Since, with mounting vituperation, Peking has been accusing Moscow or coming into an unholy alliance with the United States, the Soviets can conclude that they might as well have the advantage—and not just the epithets—of such an alliance.

Mr. Kuchel. Mr. President, there are many wonders in the new world. Our Nation has discovered the secrets of the atom and has embarked on the conquest of space. It has achieved a rate of national income higher than ever before in the history of mankind. The great driving force in this growth has been our national welfare where excess produced by man's ingenuity are exchanged in a system of free bargaining to meet his needs and his desires.

The early economists claimed that supply creates its own demand. In the years of the great depression our Nation learned that it was possible to overproduce, indeed, industrial capacity might well be lost for years. Happily we have passed beyond that era.

Continued inflation tells us that today we are in an age of excess demand. Many of the goals of our Nation have no price-tag. Our efforts to achieve these objectives are not subject to the restraints of the law of supply and demand. We believe in peace with justice for all nations—this bounty by our present framework of political and economic implications of these discoveries require serious deliberation in this Chamber. I am gravely concerned over the implications of changing technology on our free competitive enterprise economy. How can these costly benefits be shared by our citizens without succumbing to a system of total domination of our systems of production and distribution by government? If we cannot afford not to consider the health of our people, we cannot afford not to consider the health of our body politic. I will not succumb to the sophistry that the well-being of one is incompatible with the well-being of the other.

The artificial heart is now the availability of increased expensive opportunities just because so much technology is oriented to meet medical problems. Our arms budget high for quite comparable reasons—we cannot afford not to invest several billions of dollars each for an advanced air or missile, but only because that costly holiness has made it available. The houses for the shift in age composition and its impact on family life are not less perplexing, nor are the implications of order of ever more poignant demonstration of the use of wealth. The public aroused private conscience that are the root of democracy in a democracy.

Should we not have been yesterday started thinking of human biology as to the main sectors of political responsibility?

COSTING HUMAN LIFE

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ADDRESS BY VICE PRESIDENT BERT H. HUMPHREY ON THE FUTURE OF THE UNITED STATES IN THE AGE OF MACHINES

MY friends, the distinguished Nobel Prize laureate, Dr. Joseph Lederberg of Stanford University, has written an eloquent statement of this problem which I ask unanimous consent to insert in the Record at this point.

There being no objection, the statement was ordered to be printed in the Record, as follows:

COSTING HUMAN LIFE—A DILEMMA OF MEDICAL PROGRESS

(By Joseph Lederberg)

This year's news is and will continue to be the full trial runs of new medical machines which are a turning point in the joining of medicine and technology. For several years, the artificial kidney has been a technic substitute for beings cut off of which many lives might be sustained by this scarf and costly mechanical substitute.

The artificial heart is now moving inevitably to a level of practical utility. No matter how encouraging the early trials of recent weeks, we must think of the policies needed to cope with the eventual success of this machine.

At first thought, such an advance appears to be an unmitigated blessing, but power does not come to man without matching responsibilities, and this applies especially in a period of death. As is often the case, the worst perplexity comes from a technological imbalance. At this point it appears that machinery that could save the lives of at least 100,000 Americans a year could be perfected by 1970. But we will then face the problem of applying these machines, during the "heart gap." The first machines, by the mere postponement of this machine to the year 1970, will be miraculous blessings. But it is certain that within our present framework of political decision, confusion about automatation, and technical organization, the machines and the clinical skills needed to apply them will be pathetically scarce for several years thereat. How to choose the few percent that would benefit may not be the worst dilemma. It is equally certain that the early versions of the heart might prolong life, but will not alleviate many cardiac cripples, irrevocably tied to their machines. The worst stage of the gap will be the period when on a large scale the machines save life, but the patient is a plastic heart, rather like an iron lung, being the fount from which the patient cannot long depart. Such a gap could well last 10 or more years, say from 1970 to 1980, at an economic cost of the order of $100 billion.

It has been suggested that plastic hearts not be used unless they give liveliness as well as life. The suggestion misses the case of human nature as well as medical ethics, especially where there is substantial hope of future improvement that will alleviate the burden if the patient can only exist a few years longer.

This problem and its possible remit, e.g., a more explicit push for induc leads to the shift in age composition and its impact on family life are not less perplexing, nor are the implications of order of ever more poignant demonstration of the use of wealth. The public aroused private conscience that are the root of democracy in a democracy.

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