HEART DISEASE, CANCER, AND STROKE AMENDMENTS OF 1965 (HARRIS)

DAILY DIGEST

SENATE

Chamber Action:

Antipoverty: By 46 yeas to 22 nays, Senate adopted conference report on H.R. 8283, proposed Economic Opportunity Act Amendments, thus clearing bill for President's signature.

Pages 24194-24196, 24198-24216, 24220-24223, 24225-24227

HOUSE

Chamber Action:

Mental Diseases: By a voice vote the House passed H.R. 3258, to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and other major diseases, after adopting a committee substitute amendment that provided a new text. Prior to its adoption the committee substitute amendment was altered by adoption of amendments to—

Give the Comptroller General authority to audit books and records of recipients of grant funds; and

Include “other medical institutions engaged in postgraduate medical training” within the definition of “medical center.”

This passage was subsequently vacated and S. 596, a similar bill, was passed in lieu after being amended to contain the House-passed language.

Pages 24121-24144

Clean Air: By a record vote of 294 yeas to 4 nays the House passed and returned to the Senate S. 306, to amend the Clean Air Act to require standards for controlling the emission of pollutants from certain motor vehicles and to authorize a research and development program with respect to solid waste disposal, after adopting a committee substitute amendment that supplied a new text.

Rejected a recommittal motion designed to delete the provisions for solid waste disposal by a record vote of 80 yeas to 220 nays.

Adopted an amendment to require adherence to the Statement of Government Patent Policy by Federal personnel in connection with research, demonstrations, training, and other activities under section 204.

Rejected an amendment that was identical to the recommittal motion.

Pages 24144-24167

HOUSE COMMITTEE MEETINGS FOR WEEK OF SEPTEMBER 27 THRU OCTOBER 1, 1965

House Chamber

H.R. 3142, Medical Library Assistance Act of 1965 (2 hours of debate);

Committee Meetings

Committee on Interstate and Foreign Commerce: September 28 and 29, on H.R. 781, and similar bills, to establish a Federal Commission on Alcoholism, 10 a.m., 2123 Rayburn House Office Building.

September 30 and October 1, Subcommittee on Public Health and Welfare, on H.R. 3036, and similar bills, to provide for humane treatment of animals used in experiment and research by recipients of grants from the U.S., and by agencies and instrumentalities of the U.S.; and H.R. 7312, and similar bills, to provide for the best care, welfare, and safeguards against suffering for certain animals used for scientific purposes without impeding necessary research, 10 a.m., 2123 Rayburn House Office Building.
HEART DISEASE, CANCER, AND STROKE AMENDMENTS OF 1965

Mr. HARRIS. 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. 3140) to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and other major diseases.

The SPEAKER. The question is on the motion offered by the gentleman from Arkansas.

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. 3140) with Mr. Flood 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 Arkansas (Mr. HARRIS) will be recognized for 1½ hours and the gentleman from Minnesota (Mr. Nelson) will be recognized for 1½ hours.

The Chair recognizes the gentleman from Arkansas, but pending that, the Chair asks the gentleman to suspend for 1 minute. The Chair has two announcements to make and a couple of ground rules to lay down.

First, the Members are aware that last evening the majority leader advised us that since today is Friday, at the end of the day's business he would ask consent to go over until Monday noon. It has been a long, hard, hot week. All Members wish to be with their families. I do not blame you. That is an important announcement to the Members.

The second announcement is much more important to the Chair. The Chair advises the Members that this is the wedding anniversary of the gentleman from Pennsylvania and Mrs. Flood. (Applause, Members rising.)

You are very kind. I assume that out of deference to Mrs. Flood you are applauding. However, all the necessary festivities have been arranged. Need I say more?

The gentleman about to address the Committee has been a member of this committee and the House for 25 years. He has announced that he is retiring from the House. This is our loss. The gentleman has been nominated by the President and confirmed by the Senate unanimously as a Federal judge. He has been chairman of the great Committee on Interstate and Foreign Commerce for many, many years. He has presented many bills of vital importance to the Nation. I am not sure of the date of his retirement, but the two bills he is about to present might possibly be his last major presentation. The greatest compliment and the tribute you can pay is to give him your rapt attention.

The Chair recognizes the gentleman from Arkansas.

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

First. May I say to you, Mr. Chairman, and to my colleagues, I am grateful for the expression of esteem which has just been manifested by the distinguished chairman of this committee. I do not know what the date is going to be myself.

Second. On behalf of all of our colleagues let me congratulate the distinguished chairman of this committee and his wonderful and lovely wife on this occasion of their anniversary. We offer our felicitations to them on this important occasion and extend to them our wishes for many, many, more happy and joyous years together.

Mr. Chairman, this is one of the last of three major legislative proposals that I shall have the honor of presenting to my colleagues in the House.

Mr. Chairman, it has been my honor and privilege to have served with our colleagues in this House over the last quarter of a century. This is no time to discuss some of the feelings I may have, but during that time it has been my honor and privilege to bring to you, along with the members of the great Committee on Interstate and Foreign Commerce, over the years many highly important legislative programs.

In my considered and humble judgment, this bill which we bring to you today is undoubtedly one of the most important of the legislative proposals that has been our privilege to submit to this House. As a matter of fact, I do not believe there is anyone in this House or anyone in the country who can object to or does object to, the objectives of this legislative proposal, H.R. 3140.

Our committee has had jurisdiction over matters of public health since 1796. The very first legislative proposal which was referred to the committee which is today the Committee on Interstate and Foreign Commerce was a public health bill to protect the health and welfare of the merchant marine of this country.

Down through the years there have been many important legislative programs to improve the health of our people and to eradicate certain of the dreaded and terrible diseases which have wrought burdens and tragedies upon the people of this country.

Let me recall to you that with regard to some of these diseases that we have faced in the past, such as yellow fever and malaria, today we think there is not much to them, but many years ago there was. Many of us here can recall the tragedy that poliomyelitis brought to the people of our Nation. What we have been able to do about that disease in our
generation in the last decade is a revelation. What a wonderful feeling it is for me, for all of us, who have had a little part to play in improving the health and welfare of all of the people of this country. We can rightly be proud of contributing something to the relief of the dread scourge of humanity.

So today we have facing the people of this Nation the very dread disease of heart disease, which one of us has not seen, the dread disease of cancer, which one of us has not seen, the dread disease of strokes. Which one of us has not seen those nearest to us suffering from heart disease, which brings to the minds of all of us the suffering that humanity endures? Just this morning I learned of the former colleague in this House, the Honorable Clyde Ellis, a former Member from my State, who served here for many years, was stricken with a heart condition and is now in a hospital here in Washington. Is not one of the things we have seen near and dear to us, stricken down by stroke? These are the three dread diseases that we are attacking here today. I do not believe that there will be any opposition to this effort as we present it here to you.

Mr. Chairman, this legislation as originally introduced was highly controversial. It was highly controversial because we had persons who felt this legislation was in conflict with their professional philosophy of the Government. They felt the legislation was brought about into existence, what in this country we have been fearful about over the years; namely, what has been termed "socialized medicine." Now this legislation does not provide for a program that will now, or at any time in the future, lead to socialized medicine. My hat is off to the medical profession. I think we owe them more than we can possibly pay them. We have a member of that profession on our committee, Mr. Carter, from Kentucky, Dr. Carter, has made to this program as we bring it here to you today.

In this proposed legislation, Mr. Chairman, we face the condition that represents the cause of 71 percent, or a little more, of the deaths of the people of this Nation. I believe we do it in a way that is consistent with our philosophy. Our own final analysis, by a voice vote unanimously reported this amended bill to you for your consideration.

Under the bill, a program will be established under which applications will be made to the Surgeon General for funds to aid in working out programs of cooperation between medical schools, research institutions, hospitals, and practicing physicians to help in meeting problems in the areas of these three diseases. The programs related to heart disease, cancer, and stroke control programs by increased cooperation between local medical schools and their teaching hospitals, clinical research facilities, community hospitals, and practitioners. An advisory committee will have to be appointed which will include practicing physicians, medical school officials, hospital administrators, representatives from appropriate medical societies, voluntary health agencies, public health officials, and members of the public. Many State and local public health departments now have existing heart, cancer, and stroke control programs with personnel and facilities which would be valuable assets to this program both in the prevention of disease and in the network of diagnosis, referral, and aftercare. If the National Advisory Council on Regional Medical Programs considers the proposed program sound enough to merit assistance, and recommends approval to the Surgeon General, the Surgeon General can make a planning grant to the locality to defray the expense of developing plans for establishing a local program of cooperation. The local group will then make studies and determine whether the establishment of such a program is feasible, and if they decide to proceed they will then work out a program tailored to the needs of the locality. Obviously, a program to meet the needs of a sparsely populated State such as Wyoming would differ from the plan worked out in a State such as Illinois, which in turn would differ from the type of program needed in a State such as Connecticut.

Once the local plans have been worked out, it will be necessary for these plans to be approved by the local advisory group. At this point an application can be made to the Surgeon General for funds to establish and operate the program at the local level. If the National Advisory Council recommends approval of the program, the Surgeon General can make a grant to meet the expenses of establishing and operating the program at the local level. Primarily the program will consist of cooperative arrangements among existing institutions. For example, the program might pay part of the expenses of establishing and operating community hospitals in the local areas.

Mr. Chairman, the American people are fortunate in having the best medical care in the world available to them in this country. It is an unfortunate fact, however, that the most modern advances and the best techniques in medical care are not always available to all of our citizens. The program established under this bill will bring the latest advances in the treatment, as well as the prevention, of the three greatest killers in our country today—heart disease, cancer, and stroke. We think the program to be established under the local would improve the health and welfare of all of the people of this country.
Mr. LAIRD. Mr. Chairman, will the gentleman from Arkansas yield to me?

Mr. HARRIS. I should be glad to yield to the gentleman, knowing of his interest in the field of public health and the tremendous contribution that he has made in his position on the Subcommittee on Appropriations having to do with matters of public health.

Mr. LAIRD. I thank the gentleman. We are going to miss the gentleman from Arkansas as chairman of this committee. He has been a outstanding contributor to the health legislation that this Congress has enacted over the last 25 years. We shall miss him as a Member of this body, but our loss is the gain of the judicial branch.

I should like to ask the gentleman from Arkansas this question. After going over this bill, and the various things which are provided for the various aspects of the heart, cancer and stroke program, it seems to me that the authority which is contained in this bill is merely a restatement in different words of the authority presently existing in Public Health Service statutes, particularly as regards the National Institutes of Health.

The authority which we presently have in the National Institutes of Health would allow all of these programs. I believe there is some need to put them together in one place so that they can be reviewed and compared. It seems to me that the authority which is contained in this bill is merely a restatement in different words of the authority presently existing in Public Health Service statutes, particularly as regards the National Institutes of Health.

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If the gentleman would refer to the report, on page 12 he will find a discussion of the provisions of this program in different aspects of existing Federal health programs. This is to implement and supplement existing programs. It would in no way conflict with or try to supersede them.

Mr. LAIRD. I am afraid the gentleman from Arkansas misunderstood my comment. I do not believe that it is in conflict with existing programs. But the authority in present law does give the right to carry on these programs in the Public Health Service. We have established several regional centers for various activities of the National Institutes of Health and also for medically oriented activities of vocational rehabilitation.

Take the Ardu Center in Wisconsin.

Mr. HARRIS. I know what the gentleman has reference to. There are several, which the report refers to. There are a few programs that are already set up. These serve as an example of what we are trying to do. The Ardu Center is in Wisconsin.

Mr. LAIRD. But the controversy over this bill, I think, has been over the fact that this has brought a new program, a new authorization into existence, something that the National Institutes of Health do not already have.

Mr. HARRIS. The National Institutes of Health, I may say to the gentleman, has a setup for the purpose of research in the field of medicine and public health. One of the purposes of this legislation here is the better utilization of the results of research in these fields—that is to fill the gap that exists between research and application. What we do here is to try to bring about a program that will have the various sections of our country the same thing the gentleman speaks of in the New England area, in the Texas area, and in the Wisconsin area.

Mr. LAIRD. Have I been tried. The gentleman from Arkansas will certainly admit very similar programs have been tried in certain areas. They have been successful, the clinical application of research, the clinical data we have used, the opportunity through the clinical application of research in many areas of the country. It has been tried, and it has been successful.

Mr. HARRIS. We have given assistance under these programs the gentleman speaks of. They are programs, fortunately, that have had a heavy endowment and contributions made to them. Therefore we have tried to bring about this kind of cooperation or cooperative arrangement among the medical schools, the clinical operations in the area, and the hospitals in the area. I would cite the example of Tufts Medical School in the New England area. That program goes back as far as 1931. They have had many years of this kind of an arrangement, under which the various public health group hospitals and medical centers cooperate together.

I repeat, Mr. Chairman, I do not believe that there is any conflict or overlapping whatsoever. This supplements and complements existing situations we have brought to many people as possible throughout the country this cooperative effort in the field of medicine and medical care.

We have tried to overcome the objections that have been raised to this proposal. As I said a moment ago, when the bill started out it was highly controversial. But as a result of the hearings we have had on this legislation and the innumerable hours and days that we spent in executive session in our efforts to clarify certain of the misunderstandings and objections, we have in my judgment brought you to a bill that is fairly well accepted.

The American Medical Association is the organization that submitted the greatest objection. They testified at length. Their witnesses were outstanding people. The president of that great organization, Dr. Appel, testified at length and we discussed almost section by section the provisions and then obtained information as to what their fears were and objections to this proposal.

In addition to that, while the President and the president-elect of the AMA were in Washington and spent an entire day with the HEW, there was a meeting that was held at the White House at which the Secretary of HEW and other members of the staff, Dr. Appel, president of the American Medical Association, the president-elect and several of their associates and their technical people participated at a conference with the President on this matter. They had a long frank discussion as to what their fears were.

The President met with this distinguished group. They wanted the bill postponed until next year.

As a result of the conference to which I referred and other conferences, innumerable amendments were ordered. I shall not take the time of the Members to go into them further, but I shall state some of the major modifications that we made.

First. A statement in the title of the new part 9 indicated that the legislation was designed to get at heart, cancer, stroke, and other major diseases. There was some feeling that the title indicated that we were going far afield, and we did not know what we wanted. So we amended the title to provide for heart, cancer, stroke, and related diseases. We limited it to those three major diseases and any related problems thereof.

Second. There were great fears that there would be a major Government medical program set up with clinics, categorical centers, administrative centers, hospitals, and so forth operated by the Government. So we decided that instead of calling these by the term "complexes," which had developed an image of that kind, we would refer to them in the bill as "programs." The bill provides for programs utilizing existing medical centers, hospitals and institutions. We provide for cooperative arrangements whereby medical schools in cooperation with clinical centers in the area and with hospitals in the area in other health activities, shall set up an advisory local committee. That advisory local committee will decide. It will be autonomous, and will decide this program within an area. That program will then be submitted to the national council.

We amended the recommendation for the national council, so that in addition to other people expert in the field, there shall be a number of practicing physicians on the council, and they will submit their recommendations to the national council. The national council will then advise with the Secretary in determining these programs. We think it is a bull-in-the-wood concept, but we have put the best good under the concept that we have developed in this country over the years, and I think that is a good arrangement.

There is a third very important item providing a built-in protection under the bill. We did not provide for new construction. We amended the bill and left out the request for new construction. We have construction programs set up under other provisions that we have brought to the House recently and over the last few years, including the Hospital Construction Act that began back in 1945 and 1946, and others down through the years since then. We have
already provided those programs and they have worked out very well. I said to the Rules Committee the other day—and I stand on the statement today—there has been no bill in my experience which has become a part of our public health program, reported by the Committee on Interstate and Foreign Commerce, that has not worked out satisfactorily to all segments, including the medical profession themselves. I stand on that record and I stand on my experience in this House that the proposed program will likewise turn out to be such a satisfactory and very important program.

Instead of providing for new construction, we provided for the situation in which there might be a medical school, a hospital, a diagnostic treatment center, a clinical center, and so forth, with an advisory committee approving plans. This is a local advisory committee. It might determine that there was need for a modification of an existing structure, or a new wing for a medical school, as an example, in which new equipment would be necessary, for dealing with these diseases.

That kind of program is permitted and authorized. There is to be modification and extension as necessary to carry the program out, including equipment, and including personnel who would be trained and expert in these fields.

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

Mr. HARRIS. I yield to the gentleman from Louisiana, before I go to the next point.

Mr. WAGGONNER. This was the point I wished to discuss. The gentleman has, to a great extent, answered my question.

Section 902 of the bill is the definitions section. Subparagraph (f) defines the term "construction" and reads:

The term "construction" includes alteration, modernization, and extension of existing buildings (including initial equipment that is part of the new building) or point, as determined in accordance with regulations) equipment of existing buildings.

The term "includes alteration," in view of the explanation just given, means it is really limited to that sort of thing.

Mr. HARRIS. The gentleman is correct.

I refer to the gentleman to the report of the Comptroller General that he has been sent into this bill for the purpose of checking on the expenditure of funds. Is the Comptroller General's Office specifically written into the bill as it is passed? I refer to the House.

Mr. HARRIS. I was glad to yield to the distinguished gentleman from Iowa.

Mr. GROSS. I note in the report that the Comptroller General suggested that his office be written into this bill for the purpose of checking on the expenditure of funds. Is the Comptroller General's Office specifically written into the bill as it is passed?

Mr. HARRIS. I know the subject was discussed and the gentleman from California [Mr. Moss] who is usually interested in these matters, did go into it with the committee. We decided that there was sufficient authority under the Public Health Service Act for this information to be made available.

Mr. HARRIS. If I recall, in the discussion we had here in order to meet this problem we found that there was existing authority under the present Public Health Service law.

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

Mr. HARRIS. I yield to the gentleman from Louisiana.

Mr. WAGGONNER. Is this not taken care of in the Public Health Service Act itself?

Mr. HARRIS. I think that is what we decided. We usually do that in new legislative programs that come out of our committee. I do recall that this matter was brought up for discussion within the committee. If my memory serves me correctly, we decided that under the provisions of the amendments to the Public Health Service Act, it was included and, therefore, it is so intended here, I will say to the gentleman.

Now, there are just two other matters that I want to discuss. One is a matter which, not to be sentimental at all, just recognizes the facts of life as we talked about it earlier. Heart disease, cancer, and stroke are some of the most important items to be kept in mind—$30 billion in 1 year.

About 25 to 30 million individuals suffered from heart disease in the United States in 1963. In the case of over 700,000 of these individuals their illnesses terminated in death. The direct cost in medical care and treatment for heart disease in 1962 was $2.6 billion, and the indirect cost due to loss of income because of disability and premature death amounted to over $19 billion. These facts cannot be disputed.

Cancer is the second greatest killer by a wide margin. Among children between 1 and 14 years of age it is one of the most common causes of death. Deaths due to cancer have increased in recent years. In 1969, 80,000 persons died of cancer. In 1963 the figure was 285,000, and in 1964 it exceeded 300,000.

Cancer caused 4 percent of the deaths in 1900, but in 1963 16 percent of the deaths were caused by cancer.

Mr. Chairman, we must have vision. We must have courage. We must face the facts now and for 10 and 20 years hence. The cost of cancer in this country now is $8 billion each year, of which $1.2 billion is the direct cost for treatment and care, and $2.8 billion represents the indirect cost due to disability and premature death.

The third leading cause of death in the United States is stroke, which is estimated to affect 2 million Americans. In 1969 over 200,000 persons died of stroke. The direct cost of care and treatment of victims of stroke amounted to over $400 million, and the indirect cost due to disability and premature deaths over $700 million.

These are the facts with which we are faced today. Our population is expanding. We have become an urbanized nation and we are going to be faced with more and more of these problems. We have not yet done anything about it.

We have got to organize against these diseases that are attacking and will continue to attack our people.
Now, Mr. Chairman, giving you that information, we provide a beginning for cooperative arrangements under the Council.

Here is an example: There is a fine institution set up in New Orleans, La. There you have the Tulane Medical School. There you have Charity Hospital, and you have other great hospitals within the area. Nearby you have Baton Rouge. Then not too far away you have Shreveport with its wonderful institutions.

All of these institutions in an organized effort that will make available, if requested, information on these particular diseases to every community.

Mr. Chairman, as an example, in the State of Louisiana one can propose a united effort of this kind. And what do we authorize? What is the estimated cost to undertake this terrific program? Three hundred and forty-five million dollars. That is all, for 3 years.

Mr. Chairman, if we could have a measure of success you could see, even if you put it on the hard core of economics, how it would pay for itself over and over again.

Mr. Chairman, I would like to say to you and the Members, our committee is not only concerned, but we are determined, that these programs are going to be carried out in accordance with the traditions we have established in this country. Over the years in order that we might continue to bring to our people the finest medical attention of any people throughout the whole of the world or any people in history.

Mr. Chairman, in my judgment, this is one of the finest programs in the history of this country. We could give examples which exist all around us. If we could do something for people who have experienced dreaded attacks of stroke, what a wonderful blessing it would be.

Mr. Chairman, we can say to our children and our children's children that this will contribute to the future health of the people of the world.

Mr. CRAMER. Mr. Chairman, will the gentleman yield for a question.

Mr. HARRIS. I should be glad to yield to the gentleman from Florida.

Mr. CRAMER. With reference to these regional medical programs, is there any benefit or are there substantial funds involved for requiring that these types of programs to be carried on, those programs that the area is desiring, be spread throughout the United States and not all concentrated in one area?

Mr. HARRIS. If the gentleman will yield, first, we emphasize planning. We examined every area in the country and asked them to organize an established planning program, with local advisory committees, to start a program in connection with the people in the area, whether it be one State or more States.

Second, we expect that planning program to be submitted to the National Advisory Council. This National Advisory Council will be composed of people who will be responsible for seeing that this program is organized in a way that information will be disseminated as early as possible throughout the whole of the United States.

Third, we provide that that be done more or less on a regional basis. For example, if you want to establish a program for heart disease and have learned that another would be established in Florida because we would expect that one to serve the general area.

Fourth, it is estimated one of the programs will cost approximately $85 million a year. We would start out the first year, from what we know, with approximately eight that will be established, and for the second and third years some 17 or more.

These would serve as pilot projects distributed as equitably as possible throughout the United States whereby it would encourage others, and they would be able to establish similar programs in an effort to ultimately make this available throughout the whole country.

Mr. CRAMER. I thank the gentleman. I think that fully clarifies that point.

I would like to ask one other question. I have introduced for a number of years a bill that would establish a geriatrics and gerontology research, relating to the diseases that are consistent with senior citizens and older age. Of course, heart disease, cancer, stroke, are of that nature.

Is it the gentleman's opinion as this bill is drafted and some of these institutions would determine that geriatrics and gerontology were such that were included in the program? Or are they included in a regional basis, that they could qualify under the terms of this legislation?

Mr. HARRIS. Only as it would be related in some way to heart, cancer, and stroke.

Mr. CRAMER. To heart, cancer, and stroke, and related diseases; is that correct?

Mr. HARRIS. That is correct.

Mr. CRAMER. Of course, those are the diseases that are attacked with growing old; therefore, if they were related to those diseases they could qualify?

Mr. HARRIS. That is true.

Mr. CRAMER. I thank the gentleman.

Mr. NELSEN. Mr. Chairman, I yield myself such time as I may use.

(Mr. NELSEN asked and was given permission to revise and extend his remarks.)

Mr. NELSEN. Mr. Chairman, first I would put the part of the minority want to extend congratulations to the gentleman from Pennsylvania now in the chair. I noticed when he came in he was so immaculately dressed, as usual, then I learned it is his wedding anniversary. I am sure that the minority would want to join with me in extending congratulations and best wishes to the gentleman.

The CHAIRMAN. I might assure the gentleman that in my house I am the minority.

Mr. NELSEN. Welcome to the ranks.

I would also like to take this opportunity as long as it has been mentioned that our chairman, the gentleman from Arkansas [Mr. OZARK HARRIS] will go to other fields. Those of us on the minority, of course, want to wish him well. He has been an outstanding Member of this body and a wonderful chairman.

First, let us look briefly at the recommendation which was directly responsible for H.R. 3140 and S. 596. The committee and indeed the entire Congress, as recommended by the medical profession and the public-at-large, had every right to expect a lucid, well-reasoned, well-supported explanation of the programs suggested to carry out the President's order to the National Commission to do something about it. Let us look at them. They come from the resulting 114 page summary entitled "A National Program To Conquer Heart Disease, Cancer, and Stroke."

The program had five levels of inter-related activity. First were centers of excellence—$40 million in matching grants would be used by institutions at their discretion to strengthen various diagnostic and treatment stations in the regional heart, cancer, and stroke centers, and stations developed in proximity to each medical center, and by other community agencies and institutions.

Now that you know what a medical complex is, we shall go on to the next level, the regional centers. Of these there would be 25 for heart disease at $166 million, 20 for cancer at $600 million, and 15 for stroke at $250 million. They are described as follows:

Each of the proposed regional centers for heart disease, cancer, or stroke would provide a stable organizational framework for clinical and laboratory investigation, teaching, and patient care related to the disease under study. It would be staffed by specialists from all the clinical disciplines and the sciences basic to medicine necessary for a comprehensive attack on problems associated with the disease. These specialists would have at their disposal all necessary diagnostic, treatment, and research equipment and resources. The center would also provide bed support for the patients under investigation as part of their total care.

Now we are getting down to the local level. The Commission recommended establishment of a national network of diagnostic and treatment stations and research facilities in communities across the Nation, to bring the highest medical skills within the reach of every citizen. There were to be 150 such stations altogether. One hundred and fifty were centers for heart disease and cost $117.5 million. Cancer stations would number 200 and cost $225 million, and the 100 stroke stations would cost $77.7 million. To illustrate what would be done in such a place the report gives an example of what
might be expected of a typical heart attack.

First. Immediate and emergency care for patients with acute cardiovascular emergencies.

Second. Provision of diagnostic facilities for the screening of patients with cardiovascular, including peripheral vascular, diseases to determine whether they will require the more highly technical facilities available at the larger medical centers.

Third. Expansion of services for patients with cardiovascular and peripheral vascular diseases.

Fourth. Stimulation of interest of medical students and practitioners.

Fifth. Training of physicians in the community.

Sixth. Education of the general public concerning prevention and treatment of heart disease.

And there we have the basic units of the system H.R. 3140 was meant to implement. At first I was concerned because no matter how I read the report or the bill I could not make much sense out of it.

Dr. Dempsey of HEW, under questioning, first indicated that the recommenda- tion had not bought the recommendations of the Commission after all. The legislation combined the 30 medical complexes and the 60 regional centers of the De Bakey proposals in one level called regional medical complexes and had limited them to 30. When it came to diagnostic and treatment stations the administration spokesmen were mighty bear about what they were and how they would operate.

By this time I had begun to realize only too well why most of the practicing physicians across the country were deeply concerned about the so-called De Bakey proposals. They suspected that a whole new generation of general practitioners like themselves was about to be brought forth. They visualized the downgrading of the local hospital and the private doctor in favor of Government subsidized and controlled centers to be the community and drawing all patients in any of the three categories into a huge integrated medical machine. They could not be sure about all this because no two people, doctors or otherwise, could arrive at identical conclusions about the program.

I have every reason to listen to my personal physician, Dr. Shepherd. If I had listened to him more carefully over the years I would be far better off physically than I am. If the committee would not have no program we devise here, even a good one, will solve the basic problem of bringing health services to the smaller communities of this Nation. All the talk of the clinical approach, of advanced techniques, of sophisticated devices for diagnosis and treatment are just conversation in such areas. They will not and cannot become realities for them. Their needs are more basic. They need doctors on hand.

As the hearings went along and more testimony accumulated it be- clear very that general practitioners are not being created because the great emphasis on specialization and the categorical approach to medical problems discourages it. In fact, it began to appear that general practice is being consciously downgraded. The medical profession who should be most anxious to encourage it—the medical schools and the professional men of the health sciences who make up panels like the De Bakey Commission. Dr. Shepherd and doctors like him need support. The medical schools should help the general practitioner increase his competence in every way possible. This seems to be underway. But a new generation of general practitioners must be trained and encouraged.

I have the greatest respect for the distinguished members of the President's Commission. They are gifted practitioners of the healing arts. I also have great respect for the local doctor who is ministering daily to the members of his community. His thoughts and his concern about medical matters are also of great importance to us.

And I have been determined to make some sense out of this legislation which was brought to us out of a blue cloud. Most practicing doctors wanted the matter deferred until some of the cloud banks could be penetrated and the daylight of examination and discussion could begin to press it into some recognizable form. It seemed that it hung over them like a shapeless genie, perhaps good, perhaps evil. All of the phrases thrown out, like the petals at a wedding, about preserving the present patterns of patient care and medical practice did not allay those fears. I agreed that more time would be useful to allow the discussion to run its course and supported a motion to defer action until next session of the Congress. This did not prevail because the White House cannot let Congress do it work in orderly fashion these days and apparently it was ready to settle for anything, confining the changes to heart, stroke and cancer. And despite misgivings on the part of many of its members, the committee settled down to write some legislation which could meet the objections and still make a start in the direction intended by the framers of the presidents of the President's Commission. The result is the bill before you today, which came from the committee with full support.

The changes are many and they are not mere clarifications or exercises in semantics. They change an amorphous mass of objectives into a recognizable program which deals with units and controls thoroughly understood by those who must work it out, talk in terms of medical programs, put together by existing institutions under the eye of a local advisory board. It talks about cooperation and not coordination. The former means voluntary involve- ment and the latter infers an imposed plan. It talks of hospitals and not of diagnostic and treatment stations. The latter is an entity not familiar to practitioners, but we can all visualize a hospital and have a definite idea of what it looks like, and who runs it. So the De Bakey proposals were scrapped for lack of clarity and suspicion of subversion to the American system of medical care.

What did the committee substitute and what changes were made? The report on the bill accurately states:

Numerous changes were made in the introduced bill by the committee designed generally to better define the scope of the program and to clarify the intent so as to guarantee that the legislation will accomplish its purpose without interfering with the patterns or methods of financing of patient care or professional practice or with the administration of hospitals.

This statement alone indicates the magnitude of the changes and the fact that the legislation as introduced was miles off the mark. Here are the specific changes:

First. Regional medical complexes were mentioned earlier in my statement. No one could even now define what they are or how they would operate. The committee substituted the term "regional medical program." At the same time, all authority to use funds for new construction, including replacement of existing buildings was removed. These changes were referred to in the report as primarily semantic changes. Do not believe it. They remove the specter of huge, new, autonomous institutions which receive their funds directly from the Government and quickly dominate every phase of medical practice and hospital practice in the fields of heart, stroke, and cancer.

Second. The original legislation allowed for expansion for other major diseases. The committee restricted the scope of this legislation to related diseases. That too is something more than a refinement. We have no idea that plans devised by the various States will be the ultimate answer in conquering the three diseases named. This is experimental. It cannot guarantee success in the war on heart disease, stroke, and cancer. It will do well if, from the many medical programs devised, we discover principles which might prove wise. There is little reason to leave room for expansion into other fields.

Third. The term "cooperative" was substituted for "coordinated" wherever it appeared. This helps to remove the prospect of a program by one large institution. A program can be beautifully coordinated if all the power is concentrated at the head. It is an entirely different thing. That is why we are striving for here can only work if all elements participate through cooperative arrangements.

Fourth. Grants will be used for planning, conducting feasibility studies and operating pilot projects for the establishment of regional medical programs of re- search, training and demonstration activities.

Fifth. Diagnostic and treatment stations have been eliminated. The bill now speaks of hospitals which participate in the program. This also demonstrates the basic character of the program in the committee. Now the bill refers to the local hospital participating in a cooperative program. We can explain to anyone what a hospital is by merely mentioning the name. And we now have a definite idea of how a hospital operates, what it looks like, what kind of people service it, and who runs it. The fight against heart, stroke and cancer will come to the local patient through the people he knows.
Sixth. This legislation provides for advisory councils at both the local and national levels. The local council must recommend a program before it can be implemented or funded. Of these two, however, the council at the local level is by far the more important. First of all, its membership is important. It must include, practicing physicians, medical center officials, hospital administrators, medical society representatives, voluntary health agency personnel, as well as people from other organizations concerned with the program. But even the best council will not guarantee a sound program if that program is set up before the council is organized and has a chance to act upon it. For this reason the bill provides that the advisory council must be organized and must pass upon the local program before it may be considered by the Surgeon General. This should guarantee that the plan worked out in a State will not be lopsided, concentrating too heavily upon one area of activity or placing too much authority or responsibility with any one institution.

One might also object to the spending of $340 million in this fashion. It is difficult to justify any certain amount in detail. Grants will depend upon the nature of the programs submitted for approval. Probably they would soak up any amount made available. The De Bakey proposals suggested appropriations of over $1.4 billion. S. 596 provides for authorizations of $650 million. The authorizations contained in this bill are not small, although they do not loom large when considered in conjunction with all funds available to NIH. If the program outlined in H.R. 3140 is to go forward it is the best judgment of our committee that the authorizations set forth are ample.

I am proud of the fine work done by the Committee on Interstate and Foreign Commerce. The result of its deliberations can be accepted with confidence by all. It is believed that the legislation proposed is necessary. I recommend the passage of H.R. 3140.

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

Mr. NELSEN. I yield to the distinguished chairman.

Mr. HARRIS. I mentioned a moment ago that among the things I would like to call to the attention of the House is the thoroughness with which we went into this program and developed information on these matters.

One of the things that I believe is very important is the fact that in March of last year we set up a Commission which had as its Chairman the distinguished Dr. De Bakey, to whom the gentleman from Minnesota referred earlier. There were 28 members of the Commission, and on the Commission there were 12 doctors from Minnesota throughout the United States. They were men who are eminent in the field.

They included such eminent doctors with lifetime experience behind them as Dr. Mayo from the Mayo Clinic. Other famous doctors and surgeons were included.

We had people who specialized in the field of heart, cancer, and stroke. Some were members of the committee and served with Dr. De Bakey on this program.

I thought that the gentleman ought to have the benefit of that information. The Presidential Commission conducted hearings which lasted for about 9 months. They heard 165 witnesses, if I remember correctly. They developed a tremendous volume of testimony, approximating 7,500 pages.

That famous, important, and highly specialized Commission of medical experts made its report in December 1964. It made specific recommendations; it also made general recommendations. Out of the recommendations of that Commission came the bill which I introduced as the administration bill submitted by the President. There was brought to us the original recommendation that we have for our purpose and objective today.

We conducted hearings which lasted a total of 8 days in July of this year. Many of those hearings ran from morning until late afternoon; then a number of days were devoted to consideration by the committee itself in executive session.

I thought probably we should make that history abundantly clear to those who will administer the program, as well as those who are to receive the benefit of it. I thought that, with the gentleman's permission, this information ought to be brought to the attention of the House.

Mr. NELSEN. I thank the chairman. After the original bill had been considered, the chairman did an outstanding job and the bill was much improved.

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

Mr. NELSEN. I yield to the gentleman from Indiana.

Mr. ROUBEUSH. I should like to ask the gentleman a question. As one who serves on the Committee on Interstate and Foreign Commerce I have been somewhat disturbed by the attitude of the officers of the American Medical Association in opposing this particular bill at this particular time. As the gentleman knows, I sit on this committee next to Dr. Tim Lee Carter, who is himself a practicing physician, whom I respect highly and to whom I do not hesitate to look for guidance on this bill, as I did while we were conducting hearings.

I have before me page 19 from the Journal of the American Medical Association dated September 20, 1965, volume 193, No. 12. On this particular page the Medical Association discusses the bill we have before us. It discusses in detail the 20 changes that the American Medical Association suggested to the bill and which we on the committee readily adopted. Yet in conclusion this statement is made:

While we cannot support H.R. 3140 as amended, because we believe it still introduces an undesirable concept, the amendments agreed to by the administration and now adopted by the House Committee on Interstate and Foreign Commerce certainly make the bill much less objectionable.

My question to the gentleman is: Does he know of any other amendments that were suggested to our committee, other than those 20 changes, suggested by the American Medical Association to make this a better bill? I sat through the hearings and listened intently. I, as one Member, know of no other suggestions which were made. I believe we adopted all that were suggested to make this a better bill.

I ask the gentleman if he knows of any others that were not adopted?

Mr. NELSEN. In response to the question, I know of no suggestions that were made by the committee. I will yield to our chairman for a further answer. I believe a representative of the AMA did consult with some of the staff people, and perhaps with the chairman, to try to arrive at some position relative to the
objections of the AMA. I hope the chairman will enlarge on that. It is my understanding that an agreement was largely reached on most of the points.

Mr. NELSEN. I yield to the chairman.

Mr. HARRIS. Let me say to the gentleman as chairman of the committee I am indeed grateful for the valuable contributions made by the gentleman from Michigan (Mr. HARVEY), and the gentleman from Minnesota (Mr. NELSEN), to this program.

I am glad the gentleman has brought up this matter. There were other amendments, of course, that were proposed, and they were very important amendments.

The American Heart Association, if my colleague will recall, did submit a document in which they included several amendments, some of them similar to some of the amendments that the American Medical Association proposed, and which were worked out in cooperation between the HEW people and the AMA.

So I will say to the gentleman that there were a number of proposals from various sources. While we are talking about this, in view of the fact that the gentleman from Michigan brought up his bulletin of the AMA of September 2 and a new release by the AMA, if the gentleman will permit, I would like to call the attention of the Members to the fact that you will find the entire bulletin in the committee report at the bottom of page 7 and the top of page 8. I would like to have Members get these important parts of the report. On page 8 of the report the bulletin contains this sentence:

Many of the changes are substantial and will assuage many of the fears the medical profession has entertained.

To me that is a very significant statement, which refers to the 20 amendments to the bill that have been recommended by the AMA committee.

Also in the news release it is stated:

Dr. Appel said he told administration officials...

Relating to the conference I referred to earlier in the debate with the President and the HEW people...

Dr. Appel said he told administration officials that passage of the original bill would have been followed by a severe adverse reaction by the medical profession.

Most medical leaders felt that the establishment of the series of medical complexes initially conceived would have had a more serious long-term effect on medical practice than the recently enacted medicare law.

I referred to that earlier in debate.

We met the problem by establishing a cooperative program, or rather emphasisizing that this is a cooperative program.

Mr. HARRIS. Let me say to the gentleman that Washington was going to say where these regional programs would go, and so the committee took that into consideration and we have made the legislation provide that it will be the local groups—and we have even provided that the local practicing physicians must be a part of this local group, to make the plan before it is put into being. It cannot be done in Washington. It has got to be done in the local areas. This is a very reassuring approach in this whole deal.

I think, too, the local practicing physician that has to treat the patient all over this country was afraid that his patient was going to be taken to a great complex rather than, it was feared, what happened to him, he would never have any more contact with his patient. To prevent that from ever happening, we have written into the legislation as a safeguard, in response to the physicians themselves, that every patient who can get any benefit from this program will have to be referred by his own physician. This assures the continuing patient-physician relationship that we have always had in this country.

Furthermore, to give greater assurance we have provided, as the chairman has stated, that there must be practicing physicians on the National Advisory Committee. Safeguards have been written into the committee to assure the practicing physician as well as the Congress itself that we have in this legislation an effective program to bring the latest methods of the hospital for the benefit of the local physician to treat his patients in the local community.

I think it is an excellent program. I think you are going to see this program have real benefit in bringing the latest treatment in heart, cancer, and stroke to the average community all over this country so that people will not necessarily have to endure the expense of going to a big medical center, of which there may be only a few throughout the country, such as the De Bakey Heart Center or other such outstanding centers. Mr. Chairman, I would urge strong support of this measure. I am very certain it is going to bring about the great benefits that we can see even today.

I thank the gentleman for yielding.

Mr. NELSEN. Mr. Chairman, I would like to emphasize the point that has been made by my friend, the gentleman from Florida (Mr. Rouerz), that early in the hearings I believe the general practitioners felt a wee bit of a outsider, probably because of lack of communication. But under the terms of this bill he will be made a part of that team, and that is emphasized in the language that presently is contained in the format of the program under this bill.

Mr. Chairman, I reserve the balance of my time.

Mr. NELSEN. Mr. Chairman, I yield 1 minute to the gentleman from New York (Mr. Tenzer).

(Mr. Tenzer asked and was given permission to revise and extend his remarks.)

Mr. TENZER. Mr. Chairman, I rise to support H.R. 3140 and to congratulate the distinguished chairman, the gentle-
man from Arkansas (Mr. Oren Harris), who is for many years distinguished himself as the guardian of the Nation's health, for helping us take another giant step in that direction.

For many years before I came to the Congress I was identified with organizations engaged in support of your chairmanship, dedication to a fifth freedom for all Americans—freedom from disease, illness, and disability. For more than 28 years I served as a voting member of the New York City Cancer Committee of the American Cancer Society. For 35 years I have been active in the Federation of Jewish Philanthropists in New York City, a volunteer agency supporting 116 institutions, including hospitals, homes for the aged, and institutions for the disabled and chronically ill. For 16 years I have been an officer and director, and for the past 9 years, president of the National Council to Combat Blindness—Fight for Sight. I am a director of the Chronic Disease Committee of Brooklyn, one of the largest private institutions for the chronically ill in the United States. Because of these affiliations and others, I was motivated to introduce H.R. 9318, a companion to H.R. 3140, and to appear before your committee in support of this legislation.

In recent days, as in the past months and years, we have experienced the passing of dedicated public servants, important personalities—a close friend or neighbor, an associate, a member of the family—a victim of one of the Nation's three most devastating killers—cancer, heart disease, and stroke. Such a death is a reminder that our struggle against premature death is the Nation's most urgent unfinished business. These three killers take a toll of 1,500,000 of the 17,000,000 Americans who die each year from diseases of all kinds.

This Nation, the richest and most powerful Nation in the world, blessed with citizens of great skill, ingenuity and capacity—capable of launching its Mariner IV, its Mariner III, 350 million mile journey to photograph the surface of the planet Mars while it continues on its predetermined course.

This Nation, engaged in a war on poverty, a program that seeks to erase a condition experienced by a significant segment of the world's population from the time of creation to the present day.

This Nation with its deep sense of responsibility not only to the underdeveloped, the underprivileged, within its own borders but which has responded with great concern to the needs of the poor beyond its boundaries and throughout the world.

Such a Nation cannot and must not accept defeat in the war against the dreaded and devastating killers—cancer, heart disease, and stroke.

Health is a basic human right. Its enemy—disease—respects no geographical lines, no race, no creed, no one, irrespective of political belief, social or economic status, race or religion.

Every program to protect the Nation's health merits the unqualified support of every citizen. Such efforts are not Government handout programs, they represent a businesslike investment in our most important national asset, our most valuable natural resource, the people of the United States. Every program for Federal aid to medical research, for the aid of the mentally ill and mentally retarded, for the training of doctors and nurses for the building of medical colleges, hospitals and institutions for the care of those less fortunate than ourselves, represents a compassionate recognition of our fellow men.

The cost of medical research is one which has paid off in great dividends in lives and dollars. In the last 20 years, death rates from the following causes have shown significant percentage declines as a result of research:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Polio</td>
<td>100</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>97</td>
</tr>
<tr>
<td>Influenza</td>
<td>88</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>90</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>85</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>85</td>
</tr>
<tr>
<td>Syphilis</td>
<td>82</td>
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While significant achievements in the field of health have been made, there is still much to be done. Countless men and women have been returned to their homes, their families, their businesses—their usefulness to society restored.

Medical research is responsible for a decline in the death rate during this same period, during which 2 1/2 million lives have been spared—actually this is the number of additional people who would have been born if the birth rate which had prevailed through 1964-65. Included in these 2 1/2 million lives are more than 1 million wage earners whose combined earnings are over $6 billion annually and on which the Federal Treasury receives in income, gift, and excise taxes an estimated $1 billion a year.

The marked advance in the science and technology of medicine and its principal byproduct—the Nation's health—results in increasing the life span and on which the Federal Treasury receives in income, gift, and excise taxes an estimated $1 billion a year.

The health of the American people must be the concern not of our Government but of every American citizen. It is the concern of those in high places. The President has made it a cornerstone of his Administration's legislative and executive programs. The need for increased support for medical research cannot be emphasized too strongly. The impact of increased medical research support can be seen in the percentage declines as a result of research.

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Mr. FARBEIN. Mr. Chairman, I want to congratulate the committee and say that I am in wholehearted support of this bill.

Mr. Chairman, in reading on page 8 of the bill, I see a statement from the American Medical Association, as contained in its letter, to the effect that it says this bill introduces an undesirable concept.

Mr. Chairman, of course, I look with a jaundiced eye myself as to any position taken by the American Medical Association. So I cannot understand wherein, despite the fact so many amendments of their were accepted, the American Medical Association still expresses some doubts about this legislation. This is what I cannot understand, and I believe I shall never be able to understand the ideas, the views and the concepts of the American Medical Association.

Nevertheless, as I understand the bill, it certainly represents a great step forward.

Mr. Chairman, I wish to compliment the committee for its efforts and I support the legislation.

I am certain it will pass unanimously.

Mr. HARRIS. Mr. Chairman, I yield myself 5 minutes.

Mr. Chairman, in view of the fact there have been much discussion over the amendments which were proposed by the American Medical Association, and accepted by the committee, I might explain further that many of these amendments were also recommended by the President's Commission, other groups, such as the American Heart Association, and other well-known organizations in this country.

I want to make it abundantly clear that even though we did work out this bill with these innumerable amendments referred to, we did not by doing so in any way adversely affect or jeopardize what was originally intended as the objectives of this legislation. I want to make it abundantly clear that in our judgment the committee improved the legislative program to accomplish what was sought. I think we should keep this in mind.

We did not at any time accept any amendment that would take anything from the bill in order to accomplish what we sought to accomplish as a legislative program.

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

Mr. HARRIS. I yield to the gentleman from Florida.

(Mr. ROGERS of Florida, asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Florida. Mr. Chairman, in support of this important legislation, the Heart Disease, Cancer, and Stroke Amendments of 1965, we are called upon to consider many vital issues, but it is difficult to imagine any problem which is more deserving of our best efforts than the scourges of heart disease, cancer, and stroke.

Mr. Chairman, I would like to back up the chairman in the statement he has just made. Perhaps I was rightfully called upon to consider many vital issues, but it is difficult to imagine any problem which is more deserving of our best efforts than the scourges of heart disease, cancer, and stroke.

Mr. Chairman, I urge my colleagues to join in support of this legislation.

Mr. HARRIS. Mr. Chairman, I yield such time as he may consume to the gentleman from Wyoming! Mr. Roncalio.

(Mr. RONCALIO asked and was given permission to revise and extend his remarks.)

Mr. RONCALIO. I thank the distinguished chairman of the Committee on Interstate and Foreign Commerce for yielding.

Mr. Chairman, I wish to associate myself with the statement of the gentleman from Minnesota; I concur with the expressions of the gentleman from Florida [Mr. ROGERS], and I am particularly grateful to the full committee chairman for having produced in several months of deliberations what at first appeared to be the work of an entire winter, in consideration of the 20 amendments which have been added to this original bill.

Mr. Chairman, I am one of the Members of the House who also met with the physicians and citizens of my district, throughout Wyoming I found the doctor deeply concerned with the original provisions of this bill and I now find them relieved, and several have expressed the same gratitude that this bill has been so amended by the full committee.

It is now much more palatable to the members of the medical profession in my State, if not admittedly acceptable to the Wyoming Medical Association. It was in the hope that these amendments would be adopted that I had originally requested that this bill be allowed to remain in committee until the 2d session of this 89th Congress.

Mr. Chairman, I do hope the President of the United States will be pleased with this bill; I hope he can appreciate the tremendous work that has gone into it and I hope he will accept it as a capstone of an unprecedented first session of a Congress whose Members now feel that we ought to adjourn and go home.

Mr. HARRIS. Mr. Chairman, I yield myself 5 minutes.

Mr. Chairman, I wish to thank the gentleman from Wyoming as well as the gentleman from New York for their generous compliments and their fine statements on this legislative program.

Mr. Chairman, I believe I can say, without fear of contradiction, that the President would be very happy to have this bill as it has been reported by the committee and as we are considering it here in the Committee of the Whole House on the State of the Union today.

Mr. Chairman, I yield 1 minute to the gentleman from New York [Mr. Farbein].

(Mr. FARBEIN asked and was given permission to revise and extend his remarks.)
These regional programs will provide a testing for improved means of continuing education for practicing physicians in advanced diagnostic and treatment techniques. The program will make more widely available the trained teams of medical personnel who are the first line of defense of the medical system of this country which is already the envy of the world. We held extensive hearings on this bill and heard testimony from many leading medical schools and medical centers where advanced diagnostic and treatment techniques are being developed and performed. We want to emphasize the importance of training and continuing education for practicing physicians in the future, and we want to emphasize in this legislation the need for support of these programs without interfering with the programs of existing institutions.

There can be little argument with the objectives of this legislation; however, our committee felt that the means of carrying out these objectives deserved the most careful consideration. We eliminated the already great accomplishments of American medicine, and we wanted to be able to assure our colleagues that the legislation which we presented to you would not in any way jeopardize the medical system of this country which is already the envy of the world. We held extensive hearings on this bill and heard testimony from many leading medical centers, and we want to emphasize in this legislation the need to involve the practicing physician. My colleagues on the committee and I were determined to examine this bill closely and to make the necessary modifications to allay these fears and objections. I want to express to you my personal belief that the bill which we bring before you today has been correctly modified in the course of the deliberations and is a much sounder piece of legislation.

I want to specifically mention a number of the changes which the committee made in the bill. It was clear to us in our consideration of this proposal that the success of this program depended upon the active participation of practicing physicians who are the first line in our battle against disease. We wanted to emphasize in this legislation the need to involve the practicing physician. The bill already provided that a local advisory group would be established between the community hospital and its related practicing physicians and the medical schools and other medical centers where advanced diagnostic and treatment techniques are being developed and performed. We want to emphasize the importance of training and continuing education for practicing physicians. We also want to emphasize in this legislation the need to involve the practicing physician. The bill already provided that a local advisory group be designated to assist in the planning and operation of a regional medical program. We added the requirement that this group must include practicing physicians and representatives from appropriate medical societies, as well as representatives of medical institutions and agencies. We also added to the bill the requirement that an application for a grant under this program must be approved by this local advisory group. We believe that this requirement is necessary to ensure that the National Advisory Council established under this legislation must contain at least two practicing physicians, and we added the requirement that the National Advisory Council must approve all applications before a grant can be awarded by the Surgeon General.

The committee also amended the bill to specify that patients provided care under this program shall have been referred by a practicing physician. We added the provision for the Surgeon General to publish a list of facilities which provide the most advanced methods and techniques in the diagnosis and treatment of these diseases and to make sure that list available to licensed practicing physicians. We made a number of changes in the bill which emphasize the cooperative nature of these regional medical programs.

Your committee also noted to correct some of the misunderstandings concerning the purposes and objectives of this legislation. The title of these regional programs was changed to correct the misunderstanding that this program provided for the construction of a large number of new medical facilities that would compete with existing institutions and personnel. To further clarify the emphasis of the program, we eliminated from the bill the provision authorizing the construction of new facilities. It was our belief that the initial emphasis of this program should be on the provision of assistance to existing institutions, and that the program could be implemented through the utilization of presently existing facilities or through the use of existing construction authorities.

We amended the bill to sharpen the focus of these programs on the three national priorities of the initial basis of the justification of this proposal. We made changes which clarified the importance of training and continuing education in the effectiveness of this program. The testimony which we received emphasized the importance of these educational activities in carrying out the objectives of the bill. We also changed the bill to make sure that research activities related to these programs would involve the practice of science and care in patient care to the problems of patient care. To further delineate the program and to emphasize the involvement of existing institutions, we eliminated the provision for diagnostic and treatment stations and specified that the regional programs would include hospitals.

Finally, in order to insure an orderly development of this program, the committee has amended the bill to provide grants for planning, feasibility studies, and pilot projects, and we have limited the authorization to 3 years and have provided specific appropriation ceilings for each of the 3 years. We believe that these amendments provide a sound basis on which to proceed with the development of the program. The experience gained from the regional medical programs planned and established in these 3 years would be used for re-evaluating the program at the end of the 3-year authorization. During these years, extensive experience should be developed in implementing this program in a number of different areas of the country. The committee intends to watch these developments very carefully. I want to thank the representatives of the medical societies of my own district for their counsel and advice. I also want to thank representatives of the Department of Health, Education, and Welfare, especially Under Secretary Wilbur J. Cohen and Dr. Edward W. Dempsey for their assistance during the remolding of this legislation. The testimony which we received from representatives of the American Medical Association and discussed the legislation and various modifications at length. They were firm in their convictions and articulate in supporting their views on this important program.

When those of us on the committee requested technical assistance in shaping amendments the full competence of these men and their staffs was used to make those amendments meaningful and effective. I believe that this bill, as amended in committee, is a splendid indication of the constructive results which can be achieved when the medical profession is willing to cooperate with Government in a productive manner.

I am convinced that the bill that we are considering today is a better bill because of that cooperation. It provides for a substantial beginning in seeking to accomplish these national priorities. It emphasizes the need to proceed carefully and to evaluate this major new effort in our battle against disease. It is my pleasure to urge the passage of this legislation.

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

Mr. HARRIS. I yield to the gentleman from Nebraska.

Mr. CUNNINGHAM. Mr. Harris, am I correct in understanding that your Association and the Department of Health, Education, and Welfare, especially Under Secretary Wilbur J. Cohen and Dr. Edward W. Dempsey, have been in close consultation with the various medical organizations and have been in close contact with representatives of the medical profession and have been doing all possible to develop a program which will be meaningful and effective? I believe that this bill, as amended in committee, is a splendid indication of the constructive results which can be achieved when the medical profession is willing to cooperate with Government in a productive manner.

Mr. CUNNINGHAM. Mr. HARRIS. It is always a problem to obtain manpower because you have to train them. That is why we provide in this legislation a training program for the medical students who are being trained in the medical profession and in the medical schools themselves. In that way we think we can increase the manpower available and at the same
Mr. CUNNINGHAM. I thank the gentleman.

Mr. NELSEN. Mr. Chairman, I yield the gentleman from Kansas [Mr. SKUTRZER] one minute.

Mr. SKUBITZ. I would like to ask the chairman of the committee, the gentleman from Arkansas [Mr. HARRIS] a question. Did I understand the gentleman to say that there would be eight regional health development programs started in the first year under this program?

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

Mr. SKUBITZ. I yield to the gentleman.

Mr. HARRIS. It is believed from the record we have made that adequate planning can be accomplished for recommendations to be made to the National Advisory Council for approximately eight of these pilot plant operations during this fiscal year. We therefore provided the authorization in the hope that that will be accomplished.

Mr. DOLE. I also understand there is a provision which would permit some construction in this bill. Could you explain this?

Mr. HARRIS. Yes. That is what we are trying to do. We want to make a distinction between what would be considered new construction and alterations or modifications, remodeling, and so forth.

As an example, an existing facility might need a new wing. Under this authorization the new wing, or whatever the addition might be, would be a part of this kind of program—training, demonstrations, and so forth—could be a part of the construction program.

The gentleman from Texas [Mr. Pickle] has suggested an expansion of the definition of "construction" which would permit, as an example, a hospital which wished to add two complete new floors to the existing facility to add those floors with aid under this legislation. As I see it, that would come in the category of new construction.

If the facility is a medical school, construction could be proceeded with under this program we provided recently for construction and expansion of medical schools. If it is a research center it would come under the construction program we recently provided for research facilities. If it were a nursing school, it would come under the Hill-Burton program, as we refer to it. I appreciate the fact that my name recently has been tagged on to that, for whatever that may mean to the member. Construction could be obtained under that program to take care of the kind of expansion, for a new construction program, as proposed.

The CHAIRMAN. The time of the gentleman from Kansas has expired.

Mr. HARRIS. Mr. Chairman, I yield the gentleman 2 additional minutes, so that we may thresh this out.

What we are trying to do is to assure the medical profession, and those involved in these programs throughout the country that we do not have any intention of going into a complete new complex idea, of which they were fearful. We would limit it to expansion and alteration and rehabilitation and so forth to meet the needs of the program.

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

Mr. DOLE. I yield to the gentleman from Texas.

Mr. PICKLE. With reference to the expansion situation the gentleman from Arkansas mentioned, the situation I had in mind is not new construction in the general sense. As a member of the com-
Mr. GROSS. Yes. I am glad to yield.

Mr. HARRIS. Mr. Chairman, if the gentleman will yield, I would say in that regard, in order to make the legislative history, if that does not come within the purview of the Research Facilities Act, which we recently extended, and in no way interferes with or attempts to duplicate that program, but comes within the purview of the Research Programs cooperative arrangement, then the additional would come under the concept of alteration and modification, for this purpose.

Mr. NELSEN. Mr. Chairman, I yield 5 minutes or as much time as he may desire to the gentleman from Iowa (Mr. Gross).

(Mr. Gross asked and was given permission to revise and extend his remarks.)

Mr. GROSS. Mr. Chairman, as one who lost both parents by the ravages of cancer, I certainly have a great interest in the subject of cancer, its origin, its cure, and so on and so forth. I am not necessarily opposed to this bill, but I wish the report had contained some figures as to the amounts of money presently being expended for various projects and so forth with respect to cancer and heart afflications. I regret that the report gives no evidence of the hundreds of millions of dollars presently being expended for this purpose. I hope you described in your hearings on this pending bill.

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

Mr. GROSS. Yes. I am glad to yield.

Mr. HARRIS. This question was brought up during the course of the hearings, and I believe that the gentleman from Nebraska raised the question with the committee. We were able to give an estimate that I would say is as nearly correct as is possible. I think you will find that in the hearings on pages 52, 53, and 64. I think that will give the gentleman some idea about the extent of the program on the part of the Federal Government in this field. Now, insofar as the total amount of funds being expended in this country is concerned, when you talk into the philanthropic program, the National Cancer Institute, and the various regional, private, and local programs that are giving a lot of study and spending a lot of money for this particular deadly killer, I think it would be impossible to say just how much the people of the United States are giving to this problem at this time. However, it is a terrific amount, which shows just how hard we are trying to meet the problem in order to do something about it.

Mr. GROSS. Of course, there is such a thing as overfunding programs. I do not mean the money that can properly be used for this purpose, but here we are expending another $340 million over a period of 3 years. This is no small amount of money, and there is no indication that this will be the extent of the expenditure. I would have no quarrel with this if I could believe that we were not, through this new program, today initiating duplicating research and other studies that are already being carried on. I am sure the Committee on Appropriations with respect to the Department of Health, Education, and Welfare has been more than liberal in the granting of funds for this and other purposes. This is my deep concern with this matter here today.

Mr. HARRIS. Mr. Chairman, will the gentleman yield further?

Mr. GROSS. I want to thank the gentleman for bringing this important point to the attention of the House.

For about 17 years we have been appropriating money for research. A great deal has been accomplished thereby. We have had many breakthroughs. This program is to meet a gap that exists in order that the results of our research effort will be made available to the people throughout the country.

The gentleman is very familiar with the program in his own State. To the gentleman may take pride in the fact that in Iowa they started one of these very programs away back in 1915.

The CHAIRMAN. The time of the gentleman from Iowa (Mr. Gross) has expired.

Mr. HARRIS. Mr. Chairman, I yield the gentleman 5 additional minutes.

Mr. GROSS. I thank the gentleman.

Mr. HARRIS. May I tell the House back in 1915 you started the nucleus of a program in the State of Iowa that has developed over these 50 years into the kind of a cooperative arrangement that we hope will be made applicable to other areas of this great country of ours.

I could name many people, as I am sure the gentleman could—In fact, one of our most beloved and distinguished colleagues, he is part of this great institution in Iowa and, thank God, he is still with us even today. But I know and I know other Members know that from these 50 years of effort in the gentleman's own State, there are many thousands of people in this country who have received the benefits of this program, of which I know the gentleman is proud, that has come from his own people.

Mr. GROSS. Mr. Chairman, I am aware of the program in Iowa and of the work that has been done. Of course, it was done without this program. That is not to say that I do not believe that program based upon the achievements in Iowa and elsewhere would not be good for the rest of the country. I am not saying that at all. But I do not want to see duplication where duplication can be avoided. Your own report recognizes that there can be duplication. This I do not want to see because we desperately need to conserve the financial resources of this country.

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

Mr. GROSS. I yield.

Mr. DINGELL. Mr. Chairman, I want to commend the gentleman from Iowa for raising this question. I want to assure him that this is one of the questions that very much concerned me during the consideration of this legislation in the committee. But I would like to say, as has the chairman of the committee, that we went through this very carefully to assure the membership of the committee that this will not duplicate existing programs—that is attested to by the fact that the bill came out with the strong support of the membership of the committee, which was well satisfied that this will not represent duplication of existing programs.

I should like to point to programs like Hill-Burton. These are the need for more hospital construction that we are able to fund under Hill-Burton.

With regard to the research programs I thoroughly agree with the gentleman. These are well funded both in the public, private sector. I would point out to my good friend that it is not the intention of the committee that we shall duplicate research or that this will actually be a research program. It is not going to be a program designed to disseminate information, to assist the members of the medical profession to obtain the fruits of research most readily available to them. The new devices readily available to them, to have the new machines and the laboratory facilities available to them on a regional basis for the treatment and care of their patients.

And then you mentioned the misfortune that his family had with cancer. I have had in my family a similar misfortune.

I would point out that this will make available the facilities, devices, and new methods for identifying cancer at an early date so we can stave it off, new devices for the treatment of heart, stroke and similar conditions that afflict human beings, so that these will be readily available to members of the medical profession.

Mr. Chairman, I would point out to the gentleman that the AMA had grave reservations about this legislation earlier and large. It expressed the comments and recommendations of the AMA and have adopted amendments suggested by them to assure that we will not intrude into the practice of medicine and will not engage in unwholesome and unwise legislating in this field.

I share the concern of the gentleman from Iowa.

Mr. GROSS. I thank the gentleman for his comment.

It is my hope—and unfortunately we are the chairman of the committee, Mr. Harris at the end of the year and I regret seeing him go—it is my hope that whoever succeeds him will watch closely the expenditure of these funds
Mr. HARRIS. Mr. Chairman, if the gentleman will yield, there are some who have their own clinics associated with the existing programs. There are some associated with existing institutions, which institutions have some contracts for certain research projects; yes.

Mr. GROSS. Well, now, does the gentleman think that this is a healthy situation?

Mr. HARRIS. Well, in the first place, if the gentleman will permit—

Mr. GROSS. Yes, of course.

Mr. HARRIS. I do not believe the President would have appointed either one of these eminent gentlemen in this field had there been any inclination or indication that there was any conflict of interest.

I do not think there is any conflict of interest involved whatsoever because this is an entirely different program, and neither of these gentlemen have anything to do with any existing projects on research at any particular location of one of these so-called regional programs.

Mr. GROSS. I can only add that I do not think it is proper that members of a Federal commission, charged with the formulation of a program involving the expenditure of millions of dollars, should themselves hold Federal contracts of any kind. Certainly they should hold no contracts related in any way to the subject matter of this bill and the field it is intended to cover.

Mr. NELSEN. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, in answer to the question asked by the gentleman relative to whether or not this would affect, for example, the Mayo Clinic, the answer, I think, is yes, and we would not in any way damage the operation at Rochester. Actually, they would become a part of the plan for further development to extend to the country some of the basic contributions to the well-being of our citizens. It would indeed be foolish for the Congress to attempt to impose on our medical scientists or practitioners any program which, in any way, would attempt to restrict or direct them in their vital work.

The local nature of the program authorized under the proposed legislation is clearly stressed. Its primary thrust is to facilitate arrangements in order to meet existing institutions. No large Federal facilities, staffed by Federal employees, will be constructed throughout the country according to a master plan developed in Washington. Community hospitals and practicing physicians will be linked, at their request, with medical schools and affiliated teaching hospitals. These cooperative arrangements will enable the Congress to put within reach of each of its patients the latest advances in diagnosing and treating disease.

The committee has taken great care to spell out ways by which local control of the programs be assured. The proposed bill is assured. Their concern is most evident in the designation of advisory groups on the local level which must approve any grant application before it can be acted upon by the National Advisory Council and the Surgeon General. The bill states that these local advisory groups must include practicing physicians, medical center officials, hospital administrators, nurses, and representatives from appropriate medical societies, voluntary health agencies and other organizations concerned with the program.

It is intended that there will be careful planning before any program be approved in any area. The planning, the conduct of feasibility studies, and the operation of pilot projects will all be carried out by local participating institutions and professional organizations. It is anticipated that projects to be undertaken will be quite varied, depending upon the region of the country and the nature of existing facilities. Even when a regional medical program has been funded under this legislation, planning will continue in the area which it serves. In this manner, those closest to a program will be able to modify or expand arrangements in order to meet changing problems in local communities.

The bill further specifies that patients provided care under the regional medical programs must be referred by a practicing physician. I am told that this is a customary arrangement in institutions such as the Clinical Center at the National Institutes of Health. Thus, in the words of the committee report:

Except in the case of those patients who, as residents to a facility, receive care incident to research, training, or demonstra-
Mr. Chairman, I am convinced that this bill, as amended, is designed to strengthen the Nation's health resources, to make the best use of the resources we now have, and to assist the doctor in the care of his patient. I urge its adoption.

(Mr. MACKAY asked and was given permission to revise and extend his remarks.)

Mr. HARRIS asked and was given permission to revise and extend his remarks made previously during general debate.)

Mr. HARRIS. Mr. Chairman, I ask unanimous consent that all Members who desire to do so may extend their remarks at this point in the Record on the pending legislation.

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

There was no objection.

Mr. DINGELL. Mr. Chairman, I am pleased to speak in behalf of H.R. 3140, a bill to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and related diseases through a program of grants. The principal purpose of the bill is to provide for the establishment of locally administered programs of cooperation between medical schools, clinical research institutions, and hospitals. It is hoped that through these programs research may be advanced, personnel trained, and the latest advances brought to the care of patients suffering from these disorders.

The bill is of great importance, because of the appalling toll exacted by these diseases from the people of the United States. A host of health, disability, and economic burdens. Heart disease, cancer, and stroke are overwhelmingly the leading causes of death today. In 1963, these diseases accounted for 71 percent of all deaths. Compared with all the other hazards of man—infectious diseases, accidents, congenital, and nutritional disorders—fade into insignificance.

Heart disease and stroke accounted for 40,647 recorded deaths in 1963. In addition to their dominance as a cause of death, these diseases are the cause of extremely widespread illness and disability. Studies conducted by the National Health Survey of the U.S. Public Health Service indicate that an estimated 14.6 million adults suffered from definite heart disease, and nearly as many were suspected cases. Over 2 million Americans are currently disabled because of stroke and there are over 500,000 additional cases each year that knowledge we have to them. Several hundred thousand unnecessary deaths occur each year from heart disease, cancer, and stroke. Even the well-publicized advances are not reaching all of our people. Until a few years ago, victims of certain congenital heart defects were doomed to die in infancy; now they are growing up toward productive adulthood. Until recently, 9 out of 10 persons who develop the disease of leprosy are doomed to die of anemia were dead within 5 years; now 7 out of 10 who receive the benefit of new surgical advances are alive and well at the end of 5 years. Until development of new medical treatments, cases could rarely be diagnosed until too late for successful treatment. Now there is almost 100 percent survival and cure for those who receive early diagnosis and treatment. But tragically, babies still die of congenital defects; patients still die of aneurysms; 14,000 women still die each year of uterine cancer. Of the more than 2 million Americans currently disabled because of stroke, a large majority could be helped by intensive modern rehabilitative care. Many of these people have not been reached by scientific medicine.

As a nation we can look with pride on our health resources, and particularly on the rapid increase in the rate of their development in the past 20 years. But it has not been enough. Thanks in large measure to the Hill-Burton program, more than 7,000 hospitals and other centers for medical service, in addition to more than 300,000 beds, have been built since World War II. But there are serious bed shortages in many suburban areas; many older hospitals have deteriorated physically; and many beds in general hospitals are being occupied by patients with long-term illness who could be better and more economically served in facilities specially designed to meet their needs. Thanks to the Health Professions Education Assistance Act, substantial financial assistance can now begin to be brought to bear on the construction of new medical schools and the expansion of existing schools. There is thus the prospect that our physician output can be increased from the present figure of about 7,700 per year to about 9,000 per year by 1975. But this will fall far short of meeting the need arising from population growth. To bring shortages and some misdistribution of our health resources, we are struck with the obvious and overriding need for coordination of effort. H.R. 3140 seeks to aid in achieving precisely this. It is an imaginative response to an immense national challenge. We can well afford this program and the people will enthusiastically support it.
The doctor does not want to be a second-class citizen in his profession any more than the rest of us. When a young man completing his medical education looks around for a place to begin his practice, do you think he will move to some community in which his practice will be largely the treating of trivial ailments? Do you think he will be interested in spending long hours stitching up the cuts and salving the bruises of the children in his community, only to have his patients leave him when they become really sick?

The American doctor is a highly trained scientist. He spends many years learning how to do all that medical science can do for victims of heart disease, stroke, cancer and all of the other ailments that beset mankind. He reads the professional journals, he attends medical conventions, he confers with his colleagues—all so that he can bring the best possible care to his patients. If the opportunity to apply these years of research and study and learning is restricted, the natural inclination will be to go where the opportunity is broader.

And the sad thing about a situation like this is that the chances are very good that the patient will not be much better, if any, better off by going hundreds of miles away to a regional medical center. The men and women in that center would not be able to prevent heart disease, they would not be able to cure a stroke victim, they would not be able to cure most cancers.

If H.R. 3140 should become law, it would only be a few years until most rural areas, many small towns, many suburbs would be almost without any doctors at all. The bright young men would head for the new Federal center, and in some parts of the country these would be far, far away.

We need more doctors in the country and in the small towns, not less. We need to encourage young physicians to practice in the small towns and in the country, not to leave them. We need to keep physicians close to their patients, not send them far away.

Mr. Chairman, I urge that you join with me in voting that H.R. 3140 be returned to the Committee on Interstate and Foreign Commerce in order that sufficient time to study and evaluate this important subject can be made.

Mr. HELSTOSKI. Mr. Chairman, I rise in support of H.R. 3140, legislation to encourage and assist in the establishment of regional centers for research, training and demonstration of patient care primarily in the fields of heart disease, cancer, and strokes.

The purpose of this legislation has been previously indicated through the introduction of my bill (H.R. 9536), dealing with this subject.

This is a matter which painfully touches us all. Large numbers of people suffer from heart disease which, together with strokes, is the cause of more than half the deaths in this country each year.

In 1963, deaths from arteriosclerosis, including heart attacks and strokes and hypertension totaled nearly 889,000, or 51 percent of all the deaths reported in that year. Over 215,000 or 24.2 percent of these deaths were in the working group, that is in the 25 to 64 age group. Over 672,000 deaths were in the over 65 years age group, the majority of these deaths occurred in the age groups under 25.

What does this loss in the working age group mean to our national economy? If these 215,000 people who died between the ages of 25 and 64 had been able to live and contribute to the nation's healthy workforce, they would have earned over $1 billion in that year alone. The Federal Government could have gained in that 1 year approximately $190 million in income tax revenue on these earnings.

What are the needs in the fight of combating heart disease?

First. More funds for research training, community health services and education in this field are urgently needed both in the United States and worldwide.

Second. A simple method for early detection and diagnosis of this disease must be found, as well as better methods of treatment, cure and methods of prevention.

Third. It is essential that the technical language presently in use in the field of heart disease be simplified and the terminology made uniform and understandable to the lay public.

The No. 2 killer of our people is cancer. There were 277,110 Americans who died of cancer in 1962, or about 1 out of every 6 deaths. It is estimated that 48 million people now alive in our country will eventually have cancer unless preventive measures are found. Unless new treatments and cures are found, one person in every six will die from cancer.

What is the economic loss from cancer? Each year cancer costs the national economy nearly 50,000 man-years of productivity. Cancer also costs American business and industry the loss of valuable executives at the peak of their productive lives, and cuts the group mean to our national economy?

Again, if these Americans had been alive and able to work an extra year, they would have earned over $338 million and paid taxes to the Federal Government on this income totaling over $54.5 million.

Each of us has seen or experienced the anguish these diseases cause. The stark fact is that much of this pain is needless. A man's suffering, his family's sorrow, the Nation's loss of talent and productive capacity—all are to a great extent avoidable.

The report of the President's Commission on Heart Disease and Stroke and Cancer speaks of "Intolerance," intolerance that a human being die when he need not, or that his life be circumscribed because knowledge and skills that could preserve his fullness are simply not available to him. H.R. 3140 is out of this Intolerance.

It proposes that the Federal Government encourage and assist in the establishment of regionally coordinated arrangements among medical schools, research institutions, and...
hospitals for research and training and demonstration of patient care in these three diseases. I believe that such regional centers will work to close the present gap between research and treatment and so dramatically reduce disability and death from these diseases.

We already have considerable experience indicating that the best medical care is provided where research and education are an integral part of medical care. For this reason, the Veterans' Administration has interfaced its hospitals with medical schools and involved them with other medical resources in the communities. The National Institutes of Health operate 10 clinical research centers which administer facilities within a reasonable distance of all citizens. The needs of different applicants, predictably, vary greatly. There are a number of medical centers in the country that are in many ways already functioning as regional complexes that we propose. There are other areas, particularly where there are no medical schools, where the initial investment will be costly and it is in these areas which most need assistance. The $50 million proposed by this bill for 1966 will be directed mainly for planning and development costs; as specific research projects are given greater weight and certainty, proposals to use these funds for construction will be considered.

In total, Mr. Chairman, what we propose to do with this bill is, as President Johnson's Commission said, "to develop new patterns of partnership" between public and private resources for health—patterns demanded by accelerating developments in medical care, medical education, and public expectations—patterns which I expect to be most fruitful for the health and long life of the people of the United States.

...
A major limiting change made in the original measure was its reduction in size to 3 years from 5 years as some called an open-end authorization at $340 million authorization.

The emphasis in the bill is now on planning projects and feasibility studies—in short, on the planning and exploration of mechanisms. Section 903 of this bill authorizes grants to assist in the planning of regional medical programs. It is the intent of the bill’s sponsors to take full advantage of the extensive planning and organizing already being carried out in some areas of this country. Nor is this planning to be a one-time thing. After regional medical programs have been funded and some experience has accumulated, the Surgeon General is required to submit a full report on or before June 30, 1967. In the light of that report this House will consider extension or expansion of the present tentative effort.

Certainly one of the major reasons for the acceptability of the present bill by members of the medical profession is the new and clear-cut emphasis it gives to the participation of community physicians and health organizations. Borrowing from the experience of the great clinical center at the National Institutes of Health, all patients who will be treated under this program must be referred by practicing physicians. Thus, except in the case of patients who are referred by their physicians to a facility to receive care incident to research, training or demonstration, this bill will have no effect on the patterns or the methods of financing of patient care.

Related to this is a significant change in the composition of the National Advisory Council which enlarges physician participation. Of the 12 Council members 1 must be an authority in heart disease; 1 in cancer; 1 in stroke—and at least 2 other members must be physicians. The Surgeon General may not make a grant for any program except upon the recommendation of this Council.

The establishment of a National Advisory Council on regional medical programs is based upon the successful experience of the NIH with this reviewing mechanism for grants—an experience that extends over the past 25 years and more. I am confident that no wiser course of action could have been taken by the committee, chaired by my able colleague, the gentleman from Arkansas [Mr. Harris]. I am equally confident that one of the best assurances of the success of this program is to draw upon the extensive years of NIH experience in its program administration and to concour in the Senate recommendation in this matter. There is no doubt in anyone’s mind but that the NIH shall and will administer this program as ably as it has administered its many pioneering research and health programs.

The Members of this House are considering today a bill which modifies the administration proposal as the result of constructive criticism by members of Congress. This is one of the most carefully reworked measures I have encountered in the course of my years in Congress. I believe that this measure is no longer controversial but acceptable to all reasonable men. I urge its passage by this House, too, from what some called an open-end authorization to $340 million authorization.

Mr. Fulton of Tennessee. Mr. Chairman, in this century, the marvels of scientific research augmented by man’s dreams, aspirations and desire for knowledge have known, have led us into worlds heretofore undreamed.

In this century, man has learned the secret of propelled flight, has charted vast parched deserts of the world, mapped the dense jungles and carved cities where a century ago only wilderness abounded.

Today men not only go down to the sea in ships, they go beneath the sea in modern scientific vessels to plot the unknown depths and, through research, seek to unlock their hidden treasures which may well be required to sustain life on land in the decades to come.

Research and discovery are essential for the program.

In the field of medical research, man’s accomplishments over recent decades are truly scientific miracles. In that time we have conquered such killers as tuberculosis, scarlet fever, diphtheria, and that cruel cancer, polio. The list is even longer and the diseases conquered equally as impressive.

These achievements have not been total, however, nor will they ever be as long as man remains mortal.

But as man seeks spiritual perfection, he will continue to seek remedies for those infirmities which weaken the body. And this is proper. For why should man, created in the image of God, not seek to prolong his productive years, safeguard the security of his family, and contribute to the welfare of his community?

Obviously the individual is powerless to conduct this search in his own behalf. Great knowledge and personal dedication on the part of thousands of highly skilled men and women combined with vast, complex and expensive research centers and facilities are required.

These are not small, and these dedicated professional persons exist in this country. They stand ready and most ably prepared to train a corps of such for the purpose of seeking cures in this battle.

We are today being asked to join in this battle. The legislation before us would combine the assistance of the Federal Government with facilities of nonprofit private institutions to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, hospitals and the public in order to make the tools available for local authority to conduct related demonstrations of patient care in the fields of heart disease, cancer, stroke and related diseases.

This legislation is no bold step forward. It is simply an adjustment for the program. It can be considered, in any case, an all-out attack against these maladies. It is, however, a commonsense and rational first step toward the goal of cure and prevention.

This is not an expensive program. We are not asking billions for years to come. The administration’s original request for $1.2 billion over 6 years was not unreasonable. Yet this bill asks only $340 million over 3 years. A modest sum by any standard for such important work, and surely the cure and prevention of these diseases is as important to mankind as the first spaceship on the moon or a dozen or more communications satellites for which we are spending thousands of millions of dollars.

This is not to be a Government dominated or controlled program. The House committee has made every effort and spared no counsel in its determination to see that the program control remains in competent local hands. Indeed, the cornerstone of this program is cooperation, not coordination.

Mr. Chairman, I would be less than candid if I were to say that this bill is as comprehensive as I would wish. It is my feeling that with more funds and a broader program, the efforts directed at the goals which we might seek might be accelerated.

Nonetheless, this is a reasonable and worthy first step. The committee has done a commendable job in its efforts to reach a consensus among the bill’s supporters and adversaries.

Gentlemen, the hour has come for us now to demonstrate to the Nation that the Congress is as interested in medicine as in missiles, or in life research as in lunar rockets. We have a great opportunity on this occasion to assist in making more secure not only our generation but generations for years to come. Let us not fail them.

Mr. Corman. Mr. Chairman, I rise in support of H.R. 3140 as reported by the Committee on Foreign Commerce, and urge its adoption. The Heart Disease, Cancer, and Stroke Amendments of 1965 comprise a program which is intended to make the benefits of medical research more widely available to our citizens. The purpose of this legislation is to launch a major assault on our Nation’s three greatest killers—heart disease, cancer, and stroke—which today exact such a staggering toll in human life and welfare.

In order to combat heart disease, cancer, and stroke, we have before us a program of grants to foster cooperation among the medical institutions and practitioners in the regions of our Nation. These regional medical programs are to be established locally to best utilize the capabilities and resources of a region in meeting its own needs and goals related to heart disease, cancer and stroke.

This program will serve a twofold purpose. It will provide for grants for cooperative arrangements among key medical resources, including medical centers, research institutions, hospitals, and other health agencies, for the conduct of research and training, and for demonstrations of patient care in the fields of heart disease, cancer, and stroke.

These cooperative arrangements are to be the means to afford physicians the more abundant opportunity to make available to their patients the latest advancements in the diagnosis and treatment of these major killers and cripplers.

According to testimony received by the committee, the projects to be carried out under these regional medical programs will be quite varied, since the regions of
the country are so varied in problems and resources. As you well know, the problems of congested urban areas are very different from those of a sparsely settled rural area, and the means to the solution of those problems must differ as well. But this program is based on the concept of local initiative so vital to our Federal system of government.

The regional medical program can provide for the referral of patients to specialized medical centers of education, and advanced training for physicians, new equipment and interchange of medical personnel among institutions, all of which are recognized needs in the modern age of medicine. These are all areas that are settled rural area, and the means to the solution of those problems must differ as well. But this program is based on the concept of local initiative so vital to our Federal system of government.

We are now riding the crest of a scientific and technological revolution that has recorded an amazing list of achievements. Biomedical research has all but erased yesterday's dread diseases and has harnessed the crippling infections of childhood, thereby prolonging and shaping the very character of our lives. It is time this wealth was shared by all of our people.

We look forward to these new training opportunities for the medical profession, to the new and more intensive research into the mysteries of disease, but most of all we look forward to the brighter future that this bill will provide to victims and potential victims of heart disease, cancer, and stroke.

Mr. Chairman, I urge passage of this legislation as amended by the Committee on Interstate and Foreign Commerce, and I urge upon my distinguished colleagues of the House their approval of it.

Mr. DONOHUE. Mr. Chairman, I most earnestly urge this House to speedily and overwhelmingly approve this measure now before us, H.R. 3140, the Heart Disease, Cancer, and Stroke Amendments of 1965.

In conclusion, our consideration of this vitally important bill I think it is very pertinent to note that the President's Commission on Heart Disease, Cancer, and Stroke pointed out in their report of December 1948, that over 70 percent of all deaths occurring in the United States each year result from these three dread diseases. It was further emphasized in that report that the effect upon our economy, due to premature disability and death caused by these three diseases, is close to $30 billion in losses each year.

The authoritative statistics clearly reveal these three diseases are the major causes of death and killers within our society. Beyond and above their adverse economic impact they cause untold and immensurable human hardship, anguish, and suffering.

However, the history of medical science definitely indicates that they, like other dreaded diseases in the past, can be subjected to control and cure by organized scientific attack; that is the basic reason for this bill.

The principal purpose of the measure is to provide for the establishment of programs of cooperation between medical schools, clinical research institutions, and hospitals by means of which the latest advances in the care of patients suffering from heart disease, stroke, can-
cer, and related diseases may be afforded through locally administered programs research, training, and continuing education and related demonstrations of patient care. I think it is of major interest and moment to us, and the committee chairman and members surely merit our admiration and gratitude on this point, to note the three holes in the bill designed to guarantee that it will accomplish its purposes without unwarranted and unwise interference with the patterns, or the methods of financing, of patient care or professional practice or with the administration of hospitals.

Mr. Chairman, I submit that the objectives of this bill are undoubtedly in the best interests of the American people; the manner provided for the realization of these objectives is prudent; the appropriations involved are, indeed, quite reasonable, and in view of the increasingly adverse effect these particular diseases is having on our society the legislation we are considering is timely. That is again urge my colleagues to overwhelmingly approve this measure without further delay.

Mr. KASTENMEIER. Mr. Chairman, I am not in favor of the impetus of medical retardation programs and categorical programs for heart disease, cancer, and stroke on medical education and practice. These programs always cause me to pause and consider the implications for medical education in the United States and the development of our medical educational system. Categorical programs tend to isolate and specialize medicine. It is unrealistic to think that any one of these various programs will not affect medicine through increased specialization, and make it increasingly difficult to produce broad programs. For example, if the University of Wisconsin could create a situation whereby the medical school would be composed largely of institutes. Even though this would further medical research in categorical disease areas, it would work to the detriment of educational effort. The pediatrician must have knowledge of many areas. He cannot simply be a cardiologist, a neurologist, or a mental retardation expert. In order to see these categories, he must necessarily have knowledge about related diseases. To have them all participate in a unifying measure in one physical setting of research, training and demonstration activities for carrying out the purposes of this bill. The purposes under this section for any fiscal year shall remain available for making such grants until the end of the fiscal year following the fiscal year for which the appropriation is made.

(2) Funds appropriated pursuant to this title shall be used for the support of research, training, and demonstration activities for carrying out the purposes of this title, except that any such grant with respect to construction of, or provision of built-in (as determined in accordance with regulations) equipment for, any facility may not exceed 50 per centum of the total cost of construction or equipment.

(3) Funds appropriated pursuant to this title shall be used for the support of research, training, and demonstration activities for carrying out the purposes of this title, except that any such grant with respect to construction of, or provision of built-in (as determined in accordance with regulations) equipment for, any facility may not exceed 50 per centum of the total cost of construction or equipment.

(4) Funds appropriated pursuant to this title shall be used for the support of research, training, and demonstration activities for carrying out the purposes of this title, except that any such grant with respect to construction of, or provision of built-in (as determined in accordance with regulations) equipment for, any facility may not exceed 50 per centum of the total cost of construction or equipment.

"Definitions"

"Sec. 901. (a) There are authorized to be appropriated $50,000,000 for the fiscal year ending June 30, 1966, $80,000,000 for the fiscal year ending June 30, 1967, and $200,000,000 for the fiscal year ending June 30, 1968, for the purposes of this title."
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mitted by regulations), remodeling and renovation of existing buildings (including initial layout and design) and replacement of obsolete, built-in (as determined in accordance with regulations) equipment of existing buildings.

**Grants for planning**

"Sec. 903. (a) The Surgeon General, upon the recommendation of the National Advisory Council or Regional Medical Programs established (hereinafter in this title referred to as the 'Council'), is authorized to make grants to public or nonprofit private universities, medical schools, research institutions, nonprofit private agencies and institutions to assist them in planning the development of regional medical programs.

"(1) The grants under this section may be made only upon application therefor approved by the Surgeon General. Any such application may be approved only if it contains or is supported by—

"(A) reasonable assurances that Federal funds paid pursuant to any such grant will be used only for the purposes for which paid and in accordance with the applicable provisions of this title and the regulations thereunder, and (B) will not supply funds otherwise available for establishment or operation of the regional medical program with respect to which such grant is made;"

"The applicant will provide for such fiscal control and fund accounting procedures as are required by the Surgeon General to assure proper disbursement of and accounting for funds received under this section, and will keep such records and afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such records; and"

"(3) the applicant will make such reports and in such form and containing such information as the Surgeon General may from time to time require in connection with the correctness and verification of such records; and"

"(4) any laborer or mechanic employed by any contractor or subcontractor in the performance of a contract or undertaking supported by payments pursuant to any grant under this section shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-5; and the Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan No. 1 of 1949 (3 C.F.R. 1376; 5 U.S.C. 1323—15) and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 278c))."

"National Advisory Council on Regional Medical Programs—Sec. 905. (a) The Surgeon General, with the approval of the Secretary, may appoint, with the advice and consent of the Senate, a National Advisory Council on Regional Medical Programs. The Council shall consist of the Surgeon General, who shall be the chair, and twelve members, not more than three in any one geographical division of the United States, who are leaders in the fields of the fundamental sciences, the medical sciences, or public affairs. At least two of the appointed members shall be practicing physicians, one shall be outstanding in the study, diagnosis, or treatment of heart disease, one shall be outstanding in the study, diagnosis, or treatment of cancer, and one shall be outstanding in the study, diagnosis, or treatment of stroke.

"(b) Each appointed member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and members whose term of office first takes office shall expire, as designated by the Surgeon General at the time of appointment, four at the end of the first year, four at the end of the second year, and four at the end of the third year after the date of appointment. An appointed member shall be eligible for reappointment as such for terms not to exceed two years."

"(c) Appointed members of the Council, while attending meetings or conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding $100 per day, including travel time, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu thereof, at rates authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 735—3) for persons in the Government service employed intermittently."

"(d) The Council shall advise and assist the Surgeon General in the preparation of regulations for, and as to policy matters arising with respect to, this title. The Council shall consider all applications for grants under this title and make recommendations to the Surgeon General with respect to approval of applications for the amounts of grants under this title."

"Regulations—Sec. 906. The Surgeon General, after consultation with the Council, shall prescribe general regulations covering the terms and conditions for approving applications for grants under this title and the coordination of programs assisted under this title with programs for training, research, and demonstration in connection with the diseases assisted or authorized under other titles of this Act or other Acts of Congress.

"Information on special treatment and training centers—Sec. 907. The Surgeon General shall establish, and maintain on a current basis, a list of lists of facilities in the United States equipped and staffed to provide the most advanced specialty training in facilities, research and treatment of heart disease, cancer, or stroke, together with such related information for the purpose of providing such facilities with information of advanced specialty training in such facilities, as he deems useful, and shall make such list or lists and related information readily available to all medical schools and other persons requiring such information. To the end of making such list or lists and other information most useful, the Surgeon General shall from time to time consult with interested national professional organizations.

"Report—Sec. 908. On or before June 30, 1967, the Surgeon General, along with the Council, shall submit to the Secretary for transmission to the President and then to the Congress, a report of the activities undertaken pursuant to this title. The report shall include a summary of the relationship between Federal financing and financial from other sources of the activities undertaken pursuant to this title, (2) an analysis of the purpose and effect of the activities undertaken pursuant to this title, (3) recommendations with respect to extension or modification of this title in the light thereof.

AMENDMENT OFFERED BY MR. GROSS

Mr. GROSS. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. GROSS: Page 23, line 6, strike out the quotation marks, and immediately after line 6 insert the following:

"Records and audit—Sec. 909. (a) Each recipient of a grant under this title shall keep such records as are necessary to determine the use and disposition by such recipient of the proceeds of such grant, the total cost of the activities undertaken pursuant to this title, the amount of such grant made or used, and the amount of that portion of the cost of the activities undertaken pursuant to this title financed from other sources, and such other records as will facilitate an effective audit.

"(b) The Secretary of Health, Education, and Welfare and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of any grant under this title which are pertinent to any such grant.

The CHAIRMAN. The gentleman from Iowa (Mr. Gross) is recognized in support of his amendment.

Mr. GROSS asked and was given permission to revise and extend his remarks.

Mr. GROSS. Mr. Chairman, I would hope that the distinguished chairman of the committee would accept this amendment which is by House Bill 11 of Public Law 88-206 which is to follow as the next order of business this afternoon. This would give to the Comptroller General authority to audit the books and records of this program. The money to be expended in this program will be widely distributed over the country and I cer-
Mr. HARRIS. Mr. Chairman, will the gentleman yield?

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

Mr. HARRIS. First, let me thank the gentleman for providing me in advance with a copy of the amendment he has just proposed. I have had an opportunity to read it and I observe that it is identical to section 11 of the Clean Air Act which was approved by our committee and adopted by the House and the Congress, and is a part of the present law. I believe a similar amendment is included in some of the other public health acts. I do know that only a few days ago the committee included a similar amendment to the Library Act that we have reported out.

Mr. GROSS. That is true, and on various other legislative proposals. I compliment the gentleman for offering the amendment.

As I understand it, the distinguished gentleman from California (Mr. Moss), a member of the committee, usually sees to it that these proposals are included. I am not in a position to speak for other members of the committee except that I have had occasion to talk briefly to some members here at the table, but personally I am prepared to accept the amendment and I shall be glad on my account to accept the gentleman's amendment. I think it is a good amendment.

Mr. GROSS. I thank the gentleman.

Mr. HARRIS. Mr. Chairman, will the gentleman accept the amendment?

Mr. CHAIRMAN. Without objection, the amendment is agreed to.

There was an amendment offered by Mr. WHITE OF TEXAS

AMENDMENT OFFERED BY MR. WHITE OF TEXAS

Mr. WHITE OF TEXAS. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. WHite of Texas: On page 15, line 11, after "medical school" insert the following: "or other medical institution involved in postgraduate medical training."

Mr. WHITE of Texas. Mr. Chairman, the amendment I am proposing is the same as that adopted by the Senate committee. Its purpose is to make possible the establishment of a regional medical complex in an area where no medical school is located, provided there is some other medical institution involved in postgraduate training.

I believe my home city of El Paso, Tex., is an excellent example of such a location. It is the largest city in a radius of more than 400 miles. Together with its sister city of Juarez, Mexico, it forms a metropolitan community with a population of more than 600,000. While it has no medical school, it is the site of a major U.S. Army Hospital which also serves for treatment of veterans, of the only school of nursing within a 300-mile radius, and of a medical community consisting of outstanding doctors and hospital facilities. Because of its border location, El Paso has special opportunities for research and for cooperation with medical centers in neighboring medical advances in the Republic of Mexico. With proper organization and preparation, El Paso could meet every criterion mentioned in this bill, except for the presence of a medical school.

I believe the same situation exists in many other important metropolitan areas. Dr. Murray M. Copeland in his statement to the Senate Committee on Labor and Public Welfare said:

We believe the committee should recognize that specialized institutions, referred to in this bill as Categorical Research Centers, now in existence, are performing much of the program which is envisioned in this bill, and in the cancer field have been the source of much of the strength of the present progress against cancer. We recommend, therefore, in the language of the bill it be made clear that they can furnish essential planning and administrative leadership in regional complexes, and that they can furnish and should continue to furnish, the type of teaching and training of manpower which is particularly essential to the successful functioning of the proposed complexes.

And note especially these words of Dr. Copeland:

There do exist areas in which such manpower can best be planned for through teaching institutions not directly affiliated with medical schools.

The Senate saw fit to amend its bill in keeping with the suggestion of Dr. Copeland. I respectfully ask that the House broaden the results of the proposed health program by adopting this amendment.

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

Mr. WHITE OF TEXAS. I yield.

Mr. HARRIS. The gentleman will observe that on page 15 of the committee bill, in section 802(b), the definition of a medical center is a "medical school and one or more hospitals affiliated therewith for teaching," and so forth. I have had occasion to talk briefly to some members here at the table, but personally I am prepared to accept the amendment and I shall be glad on my account to accept the gentleman's amendment. I think it is a good amendment.

Mr. HARRIS. Mr. Chairman, will the gentleman accept the amendment?

Mr. CHAIRMAN. Without objection, the amendment is agreed to.

The amendment to the committee amendment offered by the gentleman from Texas ['Mr. White].

The amendment to the committee amendment was agreed to.

(Proceedings continued on page 24, 1965)

Mr. ALBERT. Mr. Chairman, I propose an amendment and the gentleman from Texas [Mr. White].

JOINT STATEMENT BY PRESIDENT OF THE UNITED STATES AND PRESIDENT OF PANAMA ON AREAS OR AGREEMENT REACHED IN CURRfENT TREATY NEGOTIATIONS

Mr. ALBERT. Mr. Chairman, I take this time only to advise the House that President Johnson and President Robles, of Panama, have just issued a joint announcement in which they outlined areas of agreement that have been reached in the current treaty negotiations concerning the Panama Canal. Once again the United States has proclaimed to the world that we intend to abide by our commitments with full respect for the rights of others. The commitment I refer to is the bold yet prudent statement delivered by President Johnson on December 13, 1964, in which he proposed that the United States should press forward with Panama and other interested governments in plans and preparations for a sea level canal in this area and that the United States should negotiate with Panama an entirely new treaty to govern the operation of the existing Panama Canal during the remainder of its life.

In my judgment, these bold proposals recognized the forward thinking of our country without in any way belittling the magnificent achievement of those Americans who built the Panama Canal and those who have taken part so efficiently in the operation of the canal as a service to world commerce for the past half century.

The joint statement just issued indicated that the United States and Panama have reached a significant phase in what is manifestly an orderly negotiating process in this very complex matter. It is clear that both countries are making every effort to understand and meet the needs of both the present and the future, with full recognition of the rights as well as the responsibilities of each country.

With the abrogation of the 1903 treaty and the recognition of Panama's sovereignty over the area of the present Canal Zone, the United States has shown its complete awareness of the "winds of change" prevailing throughout the world. At the same time, participation by both countries in the administration of the canal demonstrates graphically the mutual sense of responsibility and cooperation prevalent in the negotiations.

We are delighted to note the genuine concern of both countries for the welfare of the present employees of the canal organization and to see the affirmation that arrangements will be made to insure that their rights and interests are safeguarded.

I strongly endorse this joint statement as eloquent proof of the friendship and good will which exists between our two countries and I am confident that the negotiations will proceed in this same harmonious and cooperative fashion to the mutual benefit of Panama, the United States, and world commerce.

The joint statement follows:

The President of the United States of America and the President of the Republic of Panama believe that agreement has been reached in the current treaty negotiations along the following lines:

In order to meet the specific needs of the two countries the negotiations are being conducted separately. A new modern treaty to replace the 1903 treaty and its amendments, a base rights and status treaty will be made to insure that the rights of the United States in the direct and indirect benefits from the existence of the canal and any new canal which may be constructed in Panama in the future.

With respect to the status of the geographical area, the 1903 treaty and its amendments, general areas of agreement have been reached. The details of these areas of agreements are the subject of discussions.

The purpose is to assure that Panama will share with the United States in the responsibility in the operation and maintenance of the existing and any new canal which may be provided for the effective operation and defense of the existence of the canal and any new canal which may be constructed in Panama in the future.

The areas of agreement reached are the following:

1. The 1903 treaty will be abrogated.
2. The new treaty will effectively recognize Panama's sovereignty over the area of the present Canal Zone.
3. The new treaty will terminate after a specified number of years or on the date of opening of the sea level canal whichever occurs first.
4. A primary objective of the new treaty will be to provide for an appropriate political, economic, and social integration of the areas used in the operation of the canal with the rest of the Republic of Panama. Both countries recognize that need for an orderly transferion and possible dislocations. We also recognize that certain changes will be made over a period of time.
5. Both countries recognize the importance of providing a safe and healthy canal, and the importance of safe and proper arrangements for the employees of all national who are serving so efficiently and well in the operation of the canal. Appropriate arrangements will be made to insure that the rights and interests of these employees are safeguarded.

The new treaties will provide for the defense of the existing canal and any sea level canal which may be constructed in Panama.

U.S. forces and military facilities will be maintained in the base rights and status of forces agreement.

With respect to the sea level canal, the United States will make studies and site surveys of possible routes in Panama. Negotiations are continuing with respect to the conditions of financing, construction of a sea level canal, in the light of the importance of such a canal to the Republic of Panama, to the United States Armed Forces and commerce and to the progress of mankind.

The United States and Panama will seek the necessary solutions to the economic problems that have been caused by the construction of a sea level canal.

The present canal and any new canal which may be constructed in the future shall be open at all times to the vessels of all nations on a nondiscriminatory basis. The United States, in the light of the contribution of the Republic of Panama and the United States of America and of the interest of world commerce.

(Mr. ALBERT asked and was given permission to revise and extend his remarks.)

The CHAIRMAN. The Clerk will read the Clerk read as follows:

Sec. 3. (a) Section 1 of the Public Health Service Act is amended by enacting title IX (as in effect prior to the enactment of this Act) as title X, and by renumbering sections 901 through 914 (as in effect prior to the enactment of this Act), and references thereto, as sections 1001 through 1014, respectively.

Mr. KEE. Mr. Chairman, it is a real privilege today to have this opportunity to enthusiastically support H.R. 3140, a bill to make the highest contribution to the health and well-being of the American people and medical research with gratifying results. In this sense, the program before the House for consideration today, is an enlargement and development of the programs now in effect.

Perhaps the most striking feature of this proposed enlarged program is that a massive campaign will be waged against the three great killers of modern times—cancer, heart disease, and stroke. These three enemies of the human race will cause 7 out of every 10 deaths in the United States in 1965.

These three killers are the successors to the old plague diseases which took heavy toll in former centuries, but which have been very nearly extinguished by the surgical marvels of modern science. But while poliomyelitis, smallpox, yellow fever, and malaria had been common in the past, medical experts estimate that 48 million citizens—that is approximately one-fourth of our present population now living—will become cancer victims during their lifetime. The elimination of this killer, through the joint efforts of the medical profession and the Government, could be the greatest boon ever done for the American people.

This health plan would establish regional centers and health research with gratifying results. In conclusion, Mr. Chairman, from the bottom of my heart, I believe that Chairman F serving and the members of the Committee on Interstate and Foreign Commerce of the U.S. House of Representatives are to be highly commended for the effective program presented today.

In conclusion, Mr. Chairman, it is my deep hope that the Members of the House will unanimously approve H.R. 3140 and, by such action, each of us will leave the Chamber today with the conviction in our hearts that we have made a substantial contribution that will benefit not only the younger generations of America, but those yet to come.

The CHAIRMAN. The title is on the committee amendment as a substitute for the bill.

The committee amendment was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker having resumed the chair, Mr. Floos, 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. 3140) to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and other major diseases, pursuant to House Resolution 586, 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 amendment was read. 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 bill was passed.

The title was amended so as to read: "A bill to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and related diseases.

A motion to reconsider was laid on the table.

The SPEAKER. Pursuant to the provisions of House Resolution 586, the Committee on Interstate and Foreign
Commerce is discharged from the further consideration of the bill S. 596.

The Clerk read the title of the Senate bill.

MOTION OFFERED BY MR. HARRIS

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

The Clerk read as follows:

Motion offered by Mr. Harris: Strike out all after the enacting clause of S. 596 and insert in lieu thereof the provisions of H.R. 3140 as passed.

The motion was agreed to.

The Senate bill as amended was ordered to be read a third time, was read the third time, and passed.

The title was amended so as to read:

“A bill to amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and related diseases.”

A motion to reconsider was laid on the table.

A similar House bill was laid on the table.