obvious and clear intent of my bill. My bill delays all busing orders pending appeal and socioeconomic covers enough ground to make sure that happens."—Congressional Record—House, H5419, June 8, 1972.

Another aspect of Section 803 which should be emphasized, is that its legislative history clearly indicates that it cannot be construed in *pari materia* with the other provisions of the Education Amendments as contained in S659. The Education Amendments of 1972 are very comprehensive and were carefully developed over a period of time by committees of Congress dealing with problems of higher education. Section 803 (sometimes called the "Broomfield Amendment") was attached originally as a rider to S659 on November 4, 1971. The amendment had never been referred to a committee of Congress for consideration and the Congressional Record clearly indicates that the amendment was considered by members of Congress to be not germane to the original legislation before the House of Representatives. Congressional Record—House, H10407-10409 contains the original offering of the Broomfield Amendment and the attempts by members of Congress to prevent consideration of the amendment because of its lack of germaneness.

Counsel for the Intervening School Districts are informed that it is a custom and precedent of the House of Representatives that when an amendment to a bill is offered, and read by the clerk of the House of Representatives, objection must immediately be made as to the "germaneness" of the amendment to the original legislation, or such objection is lost. On November 4, 1971 while the House of Representatives was sitting as a committee of the whole, question as to germaneness was raised and ruled "too late" by the Chairman.

The entire legislative history of Section 803 indicates that it was intended to operate as a separate piece of legislation, having no direct bearing on other provisions of the Higher Education Amendments, and accordingly, it should not be considered to be conditioned by, or modified by, any other provisions of the Higher Education Act.

Although the foregoing quotations from the Congressional Record and the Conference Committee Report may appear rather lengthy, they represent only a portion of the very extensive record on Section 803 above. The intended thrust of Section 803, as indicated by the above quoted portions, is amply apparent and is virtually uncontradicted by reported debates engaged in on statements made by the author of the Section, the cosponsors of the section, the floor managers of the section nor the chairman and members of the Conference Committee. Opposition debate as to the application of the section brought out clear explanation of the intended effect so as to make the legislative intent crystal clear. This legislative intent may be summarized as follows:

1. That it apply "retroactively"—that is to all suits in progress where the Court's Order transferring students has not been entered, or if entered, is still subject to appeal.

2. That its purpose is to give the appellate federal courts opportunity to review before implementation the Orders affected by the section.

3. That the Orders affected by the section are all orders requiring the transfer or transportation of students in a desegregation case, whether or not the intent of the order is to correct illegal segregation. If the effect of the Order is to achieve a balance with respect to race, the effectiveness of the Order is postponed during appeals.

4. That the section was specifically intended to be applicable to the instant case.

V. SECTION 803 HAS RETROSPECTIVE APPLICATION

As indicated by the foregoing discussion of the legislative history of Section 803, it is clear that Congress intended that its automatic stay provision apply not only to suits already pending as of its effective date, but also to orders which may previously have been entered but subject to appellate procedures as of the effective date of the Act. Because it is anticipated that some question may be raised as to the validity of this retrospective application, this subject is discussed below.

Because of the vast number of cases which could be cited for the general proposition that a procedural statute is presumed to have retrospective application a detailed analysis of the cases in this area is unnecessary. Perhaps the best summary of this general rule is expressed in the legal encyclopedias as follows:

"Unless an intent to the contrary is expressed, a statute providing, or merely affecting, the remedy may apply to, and operate on, causes of action which had accrued and were existing at the time of the enactment of the statute, as well as causes of action thereafter to accrue, and to all actions whether commenced before or after its enactment, and also, unless an intent to the contrary is expressed, such enactments as do not affect the nature of the remedy, but relate solely to incidents of procedure, are applicable to all proceedings taken in pending actions from the time they take effect."—82 C.J.S. Sec. 422 Statutes.

"A retrospective law, in a legal sense, is one which takes away or impairs vested rights acquired under existing laws, or creates a new obligation and imposes a new duty, or attaches a new disability, in respect of transactions or considerations already past. Hence, remedial statutes, or statutes relating to remedies or modes of procedure, which do not create new or take away vested rights, but only operate in furtherance of the remedy or confirmation of rights already existing, do not come within the legal conception of a retrospective law, or the general rule against the retrospective operation of statutes. To the contrary, statutes or amendments pertaining to procedure are generally held to operate retrospectively, where the statute or amendment does not contain language clearly showing a contrary intention."—50 Am. Jur. Sec. 482, Statutes.

One recent decision of the United States Court of Appeals for the Second Circuit appears to be particularly apposite to the instant case, *Banco Nacional de Cuba v. Farr*, 383 F. 2d 166 (2d Cir. 1967), *cert denied*, 390 US 956, *ren denied*, 390 US 1037 (1968) and well illustrates application of the rule of retrospective application. This case involved the expropriation of property by the Cuban Government and the application of the Hickenlooper Amendment on the power of federal courts to deal with such expropriations.

The District Court had held that it had jurisdiction over the subject matter of the case and granted summary judgment for the defendants, holding that the expropriation of sugar by the Cuban Government violated international law. This decision was affirmed by the Court of Appeals but reversed by the Supreme Court of the United States, which held that the "act of state doctrine" prevented the United States courts from examining the validity of the acts of the Cuban Government under international law. The case was remanded to the District Court and while proceedings relative to the entry of an order were pending, the Hickenlooper Amendment was enacted, and provided, with respect to expropriation cases:

"... no court of the United States shall decline (jurisdiction) on the ground of the Federal act of state doctrine..."

In holding that the Hickenlooper Amend-

ment was fully applicable to the case already pending, the Second Circuit Court of Appeals stated at page 173:

"Moreover, it is well established that when a statute specifically applies to past transactions... it applies to pending cases too because a case must be decided according to the law as it exists at the time of final judgment."

The Court further stated, at page 173, "legislative history of a statute is useful when the meaning of the statute is not apparent from the language." The Court then concluded that because of the language of the statute itself, as well as the legislative history of the Amendment and significant statements by the proponent of the Amendment, the statute had retrospective application and the Court had jurisdiction over the subject matter of the case, notwithstanding the prior mandate of the United States Supreme Court disclaiming jurisdiction.

Section 803 is itself clearly procedural in nature. The ultimate substantive constitutional rights of the parties will not be determined in any respect by the application of Section 803, for such rights will be determined only upon consideration thereof by the appellate courts. No substantive rights are created or taken away by Section 803, which merely provides for the manner in which the rights of all of the parties are to be enforced and protected during the continuing process of litigation.

There is nothing in Section 803 which indicates an intention that it should have prospective application only. To the contrary, Section 803 applies to "any order" by "any United States District Court", until "all appeals in connection with such order have been exhausted", and it is clear from its own terms that its application is not limited only to certain orders entered after a certain date. In addition, the legislative history of Section 803 which has been described above, can leave no doubt whatsoever as to the intention of Congress as to its intended retrospective application, not only to cases in general but specifically with respect to the case at bar.

VI. SUMMARY RE SECTION 803

To be sure, Section 803 is a unique and almost unprecedented exercise by the Congress of its powers under Section 1 of Article III of the United States Constitution. The mere fact that Congress has taken such action is indicative of the enormous public concern surrounding the student transfer and transportation cases, such as the one at bar. Although such concern of Congress and the people of the United States may not, under our system of laws, be cause for a denial or suppression of the Constitutional rights of people, it is within the power and discretion of Congress to determine the status of competing rights during the process of appeals. It is submitted that on the basis of the above analysis, it is abundantly clear that this legislation is a Constitutionally valid exercise of Congressional power, intended to postpone the effectiveness of the student transfer orders entered by this Court.

MANIPULATION OF WHEAT FUTURES CONTRACTS

(Mr. MELCHER asked and was given permission to address the House for 1 minute, to revise and extend his remarks and include extraneous matter.)

Mr. MELCHER. Mr. Speaker, on January 19 of this year, I introduced H.R. 12494 to authorize the Secretary of Agriculture to designate alternate delivery points for settlement of futures contracts traded at commodity exchanges.

The Commodity Exchange Authority now favors the bill and will make sug-

gestions to strengthen it. The need for its passage is becoming increasingly apparent.

I am putting in the RECORD at the end of this statement a story from the July 12 Wall Street Journal in regard to manipulation of May 1971 wheat futures contract which underlines the need for every futures contract to provide for delivery to some point where the actual commodity is available in adequate supply.

There is not enough wheat available in Chicago in any month to assure delivery of more than a very small fraction of the quantities involved in futures contract requirements. A typical example of the misuse of this situation to manipulate futures contract values is reflected in the Journal's story. It is also reflected in a survey recently made in Chicago by the Commodity Exchange Authority showing only 14,000 bushels of deliverable wheat available there compared to 5 million bushels of July wheat contracts outstanding which must be liquidated by Thursday, July 20.

I have requested the Agriculture Committee to hold hearings and move on this bill this summer.

The bill was originally inspired by manipulation of frozen pork belly contracts late last year. Wheat is only the basis of the most recent complaint. They are much too frequent. The two recent cases of manipulators and others in the past, make it apparent that alternate delivery points should be designated where there is a substantial cash market and commodity supplies and that my bill should be passed.

The Wall Street Journal article and the text of the bill follow:

[From the Wall Street Journal, July 12, 1972]
FARM AGENCY CHARGES BROKERS MANIPULATED WHEAT FUTURES, SEEK REVISED CONTRACTS

WASHINGTON.—The Agriculture Department accused two floor brokers on the Chicago Board of Trade of having manipulated the price of May 1971 wheat futures. Neither the traders nor officials of the Board of Trade could be reached for comment.

The charges named only the brokers, Edward A. Cox Jr. and George F. Frey Jr., as respondents. But Alex C. Caldwell, head of the Agriculture Department's Commodity Exchange Authority, said separately that the way the wheat contracts were drawn under Board of Trade rules made the alleged manipulation easier. Mr. Caldwell disclosed he has been negotiating with the Chicago exchange for more than a year to change the contract, but action hasn't been taken so far.

"The present contract makes it very easy for a person to manipulate the market," the official commented. He said the agency has the power to lift the board's authority to trade wheat futures if the contract isn't improved. However, he added, the agency doesn't plan such action at this time.

According to the department's complaint, Mr. Cox and Mr. Frey, at the start of trading May 19, 1971, owned or controlled positions in the May 1971 wheat future totaling 2.2 million bushels, or 46% of the total open interest. By 11:31 a.m. of the same day, the Cox-Frey positions represented 97% of the positions still open, the complaint said.

From May 7 through May 18, the complaint stated, Mr. Cox took delivery of 550,000 bushels of wheat and was committed to acquire another 30,000 bushels May 19. The deliveries "constituted all of the wheat delivered on the

May 1971 wheat future up until May 19," and with the additional commitment, gave Mr. Cox ownership or control of about "75% of the total stocks of wheat available in Chicago for delivery" on the May 1971 contract, the complaint added.

As a result, on May 19, 1971, "there was an insufficient supply of deliverable wheat . . . not owned or controlled by the respondents," as well as of long May wheat futures "held by persons other than the respondents," the complaint continued. (A long position is an obligation to accept delivery.) As a result, short holders (who had an obligation to deliver wheat) couldn't satisfy their May contract requirements without purchasing May wheat futures or deliverable wheat from Mr. Cox and Mr. Frey, the department charged.

The complaint further noted that the May 1971 future price ranged from \$1.615 to \$1.70 a bushel on May 19, and the contract expired that day at \$1.70—"within three-fourths of one cent of the highest price permitted" under Board of Trade rules. Between 11:31 a.m. and the May future's expiration at noon, Mr. Cox sold slightly under 1.5 million bushels and Mr. Frey 525,000 bushels, in both cases at the high price of \$1.70, the department said.

A hearing on the complaint has been scheduled for Aug. 9.

As the complaint reflects, commodity short buyers may cover their positions at a contract's expiration by delivering the required amount of the commodity purchased for cash or by purchasing a long position in the same amount. The Commodity Exchange Authority objects to the Chicago Board of Trade wheat contract because it requires that such delivery can take place only in Chicago. The agency believes delivery at other locations should be allowed as well.

In the past, Chicago had abundant wheat supplies on hand to supply traders' needs, but the city "no longer is a market for cash wheat and it's fairly easy for manipulators to get control of the limited supply and use it for their own advantage," Mr. Caldwell said. "In a manipulative situation, the shorts can buy the future from the person who controls the futures market, or the cash wheat from the person who controls the cash market, and it may be the same person," he said.

Mr. Caldwell added that open positions in the Board of Trade's July wheat contract which closes July 20, currently total about five million bushels, yet the commodity agency counted only 14,000 bushels of deliverable wheat earlier this week. He didn't provide figures for corn, but said the agency is concerned that Chicago-only delivery also creates a climate for manipulation of corn positions.

H.R. 12494

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 5a of the Commodity Exchange Act, as amended (7 U.S.C. 7a), is amended—

(a) by striking out "and" at the end of subsection (6) thereof;

(b) by striking out "delivery purposes." at the end of subsection (7) thereof and inserting in lieu thereof "delivery purposes; and"; and

(c) by adding at the end of subsection (7) thereof the following new subsection:

"(8) permit the delivery of any commodity, on contracts of sale thereof for future delivery, at such point or points and at such locational price differentials as the Secretary of Agriculture, after notice and opportunity for hearing, finds will tend to prevent or diminish price manipulation, market congestion, or the abnormal movement of such commodity in interstate commerce: *Provided, however,* That any order issued hereunder shall not apply to then existing contracts."

LETTUCE BOYCOTT

(Mr. TALCOTT asked and was given permission to address the House for 1 minute, to revise and extend his remarks and include extraneous matter.)

Mr. TALCOTT. Mr. Speaker, I was amazed by several "boycott lettuce" statements and posters which appeared at the Democratic National Convention recently.

Apparently the perpetrators of these remarks know little about agriculture, the growing of lettuce, or the status of farm-labor management relations.

A person who advocates the boycotting of lettuce actually harms the lettuce worker as well as the lettuce farmer and processor. If lettuce does not sell, the lettuce worker will be out of a job—and there is little else he can do to support himself and his family. When you boycott lettuce you hurt the lettuce picker most.

A person who advocates the boycotting of "nonunion lettuce" does not know what he is talking about. Almost all lettuce grown in the Salinas Valley is union lettuce. The Teamsters Union represented lettuce workers long before Cesar Chavez was known or the UFW was organized. If lettuce does not sell, "union lettuce pickers" will be out of work. When you boycott lettuce from California you hurt the union lettuce picker most.

Mr. Chavez and UFW propaganda claims that lettuce pickers earn only \$1,600 per year. Completely false.

The average member of a lettuce harvesting crew earned \$1,594.13 in the first 6 weeks of the Salinas Valley season. The average worker on one farm of moderate size, which is representative of the Salinas Valley, earned \$3.07 per hour during the 12 months between June 1, 1971, and May 31, 1972.

Farmworkers earn more in the Salinas Valley than they can earn doing anything else anywhere else in the world.

Cesar Chavez and UFW have not helped to increase or improve the hours, wages, or working and living conditions of farmworkers in the Salinas Valley of California. The farmworkers know this. The Mexican American farmworkers know this. The citizens of the Salinas Valley know this.

Nonunion farmworkers and members of the Teamsters union earn higher wages and enjoy better working conditions than UFW farmworkers. The Teamsters union seems to care for the farmworker and ably, energetically and ethically assists the farmworkers in improving his working and living conditions.

The UFW objectives are "la Rasa" and "la causa" only.

So neither Cesar Chavez nor UFW have been successful in the Salinas Valley. The employer has always done better by his employees than Mr. Chavez.

Of the five farmers in the Salinas Valley who signed labor contracts with UFWOC, now UFW and Mr. Chavez, two have gone broke, one is teetering on insolvency, and one is going out of the lettuce business.

The situation is shameful.

National farm legislation is desper-

ately needed. Farmworkers are entitled to collective bargaining by representatives who are selected by secret ballot.

Boycotting lettuce is a shameful way of obtaining Federal legislation. Boycotting lettuce hurts the people who need the most help and compassion—the farmworker and his family.

I urge all Members of Congress to do something constructive to help the farmworker—enact Federal farm labor legislation, so that the farmworker can enjoy the same benefits as an industrial or construction worker.

Boycotting hurts the farmworker; Federal legislation would help.

TRUTHFUL AND ACCURATE DISSEMINATION OF NEWS

The SPEAKER pro tempore (Mr. MELCHER). Under a previous order of the House, the gentleman from Virginia (Mr. ABBITT) is recognized for 60 minutes.

GENERAL LEAVE

Mr. ABBITT. Mr. Speaker, I ask unanimous consent to revise and extend my own remarks and that all other Members may have 5 legislative days in which to extend their remarks in connection with this special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. ABBITT. Mr. Speaker, I take this time to point out some of the things which I believe need to be corrected so far as the dissemination of news is concerned. It is vitally important, in my opinion, that we get the news back home, and vitally important that the people of America know what is going on. But it is also vitally important, in my opinion, that they get correct news, and it is important that they know the connections of Members, and these connections should be made known truthfully.

We have a number of organizations which are very active in the field of disseminating news to our folks, and also, in particular, in pointing out the connections of Members of Congress with various organizations and businesses.

Of course, this is important. Our people are entitled to know this, and they should know it. However, it is just as important, equally so, if not more so, that the information be accurate and on an unbiased basis.

Some organizations have taken unto themselves the role of watchdog over the Congress, and apparently feel that they must be sensational in their reporting, that they cannot survive unless they have some scandal to report or some information that will cast a shadow upon Members of Congress or people in official positions.

And many are not so careful as to disseminating the news. They grasp at any little thing, at any straw, and report half-truths and sometimes whole untruths, falling on many occasions to look into the situation to see if the information they report is true and factual, without any real diligence in this respect.

Common Cause, headed by a Mr. Gardner, is one of the organizations which purports to keep the citizens of

America informed as to acts and affiliations of the Members of the Congress. I believe this is well. It is a needed service. However, on a number of occasions this organization has not been factual in the information it disseminates. It has sent out incorrect information, information that is not true, on occasion, and particularly has this been so since the so-called Federal Elections Campaign Act of 1971 was enacted.

They have gone all out in trying to more or less disseminate news back home as to what the Congressmen or sitting Members have failed to do, how they have failed to make proper reports, and so forth.

I do not believe it is necessary to smear public officials for an organization to stay in business, to collect dues, and to build up its membership.

I think in the long run it pays to be factual and true.

There is particular reference to untruth and misinformation information as to one particular subject, that is, whether or not a Member of Congress practicing law is doing something unethical.

Common Cause sent out a news item some time ago and invited a lot of newspapers to use this freely. In that item they say as follows, and I want to quote what they say:

Fifty-seven Members of the Congress of the United States are actually associated with law firms.

In parentheses it says:

See complete list of names of Members.

Then a little later on in the same memo or the same news release they say:

Any Member of Congress who continues law practice violates the American Bar Association's code of professional responsibility.

That statement is just not true and is not factual. It is anything but true.

Then at the end of that same particular news release they have an appendix. Mind you, they first state 57 Members of Congress were affiliated with law partnership in law firms. Then in the appendix they said in the Senate at least six Members maintained at least some relationship with a law firm, and they list them. Then right in the next line they say 51 Members of the House of Representatives continue to be involved in law practice in some form. That is factual and that is right. So it is bound to be that they knew the difference. Somebody knew the difference, because in the first statement they said 57 Members of the U.S. Congress, House and Senate, are actually associated with law firms, and then they go on in the appendix and they say six Senators are affiliated with law firms and 51 Members of the House of Representatives are involved in law practices.

At our hearing recently before our Committee on House Administration Mr. Gardner was invited to attend that hearing. As you will recall and know, Mr. HAYS and myself on June 14, 1972, introduced H.R. 15511, a bill to amend the Federal Election Campaign Act of 1971 as we found a number of Members and a number of candidates find it a hardship under the act as passed recently to

report as frequently as required under the new act.

Mr. HAYS held this hearing at the request of a number of people. Mr. Gardner of Common Cause was a witness. When I questioned Mr. Gardner I asked him about this statement:

Mr. Gardner, I hold in my hand what is reported to be a news release from Common Cause on May 3, 1972. On page 4 you say 57 Members of the United States Congress are actually associated with law firms. Is that statement true?

He said yes.

Then I asked him where he got that information. It is just so easy to get that information. All one has to do is go down to the Ethics Committee where all of the Members of Congress file a report, and it shows the name and all the connections with any professions. Had they looked there and tried to see it, there would be no question of who was affiliated with a firm and who was practicing individually.

Then I asked a specific question if it was true that he had stated it was unethical for a Member of Congress to participate in the practice of law. He said it was, and he said that he would get it for the record. I asked him if he would not show me the specific canon passed by the American Bar Association dealing with this specific subject. He said he would. So far I checked with the Clerk and the officials of the House Administration Committee as of today, and no information has been forthcoming.

Following his release of that item I noticed in the Virginia Norfolk Pilot on May 5, 1972, a quote of Mr. Gardner. What the news item said actually is not bad except that it gives the implication that any Member of Congress who is practicing law violates the code of professional ethics, of the American Bar Association and in quoting what Common Cause had said it noted also any Member of Congress who continues a law practice violates the American Bar Association's code of professional responsibility. It said "in an appendix Common Cause cites Representative ABBITT is retiring in this coming January, and that he is one of 51 Members who continue to be involved in law practice."

That is true. I am not fussing about that. But when Gardner said it violates the code of ethics of the American Bar Association that is untrue. So I took the trouble to write and to contact the proper officials of the American Bar Association.

I have a letter here that I would like to read that is dated June 22, 1972:

AMERICAN BAR ASSOCIATION,
Washington, D.C., June 22, 1972.

HON. WATKINS M. ABBITT,
Washington, D.C.

DEAR CONGRESSMAN ABBITT: This will respond to your request for the current position of the American Bar Association regarding the practice of law by United States congressmen and senators.

The Code of Professional Responsibility adopted by the Association, effective for members on January 1, 1970, in no way prohibits or discourages a congressman from engaging in the practice of law. You will note that Disciplinary Rule 2-102(B) requires that a lawyer who assumes a legislative post

"shall not permit his name to remain in the name of a law firm or to be used in professional notices of the firm during any significant period in which he is not actively and regularly practicing law as a member of the firm".

I would also call your attention to Ethical Consideration 2-12 of the Code which states, "a lawyer occupying a . . . legislative . . . position who has the right to practice law concurrently may allow his name to remain in the name of the firm if he actively continues to practice law as a member thereof".

You may be interested in the enclosed copy of Informal Opinion No. 1205, issued by the Association's Standing Committee on Ethics and Professional Responsibility on February 9, 1972, which interprets the applicability of pertinent provisions of the Code to a factual situation presented by a member of the United States Senate.

I am also enclosing a copy of the Code of Professional Responsibility for your information. Please do not hesitate to call upon us if we can assist you further.

Sincerely,

JOHN P. TRACEY.

Enclosures.

So you will see from that letter that the news release is clearly false. The practice of law by a Member is not unethical. However, that is just one of the many instances in which Common Cause has sent out untrue information. Information which could have been verified, or they could have found out whether it was the truth easily.

Mr. HAYS. Mr. Speaker, would the gentleman yield?

Mr. ABBITT. I yield to my colleague, the gentleman from Ohio (Mr. HAYS).

Mr. HAYS. Mr. Speaker, I thank the gentleman for yielding. I believe that the gentleman in the well is making a very timely and useful statement.

As the gentleman will recall in the hearings, Mr. Gardner very reluctantly admitted—I guess you can say that he admitted, although he hedged all over the place—that they accused six Members of the Congress and Senator PERCY of Illinois of not filing expense accounts when in fact they had filed them, and had filed them timely. And when we pointed that out to them, Mr. Gardner and his associates then began to blame the Clerk of the House for giving them the wrong information. As I understand it, they went over and got the information themselves. You know, we have installed a very modern system over there of microfilming of records, and with scanners for them to look at them.

The point is that this outfit is a sensation, headline-hunting organization that lives on contributions. They go out and point the finger at somebody, and if they cannot find anybody to point the finger at legitimately, then they do so illegitimately.

I think it would be nice if Mr. Gardner would tell us what he has done with all the \$20 contributions he has received, with an overall total of \$3 million. If he is no better at administering Common Cause than he was at administering HEW I would say that anybody who sends him \$20 ought to see a psychiatrist. They would find out that their \$20 would be better spent, because we have had some pretty bad administrators of HEW, you could cite, for example, Alvin Culp Hobby, but Mr. Gardner was the worst of the lot. And after two and a half years

he admitted that he could not run that organization.

You know, under his tenure there, HEW stood for almost no health, very little education, and practically all welfare.

I just think that it takes an inordinate amount of gall for a man who has been a total, colossal failure in one attempt as an administrator to do what he has tried to do.

You know that he was head of a foundation at one time, and I was stupid enough to protect him when they accused him of being a Communist, and I did so because I did not think that he was a Communist, I did not think so then and I do not think so now. But that has been his only administrative office.

You know, you do not have to be very bright to give away money, and that is all he did as the head of that foundation, and that is what he did at HEW, but he did not do it well.

I think that the people who are spending money for Common Cause could spend it some place else better if they really knew, as the gentleman from Virginia has so clearly pointed out, the kind of bad information they are getting from it.

Mr. ABBITT. I thank the gentleman for his contribution.

As I said when I started, this incident that I point out is of small significance, but it could be an incident which could do irreparable harm to some Government officials.

I just want to point this out to the Members and to the press in the hope that in the future these do-goodie organizations that are trying to point out public officials when they are in the wrong should be careful because once the untrue information is out, there is no way to adequately correct it.

Mr. CRANE. Mr. Speaker, I rise to commend my colleague the gentleman from Virginia (Mr. ABBITT) for his foresight and leadership in calling this special order on a subject of very great concern to me.

I would be less than candid with my colleagues if I did not say that Common Cause and I do not share many political views in common. Even admitting this difference of viewpoint, I believe it is incumbent upon those individuals associated with Common Cause to be scrupulously accurate in their reporting of events.

Therefore, I take this opportunity to recount an incident involving myself and a number of my colleagues from Illinois with Illinois Common Cause.

On June 15, the president of Illinois Common Cause, Mr. Jack Conway, charged that Senator CHARLES PERCY and six incumbent Illinois Congressmen—including myself—failed to file the reports required under the Federal Election Campaign Act of 1971. The fact is—as reported in the Chicago Sun-Times—that Common Cause, upon rechecking the records in Washington, admitted that Conway's initial report was incorrect. Consequently, the Washington office of Common Cause issued a retraction to Senator PERCY, myself, and the other incumbent Members.

On Saturday, June 17, the Sun-

Times—hardly a conservative newspaper—underscored the seriousness of Common Cause's error in an editorial: "damage was done because retraction and apologies seldom completely catch up with error."

This entire question was one I discussed with Mr. Gardner and his colleague, Mr. Guido, when they appeared before the Committee on House Administration on Tuesday, June 20. At that time I asked two questions: First, Is the national Common Cause organization responsible for Mr. Conway's admitted error?

The exchange with Mr. Gardner was not very fruitful, as the following portion of the transcript I would now like to insert indicates because: First, Mr. Gardner refused to admit any error on the part of Common Cause; and, second, Mr. Gardner never really addressed himself to the question of the national Common Cause's responsibility for the activities of its State chapters.

The material follows:

Chairman HAYS. Mr. Crane?

Mr. CRANE. Thank you, Mr. Chairman.

Mr. Gardner, earlier in your testimony my recollection is that you indicated there were only two inaccurate cases of reporting on the part of your organization for over 1100 monitored candidates, and for the record I would like to straighten that out. In our State of Illinois there were seven. Your representative there, President of Illinois Common Cause, Jack Conway, in a press conference June 15 charged that Senator PERCY and six congressional candidates, including myself and my colleague, Mr. Annunzio, had failed to file required reports under Public Law 92-225 with the Secretary of State.

The truth of the matter was that I already had in hand my certified mail receipt for the one I had filed, and it was subsequently admitted by your representative out there that he was in error, that the allegation was untrue.

However, as the Chicago Sun Times, which can hardly be classified as a conservative newspaper states, "The damage was done because retraction and apologies seldom completely catch up with error."

This brings me to two questions. First, is the national Common Cause organization responsible for Mr. Conway's admitted error?

Mr. GARDNER. In the two cases I mentioned, Iowa and Illinois—

Mr. CRANE. I say there were seven cases.

Mr. GARDNER. Seven is correct. Twelve Congressmen in all or Senators were involved. The material available to us through the Clerk of the House did not include those names. The material available to us through the Secretary of the Senate did not include Senator PERCY's name. We acted upon the material available to us.

Mr. CRANE. The point is, nevertheless, you were in error and your organization acknowledged the error. The question I ask is whether you here at the national level assume responsibility for that error.

Mr. GARDNER. We did not acknowledge error. We acknowledged the Clerk's error.

Mr. CRANE. Mr. Conway, at least, apologized and conceded that he was inaccurate in what he said in that press conference out in Illinois on June 15.

Mr. GARDNER. He was quite right in retracting the statement as quickly as possible and with whatever words seemed appropriate at the time. The sooner the mistake was corrected the better.

We cannot get behind the material supplied to us.

Mr. CRANE. The fact is that there was an error. The question I ask specifically is this: Do you assume responsibility here at the

national level of Common Cause for that error by your representative?

Mr. GARDNER. We cannot assume responsibility for errors in the material which is handed to us. We can assume responsibility for errors in the transmission of that if we had found one thing in the record and reported something else. That would have been a very grave error on our part.

Mr. CRANE. There was no qualification when Mr. Conway made his press comments out there in Illinois. Mr. Conway erroneously charged at a press conference that Senator Charles H. Percy and six congressional Illinois candidates had failed to file their financial reports in Washington in violation of the new federal law.

There was not the qualification that "to the best of our knowledge, based upon the limited information we have, this is the case." This was stated as a fact, that we were in violation of the law.

I get back to the question—do you at the national level assume responsibility for that error in the reporting by Mr. Conway?

Mr. GARDNER. We do not regard it as an error on the part of Mr. Conway. No doubt it was sensible for him to retract immediately, and in the simplest possible terms. We had to check the record. The record was clearly a matter of error in the Clerk of the House. We published a retraction. We sent it out to a great many newspapers in which we explained where the error lies.

We take responsibility for errors in the distortion of material which is handed to us or supplied to us. We cannot take responsibility for errors in the processing by the three supervisory officers.

Mr. CRANE. It would seem to me under the circumstances, Mr. Gardner, it would be incumbent upon you to be clean as a hound's tooth in this kind of activity you are engaged in. That means, I would say, on the basis of these experiences, that you make sure you have your facts correct before you make the allegations publicly. I could not agree more wholeheartedly with the Sun-Times comment about the damage not being undone as a result of your retraction.

There is another comment I would like to touch upon here which came about as a result of a couple exchanges, one with our Chairman and the other with Mr. Cleveland.

In the exchange you had with our Chairman, in response to his question, you said something to the effect you are not saying all Members of Congress are crooks. Then when Mr. Cleveland pursued this point further you stated we are not calling any members of Congress crooks.

I think it is this kind of loose language, if the members of the media picked up your first comment, it seems there is a clear implication you believe some Members of Congress are crooks.

Mr. GARDNER. The word "crooks" was not introduced into the conversation by me. I think it is not a good word to use. I was simply responding as clearly as I could.

I have to say that if you can think of a way—on your earlier point—that we can go behind the data supplied to us by the Clerk of the House, I would like to hear about it.

Mr. CRANE. Then indicate that. How did you find out you were in error?

Mr. GARDNER. We went back to the Clerk of the House.

Mr. CRANE. You went back to the Clerk of the House?

Mr. GARDNER. Yes.

Mr. CRANE. He provided you with the information. Is that correct?

Mr. GARDNER. And we actually looked at the filings and found the filings were there.

Mr. GUIDO. I supervised the research done in the office of the Clerk of the House. The Clerk of the House has a computer print-out, as the Chairman pointed out. That is the official index of the Clerk of the House. We are

not allowed to go beyond that record. We are not allowed to see any records.

That computer print-out on the day we examined the records three or four days after the deadline did not include your report in that.

Mr. ANNUNZIO. Specifically what date? The reports are due June 10. Give us a date. In your enthusiasm to be a zealot you were there, for God's sake, without even waiting.

Mr. GARDNER. That is not true.

Mr. ANNUNZIO. They must have been there. It appeared in the paper.

Mr. GUIDO. June 13 or 14.

Chairman HAYS. You say, Mr. Gardner, you did not retract. The Sun-Times says you did. I am quoting from what I just read. It said you "regretted" the fact that you had given out wrong information.

Mr. ANNUNZIO. You should have an opponent like I have and then find out how damn serious this is.

Will the gentleman yield?

Mr. CRANE. I would be happy to.

Mr. ANNUNZIO. Here is a newspaper that supports Common Cause. This is a liberal newspaper. It is owned by Marshal Field. They have been friendly to me. I want you to understand that.

They write in their editorial, which is official policy:

"We were disappointed in its performance Thursday in Springfield. Its President, Jack Conway, erroneously charged at a press conference that Senator CHARLES H. PERCY and six Illinois Congressional candidates"—and I am one, and I followed this law to the letter. I don't believe in this law but I followed it because I am a good American. I don't go around calling people names, because I fought, as Jack Conway knows, the name-caller, because he comes from the Labor movement as I do.

"Six Illinois Congressional candidates had failed to file. . . but a watchdog group such as this valuable organization"—and I have always considered your organization valuable—"must depend on complete credibility"—because you do have an enormous responsibility.

"If one is attacking such purveyors of half truths and exaggerations as are rampant in the battalions of Common Cause's detractors, one must be forever on one's guard to see to it one's own facts are straight. Thursday's statement by Conway was a serious but not an irredeemable error. We trust Common Cause has profited by its mistake."

This is what the Sun Times had to say editorially. That is exactly what we are trying to do here today.

Chairman HAYS. It doesn't seem they profited. They are saying it was not their mistake but that of the Clerk of the House. Maybe we ought to get rid of this computer and then you can look at the records one by one. Then if you make a mistake it will be your fault.

Mr. ANNUNZIO. I will have more to say, Mr. Chairman. I appreciate my colleague from Illinois yielding to me some of his time. I am waiting for my time.

Mr. CRANE. I am more than happy to yield to my esteemed colleague from Illinois.

I have one more question, perhaps in the form of a rhetorical question, before I yield back, Mr. Chairman.

It would seem to me that since your organization assigns this kind of responsibility to Congressional candidates for errors of their campaign committees that a similar responsibility would apply to your organization. If we assume this was an honest mistake on the part of your people in Illinois, and on the basis of your testimony we can only assume that, is it not also reasonable to assume that on occasion a Congressional campaign committee and Congressional candidate might also be guilty of an honest mistake?

Mr. GARDNER. Absolutely, but I would like you to hear the words of Ken Guido as to what actually happened.

Mr. GUIDO. On the 14th we went into the Clerk of the House's office. We examined the records in his office. The official index of that date did not include your name or that of Mr. Annunzio.

At that time we prepared our press release and it was delivered over the telephone, the information was delivered to a person who was with Mr. Conway in Illinois and Ohio at that time. He was traveling at that time.

Mr. Conway issued that press statement. We received a call from Senator Percy's office in the afternoon that there was some erroneous listing—

Mr. ANNUNZIO. What time? It is important. The report does not come out until four o'clock.

Mr. GUIDO. Hold one second. Let me find out.

Mr. ANNUNZIO. Give us the time.

Mr. GUIDO. I am sorry. I don't know the time.

Chairman HAYS. Just a minute. I will not let you do anything until we straighten out one thing. You couldn't find Senator Percy's office in the Clerk of the House's office if you looked the rest of your life.

Mr. GUIDO. I am sorry, the office of the Clerk of the Senate and Clerk of the House.

Chairman HAYS. Did you ever practice law?

Mr. GUIDO. I taught law four years.

Chairman HAYS. Did you ever practice law?

Mr. GUIDO. No, sir.

Chairman HAYS. I didn't think so.

Mr. GUIDO. I would like to finish, please.

Chairman HAYS. I am not a lawyer but I can recognize one when I see one.

Mr. CRANE. May I inject one thing in this line of testimony. My administrative assistant was in the Clerk's Office on Tuesday, June 13, and my report and my committee's report were indicated in the Clerk's Office as having been filed.

Mr. GUIDO. We will have to check.

Mr. CRANE. I would only suggest your investigating procedures leave something to be desired.

Chairman HAYS. In other words, you didn't look. You didn't find it. Now you are trying to blame it on the Clerk of the House.

That is enough.

Mr. Gettys?

I don't want to hear any more.

Mr. GARDNER. You are not willing to listen to the story of what happened?

Chairman HAYS. But he is sitting there telling barefaced lies. It was there the 13th.

Mr. GARDNER. Blustering will not help. If you want the answer you should listen to it.

Chairman HAYS. We would like to have a straight answer, Mr. Gardner. You seem with your literature to put out innuendos that nobody gives straight answers to. I have never seen as many evasions in all my career in Congress as we have had from your people today. Nothing is ever their fault. Why don't you say "We made a mistake" and let it go at that?

I will listen to him a little while longer. He has not said much except evasion up to now.

Why didn't you find it on the 13th if it was there? Did you go yourself?

Mr. GUIDO. I did not.

Chairman HAYS. Then you don't know any more about it than I do, do you? You are talking about hearsay. You weren't there. Is that right?

Mr. GUIDO. I did not go myself.

Chairman HAYS. You don't know whether it was on file or not, then, do you?

Mr. GUIDO. Our people said—

Chairman HAYS. Your people. Where are those people? If you want them to testify I would be glad to hear them.

Mr. GUIDO. We would be happy to submit an affidavit for the record.

Mr. BRADEMAS. If Mr. Guido can give us a brief response and then we can hear from Mr. Gettys.

Mr. GUMBO. Upon learning of the information from Mr. Percy's office, Mr. Chairman, I proceeded to prepare a statement to be issued to the press. That statement is as follows—do you want me to read it?

Chairman HAYS. No.

Mr. GUMBO. We will be very happy to submit it for the record.

Chairman HAYS. You can submit it for the record if you like. We have had plenty of reading around here.

Can you tell us what was in it briefly?

Mr. GUMBO. Yes. Briefly it was a statement of what occurred. We went into the office. The next day we were informed, on the 15th, that the information we received must have been in error or we were in error.

We then returned to the office immediately and checked the records the next day, the 15th.

On that day Mr. Crane and Mr. Annunzio's records did appear in the computer printout.

At that time the people returned to my office, and I prepared the press statement explaining what happened and explaining that the records of Mr. Annunzio and Mr. Crane had appeared in the Clerk's Office.

This paragraph appears in that statement: "Our original information was based on the official record made available to the public by the Clerk of the House and the Secretary of the Senate. We regret that the public documents turned out to be in error. Section 308 of the Federal Election Campaign Act requires the Secretary of the Senate and Clerk of the House to develop a filing index and make the records available for public inspection within two days of the filing date."

We entered that office after the second day.

Chairman HAYS. Mr. Crane says it was there on the 13th and it was in the index on the 13th. How do you explain that?

Mr. GUMBO. The information I have does not support that. It was not in the index on the 13th.

Mr. NEDZI. Did the original statement issued by Common Cause state that the records failed to disclose or was there a charge the Members of Congress failed to report?

Chairman HAYS. Do you have a copy of the press release, Mr. Crane?

Mr. CRANE. No.

Chairman HAYS. Or what appeared in the paper?

Mr. CRANE. What appeared in the paper is not a direct quote. Can you find a line in there? That is the distinction, and it is a very vital one, in my judgment, which should be made.

Mr. BRADEMAS. The point being made is that you ought to be very careful about charging that a Member has failed to file if indeed you are not sure he has. It may well be he has filed but through some error or other circumstance in the Office of the Clerk or Senate they do not have their records straight.

Therefore, it would be more accurate, I speak of further cases, to say records failed to disclose. I don't know the facts here. That distinction is an important one.

Chairman HAYS. Since there has been a lot of reading going on here, there are three short paragraphs from the Sun-Times. I will take their word as quick as I would Mr. Guido's.

It states, "The head of Common Cause Citizens Lobby charged Thursday"—this is Friday's paper—"that 27 Illinois Congressional candidates violated the new Federal Campaign Disclosure Law. Jack Conway, president of Common Cause, had told a press conference that Senator Charles H. Percy and six other Congressional candidates had failed to file financial reports in Washington, but after receiving calls from these seven candidates Common Cause rechecked the records in Washington and found that Conway's report was in error."

Are you willing to stand on that?

Mr. GUIDO. I stand on what was just said.

Mr. GARDNER. It was in error because of the error in the Office of the Clerk of the House and the Secretary of the Senate.

Chairman HAYS. If there are any errors in your organization somebody else makes them and not your organization.

The exchange before the full committee became more intense as my distinguished colleague from Illinois (Mr. ANNUNZIO) and I pointed out that we had fully complied with the law and that the Clerk's records corroborate that fact.

Mr. Gardner stated:

The record was clearly a matter of error in the Clerk of the House.

Yet, as the following exchange of correspondence clearly illustrates, and, as I stated before Mr. Gardner in public hearing on June 20, my report as a candidate was delivered to the Office of Records and Registration of the Clerk of the House on the morning of Friday, June 9, 1972. The computer printout for Monday, June 12, indicated that my personal report was available.

The "Crane for Congress Committee" report was delivered to the Office of Records and Registration late in the afternoon on Thursday, June 8, and was also available on the computer printout on June 12. Yet, Mr. Guido—Mr. Gardner's associate—had the audacity to state that on June 14 his researchers were unable to find this information in the Clerk's files.

As the case developed, it became clear that a case of sloppy research on the part of the Common Cause advocates resulted in their embarrassment—and also their continued unwillingness to admit error. I include my exchange of correspondence in the Record at this time:

HOUSE OF REPRESENTATIVES,
Washington, D.C., June 20, 1972.

Hon. W. PAT JENNINGS,
Clerk of the House,
The Capitol,
Washington, D.C.

DEAR PAT: In the House Administration hearings this morning, one of Mr. Gardner's associates made the claim that my personal statement and the Crane for Congress statement were not available on the computer printout of the Records and Registration Office until the morning of June 15.

I responded by saying that my Administrative Assistant had personally inspected both filings on June 13 and I have the certified mail receipts postmarked Washington June 9 and June 8 respectively.

Would you please advise me when these statements first appeared in the computer printout record?

Of course, I would appreciate an immediate reply to this.

Kind personal regards.

Cordially,

PHILIP M. CRANE,
Member of Congress.

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, D.C., June 21, 1972.

Hon. PHILIP M. CRANE,
Longworth House Office Building,
Washington, D.C.

DEAR PHIL: Your Report of Receipts and Expenditures for a Candidate was delivered (certified mail) to the Office of Records and Registration on the morning of Friday, June 9. The computer printout for Monday, June 12, indicates that Philip M. Crane, 12th district of Illinois, submitted a June 10 re-

port on June 9, 1972. It also indicates the report is available on microfilm cartridge number 9, frame 170.

The Report of Receipts and Expenditures for the Crane for Congress Committee was delivered (certified mail) to the Office of Records and Registration late in the afternoon, Thursday, June 8, 1972, and was also available in the computer printout of June 12. The Crane for Congress Committee (I.D. #004839) is shown in that printout as having submitted a June 10 report on June 8, 1972. It also indicates the report is available on microfilm cartridge number 8, frame 1899.

While the Office of Records and Registration was open to the public on Saturday, June 10, 1972, the House Information Systems does not provide my office with an updated computer printout on Saturdays or Sundays. Therefore, reports submitted late in the week appear in the following Monday's printout.

Both your personal report and the Crane for Congress Committee report were available in the computer printout in the Office of Records and Registration on Monday, June 12. All subsequent printouts indicate that both reports are available.

With kindest regards, I am

Sincerely yours,

W. PAT JENNINGS, Clerk,
U.S. House of Representatives.

In conclusion, I believe the distinguished chairman of the full committee very clearly summarized the situation when he said:

In other words, you [Common Cause] didn't look. You didn't find it [the candidate's report]. Now you are trying to blame it on the Clerk of the House.

Mr. Speaker, a sloppy research job such as this can only bring discredit on this organization, as my colleague from Virginia has so ably demonstrated. Mr. Speaker, I thank the distinguished gentleman from Virginia for yielding.

Mr. ANNUNZIO. Mr. Speaker, several years ago when John W. Gardner announced that he was forming a people's organization to investigate governmental policies and practices, I welcomed the announcement. After all, a democracy needs citizens' organizations such as this. It takes sympathetic vigilance and understanding to keep a democratic system vital and responsive.

I was, therefore, deeply disappointed a few weeks ago by the sloppy research and shoddy press releases of Mr. Gardner's organization, Common Cause. And most disturbing of all was the arrogance shown by Mr. Gardner himself when confronted by the facts.

The situation is this:

On June 15, Mr. Jack Conway, who is president of Illinois Common Cause, held a press conference and issued a press release charging that I and five of my congressional colleagues, together with Senator PERCY, had failed to file the required reports under Public Law 92-225 with the secretary of state and also with the Clerk of the House of Representatives.

Of course, it did not seem to matter to anyone at Common Cause that at the very moment Mr. Conway was voicing this charge, and press releases were being distributed far and wide, I had on my desk in the Longworth House Office Building a certified mail receipt for the report I had filed with the Clerk of the House of Representatives as well as a receipt for the copy of the report I had

filed with the Illinois Secretary of State. Incidentally, Senator PERCY and my five congressional colleagues from Illinois had all filed on time and likewise held receipts to that effect.

The Chicago Sun-Times, which is owned by Marshall Field, and which has a proud tradition as a liberal newspaper and which has been a supporter of Common Cause had this to say in an editorial in the June 17, 1972, issue:

COMMON CAUSE GOOFS

As supporters of many of the goals set by the national citizen's lobby, Common Cause, we were disappointed in the performance Thursday in Springfield of its president, Jack Conway erroneously charged at a press conference that Sen. Charles H. Percy (R.-Ill.) and six Illinois congressional candidates had failed to file financial reports in Washington in violation of the new Federal law governing campaign spending.

To its credit, Common Cause moved swiftly to retract its error, admitting and apologizing for the fact that a further list showed the seven candidates had indeed filed reports (although other Illinois candidates had not) that the damage was done, because retraction and apology seldom completely catch up with error.

In its brief history, Common Cause has relied strongly on good research for its major battles against special interests and institutions. It has used facts and figures wisely and well fighting against the supersonic transport and the seniority system in Congress, as well as for the 18-year-old vote and the women's equal rights amendment.

But a watchdog group such as this valuable organization must depend on complete credibility. If one is attacking such purveyors of half-truths and exaggerations as are rampant in the battalions of Common Cause's detractors, one must be forever on one's guard to see to it one's own facts are straight. Thursday's statement by Conway was a serious, but not an irredeemable error. We trust Common Cause has profited by its mistake.

On June 20, the Committee on House Administration, of which I am a member, held a hearing on possible amendments to the Federal Election Campaign Act of 1971. Mr. Gardner was the witness for that day. I think all Members will be interested in knowing that when members of the committee questioned Mr. Gardner about inaccuracies and exaggerations in the newsletters and press releases issued by Common Cause, we were stunned by Mr. Gardner's continued denial of any error of fact on the part of his organization.

This man, a man held in high esteem by so many Americans, had the gall to insist before the committee that any error of fact issued by his organization was the fault of someone else. He would not admit to error, much less apologize.

But, I guess it does not matter now whether John Gardner admits to an error or not. As the Sun-Times editorial states:

The damage was done, because retraction and apology seldom completely catch up with error.

Mr. Gardner rightly demands high moral and ethical standards from others. But what are the standards he applies to himself? He asks that every person running for a national political office file a detailed report on expenditures, but the reports which Common Cause files with the Clerk of the House of Representatives are vague and ambiguous. In addition, there is no report that lists any

salary paid to Mr. Gardner by his organization.

And when pressed to disclose what his salary is or what his source or sources of income are, Mr. Gardner refuses to release any information to the public. It seems strange that a man would denounce financial secrecy by lobbying groups or those running for office and then keep his own financial affairs a secret.

Mr. Speaker, it may be that there are some Members of Congress who should be defeated in their attempts to be re-elected. I ask not only Mr. Gardner, but the leaders of all similar organizations, to clarify and accurately report the record of all the candidates so that the people of this country can make their own decisions based on unbiased and correct information. The cheap exposé approach being used by many of these groups on incumbents alone and not on their opponents can only work to the detriment rather than the benefit of this country.

I, for one, have no objection to scrutiny of my activities here in Congress. I have done my best to serve the interests of all of the people of my district. If these organizations, which claim to be nonpolitical, investigate the record and activities of my opponent as they have mine, then maybe they can perform a true service for the voters. To show bias in an election for political office is playing politics—despite Mr. Gardner's claims that his organization is not political.

I simply say to Mr. Gardner and other leaders of these quasi-political organizations that if they are not careful, they are going to see some incumbents, whom they may not like or agree with, replaced by new people who are more morally self-righteous than even Mr. Gardner himself, and they may be self-righteous about causes which Common Cause may not be able to support.

A rethinking of our governmental institutions and those who administer those institutions is always in order. That is what makes a democracy thrive and remain vigorous. Sanctimonious rigidity, however, is no substitute for calm and judicious inquiry.

I ask only for fairness, accuracy, and reason.

NORTH MAN PLANS "FANTASTIC VOYAGE"

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts (Mrs. HECKLER) is recognized for 15 minutes.

Mrs. HECKLER of Massachusetts. Mr. Speaker, apparently the pioneering spirit of adventure that leads man to explore the unknown has not entirely disappeared.

And apparently tales of such derring-do are not confined to television.

For there is a man in North Attleboro, Mass., who is preparing to take such a fantastic voyage. He is Doug Paton, a 21-year-old senior at the University of Massachusetts. He believes he can travel to another time.

His vehicle is 30 square miles of the Atlantic Ocean off the coast of North

Carolina. There is an oval-shaped body of swirling water, which since the 14th century, has claimed scores of ships.

Paton believes that, rather than a natural phenomenon, the so-called Bermuda triangle is a time continuum, a break in the atmosphere, which allows the traveler to pass into another time zone.

Paton and his cousin, Craig, and friends, Fred Fish and Bob Ross, are planning to test out his theory in about 6 months.

I wish them a safe journey, Mr. Speaker, and hope they can return to tell us what it is like in another time. Even if the theory is unfounded, I applaud Mr. Paton and his friends for their willingness to test it.

For the full story of that rare adventure, I submit an article from the Attleboro Sun Chronicle of June 29, 1972:

[From the Sun Chronicle (Mass.), June 29, 1972]

NORTH MAN PLANS "FANTASTIC VOYAGE"

(By Don Cawley)

NORTH ATTLEBORO.—If Doug Paton's theory about a mysterious body of water off the coast of North Carolina is wrong, he and his friends may soon be flirting with an eerie death.

If his theory has merit, he could embark on an excursion so profound that word of it might send story-teller Rod Serling reeling into a state of shock.

The 21-year-old local man, a biology major in his senior year at UMass, said he refuses to believe that a swirling oval of water in the Atlantic Ocean which has claimed a number of lives and ships is a natural phenomenon.

He said he believes the oval, located in the so-called Bermuda Triangle, is a rare "time continuum," a place where there is a break in the atmosphere allowing entrance to another time zone.

PUT TO THE TEST

In six months, he and North Attleboro residents Fred Fish and Bob Ross and his cousin Craig Paton of Attleboro will head south to explore the oval. They plan to study the area for two or three years if necessary.

The party plans to go to North Carolina where they hope to purchase and outfit a boat for the expedition. When they're ready to go, they'll sail about 150 miles off the coast of North Carolina, sit in that portion of the oval and wait for something to happen.

In addition to Paton's training, the other members of the party have biology and physics backgrounds.

He said the oval is about the size of Bristol County in area. There is documented proof that scores of men and ships have disappeared in the oval since the 14th century, he stated.

"A number of ships have disappeared in the oval in modern times," said Doug. "They just suddenly lost radio contact with other ships and vanished."

Doug said he bases his daring guess on the "constant drift theory" and a theory recorded by Einstein. According to Einstein's theory, he said, space is curved, and there are breaks in the curve at certain points in space. The result is a passageway through time.

He said according to the constant drift theory, a theory which suggests both Americas were once joined with Europe and Asia, hot liquid from the center of the earth is still rising on the east coast of this country and settling on the west coast. He said this being the case, "there's just no reason for a body of water on the east coast to be swirling downward when discharges from the center of the earth are pushing upward."

SHAKE OFF SKEPTICS

Exploring the mysterious region, he said, will be the culmination of a lifelong desire.

The fact that some people consider he and his friends to be "out of our minds," means little, he said.

"You've got to be radically different if you're going to discover some of nature's secrets," said Doug. As far as I'm concerned, those who say we are crazy are just ignorant."

Does he really believe he could enter another period in time.

"Yes I do," he stated firmly. If I'm right, I could end up in a place that hasn't even been built yet or find myself back in the 18th century. If I went back in time, I'd write of my experience for the future or present generation."

Doug asserted that his planned adventure is no gimmick and that he's not trying to "grab phony publicity." He said the mysteries of the earth and the universe are "endless" and cautioned those who refuse to consider them not to make premature judgments.

He said he and his friends hope to secure grants from various universities to finance their studies. Previous testing in the area by universities and individuals were inconclusive, he stated.

And what if his party should discover that the oval is a natural phenomenon?

"We'll get the hell out of there, of course," he said. "After all, we're not crazy."

ARREST RECORD BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. Wiggins) is recognized for 5 minutes.

Mr. WIGGINS. Mr. Speaker, in company with several of my colleagues on the Committee on the Judiciary and others, I have today introduced, at the request of the Department of Justice, a bill to provide for the dissemination and use of criminal record information in the possession of the Identification Division of the Federal Bureau of Investigation.

Since 1924, the FBI's Identification Division has acquired and preserved records of arrests and dispositions submitted to it by Federal and State law-enforcement agencies throughout the country and has likewise disseminated to them, upon request, such information which has already been compiled. These records are based upon fingerprints, of which the FBI's criminal files now contain approximately 60 million entries representing some 20 million individuals.

In June of 1971, the U.S. District Court for the District of Columbia, in the case of *Menard* against *Mitchell*, held that the division's established practice of disseminating data from its fingerprint files to local law-enforcement agencies for purposes of employment or licensing checks was not authorized by the provisions of 28 United States Code, section 534, the statutory basis for the division's compilation, filing, and exchange of criminal record information.

The bill which I have introduced today is designed to clarify the statutory authority of the FBI to disseminate criminal record information for nonlaw enforcement purposes. Its provisions substantially parallel those of the temporary authorization for continuation of the "non-Federal applicant" service which was enacted as part of Public Law 92-184, approved December 16, 1971, as a stopgap congressional response to the *Menard* decision.

In essence, the bill would allow dis-

semination for nonlaw enforcement purposes only to: First, Federal agencies; second, foreign governments, under certain circumstances; third, federally insured financial institutions; and fourth, local law enforcement agencies, but in the latter case only when State statutes require a fingerprint check for employment or licensing purposes, and only in accordance with regulations promulgated by the Attorney General as provided in the bill.

The bill would authorize the Attorney General to cancel the dissemination of arrest data to any agency which uses or discloses that information in violation of the statute, or for failure to comply with the requirement that information supplied to the FBI shall be accurate, complete, and up to date. Individuals whose arrest records are disseminated to State or local law enforcement agencies for nonlaw enforcement purposes would be entitled to review the information disseminated and, if necessary, have any erroneous information corrected. Civil and criminal sanctions are provided for willful violations of the statute.

Mr. Speaker, I hope that hearings will be held on this bill, most logically as an extension of the hearings held earlier this year on dissemination and use of arrest records generally by Subcommittee No. 4 of the Committee on the Judiciary, which is chaired by my good friend and colleague from California, Representative DON EDWARDS. The appropriate legislative response to the *Menard* ruling should come in the form of permanent, rather than temporary, legislation accomplished after thorough and serious study of the many ramifications of the issue.

This bill may admit of some modification. Some of its provisions might be improved. But it is a step in the right direction, and it is important that we take such a step through action by one of the legislative committees.

Mr. Speaker, I include at this point in the RECORD the letter of transmission from the Department of Justice, together with the text of the bill and the Department's sectional analysis thereof:

WASHINGTON, D.C.,
July 18, 1972.

THE SPEAKER
HOUSE OF REPRESENTATIVES,
Washington, D.C.

DEAR MR. SPEAKER: Enclosed for your consideration and appropriate reference is a legislative proposal to provide for the dissemination and use of criminal record information, and for other purposes. The proposal is in response to the decision in *Menard v. Mitchell*, 328 F. Supp. 718, which greatly circumscribed the dissemination of FBI fingerprint and arrest information and records under 28 U.S.C. § 534.

The *Menard* decision limited the dissemination to agencies within the Federal Government and to state and local law enforcement agencies for law enforcement purposes. It held that section 534 did not authorize dissemination of this type of information to law enforcement agencies for non-law enforcement purposes, or to other state or local agencies or institutions for purposes of employment security and licensing.

Public Law 92-184, approved December 16, 1971 provided a temporary continuation of this "non-federal applicant" service, by authorizing the expenditure of Fiscal Year 1972 funds to exchange identification infor-

mation with officials of certain Federally-connected banking institutions, and, if authorized by state statute and approved by the Attorney General, with officials of state and local governments for purposes of employment and licensing. Permanent authorization, as well as legislation dealing with certain individual privacy issues raised by the decision, are nevertheless required.

The attached legislative proposal is intended to meet the issues outlined in the *Menard* case by incorporating the necessary sanctions and safeguards, while at the same time providing specific authorization for the dissemination and use of criminal record information for legitimate purposes.

The important provisions of the proposal in this respect are as follows:

First of all, the bill would place the burden upon the agencies submitting criminal record information to the Attorney General to insure that the information is accurate, complete and current. Non-compliance could result in the termination of the dissemination of this information to the delinquent agency.

Dissemination of criminal record information would be permitted outside of the Federal Government for non-law enforcement purposes, but only for such purposes as necessitated by a state statute and approved by the Attorney General in regulations. Moreover, all the information would be channeled through the state and local law enforcement agencies. Again, this dissemination could be cancelled if the information is used or disclosed in violation of the provisions of the proposal.

When such information is intended to be used for other than law enforcement purposes, the subject individual would be permitted to review the information and insure that it is corrected or revised, if necessary.

The proposal also would authorize both civil and criminal actions against persons who disseminate or use criminal record information in violation of the bill's provisions.

Finally, the proposal would establish guidelines to be followed by the Attorney General in establishing regulations to govern dissemination for non-law enforcement purposes. A determination would have to be made that the information was necessary to promote or maintain security within an agency, or within certain areas of the private sector filling a vital public need, or to protect other vital public interests.

The Office of Management and Budget has advised that there is no objection to the submission of this proposal.

Sincerely,

Attorney General.

H.R. 15929

A bill to provide for the dissemination and use of criminal record information, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That title 28, United States Code, is amended as follows:

§ 534. Acquisition, preservation, exchange and use of identification information and records; appointment of officials; regulations.

(a) The Attorney General shall acquire, collect, classify and preserve identification information, criminal record information, and other information and records. Except as otherwise limited by this section, the Attorney General is authorized to disseminate such information and records in accordance with regulations issued under this section. For the purposes of this section, "identification information" means information including fingerprint classifications and other personal descriptive data which may be used for identification purposes; "criminal record information" means information of arrests and subsequent dispositions, including con-

victions, submitted by law enforcement and other governmental agencies; and "other information and records" means statistical data relating to crime and compiled for research and informational purposes which do not identify an individual.

(b) Agencies submitting criminal record information to the Attorney General or his designee shall assure that the information is accurate and complete, and regularly and accurately revised to include subsequent information. The Attorney General is authorized to terminate the dissemination of criminal record information authorized by this section for failure to comply with this subsection.

(c) The Attorney General is authorized to disseminate criminal record information to (1) authorized officials of the Federal Government for official use; (2) authorized officials of foreign governments for visa, security, law enforcement and employment purposes; (3) officials of financial institutions the accounts of which are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation or other Federal agency to promote or maintain the security of such institutions; and (4) state and local law enforcement agencies for (A) law enforcement purposes or (B) such additional purposes as necessitated by state statute which the Attorney General may approve by regulations issued under this section. For the purpose of this section, "law enforcement" means any activity pertaining to the reduction, control or prevention of crime or the enforcement of criminal laws. A "law enforcement agency" is a public agency whose primary function is law enforcement and includes but it not limited to police or any other agency authorized to make arrests, courts with criminal jurisdiction, prosecutors' offices, and penal and other correctional or criminal rehabilitation institutions. For the purposes of this section, "state" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

(d) The dissemination of criminal record information authorized by this section is subject to cancellation by the Attorney General if it is used or disclosed in violation of this section.

(e) Whenever criminal record information is disseminated to a state or local law enforcement agency for other than law enforcement purposes, the individual about whom the information pertains shall be permitted to review the information upon satisfactory verification of his identity, and in accordance with regulations stating the time, place, fees and procedure to be followed. If, after the review of the information, the individual disputes its accuracy or completeness, he shall apply to the agency or agencies responsible for the information for correction or revision, and the agency or agencies shall make any necessary correction or revision, and shall notify the Attorney General of the correction or revision.

(f) (1) A person with respect to whom criminal record information willfully has been disseminated or used in violation of this section shall have a civil cause of action against the person responsible for the violation and shall be entitled to recover from such person actual damages and reasonable attorney's fees and other litigation costs reasonably incurred.

(2) Whoever willfully disseminates or uses criminal record information knowing such dissemination or use to be in violation of this section shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

(3) A good faith reliance upon the provisions of this section or of applicable law governing dissemination or use of criminal record information, or upon rules, regulations or procedures prescribed thereunder, shall constitute a complete defense to a

civil or criminal action brought under this Act.

(g) The Attorney General may appoint officials to perform the functions authorized by this section and may prescribe regulations to effectuate its provisions. Such regulations issued with respect to subsection (c) (4) (B) may authorize dissemination of criminal record information thereunder only upon a determination that a need exists for the use of such information for (1) maintaining or promoting security within that agency or within a business, industry, profession or labor organization fulfilling a vital public need, or (2) protecting other vital public interests.

SECTIONAL ANALYSIS

The title of section 534 would be expanded to include identification "information" in addition to identification "records". The section itself is primarily concerned with certain types of identification information, and the identification records are relevant only insofar as they contain that information.

The title would also include "regulations". As will be noted below, the Attorney General would be authorized to issue regulations to effectuate the provisions of the legislation.

Subsection (a) has been reworded to emphasize the Attorney General's responsibility to acquire, collect, classify and preserve certain types of information. The second sentence of the subsection is intended to permit the Attorney General to disseminate any information or records where the dissemination is not otherwise limited by section 534. (The limitations are enumerated in subsection (c) dealing with the dissemination of criminal record information.) As an example, this would allow the dissemination of identification information, as opposed to criminal record information, for assistance in emergencies or missing person cases, and would also permit the release of crime statistics and reports. This type of information would not infringe upon the rights of individuals, and, therefore, its dissemination would be controlled only by regulations.

Subsection (a) also includes definitions of "identification information", "criminal record information" and "other information and records".

Subsection (b) deals with criminal record information, and is designed to place the burden upon agencies submitting that information to the Attorney General to assure that it is correct and current. At present, there is no such assurance and, in fact, a great deal of relevant information is not forwarded to the Attorney General. This problem is particularly acute concerning ultimate dispositions of cases handled at the state and local level, with the result that the information is often incomplete or inaccurate when subsequently disseminated. Agencies that are delinquent in this respect would face the possibility that dissemination of this information would be terminated.

Subsection (c) would authorize the Attorney General to disseminate criminal record information to authorized officials of the Federal Government for official use and to state and local law enforcement agencies for law enforcement purposes. Disseminations of this type are presently permitted by the *Menard* decision. The Attorney General further would be authorized to disseminate the information to officials of foreign governments for visa, security, law enforcement and employment purposes, and to officials of financial institutions the accounts of which are insured by the FDIC or the FSLIC or other federal agency in order to promote or maintain security within such institutions.

Moreover, dissemination would be authorized to law enforcement agencies for non-law enforcement purposes, but only when necessitated by state statute and approved by the Attorney General in regulations. This

provision would permit the ultimate use of criminal record information for such purposes as employment security or licensing at the state or local level, but only in well defined circumstances.

Subsection (c) also includes definitions of "law enforcement," "law enforcement agency," and "state."

Subsection (d) would permit the Attorney General to cancel the dissemination of criminal record information if it is used or disclosed in violation of the section.

Subsection (e) would allow an individual to review and correct any criminal record information which pertains to him which is disseminated to a state or local law enforcement agency for non-law enforcement purposes. Thus, an individual need not be jeopardized by inaccurate or incomplete criminal record information when applying for employment or a license. The Attorney General would outline the procedures by regulations for the review of the information. The regulations would contain provisions relating to notice of the subject individual, and the waiver of fees in appropriate cases.

If the individual believes that the information is inaccurate or incomplete and wishes to have it corrected, he will be required to apply to the agency responsible for the information, and that agency will be required to make any necessary changes and notify the Attorney General of such changes. The intent of this provision is to place the burden upon the local agency responsible for any for any misinformation to make the correction, rather than upon the FBI, unless the FBI itself is responsible.

The provisions of subsection (e) would not apply to records which are disseminated within the Federal Government or to law enforcement agencies for law enforcement purposes.

Subsection (f) (1) would provide for a civil cause of action for willful dissemination or use of criminal record information in violation of the section.

Subsection (f) (2) would provide criminal penalties of one year in jail or \$1,000 fine, or both, for willful and knowing violations of the section.

Subsection (f) (3) provides a complete defense against any civil or criminal action for anyone acting pursuant to the section or applicable laws or to regulations issued thereunder.

Subsection (g) allows the Attorney General to appoint officials to carry out the provisions of the legislation and to promulgate regulations to effectuate the proposal. The legislation would provide guidelines to the Attorney General in issuing regulations concerning the dissemination of criminal record information to state and local law enforcement agencies for purposes other than law enforcement. This is the area where the greatest potential for abuse exists and the area where a well defined policy is required by the *Menard* decision. The regulations, therefore, would specify under what circumstances the use of the information is authorized. Use would be authorized only to maintain or promote security within the requesting law enforcement agency or within defined areas of the private sector which fulfill a vital public need, or where other vital public interests require. As required by subsection (c) (4) (B), any of these uses would have to be necessitated initially by state statute.

It is also contemplated that the regulations would require state or local law enforcement agencies that desire criminal record information to submit their requests through a centralized state agency where such a centralized agency exists. Furthermore, such regulations probably would require that the local, state or Federal agency or official be responsible for taking and providing fingerprints and supplying other necessary material to the FBI before dissemina-

tion of criminal record information. The states also would be required to share responsibility in processing non-federal fingerprints by first checking them through the state identification bureau or local files. Additional regulations would be issued as required.

GI DRUG TESTING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Mr. ASPIN) is recognized for 5 minutes.

Mr. ASPIN. Mr. Speaker, one of the many problems facing our country today is the heroin epidemic which has infected so many of our GIs serving in Vietnam. Sunday's edition of the Washington Post contained a thought-provoking article by Paul Starr on the treatment or mistreatment our returning GI drug user receives. The article points out the pitfalls of compulsory treatment and raises serious questions about the efficacy of the VA's drug treatment program.

I urge my colleagues to read the article which follows:

DRUG (MIS)TREATMENT FOR GIs

(By Paul Starr)

(NOTE.—The author is studying the problems of Vietnam veterans at the Center for the Study of Responsive Law.)

The soldier was standing in front of the VA psychiatrist.

"When do I get out of here?" he demanded. "Just tell me when I get out of here."

He must have asked that question a dozen times in a single day. Nothing else seemed to be on his mind. Only a week before the Army had shipped him back from Vietnam after a urine test singled him out as a heroin user. Following a brief stay at a military base stateside, he had been transferred to a Veterans' Administration hospital for mandatory treatment before discharge. But he wasn't interested in getting treatment, only in getting discharged. Almost to a man, the soldiers sent to the VA claim they have no problem with drugs. "My problem's been the Army," they insist, and many of them may well be right.

In the uproar over heroin use in Vietnam and the need for treatment programs, scarcely anyone has considered the viewpoints or situations of the soldiers themselves. As a result, a great deal of money and effort is being expended, most of it with little impact on the problem. And with failure becoming more apparent, public policy has edged toward compulsory forms of treatment that may only aggravate the situation.

Under current procedures, soldiers identified as drug users are assigned to VA hospitals while still on active duty if their term of service is about to end. If it is not, they receive treatment within the services.

The mandatory referrals to the VA were instituted late last year by the administration to ensure that no soldiers would be released without 30 days of drug-free experience and to take the burden of providing that experience off the military.

An earlier policy had left the decision on whether to undergo VA treatment up to the individual GI. But in mid-September, Dr. Jerome Jaffe, President Nixon's top adviser on drug abuse, reported that voluntary treatment "was not working as we had hoped." Since the previous July, when urine tests were first used, only 23 identified drug users had decided on their own to go to the VA. Dissatisfied, the administration decided that soldiers would be assigned against their wishes to veterans' hospitals for up to one month before discharge. The administration also asked Congress for authority to involuntarily extend a drug user's service 30 days. This measure, still pending, would permit the government to channel every outgoing

serviceman thought to be using drugs through the VA, including those apprehended in the last days of their tour. Some congressmen want to go further. Rep. John Murphy (D-N.Y.) has proposed a bill that would provide for compulsory treatment in any federal institution for as long as 42 months.

JUST A FORMALITY

Few people at VA hospitals, either staff or patients, seriously believe the treatment is anything more than a formality. Even the goal of 30 drug-free days is not always achieved, since drugs are widely available on VA wards. And because the hospital staffs find many of the Vietnam veterans angry and uncooperative, the soldiers are often quickly released on an outpatient basis and told to come back in a few weeks to pick up their military discharge papers. In the meantime, the men are able to go home—or back to the streets.

A recent case exemplifies typical practices under the referral system. Twenty-one years old, identified as a drug user by urinalysis in Vietnam, this soldier insisted to VA physicians that he only smoked heroin now and then, never maintained it and had never become addicted.

Day 1 (initial evaluation): "He is showing at present a very negative attitude toward being on a drug program, as he feels no problem."

Day 7 (progress report): "... very negative attitude—all he wants is out—claims he has no drug problem."

Day 8: Discharged.

While the VA has in the past year and a half established 36 drug treatment centers in its extensive hospital system, soldiers "med-evac'd" from Southeast Asia generally will have little to do with them. "They never want to come in," says Ruth Stoffer, director of a tough residential treatment unit in Bedford, Mass. "The hospital is responsible for them, but not our program. They go on a psychiatric ward."

Placing drug-using soldiers in wards with psychiatric patients is bitterly resented by the young GIs who see themselves as perfectly healthy. "It's hard to get along with them," says one veteran who spent time on a unit with mental patients. "Some of them were slobbering all over their food. You just don't put yourself in that category."

RESULT IS ALIENATION

Once they receive their military discharge papers, the soldiers leave VA hospitals—few with fond memories. Although one of the purposes of the referral system is ostensibly to impress upon them the availability of VA drug programs, the effect more likely is permanent alienation from the VA and from therapy. The retention rate beyond the required stay runs close to zero.

"Most of them don't want to stay," admits Dr. William Winick, director of the Brockton, Mass., VA hospital. "We're somewhat disappointed because we went to some lengths to provide a program." The story is the same elsewhere.

"The reality is that most men who are about to be discharged and who have been caught on drugs don't want treatment," says June Schwartz, a veterans' assistance counselor in the Baltimore drug program. "The first reason is that many who are caught in urinalysis are not addicted. The urinalysis showed heroin, but maybe they were smoking it. Another reason is that even if they were addicted, a lot of them have no intention of stopping. It's only after they've reached the streets again and experienced the hassle of earning money to get drugs that they want to stop."

"And a third factor is the forced treatment in the Army. We've seen this a number of times. A lot of them are forced to detoxify in Vietnam under not very pleasant circumstances. Then they're forced to go through an Army treatment program and then the VA. By that time, they've had it."

Those addicts who do voluntarily enter VA drug programs come in off the streets after having spent months or years facing the brutal conditions of addiction in the United States—constant hustling, legal entanglements, imprisonment, family problems, adulterated drugs, hepatitis, community hostility. But even then they are reluctant to go to the VA, fearing that their medical records will not be kept confidential or that they may lose other veterans' benefits. "I thought twice about coming here because of government identification," stated one patient. And Dr. Winick of Brockton concedes, "They identify us as a quasimilitary organization," an impression which is only strengthened by the mandatory referral system.

Because of government control, complicated intake procedures, eligibility limitations, and the general orientation of the VA toward older veterans, many VA drug programs now have a "bad name" on the streets—or no name at all. While the agency has touted its efforts nationally, they generally offer little community outreach. Consequently, some programs run well below capacity. The Bedford unit has beds and staff for 40 drug users thus having had only 18 patients, virtually all of whom entered the hospital to escape heavy criminal charges. The VA's outpatient clinic in Boston, primarily a methadone maintenance program, is running at half capacity while every other methadone program in Boston has a waiting list of 6 to 12 months. In New York the waiting list for municipal methadone programs runs well into the thousands, but at the three New York VA hospitals there has been no overflow. They treat a little more than 500 addicts, in a city where the official estimates place addicted veterans at about 10,000.

Sen. Alan Cranston (D-Calif.) cites the VA's heavy reliance on methadone maintenance as one reason for the small numbers. In many areas, no other long-term VA treatment is available. In Washington, for example, the VA offers methadone but not intensive, drug-free program. Patients seeking such therapy are referred elsewhere. "There's not a whole lot we can do," says Dr. N. R. Tamarkin, chief of the Washington unit, adding that he hopes to secure space for a therapeutic community in the near future. But whatever the type of therapy, Cranston points to the lack of demand for VA programs as evidence "that tens of thousands of veteran addicts on the streets today simply have no faith in the VA drug treatment programs."

NO JUNKIE IDENTITY

The resistance to treatment goes beyond mere distrust of the VA, however. The GIs resist the entire notion that they are sick and need rehabilitation. "They don't want to identify with junkies," says one older addicted veteran. "They feel when they left Vietnam, they left their habit."

At least initially, the veterans do appear to differ sharply from street addicts here. They are generally in better physical condition, showing few of the secondary signs of addiction—such as hepatitis—since they have been smoking or snorting heroin rather than injecting it (the source of nearly all the medical complications). Their motivation has often been situational: They may have begun drug use not as an expression of emotional disturbance but as an act of self-medication in an oppressive setting. And perhaps most important, for the returning soldiers heroin addiction has not represented a total identity as it has for the street addict. They have not submerged all other aspects of their lives in the pursuit of heroin and the means to buy it. Since they bought drugs cheaply in Vietnam and the Army supplied their other needs, the soldiers have not yet had to organize their lives around their habits.

And many may not be willing to do so. Dr. Norman Zinberg—a Harvard psychiatrist who traveled to Vietnam last year and has been

interviewing veterans since then—has found a strong inhibition against both the needle and the junkie life. Twenty-four of the 26 men he has been seeing have stopped on their own. Unfortunately, when a veteran comes home and gives up his habit because of what it would mean to his family, there is no social agency, no class of professionals, no treatment program that can claim him as their success. As a result, such cases never get counted in the making of public policy. The possibility that going home is more effective therapy than any treatment program now available is scarcely considered.

The probability of natural remission is hard to evaluate. Veterans who stop using heroin, Dr. Zinberg cautions, have not repudiated or even regretted their past use; on the contrary, many of them "speak well" of the drug. They simply find the social barriers to continuing drug use too steep. It is an open question whether their abstinence represents genuine remission or merely a hiatus in drug use. In the face of harsh pressures at home, they may revert to heroin for the same escape it provided in Southeast Asia. Older addicted veterans are skeptical about the younger men. "They might not do it now," says one addict, "but it's a crutch and they know it's there."

BREACH OF RIGHTS

The tendency of some Vietnam veteran heroin users toward remission or at least dormancy should rule out a policy of enforced treatment. Not only is commitment to institutionalized care an unwarranted breach of the men's individual rights, but also it almost guarantees aggravation of their problems. On a long-term basis it would serve only to confirm an identity that in many cases may turn out to be ephemeral. By labeling them with the stigma of addiction, cutting them off from families, friends and jobs, institutionalized treatment would leave the men with a minimum of social support on reentry to civilian life. Moreover, the past record of involuntary treatment has been abysmal.

On the other hand, if treatment is to be voluntary, then the implications must be faced squarely. Those veterans who continue to use heroin will enter therapeutic programs only after they have run into serious trouble at home. "You don't submit yourself to treatment until you've hit rock bottom," says one veteran addict, and on their way to "rock bottom," the men are going to hurt many persons, not just themselves.

The hope that mandatory referrals to the VA might present that kind of deterioration seems to have little basis. Even if returning soldiers were placed in an ideal therapeutic setting—and the VA is far from that—they would probably still refuse treatment because they won't accept society's definition of them as sick. This is the critical impasse, not just the treatment of veterans, but in the treatment of other addicts as well. While the United States has been moving from a penal to a medical approach toward heroin addiction, the people most directly affected find the medical conception no more palatable. The users and the addicted not only refuse to take part in drug programs; they refuse to accept the ideology behind them. It is only when they encounter the extreme social and physical problems of addiction—created not so much by their dependence on heroin as by their dependence on a vicious black market—that they begin to adjust to the dominant values of the society and accept the premise that they are sick and in need of therapy.

NO EASY SOLUTION

There is no easy way out of this situation. Compulsory institutionalization reinforces as many problems as it relieves while voluntary treatment ensures that hard-core addicts will create misery for themselves and their communities before accepting treat-

ment. A third alternative is a radical restructuring of our entire approach to the problem along the lines the British have followed. But at this point, few Americans are willing to support heroin maintenance as a last option in a multi-modality program.

The history of drug addiction in America suggests a troublesome pattern: First drug abuse takes its victims, then public hysteria and moralistic legislation take many more. The case of heroin use in Vietnam seems to be no exception. Out of a genuinely serious problem we seem fully capable of creating a much larger one. By indiscriminately categorizing all users of opium and heroin in Vietnam as addicts and by suggesting that their involvement is more serious than street addiction here because of the purity of drugs available in Vietnam, the press has encouraged a new wave of scapegoating and regressive legislation. The irony is that this climate has been fanned by both political persuasions—by the left to heighten antiwar sentiment and by the right in concern for the morale and strength of the armed forces.

The victims of this antagonistic cooperation will most likely be the men everyone presumed to help. They will bear the stigma of addiction and, if Rep. Murphy and others have their way, the onus of forced treatment. Whereas a year ago the problem centered on the military's reluctance to acknowledge the extent of drug abuse, today the dangers are institutional overreaction and overtreatment. Just like the addicts themselves, the public seems incapable of handling the problem of drugs with moderation.

ADVOCATE FOR EQUALITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GONZALEZ) is recognized for 10 minutes.

Mr. GONZALEZ. Mr. Speaker, on August 1, Maj. Gen. W. H. Reddell, commander of the San Antonio air materiel area at Kelly Air Force Base, will retire from active duty.

It has been my pleasure to become a close friend of General Reddell's since he assumed the San Antonio post on August 1, 1969.

However, more important than friendship is the deep admiration I have developed for this man and his record of service in my community.

Mr. Speaker, I feel that the achievements of this commander and outstanding leader are such that it behooves me to bring them to your attention and that of my colleagues so that we may look to his record as a source of hope and inspiration for our country.

Therefore, I would like to share with you the following data relative to General Reddell's work in behalf of equal employment and equal opportunity:

During the past few years domestic upheaval has dramatized the need for the establishment of a better understanding of the problems of Black and Spanish speaking minorities. The common issue and perhaps the very core of the problem itself is that these minorities in the past have not attained an economic status nearer par with other Americans. Without this equity and the corresponding economic resources, future prospects in terms of health, education of the young, and job opportunity improvements can remain only distant and remote promises. While there has been much publicity within Government Service about equality of opportunity, in actual point of fact little effort had been made in the area of affirmative action prior to 1968. Employ-

ment statistics substantiate the fact that most minority employees in Federal Service are in the lower grade levels and that as a group they earn average annual salaries hundreds of dollars less than nonminority employees.

President Nixon, recognizing the need for national improvement in this area, responded to the situation on 28 Mar 1969 by reaffirming the Federal Government policy of assuring equality of opportunity to all citizens. At his direction, the U.S. Civil Service Commission conducted a review of employment and promotion practices within Federal Service, concluding in part that despite some gains, "too many minority employees are concentrated at the lower grade levels, victims of inadequate education and past discrimination."

The purpose of the following is to document the outstanding achievements of a Federal Administrator in the area of Equal Employment Opportunity. Major General William H. Reddell, Commander of the San Antonio Air Materiel Area for the past three years has demonstrated outstanding leadership and initiative in carrying out the objectives of Executive Order 11478. Since he assumed command of the giant Kelly AFB industrial complex with its 30,000 employees of varied ethnic, racial, and social heritage, he has been cited twice for his EEO efforts. The City of San Antonio on 18 March 1971 presented a citation to General Reddell in grateful acknowledgement of outstanding leadership in providing equal employment opportunity. Some months later Major General Reddell was awarded The Secretary of the Air Force Distinguished Equal Employment Opportunity Award for 1971. The distinguished accomplishments of General Reddell in terms of improved employee relations and community acceptance should serve as the standard of performance for all U.S. military installation Commanders and are worthy of National recognition.

PAST EMPLOYMENT PRACTICES—KELLY AFB

It is difficult to discuss a complex and emotionally charged subject like Equal Employment Opportunity without some basic understanding of the underlying conditions and environment. This is particularly true in the case of a military installation such as Kelly Air Force Base located in San Antonio, Texas, and which provides a good portion of the area payroll. More importantly, as the largest industrial complex in the Southwest, it is subjected to continual assessment of its personnel policies by interested observers.

San Antonio, once a small outpost on the Northern Mexico frontier was settled in 1718 gaining official status as a City in 1731. The early pioneer families that founded the Town were mostly of Spanish or Mexican origin. Later some of the native Indian Stock was absorbed into the dominant ethnic group. The population of the City in 1836, approximating 3,500 inhabitants, was represented primarily by descendants from that group complimented by arrivals of similar ethnic makeup from surrounding towns. This group was not assimilated into the rapidly growing Anglo population and by 1900 it is estimated that only 15-20% of the total population was of Mexican American extraction. With the Mexican revolution of 1910, waves of war refugees soared the Mexican American population upward and they now represent 45% of the total population of the City.

The anti-Mexican feelings generated by the Texas war for independence increased in intensity following the U.S. War with Mexico in 1846. Other factors which contributed to the decline of the Spanish surnamed included the adverse effect of new laws on native (Mexican) owned lands and the imposition of new language and cultural barriers. These events were to bear bitter fruit for the Spanish surnamed in Texas for over 100 years. It is most tragic that these people with the

deepest roots in Texas and the Southwest should emerge as second class citizens at the beginning of the twentieth century. For whatever reasons one might choose to dispute this point, the facts are too conclusive for serious debate. *Politically*, a Mexican American has never been elected to a State Wide Office. It was not until the 1950's that a Mexican American was selected as a member of the Council of the City of San Antonio. *Socially*, discrimination against Mexican Americans was widely practiced and accepted in Texas until World War II. Rudiments of this practice exist today under sophisticated systems which result in non-representation of Mexican Americans within specific groups or organizations. *Economically*, the Mexican American is at the lower end of the financial structure of San Antonio, Texas, and the Southwest.

It was under this socio-economic environment that Kelly Air Force Base was originally established (1917). It is therefore not surprising that the employment policies of the Installation paralleling those of the community resulted in the exclusion of Mexican Americans from leadership or policy positions. (NOTE: Discriminatory employment practices existed also against Blacks and women, however, this discussion is intentionally limited to the Mexican American). Twenty-five years were to pass before a Mexican American was selected for a supervisory position at Kelly AFB (Mr. Demetrio Gomez—1942). Things did not automatically improve from this point on. Pauline Kibe in her book, "Latin American in Texas" (1946) documents the following: "At the beginning of the War, when the largest airplane repair shops in the world were opened at Kelly Field in San Antonio and 35,000 civilian workers were employed, mechanics and mechanic's helpers were in great demand. Training schools were established under government supervision and those who attended were both Anglo and Latin American. After identical instruction, the graduates of the schools were employed at Kelly Field, on an equal basis, as mechanic's helpers. Within a reasonable length of time, the Anglo Americans were advanced, some of them repeatedly, but the Latin Americans, despite the fact that they were in many instances more proficient in their trade than the Anglos were retained at the lowest level of mechanic's helpers.

When the matter was called to the attention of the Commanding Officer relief was immediately forthcoming, and it was made clear that advancement would be strictly on the basis of merit." Most unfortunately, positive corrective actions were not effected and twenty years later the Mexican Americans at Kelly were still concentrated at the lowest grade levels. Statistics compiled as of 30 Nov. 1967 indicate that while Mexican Americans represented 44.7% of the Base population, they accounted for only 9.6% of the higher grades. Analysis of pay differential for this same period indicated the following average salaries at Kelly: Blacks, \$6,188; Mexican American, \$6,403; Anglo, \$8,109. Of greater significance only 7 of the 252 positions at Branch level and above were held by Mexican Americans. For all practical purposes Mexican Americans did not participate to any degree in Base management decisions and employment practices at Kelly in 1967 and prior to that time. In the face of this overwhelming evidence now accompanied by growing demands for improvement from Mexican American leaders, management officials of the Installation concluded that no problem existed and resolutely retreated from the reality at hand. In 1968, the Commander and other Base officials were subpoenaed for hearings directed by the U.S. Commission for Civil Rights concerning allegations of discriminatory employment practices at Kelly Air Force Base. In due course, there were major changes in the Command of the In-

stallation and in the top management level of the Civilian Personnel Office.

EEO ACCOMPLISHMENTS 1969-1972

Major General William H. Reddell assumed Command of the San Antonio Air Materiel Area, Kelly Air Force Base on 1 April 1969. With his enlightened philosophy and supported with new leadership in the Civilian Personnel Office he began the difficult task of refining employment practices at the Installation. Now, three years later it is evident that he was eminently successful in the fulfillment of that goal. Kelly AFB today is widely recognized for its progressive policies with respect to the treatment of employees. It is important to note that in sharing the successes at Kelly AFB with other Installations and Federal Agencies it has been possible to inculcate a competitive spirit for EEO improvements. Thus, directly and indirectly Kelly AFB under the leadership of General Reddell has established achievement records which stimulate greater program accomplishment by other Federal activities. Some of the most significant EEO related actions undertaken by Kelly AFB during the past three years are briefly outlined in the following:

Integrity in the Merit Promotion System

As a result of a complete revision of policies and subsequent improvements, Kelly AFB has a Merit System without equal in the Federal Service. Policies which may or even appear to promote inequities for specific individuals or groups of individuals have been eliminated.

Responsive EEO Complaint Channels

With eleven full-time EEO Specialists in the program and 60 part-time Counselors, Kelly AFB maintains a highly responsive employee complaint program. Employees are allowed access to any management level for presentation of their grievances without fear of reprisal. General Reddell maintains a completely open door policy for any employee and through his staff energizes responsive actions to employee problems.

EEO Advisory Committee

For this committee, only the most vocal advocates for the improvement of minority conditions were chosen. This resulted in the development of decisive recommendations which for the most part were quickly implemented by General Reddell.

Improvement in the Treatment of Employees

While this is an intangible area the keynote of the program is fair and equal treatment for all employees. Actions initiated during the past three years were calculated to create a more contented and efficient work force. Under the direction of General Reddell, Union negotiations have been encouraged and expedited and Union activities have been accorded a respectable position in relation to management needs.

EEO Plan of Action

The Kelly AFB Plan of Action was conceived and developed by representative members of the work force as opposed to EEO or Personnel Staff members. It is directed to the elimination of every vestige of prejudice and discrimination and the attainment of a work force distribution mix in all organization by grade and occupation in proportion to the ethnic and men and women representation in the work force. Mexican Americans represent approximately 50% of the community and the Kelly AFB work force.

Advancement of Mexican Americans

A Statistical record of the increases in the number of high grade positions occupied by Mexican Americans is enclosed as Tab F. Of the 1,096 Wage grade supervisory positions, 446, or 41%, are filled by Mexican Americans. At the GS-12 and above category 105 additional Mexican Americans have been added since 1966. The most important changes have been effected at the GS-14 and

above level which now includes 8 Mexican Americans in key policy/leadership positions.

Support of Sixteen-Point Plan

In line with this plan to assist Spanish surnamed Americans, a full-time Special Assistant for EEO position was created by General Reddell in 1969, charged with giving special impetus to the program. Since that time, the EEO Staff has been increased to eleven full-time positions and many of the program objectives have been met. (Kelly has a Mexican American population of 11,099, representing 49% of the total Base population (22,816). One out of every seven of the 70,000 Spanish speaking employees in total Federal Service are located at Kelly AFB).

Summary Evaluation

During the past three years, General Reddell has implemented many other improvements in the area of human relations. It is impossible to cover each in detail, but one action in particular deserves special mention. As noted earlier, Mexican Americans represent 50% of the Base population. However, they are not equitably represented in the executive level positions. Recognizing that despite progress much remains to be done, General Reddell has initiated one more action, characteristic of his initiative in the search for equality. To assist in future advancements in the program, General Reddell recently directed the establishment of *Deputy Civilian Personnel Officer*. This position is scheduled to be filled by an individual that is highly sensitive to the needs of the Mexican Americans at Kelly.

RECORD OF ADVANCEMENT OF MEXICAN AMERICANS, SAN ANTONIO AIR MATERIEL AREA KELLY AFB

CLASS ACT				
	1966	1969	1972	Net increase
GS grade:				
12.....	38	78	121	+83
13.....	9	17	23	+14
14.....	2	5	8	+6
15.....	0	0	1	+1
16.....	0	1	1	+1
Total.....	49	101	154	+105
WAGE GRADE				
	1969	1972		Net increase
WS grade:				
10.....	35	58		+23
11.....	26	30		+4
12.....	17	19		+2
13.....	9	8		-1
14.....	3	4		+1
15.....	1	3		+2
16.....	2	2		0
Total.....	93	124		+31

Note: Total WS, 446 (41 percent of total).

[From the San Antonio Express/News, Apr. 1, 1972]

GENERAL REDDELL OF KELLY WILL RETIRE

Maj. Gen. W. H. Reddell, commander of the San Antonio Air Materiel Area at Kelly AFB, will retire from active duty Aug. 1, Gen. Jack G. Merrell, commander of the Air Force Logistics Command, announced Friday at Wright-Patterson AFB, Ohio.

The retirement will culminate 31 years of service for the 53-year-old general and ends with an assignment he says has been "one of the most interesting and rewarding of my career."

Gen. Reddell assumed command of the giant logistics center at Kelly on April 1, 1969 and for the past three years has managed an Air Force business and industrial complex with worldwide impact and a budget in excess of two billion dollars a year.

Under his leadership, Kelly AFB has started an industrial plant modernization program which was highlighted last year when construction was begun on a \$17 million jet engine overhaul facility. When completed, the building will be one of the most modern in the nation and the only facility in the USAF designed specifically for jet engine overhaul.

Gen. Reddell says, however, the most interesting and enjoyable part of his tenure as SAAMA commander has been his association with the Kelly work force . . . which he calls the "finest in the country."

He has placed major emphasis on solving "people problems" and has been recognized throughout the Air Force for his work in equal employment opportunity. Even though General Reddell emphasizes that "much remains to be done," in 1971 he was given a national award for "managing the best EEO program in the USAF."

A great deal of Gen. Reddell's management effort at Kelly has been directed toward system support responsibilities for the more than 4,500 aircraft—of 19 different types—he manages for the U.S. Air Force on a worldwide basis.

He has been active in the San Antonio community, serving on the board of directors of the Greater San Antonio Chamber of Commerce and in 1971 led the area Combined Federal Campaign to its most successful year in history, with almost \$1.6 million collected for local and national charities.

Both Gen. Reddell and his wife, the former Harriett Jarrett, are native Texans and plan to make San Antonio their home after his retirement.

KEEP A WINNING TEAM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Hampshire (Mr. WYMAN) is recognized for 10 minutes.

Mr. WYMAN. Mr. Speaker, it is unfortunate that the Senator from New York (Mr. JAVITS) is apparently attempting to create a dump-AGNEW movement within the Republican party. It has always been my belief that our party's presidential nominee, especially when he is the incumbent President by historical precedent and prerogative is responsible for the choice of his running mate. Until today, I was not aware that the President had delegated this responsibility to Members of Congress.

Speaking for myself and the vast majority of my colleagues here in Congress, I was quite content that the President should make his own decision. But since the Senator from New York has determined to make this attack on Vice President AGNEW, I would be remiss if I did not comment in support of a strong Vice President who has repeatedly defended our President and our party against unfair attacks.

The President himself has made the best possible rebuttal to any dump-AGNEW movement. In his June 29 press conference he repeated confidence in the Vice President he had expressed in a January interview. He said and I quote:

Mr. AGNEW has conducted himself . . . with great dignity, with great courage, some controversy—which is inevitable when you have courage—and that under the circumstances, since he was a member of a winning team, I did not believe breaking up a winning team was a good idea. That was my view then and that is my view now.

SPIRO AGNEW has had a more substantive policy role than any other Vice

President in this country's history. He has contributed significantly to a revitalization of our federal system by his interest in State and local governments, and his concern to better the relationships between those authorities and the National Government. He has had a major impact on our space program and on our programs to help the needy and the disadvantaged. At a time when officials at all levels are being attacked for unresponsiveness, he has continually demonstrated his willingness to meet and exchange views with individuals and groups all across the political spectrum. He has not been afraid to examine critically some of the most powerful vested interests in our Nation—the press and the electronic media, as well as our universities. Throughout, he has demonstrated that he is a man of high principle and great moral stature.

The President knows well the pressures that can be brought to bear on a forthright and outspoken Vice President. He knows of the efforts some men will make to try to create disharmony between an incumbent President and his Vice President. He knows what it is like to be the subject of a political ambush. He also knows that Senator JAVITS himself would not be willing to assume the role of the Harold Stassen of 1972.

Perhaps one of the reasons for the Senator from New York's action is his belief that the Vice President will hurt the President's chances for reelection this November. I believe this view to be totally incorrect, and I think the Senator must realize he has no reliable information to support it. He would do well to examine the results of this year's New Hampshire Presidential Primary in which the Vice President received over 47,000 write-in votes, more than either EDMUND MUSKIE or GEORGE MCGOVERN received for President in their party's primary. His write-in total was higher than any other candidate for President or Vice President has ever received in the history of our State.

For these and other reasons, I am confident that the President will make a fair and honest choice before the August convention. And I daresay that the Senator from New York will be shown to be out of touch with the sentiments of a great majority of the members of his party who like and respect our distinguished and capable Vice President and earnestly want him to continue in that high office.

EDITORIAL ENDORSEMENTS FOR CASEY GUN CONTROL LEGISLATION

(Mr. ROBERTS asked and was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. ROBERTS. Mr. Speaker, as the clamor for gun control arises with each tragic event resulting from the misuse of firearms, we in the Congress must listen to these demands and take reasonable and positive action.

I have carefully considered the terrible events which have led to this public demand for gun control and balanced

it with the very careful and intelligent use of guns by sportsmen. I feel that I have found a responsible, intelligent, and workable answer to this problem which I wish to share with you today.

Our distinguished colleague (BOB CASEY) is an old friend—one whom I have admired and respected as a fellow Member and as a personal friend throughout the many years we have served together in this House.

He is an avid sportsman and a compassionate human being who is shocked and saddened by violence. He loves the hunt, but finds intolerable the use of firearms for any other purpose.

I have recently read in the Houston media some very enthusiastic endorsements of a gun control measure proposed by Mr. CASEY—H.R. 1252. Our distinguished colleague, as you know, represents the Houston area.

I would like to share with you three of these endorsements, two written by radio stations with vast audiences on the gulf coast and one written by the Houston Chronicle, one of the most distinguished and widely read newspapers in Texas and the Nation.

The first from radio station KXYZ, It speaks for itself:

ELIMINATE THE SATURDAY NIGHT SPECIAL—WALLACE SHOOTING SPURS GUN CONTROL DEBATE IN TEXAS

The recent attempt to assassinate Alabama Governor George Wallace has renewed the great American debate on gun control. And as usual, both sides are shouting at each other. And nobody seems to be listening.

It seems to us that there are a couple of things that could be done to eliminate the widespread availability of handguns in America. And that these two steps would have no effect at all on the legitimate firearms owner.

First we'd like to see Congress pass a bill proposed by Congressman Bob Casey of Houston. Under the Casey bill, anyone convicted of using a firearm while committing a crime would face a stiff, mandatory prison term. We have little sympathy for criminals . . . and none at all for someone who would commit a crime with a firearm.

Second, we want to get rid of the Saturday Night Special. The Saturday Night Special is a cheap handgun which the 1968 Gun Control Act was supposed to eliminate. But it didn't. And the loophole needs to be closed.

The Saturday Night Special is involved in far too many crimes. And Houston has more than its share . . . 301 homicides alone during 1971. We think mandatory jail terms and the elimination of the cheap handgun will do a lot to reduce that total.

The second editorial is from radio station KAUM, and I feel that it expresses the feelings of concerned Americans toward this problem:

Editorial No. 2

GET RID OF SATURDAY NIGHT SPECIALS—MANDATORY SENTENCE NEEDED TO STOP USE OF FIREARMS IN CRIMES

There was an all-time record of 301 homicides in Houston during 1971. Of that number, 168 involved handguns. But that statistic is not very surprising. Handguns are involved in roughly half the murders in the United States as well as in countless other crimes . . . including the recent assassination attempt on the life of Alabama Governor George Wallace.

We think a lot can be done to put a halt to these handgun crimes at a minimum of inconvenience to the legitimate firearms owner.

First, we'd like to see Congress pass a bill proposed by U.S. Representative Bob Casey of Houston. Under Casey's proposal, a person convicted of using a firearm while committing a crime would face a stiff, mandatory prison term.

Second, we'd like to close the loophole in the 1968 Gun Control Act, which permits the continued production and sale of cheap handguns commonly known as Saturday Night Specials. We can see no reason why a serious gun owner would have any use for one of these pistols.

Finally, we think the Texas Legislature should seriously consider licensing handguns . . . although the chances for the passage of such a law probably are slim.

Gun control is an emotional issue in Texas. And as a result, serious proposals for curtailing the easy access to handguns are met with a torrent of slogans and doomsday predictions.

Somehow the State of Texas manages to license automobile drivers . . . weeding out many who are unqualified . . . and making the highways of the State safer for all of us. We see no reason why the same can't be done with handguns.

This last editorial is from the Houston Chronicle and provides a very good summary of the measure proposed by my distinguished colleague from Texas:

GUN LAW CHANGES ARE NEEDED

The attempted assassination of Gov. George Wallace by a man wielding a .38 caliber handgun has brought renewed calls from the public and Members of Congress for much stronger gun laws.

While some of the comments reflect over-reaction to such violence, many good suggestions are being made, among them that of Mayor Richard J. Daley of Chicago, who said there should be control or abolition of handguns.

The Chronicle believes that while Mayor Daley's suggestion has many good points, a bill that Democratic Rep. Bob Casey of Houston has had in the U.S. House of Representatives several years offers a realistic approach to the problem.

Rep. Casey's bill, now pending before the House Judiciary Committee, would provide stiff, mandatory sentences for persons convicted of using firearms in the commission of murder, rape, robbery, burglary, assault or kidnaping. On first offense, the sentence would be at least 10 years and on subsequent offenses at least 25 years. This could not be probated and would be in addition to punishment for the crime itself.

The bill places emphasis on controlling the use of handguns and could be a strong deterrent to those contemplating the purchase of a gun with which to commit a crime.

The Gun Control Act of 1968 obviously did not go far enough in restricting the availability of cheap handguns or discouraging their use in acts of violence in the United States. Congress should remedy that situation speedily.

The Casey measure is now pending before the House Judiciary Committee, where some hearings have been held. It provides for stiff, mandatory sentences for those convicted of using firearms in the commission of murder, rape, robbery, burglary, assault, or kidnapping. The first offense would draw a mandatory 10-year sentence for use of the firearm—and that is in addition to the sentence given out for the crime itself. After the first offense, the mandatory sentence is 25 years. These sentences could not be probated, nor could they run concurrently with any other sentence.

I, for one, feel that this measure is the most reasonable, workable and desirable gun control tool I have read of, and I would hope that the House Judiciary Committee will give it the attention it deserves.

I commend BOB CASEY for the intelligence and understanding of the problem as evidenced by this measure.

CATCH THE FALLING FLAG

(Mr. HANLEY asked and was given permission to extend his remarks at this point in the Record and to include extraneous matter.)

Mr. HANLEY. Mr. Speaker, recently, in my home community, the congregation of the DeWitt Community Church was rewarded with a truly stimulating, provocative sermon, "Catch the Falling Flag," which was delivered by the pastor, Rev. Dr. Alexander Carmichel, on the occasion of the recent Fourth of July holiday.

Although I was not present for its delivery, I was able to enjoy reading part of it in the Syracuse Post Standard. An article authored by its religious writer, Ramona B. Bowden. I commend Mrs. Bowden's article to my colleagues as I believe all will greatly enjoy Dr. Carmichel's message:

PASTOR NOTES HOLIDAY, STRESSES PUBLIC, PRIVATE COURAGE

(By Ramona B. Bowden)

Summer services began yesterday in the DeWitt Community Church in which informal simplicity, reverence and brevity were emphasized. The pastor, the Rev. Dr. Alexander Carmichel, titled his sermon, "Catch the Falling Flag," relating it to our national holiday.

"I admit I think patriotism is not only exciting, but important, and is neither old-fashioned nor old hat. People are hanging so many crepes on the ideal of democracy that we who live in it must rethink our ideals and refresh our souls in its potentials," said Dr. Carmichel.

"What does it take to do this? First, courage, both private and public. We need public courage these days. In this era of rapid change, we have to stand up for beliefs, opportunities and for the reshuffling of national priorities that in years gone by we would have considered socialistic," said the minister.

"We must have the courage to answer the disease of war, for we are never going to solve problems with bombs. War is a disease and a disgrace on the face of God's earth, and we must overcome it," he said.

"We are tied too closely together any longer to live by war. There was a time when we thought we could eliminate the communists by shooting them. That was a juvenile idea. Today we must promote the brotherhood of man, and unless we can strengthen the priority of courage to do this, we have no hope," declared Dr. Carmichel.

"We must work out the matter of taxes—not so much on their amount, but on their allotment, and with renewed courage we must face this.

"We need a renewed sense of private courage—i.e., character. Freedom is built on the steel girders of mutual trust and personal integrity. A nation is only as strong as the integrity of its individuals. 'Catch a Falling Flag' with your courage," stressed Dr. Carmichel.

"Secondly, we must grasp again the depth

of the word 'sacrifice.' They key to freedom is personal involvement. The democracy that is all promises but makes no demands is headed for destruction. No democracy is weak as long as each man does all he can," he said as he noted that Jesus taught this ideal when He said, "Ye are the salt of the earth, but if the salt hath lost its savor . . ." a dictator moves in.

"If you would 'Catch the Falling Flag,' get over the tendency of placing techniques above inspiration. It may be that our cleverness in discovering new techniques, and our lack of interest in inspiration, have caught up with us. Techniques alone will never save us. Our heritage is rooted in the spiritual well-being of mankind. Our technical skills have tended to make us self-sufficient, forcing us to center our beliefs in superhuman ability. We have become so polarized in our thinking that those who disagree are pushed away from us," he said.

"Said one of the astronauts, 'Nothing is needed more than a mighty spiritual offensive which will restore to the spiritual its original primacy.' God is the absolute spirit, reason, love and good. These things must come first; everything else is secondary. 'I will lift up mine eyes unto the hills. Whence cometh my strength?' It cometh from the Lord . . ." said the minister.

"It is inspiration we need today for the ideal democracy, not just techniques. 'No by might, nor by power, but by My Spirit,' and herein we find the depth of life," Dr. Carmichel stated, adding, "God still speaks and spurs us in our might, that we may set forth for justice, truth and right . . .

"Help us keep the flag from falling by your courage, by the depth of your responsibility, by the vibrancy of your faith.

"This is our national hour, and our nation is alive as long as our souls are rooted in His faith," he said.

Dr. Carmichel not only celebrated the national day, but noted his new role—he has just become a grandfather.

THE AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION

(Mr. SCOTT asked and was given permission to extend his remarks at this point in the Record and to include extraneous matter.)

Mr. SCOTT. Mr. Speaker, 50 years ago this July 26, the Order of Ahepa, the American Hellenic Educational Progressive Association, was founded in Atlanta and dedicated to the improvement of our social, moral, and family life.

During its fruitful existence, this non-partisan, nonsectarian, group has established chapters in 49 States. It has promoted loyalty to the United States, fostered appreciation of the privileges of citizenship, and urged its members to champion the cause of education. Its members are encouraged to participate in the political, civic, social, and commercial fields of endeavor, and they are pledged to do their utmost to stamp out all political corruption.

AHEPA's contributions to worthy causes is a long and diverse one. It includes relief for victims of floods, earthquakes, and other natural disasters. Funds have been supplied for school scholarships, museums, and monuments. Still other grants have aided medical research.

We were pleased to note, Mr. Speaker, that the Order of Ahepa has nine chapters in Virginia—Newport News, Fredericksburg, Alexandria, Williamsburg, Arlington, Richmond, Norfolk, Roanoke, and Hopewell—and several national officers reside in our State.

I would like to add my congratulations to the Order of Ahepa on its 50th anniversary, and commend them for their continuing contribution to help make America a better place for all.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. WIDNALL (at the request of Mr. GERALD R. FORD), for today, on account of oral surgery.

Mr. COUGHLIN (at the request of Mr. GERALD R. FORD), for today, on account of official business.

Mr. SEIBERLING (at the request of Mr. O'NEILL), for Monday, July 17 and Tuesday, July 18, on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

Mr. VANIK, for 1 hour, on July 19 and to revise and extend his remarks and include extraneous matter.

(The following Members (at the request of Mr. CARLSON) and to revise and extend their remarks and include extraneous matter:)

Mrs. HECKLER of Massachusetts, for 15 minutes, today.

Mr. KEMP, for 15 minutes, today.

Mr. WIGGINS, for 5 minutes, today.

Mr. WYMAN, for 10 minutes, today.

(The following Members (at the request of Mr. MAZZOLI) and to revise and extend their remarks and include extraneous matter:)

Mr. ASPIN, for 5 minutes, today.

Mr. GONZALEZ, for 10 minutes, today.

Mr. WAGGONER, for 60 minutes, on July 24.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

Mr. HOLIFIELD, and to include extraneous material.

Mr. DINGELL, and to include extraneous material, notwithstanding an estimated cost of \$1,530.

Mr. WILLIAM D. FORD to revise and extend his remarks and include extraneous matter notwithstanding an estimated cost of \$935 in his 1-minute speech today.

(The following Members (at the request of Mr. CARLSON) and to include extraneous matter:)

Mr. SCHWENGEL.

Mr. DUNCAN.

Mrs. HECKLER of Massachusetts in three instances.

Mr. STEELE in three instances.

Mr. DERWINSKI in two instances.

Mr. SMITH of California.

Mr. GERALD R. FORD.

Mr. WHITEHURST.

Mr. HILLIS.

Mr. NELSEN in two instances.

Mr. WYMAN in two instances.

Mr. SMITH of New York.

Mr. SCHMITZ in 10 instances.

Mr. DEL CLAWSON.

Mr. MINSHALL in two instances.

Mr. FISH in two instances.

Mr. WHALEN.

Mr. ESCH.

Mr. BROTZMAN.

Mr. WINN.

Mr. KEATING.

Mr. SPRINGER.

Mr. BROYHILL of Virginia.

Mr. HORTON.

Mr. COLLINS of Texas in three instances.

Mr. CHAMBERLAIN.

Mr. HEINZ.

Mr. RUPPE.

Mr. BROYHILL of North Carolina.

Mr. STEIGER of Wisconsin.

(The following Members (at the request of Mr. MAZZOLI) and to revise and extend their remarks:)

Mr. STOKES.

Mr. DINGELL.

Mr. ASPIN in 10 instances.

Mr. LONG of Maryland in two instances.

Mrs. GRASSO in 10 instances.

Mr. HAMILTON in 10 instances.

Mr. OBEY in four instances.

Mrs. SULLIVAN in two instances.

Mr. HENDERSON in two instances.

Mr. GRIFFIN in two instances.

Mr. EDWARDS of California.

Mr. DULSKI in five instances.

Mr. ASHLEY.

Mr. BRINKLEY.

Mr. COLMER.

Mr. ROY in three instances.

Mr. ROONEY of New York in two instances.

Mr. BYRON in 10 instances.

Mr. RARICK in six instances.

Mr. GONZALEZ in three instances.

Mr. ROGERS in five instances.

Mr. PUCINSKI in 10 instances.

Mr. Celler.

Mrs. HICKS of Massachusetts.

Mr. GAYDOS in six instances.

Mr. DONOHUE.

Mr. HUNGATE in two instances.

Mr. ANNUNZIO in three instances.

Mr. DANIEL of Virginia in two instances.

Mr. TIERNAN.

ENROLLED BILLS SIGNED

Mr. HAYS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 4494. An act for the relief of Mrs. Latife Hassan Mahmoud; and

H.R. 15869. An act to extend for 90 days the time for commencing actions on behalf of an Indian tribe, band, or group.

SENATE ENROLLED BILLS SIGNED

The SPEAKER announced his signature to enrolled bills of the Senate of the following titles:

S. 764. An act to authorize the disposal

of lead from the national stockpile and the supplemental stockpile;

S. 1139. An act to amend the Federal Crop Insurance Act, as amended, so as to permit certain persons under 21 years of age to obtain insurance coverage under such act;

S. 1545. An act to amend section 378(a) of the Agricultural Adjustment Act of 1933, as amended, to remove certain limitations on the establishment of acreage allotments for other farms owned by persons whose farms have been acquired by any Federal, State, or other agency having the right of eminent domain; and

S. 3086. An act to authorize the disposal of nickel from the national stockpile.

ADJOURNMENT

Mr. MAZZOLI. Mr. Speaker, I move the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 6 minutes p.m.), the House adjourned until tomorrow, Wednesday, July 19, 1972, at 12 o'clock noon.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

2170. A letter from the Assistant Secretary of State for Congressional Relations, transmitting a copy of Presidential Determination No. 72-17 concerning the extension of foreign military sales credit to Malaysia; to the Committee on Foreign Affairs.

2171. A letter from the Assistant Secretary of the Interior, transmitting 56 projects selected for funding through grants, contracts, and matching or other arrangements with educational institutions, private foundations or other institutions, and with private firms under section 200(a) of the Water Resources Research Act of 1964, pursuant to section 200(b) of the act; to the Committee on Interior and Insular Affairs.

2172. A letter from the Attorney General, transmitting a draft of proposed legislation to provide for the dissemination and use of criminal record information, and for other purposes; to the Committee on the Judiciary.

2173. A letter from the Secretary of the Treasury, transmitting a draft of proposed legislation to amend certain provisions of chapters 51 and 69 of the Internal Revenue Code of 1954 by modifying the forms of stamps required on containers of distilled spirits as evidence of taxpayment and the requirement that such stamps be prepared and distributed by the Secretary of the Treasury or his delegate; to the Committee on Ways and Means.

RECEIVED FROM THE COMPTROLLER GENERAL

2174. A letter from the Comptroller General of the United States, transmitting a report on the acquisition of major weapon systems by the Department of Defense; to the Committee on Government Operations.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. TAYLOR: Committee on Interior and Insular Affairs. H.R. 1553. A bill to establish the Fossil Butte National Monument in the State of Wyoming, and for other purpose; with amendments (Rept. No. 92-1219). Referred to the Committee of the Whole House on the State of the Union.

Mr. TAYLOR: Committee on Interior and

Insular Affairs. H.R. 6618. A bill to authorize the Secretary of the Interior to provide for the restoration, reconstruction, and exhibition of the gunboat *Cairo*, and for other purposes; with an amendment (Rept. No. 92-1220). Referred to the Committee of the Whole House on the State of the Union.

Mr. HALEY: Committee on Interior and Insular Affairs. H.R. 11128. A bill to authorize the partition of the surface rights in the joint use area of the 1882 Executive Order Hopi Reservation and the surface and subsurface rights in the 1934 Navajo Reservation between the Hopi and Navajo Tribes, to provide for allotments to certain Paiute Indians, and for other purposes; with amendments (Rept. No. 92-1221). Referred to the Committee of the Whole House on the State of the Union.

Mr. TAYLOR: Committee on Interior and Insular Affairs. H.R. 9594. A bill to authorize the establishment of the Grant-Kohrs Ranch National Historic Site in the State of Montana, and for other purposes; with amendments (Rept. No. 92-1222). Referred to the Committee of the Whole House on the State of the Union.

Mr. SISK: Committee on Rules. House Resolution 1041. A resolution providing for the consideration of H.R. 15580. A bill to amend the District of Columbia Police and Firemen's Salary Act of 1958 to increase salaries, and for other purposes (Rept. No. 92-1223). Referred to the House Calendar.

Mr. BOLLING: Committee on Rules. House Resolution 1042. A resolution providing for the consideration of H.R. 15641. A bill to authorize certain construction at military installations, and for other purposes (Rept. No. 92-1224). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 4 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mrs. ABZUG:

H.R. 15906. A bill to amend the National School Lunch Act to provide for a universal school lunch pilot program, and for other purposes; to the Committee on Education and Labor.

H.R. 15907. A bill to amend the Public Health Service Act to provide assistance and encouragement for the development of comprehensive emergency medical services systems, and for other purposes; to the Committee on Interstate and Foreign Commerce.

By Mr. CELLER:

H.R. 15908. A bill to provide for the humane care, treatment, habilitation, and protection of the mentally retarded in residential facilities through the establishment of strict quality operation and control standards and the support of the implementation of such standards by Federal assistance, to establish State plans which require a survey of need for assistance to residential facilities to enable them to be in compliance with such standards, seek to minimize inappropriate admissions to residential facilities and develop strategies which stimulate the development of regional and community programs for the mentally retarded which include the integration of such residential facilities, and for other purposes; to the Committee on Interstate and Foreign Commerce.

By Mr. CONABLE:

H.R. 15909. A bill to amend the Internal Revenue Code of 1954 to allow a credit against the individual income tax for tuition paid for the elementary or secondary education of dependents; to the Committee on Ways and Means.

By Mr. CORMAN:

H.R. 15910. A bill to amend the Internal Revenue Code of 1954 with respect to the income tax treatment of certain distributions and sales pursuant to the Bank Hold-

ings Company Act Amendments of 1970; to the Committee on Ways and Means.

By Mr. FRASER:

H.R. 15911. A bill to amend chapter 15 of title 38, United States Code, to provide for the payment of pensions to World War I veterans and their widows, subject to \$3,000 and \$4,200 annual income limitations; to provide for such veterans a certain priority in entitlement to hospitalization and medical care; and for other purposes; to the Committee on Veterans' Affairs.

By Mr. HALEY:

H.R. 15912. A bill to amend the Communications Act of 1934 to provide that renewal licenses for the operation of a broadcasting station may be issued for a term of 5 years and to establish certain standards for the consideration of applications for renewal of broadcasting licenses; to the Committee on Interstate and Foreign Commerce.

By Mr. HAWKINS:

H.R. 15913. A bill to amend the Education of the Handicapped Act to provide for comprehensive education programs for severely and profoundly mentally retarded children; to the Committee on Education and Labor.

By Mr. HELSTOSKI:

H.R. 15914. A bill to amend the Elementary and Secondary Education Act of 1965; to the Committee on Education and Labor.

By Mr. HUTCHINSON:

H.R. 15915. A bill to amend title 38 of the United States Code to provide that certain social security benefit increases provided for by Public Law 92-336 be disregarded for the purposes of determining eligibility for pension or compensation under such title; to the Committee on Veterans Affairs.

By Mr. KARTH:

H.R. 15916. A bill to amend title 18 to penalize the use of firearms in all crimes and to forbid plea bargaining in connection with such crimes; to the Committee on the Judiciary.

H.R. 15917. A bill to amend the Internal Revenue Code of 1954, and for other purposes; to the Committee on Ways and Means.

By Mr. PATMAN:

H.R. 15918. A bill to provide additional relief to the victims of hurricane and tropical storm Agnes, and to the victims of the South Dakota flood disaster, and for other purposes; to the Committee on Banking and Currency.

By Mr. QUILEN:

H.R. 15919. A bill to amend the Railroad Retirement Act of 1937 to provide a 20-percent increase in all annuities and pensions thereunder; to the Committee on Interstate and Foreign Commerce.

By Mr. SCHERLE:

H.R. 15920. A bill to authorize the Secretary of Agriculture to encourage and assist the several States in carrying out a program of animal health research; to the Committee on Agriculture.

By Mr. SLACK:

H.R. 15921. A bill to provide for the establishment of projects for the dental health of children, to increase the number of dental auxiliaries, to increase the availability of dental care through efficient use of dental personnel, and for other purposes; to the Committee on Interstate and Foreign Commerce.

By Mr. STAGGERS (for himself and Mr. SPRINGER):

H.R. 15922. A bill to amend the Railroad Retirement Act of 1937 to simplify administration of the act; to the Committee on Interstate and Foreign Commerce.

By Mr. VANDER JAGT:

H.R. 15923. A bill to provide for payments to compensate county governments for the tax immunity of Federal lands within their boundaries; to the Committee on Interior and Insular Affairs.

H.R. 15924. A bill to amend the Communications Act of 1934 to establish orderly procedures for the consideration of applications for renewal of broadcast licenses; to

the Committee on Interstate and Foreign Commerce.

By Mr. ULLMAN (for himself and Mr. ANDREWS of North Dakota):

H.R. 15925. A bill to amend the Internal Revenue Code of 1954 to allow Federal income tax returns to be inspected by a common tax auditing agent utilized by the States; to the Committee on Ways and Means.

By Mr. PEPPER:

H.R. 15926. A bill to amend title 38 of the United States Code to exclude, in the case of persons needing regular aid and attendance or permanently housebound, all payments under public or private retirement, annuity, endowment, or similar plans from computation of annual income for pension purposes; to the Committee on Veterans' Affairs.

By Mr. STAGGERS:

H.R. 15927. A bill to amend the Railroad Retirement Act of 1937 to provide a temporary 20 percent increase in annuities, and for other purposes; to the Committee on Interstate and Foreign Commerce.

H.R. 15928. A bill to amend the Automobile Information Disclosure Act to extend and clarify the applicability of its terms; to the Committee on Interstate and Foreign Commerce.

By Mr. WIGGINS (for himself, Mr. POFF, Mr. McCLORY, Mr. McKEVITT, and Mr. HUNT):

H.R. 15929. A bill to provide for the dissemination and use of criminal record information, and for other purposes; to the Committee on the Judiciary.

By Mr. CHARLES H. WILSON:

H.R. 15930. A bill to restore to Federal civilian employees their rights to participate, as private citizens, in the political life of the Nation, to protect Federal civilian employees from improper political solicitations, and for other purposes; to the Committee on House Administration.

By Mr. SCHMITZ:

H.J. Res. 1260. Joint resolution proposing an amendment to the Constitution to permit the imposition and carrying out of the death penalty in certain cases; to the Committee on the Judiciary.

By Mr. PELLY:

H. Con. Res. 645. Concurrent resolution to terminate the authority granted the head of any department or agency by the act of December 27, 1950 (64 Stat. 1120) to waive any provision of section 27 of the Merchant Marine Act of 1920, as amended; to the Committee on Merchant Marine and Fisheries.

By Mr. WINN:

H. Res. 1043. Resolution relative to a transnational lunar expedition; to the Committee on Science and Astronautics.

MEMORIALS

Under clause 4 of rule XXII,

411. The SPEAKER presented a memorial of the Legislature of the State of Illinois, withdrawing its memorial of 1967 which requested the Congress to call a convention for the purpose of considering an amendment to the Constitution of the United States concerning the apportionment of State legislatures, which was referred to the Committee on the Judiciary.

PRIVATE BILLS AND RESOLUTIONS

Under clause 1 of rule XXII, private bills and resolutions were introduced and severally referred as follows:

By Mr. COLLIER:

H.R. 15931. A bill for the relief of Romano Danilo Zahar; to the Committee on the Judiciary.

By Mr. HALPERN:

H.R. 15932. A bill for the relief of Jessie

Marie Francoise Bonaney; to the Committee on the Judiciary.

By Mr. HENDERSON:

H.R. 15933. A bill for the relief of K. Heinz Moehring and his wife, Ilse Maria; to the Committee on the Judiciary.

By Mr. WHITE:

H.R. 15934. A bill to authorize the Secretary of the Army, or his designee, to convey a parcel of land at the Fort Bliss Military Reservation in exchange for another parcel of land; to the Committee on Armed Services.

PETITIONS, ETC.

Under clause 1 of rule XXII, 260. The SPEAKER presented a petition of Howard A. Logan and Warren W. Barnes, Wallkill, N.Y., relative to redress of grievances, which was referred to the Committee on the Judiciary.

SENATE—Tuesday, July 18, 1972

THE CALENDAR

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of the calendar beginning with No. 907 and proceeding through Calendar No. 915, and then to consider Calendar No. 919.

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

GREAT DISMAL SWAMP AND DISMAL SWAMP CANAL

The Senate proceeded to consider the bill (S. 2441) to authorize the Secretary of the Interior to conduct a study, to determine the best and most feasible means of protecting and preserving the Great Dismal Swamp and Dismal Swamp Canal, which had been reported from the Committee on Interior and Insular Affairs with amendments, on page 1, line 4, after the word "the", strike out "best and most feasible means" and insert "feasibility and desirability"; in line 7, after the word "Virginia.", insert "The Secretary shall consult with other interested Federal agencies, and the State and local bodies and officials involved, and shall coordinate the study with applicable outdoor recreation plans, highway plans, and other planning activities relating to the region."; on page 2, line 4, after the word "the", where it appears the second time, strike out "best and most feasible means" and insert "desirability and feasibility"; in line 10, after the word "purposes", strike out "and (2) the highest and best use of the resources involved." and insert "(2) the potential alternative beneficial uses of the water and related land resources involved, taking into consideration appropriate uses of the land for residential, commercial, industrial, agricultural, and transportation purposes, and for public services; and (3) the type of Federal, State, or local program, if any, that is feasible and desirable in the public interest to preserve, develop, and make accessible for public use the values set forth in (1) including alternative means of achieving these values, together with a comparison of the costs and effectiveness of these alternative means."; on page 2, line 23, after the word "than", strike out "one year" and insert "two years"; and, on page 3, line 3, after the word "appropriated", strike out "such sum as may be necessary to carry out the provisions of this Act" and insert "not to exceed \$50,000 to carry out the provisions of this Act"; so as to make the bill read:

Be it enacted by the Senate and House of Representatives of the United States of

America in Congress assembled, That the Secretary of the Interior is authorized to conduct an investigation and study to determine the feasibility and desirability of protecting and preserving the Great Dismal Swamp and the Dismal Swamp Canal, in the States of North Carolina and Virginia. The Secretary shall consult with other interested Federal agencies, and the State and local bodies and officials involved, and shall coordinate the study with applicable outdoor recreation plans, highway plans, and other planning activities relating to the region. Such investigation and study shall be carried out for the purposes of determining (1) the desirability and feasibility of protecting and preserving the ecological, scenic, recreational, historical, and other resource values of the Great Dismal Swamp and the Dismal Swamp Canal, with particular emphasis on the development of the Dismal Swamp Canal for recreational boating purposes, (2) the potential alternative beneficial uses of the water and related land resources involved, taking into consideration appropriate uses of the land for residential, commercial, industrial, agricultural, and transportation purposes, and for public services; and (3) the type of Federal, State, or local program, if any, that is feasible and desirable in the public interest to preserve, develop, and make accessible for public use the values set forth in (1) including alternative means of achieving these values, together with a comparison of the costs and effectiveness of these alternative means.

Sec. 2. Upon the completion of the investigation and study authorized by this Act, but in no event later than two years following the date of the enactment of this Act, the Secretary of the Interior shall report to the Congress the results of such investigation and study, together with his recommendations with respect thereto.

Sec. 3. There is authorized to be appropriated not to exceed \$50,000 to carry out the provisions of this Act.

The amendments were agreed to.

The bill was ordered to be engrossed for a third reading, read the third time, and passed.

The title was amended, so as to read: "A bill to authorize the Secretary of the Interior to conduct a study to determine the feasibility and desirability of protecting and preserving the Great Dismal Swamp and the Dismal Swamp Canal."

Mr. MANSFIELD. Mr. President, I ask unanimous consent to have printed in the RECORD an excerpt from the report (No. 92-948), explaining the purposes of the measure.

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

PURPOSE OF THE BILL

S. 2441 would authorize the Secretary of the Interior to conduct a study of the Great Dismal Swamp and the Dismal Swamp Canal in the States of Virginia and North Carolina

The Senate met at 10 a.m. and was called to order by Hon. HERMAN E. TALMADGE, a Senator from the State of Georgia.

PRAYER

The Chaplain, the Reverend Edward L. R. Elson, D.D., offered the following prayer:

O God, our Father, once more we pause to acknowledge that every good and every perfect gift comes from Thee. We are grateful for this Nation, its rich heritage, its enduring institutions, its government, its public servants, its freedom of worship, assembly, and speech. As our fathers put their trust in Thee and were not confounded, so we commit our lives and our destiny to Thy keeping. Shed Thy clear light upon our daily toil that we may grasp the truth that sets us free to know and to do Thy will.

In Thy holy name we pray. Amen.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. ELLENDER).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, D.C., July 18, 1972.

To the Senate:

Being temporarily absent from the Senate on official duties, I appoint Hon. HERMAN E. TALMADGE, a Senator from the State of Georgia, to perform the duties of the Chair during my absence.

ALLEN J. ELLENDER,
President pro tempore.

Mr. TALMADGE thereupon took the chair as Acting President pro tempore.

THE JOURNAL

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the reading of the Journal of the proceedings of Monday, July 17, 1972, be dispensed with.

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

COMMITTEE MEETINGS DURING SENATE SESSION

Mr. MANSFIELD. Mr. President, I ask unanimous consent that all committees may be authorized to meet during the session of the Senate today.

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