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letter to the Saturday Evening Post, refusing to participate in a private national planning operation sponsored by eastern capital because he believed such planning should be done by all the people through their Government, is a part of the historic record of that time.

The repeated appearances of Jim Patton before the committees of Congress in support of constructive labor and social welfare measures have helped build a bridge of cooperation between agriculture, labor, and our society as a whole. The Farmers Union has advocated resources development—a Missouri Valley Authority, a TVA on the Nile, social security, the United Nations, better health care, education, and housing.

I said recently at a Western Power and Water Consumers Conference in North Dakota that when Jim has a dozen awards besides his French Croix d'Officier de Merite Agricole—France's highest agricultural award—he would have begun to get the recognition he deserves.

He especially deserves the honor he receives tonight, symbolizing the common aspirations of farmer and labor groups, and your appreciation for a lifetime crusade of a good man, a dear friend, and a great citizen. Jim Patton is a living testament to President Johnson's recent reminder: "The task of achieving a life of equality and dignity in rural as well as in urban America is one that will engage our minds and hearts and our energies for a lifetime."

The late John Kennedy would frequently close a speech with some favorite lines from Robert Frost's poem:

"The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep."

John Kennedy is asleep now in Arlington Cemetery, but the spirit of the New Frontier is not asleep and nowhere does that spirit burn more brightly than in the heart of Jim Patton.

During a long and brilliant public career that will continue for many years to come, Jim has been guided by the philosophy of the late President's inaugural challenge: "With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love, asking His blessing and His help, but knowing that here on earth, God's work must truly be our own."

AID PROGRAMS IN FOOD AND HEALTH

Mr. MONDALE. Mr. President, late last month the American Freedom From Hunger Foundation held a conference on legislative proposals to step up America's efforts in the worldwide war on hunger. I had the honor of being invited to address that distinguished gathering, as did the distinguished Senator from South Dakota, Mr. McGOVERN; the chairman of the House Committee on Agriculture, Representative COOLEY; Congressmen STALBAUM and DOLE; and spokesmen for the administration.

One of the most interesting talks was given by Dr. William H. Stewart, Surgeon General of the U.S. Public Health Service, who called attention to the close ties between our aid programs in food and health. I ask unanimous consent that the text of his address be printed at this point in the RECORD.

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

THE PRESIDENT'S PROPOSALS RELATED TO INTERNATIONAL HEALTH [1]

(By William H. Stewart, M.D., Surgeon General, Public Health Service, U.S. Department of Health, Education, and Welfare)

I am very much pleased to be in this distinguished company this morning and to represent Secretary Gardner in your discussions of food and health. The two subjects are clearly inseparable. And both are inseparable from every nation's aspirations for freedom and fulfillment.

Last year was a year of towering legislative achievement in advancing the health of the American people. Titles 18 and 19 of the Social Security Act broke through long-standing economic barriers to health care, not only for our older citizens but for millions of others as well. The heart disease, cancer, and stroke amendments outlined a program that will also break through many existing barriers to the delivery of the best in health care to all who need it. Amendments to the Health Professions Educational Assistance Act will make it possible to enhance not only the quantity but also the quality of future physicians, dentists, and other professional manpower. New legislative charters were written for achieving and maintaining a safe environment.

This year, 1966, may well mark a similar turning point in international health—a decision for full commitment of our resources in behalf of the health of people around the world.

Through the Food for Freedom Act, the International Health and Education Acts of 1966, and his proposal for foreign aid, President Johnson has written a new kind of prescription for international collaboration. When these proposals are translated into action I am convinced that we shall strike a real blow at what the President has called the incessant cycle of hunger, ignorance, and disease.

My principal mission this morning is to describe briefly for you the provisions of the President's international health program of 1966. In doing so I shall give special attention to the aspects of that legislation which are especially close to your hearts—the program to combat malnutrition. I also shall bear down fairly heavily on what is to me the pivotal element in any health program—the development of manpower to do the job.

These two areas of our special interest—building the nutritional foundation for health and developing health manpower—were listed as the first two goals for the future by the distinguished Committee on Health of the National Citizens' Commission on International Cooperation, in their report presented last fall at the White House Conference on International Cooperation. They stated them this way:

"Basic to the improvement of world health are the steps that might be taken to effect an overall rise in standards of living throughout the world. * * * This implies a commitment to programs of economic development, family planning, and the provision of adequate food supplies."

And, as their second goal: "The building of a strong body of health workers in each country of the world is a necessary task."

With this preamble, let us turn directly to the international health program of 1966. It has five major components.

The first is designed to create an international career service in health. Specifically the President proposes:

(a) To increase by at least 500 during the first year the number of American graduate students preparing for participation in international health activities. This would be done through a program of grants administered by the Public Health Service to U.S. universities.

(b) To establish a select corps of international health associates, available for assignment at home and overseas. Their work with Federal agencies and international organizations would give them experience upon which to build careers of international service to health. The President urges recruitment of 100 promising young people to begin this work.

(c) To establish a program of fellowships in international health. Fifty special fellowships would be awarded to young Americans who have already worked overseas and have shown outstanding capability, to prepare them for international health leadership.

(d) To create within the Public Health Service an International Corps, a special career service that would be capable of carrying out our international health commitments and aspirations.

This comprehensive package is designed to develop American manpower for service to world health. Speaking as a health professional, there is no more urgent need. We have the knowledge and the technology to conquer most of the deadliest threats to the health of people in the developing nations. Moreover, those nations know that we know how. What we need above all is people to deliver the goods.

These manpower programs are modest in size. But it is important to recognize that they will create manpower for leadership. These people will recruit and train others, in greater numbers, to do the many jobs that must be done.

Even more important, the nations we seek to help must also be able to help themselves. And virtually all of them lack the trained manpower to serve with us and eventually to shoulder the full burden.

Therefore, the second component of the international health program is directly complementary to the first. It is designed to help meet the health manpower needs of the developing nations. Specifically it proposes:

(a) To more than double the existing AID program for strengthening health training institutions. This program supports construction of teaching facilities and laboratories, improvement of teaching materials and methods, and the assignment of American faculty abroad, for a broad range of the health disciplines.

(b) To enable the Peace Corps to recruit and provide more volunteers for service in the health manpower programs of developing nations. This proposal will call for increased emphasis on health in recruitment and training programs of the Peace Corps.

The third major element of the international health program is the proposal to combat malnutrition, especially among the very young. It comprises three specified objectives.

(a) To establish what the President calls a headstart nutritional program to increase the number of infants, children and mothers receiving adequate diets under the food-for-peace program to a level of 150 million within the next 5 years. Our programs currently reach about 70 million, of whom only about 10 million are under 5 years of age. In conjunction with this, the President has directed AID to enlarge its program for enriching milk and other food-for-peace commodities with vitamins and minerals.

[1] Presented at the Conference of the American Freedom From Hunger Foundation, Washington, D.C., Feb. 24, 1966.

(b) To support training of nutrition specialists, including both professionals and technicians. Such training for manpower from the developing nations would be supported both in the United States and in nutritional institutions now existing in some 27 nations.

(c) To expand research on malnutrition—both as to the effects of nutritional deficiency and as to practical, inexpensive ways of solving nutritional problems.

For me to document the need for this program to this audience would be carrying coals to Newcastle. You are already fully aware that nearly 270 million children in the developing countries will be suffering from malnutrition by next year. This is an awesome figure. Further, you know that despite our own substantial efforts and those of the international organizations, only about 2 percent of preschool children in these nations are receiving some type of food supplement. The dimensions of the challenge are overwhelming.

We can take pride in the progress that has been made in recent years: the nutrition surveys in 27 countries which have not only supplied valuable data but awakened interest in many places; the enriching of our skim milk powder, wheat flour and cornmeal shipped overseas; progress in the development of infant food formulas based on cereal grains and protein supplements; and other signal achievements. But there is compelling urgency to accelerate our effort.

The last two sections of the international health program, which I shall describe less fully than they deserve, deal with problems which are superficially separate but actually interlocked with the nutritional challenge. The first is concerned with the control and eradication of communicable diseases. The second confronts the problem of worldwide population explosion.

Part IV of the international health program proposes six specific actions to control and eradicate disease:

(a) To eradicate malaria within 10 years from the Western Hemisphere and also from Ethiopia, Nepal, Jordan, the Philippines, Thailand, India, Pakistan, and Iran. These areas have a combined population of some 800 million.

(b) To eradicate smallpox from the world by 1975. This bold and simple determination—to obliterate a disease from the face of the earth—is now within our capability.

(c) To reduce the hazard of measles. This disease, deceptively mild in the United States though often leading to serious after-effects, is a deadly scourge in many parts of the world.

(d) To develop methods for controlling cholera and diarrheal diseases in developing nations.

(e) To control animal diseases, thereby increasing the meat supply and preventing many human illnesses transmitted from animals.

(f) To expand United States-Japan science collaboration designed to combat some of the major diseases of Asia.

In all of these activities agencies of the Federal Government, including AID and the Public Health Service, will be working closely with international organizations and with individual countries toward our common goal—freeing millions of people from man's most ancient enemies. We shall continue our vigorous support of the World Health Organization which has already accomplished much toward several of these objectives.

The fifth major component of the program proposes cooperation in worldwide efforts to deal with population problems. There are three specific proposals:

(a) To expand research in human reproduction and population dynamics. The Public Health Service has been accelerating its support of research in these fields for several years. The response from scientists in universities and research institutions has been spontaneous and gratifying. With additional support, and in partnership with vigorous programs already underway through AID and the World Health Organization, I believe the research attack will pay increasing dividends in the years ahead.

(b) To enlarge the training of American and foreign specialists in the population field. In this area, as elsewhere, existing knowledge is still awaiting effective dissemination because of shortages of qualified manpower. In fact the manpower proposals already discussed are fundamental to the accomplishment of all these goals.

(c) To provide assistance to family planning programs in those nations which request our help. Our willingness to share knowledge in this as in other scientific fields is on record as a matter of national policy. We are eager to help wherever and in whatever way we are invited to do so.

Thus, to sum it up, the international health program of 1966 is a declaration of interdependence. It challenges a rich, powerful, and humanitarian nation to deliver its full measure of support to the well-being of people everywhere. I believe we shall respond to that challenge.

I thought I would conclude by reaching back into the past to illustrate two points: the long-recognized interlock between nutrition and health, and the international character of human advance.

As many of you know, one of the proudest chapters in the history of the Public Health Service tells the story of Dr. Joseph Goldberger and his brilliant conquest of pellagra. Dr. Goldberger's studies and experiments demonstrated unshakably the dietary cause of pellagra, shattering in the process the widely held viewpoint of the time that pellagra was a communicable disease. He stated his conclusions crisply:

"The idea that pellagra is a communicable disease receives no support from this study.

"Pellagra may be completely prevented by diet."

But Dr. Goldberger, solid scientist that he was, was thoroughly familiar with the literature of his field. In a report published in 1915, he cited the following quotation from a Professor Roussel, of Paris, written in 1866—exactly 100 years ago:

"Without dietetic measures all remedies fail. When drugs and good food are simultaneously employed it is to the latter that the curative action belongs."

Professor Roussel, like Goldberger, was writing of pellagra. But his thematic sentence can be broadly applied to many problems of our modern world: "Without dietetic measures, all remedies fail."

WHITE WATER CANOEING AT PETERSBURG, W. VA.

Mr. BYRD of West Virginia. Mr. President, anyone witnessing event of the annual Petersburg, W. Va., white water weekend canoeing classic, can well understand why the sport of white water canoeing is growing in national popularity.

One of the contests involves competitors racing through the wild water for a distance of about 15 miles, descending at the rate of 40 feet per mile, faced with obstacles such as the natural hazards of the turbulent water, rocks, steep drops, large waves, and fallen trees, with the fastest time providing a win for the hardy contestant. Each competitor has only one run, so split-second judgment is required in "reading" the water correctly, to avoid spills and accidents and to come through safely, while going full speed.

An article in the Sunday Star, Washington, D.C., of March 13, carries a lively account fo the white water canoeing and kayak classic on the North Fork of the South Branch of the Potomac River, to be held this year on April 1–3.

I ask unanimous consent that this article be printed in the RECORD at this point.

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

CHAMPIONSHIP AT PETERSBURG: WHITE WATER CANOEING A THRILLER

(By John L. Berry, Canoe Cruises Association)

The third annual Petersburg, W. Va., white water weekend, April 1–3, will have as its central attraction the national championship wild water races for canoe classes and the women's kayak championship.

The downriver races start at mouth of Seneca, W. Va., and follow the turbulent boulder-strewn North Fork of the South Branch of the Potomac River for approximately 15 miles through roaring Hopewell Canyon, finishing at Smoke Hole Caverns a few miles south of Petersburg along Route 28.

Most of the racecourse is visible from the road. The exciting canyon rapids may be viewed after a short walk from several points of access off Route 28.

Competition in the rapidly growing sport of white water canoeing is divided into two types of races, with championships held each year. First is the slalom race, which is run over a short course (500 to 700 yards) of river rapids.

BEST TIME WINS

Contestants are required to pass through up to 28 gates, actually parallel poles roughly 44 inches apart, suspended from wire stretched across the river and hung a few inches above the water. They are strategically placed to demand a high degree of paddling skill and boat maneuverability in order to effect a penalty-free passage.

The racer's score is better time of two runs through the course plus prescribed penalty seconds assessed for gate touches or omissions.

National slalom championships will be held in May on Vermont's West River below Ball Mountain Dam, but among the special Petersburg events will be an exhibition canoe slalom April 13 in Harmon's Store Rapids on the North Fork.

The second type of race in rapids is the wildwater or downriver event. Such contests range in distance from 5 to 26 miles. At Petersburg, the North Fork championship course is about 15 miles long and descends at the rate of 40 feet per mile. The only obstacles are such natural hazards of the river as rocks, steep drops, large waves, and fallen trees. The fastest time wins.

THREE CANOE CLASSES

The contestant has only one run, so a premium is placed on the racer's ability to "read" the water correctly (that is, to avoid obstacle and choose the fastest passage) the first time, while going full tilt.

In both slalom and wildwater the racer competes against the other boaters entered in his particular class. In canoes, there are three classes: C–1 or one-man canoe, C–2 or two-man canoe, and C–M (mixed) or man and woman double canoe. There are two kayak classes; K–1 (men's single) and K–1W (women's single). There are no double kayak classes in white water racing.

In slalom racing the emphasis is upon ability to maneuver quickly, and all classes of slalom boats are as short as the rules permit and feature rocker-shaped bottom profiles to give a center pivot point for turns.

Downriver or wildwater boats, on the other hand, are built for speed. They are as long