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tistics) and increasingly it is moving into the $20,000, $25,000, even $50,000 brackets.

Still another fault that cries for correction, according to the President, is the failure of private insurance to help the poor.

A federal survey contends that in 1970, about 31 million Americans had no insurance coverage, a lot of them the poor and the young.

[From the Chicago Tribune, Apr. 8, 1972]

FEDERAL HEALTH PLAN CALLED UNLIKELY IN 1972

(By Louise Hutchinson)

WASHINGTON, April 7.—The political odds are against Americans getting any major answers this year to their health care gripes because Congress is in no mood to wrestle with this next step in the country's social revolution.

Sen. Edward M. Kennedy (D., Mass.) sponsor of the most dramatic concept of national health insurance, said in an interview that it may take several years, even as did the debates on Social Security in the 1930's and Medicare and Medicaid in the 1960's.

MILLS DOUBTS ACTION

Rep. Wilbur Mills (D., Ark.), chairman of the House Ways and Means Committee, which must report out such legislation and hasn't yet, told a reporter he doubted any major bill would clear Congress this year, because of political campaigns and conventions. Mills himself is running for the Democratic Presidential nomination.

President Nixon, who hopes for passage for his own bill, sent to Congress over a year ago, whipped off a special message to the hill last month calling for action now. He, of course, is also running.

But Kenneth R. Cole Jr., deputy assistant to the President for domestic affairs and the White House health man, said of the Senate in an interview:

"I'm not confident. I have serious doubts. It's getting past the point where they can reasonably act on anything."

MAJOR PROPOSALS

There are scores of national health insurance bills before Congress but here are brief summaries of the major ones:

The President's National Health Insurance Partnership Act sets up two programs: One which employers must offer to employes with the employer paying at least 65 per cent of the premium cost the first 2½ years and 75 per cent after that, and separate program, most of it federally financed, for those on low income with children.

Sen. Kennedy's health security plan, a tax-financed, federally-administered, compulsory program eliminating private health insurance for all Americans offering all necessary doctor and hospital care, drugs, medical appliances and equipment, dental care for everyone 15 and under, 120 days a year nursing home custodial care, and some mental health services, with costs rigidly controlled, and no deductibles or co-insurance.

Sen. Russell Long's proposal for help with long-term, costly catastrophic illnesses, not yet written into legislation, a noncomprehensive health plan which would be financed through taxes and give federal aid after the first $2,000 in medical bills and the first 60 days of hospitalization.

Medicredit, endorsed by the American Medical Association, is chiefly a financing method unlike many of the other plans which propose restructuring the way people get health care. This voluntary plan, which must be offered by employers to employes to avoid a tax penalty, relies heavily on tax credits based on income as a financing method with federal funds paying premiums for the poor.

National Healthcare, endorsed by most commercial health insurers, offers a generous benefit package phased in over a six-year period using both federal and private money and offering separate plans for the employed for individuals, and for the poor and uninsureable.

Reorganization of National Health Services, endorsed by the American Hospital Association, would set up health care centers throughout the country that would make available all medical, dental, hospital, and nursing home care to patients. Employers would have to offer benefit packages and the federal government would pay for the aged and the poor.

WHAT PLANS MEAN

What all this means to the Chicago breadwinner with a wife and family is hard to say. Books bulge with statistics and projections and some people reel at remembering the inflationary impact Medicare and Medicaid had on hospital and medical costs. Moreover, the exact cost and practicality of each proposal differs if you talk to a critic or a proponent.

The President's program would cover most Americans under 65, the administration says, although it is having problems planning insurance pool coverage for an estimated 19 million people who fit into no program category and who, without federal subsidies, would have to pay more than the employed.

Medicare would continue. Medicaid would care only for the aged on welfare, blind, disabled, and children in foster homes. The employer-employe plan would cover around 160 million Americans, one source said, and another plan would take care of 14.7 million low income families with children.

PRESIDENT'S PLAN

The President's bill offers a $50,000 catastrophic provision. If that is used up, it rebuilds again for the individual at the rate of $2,000 a year. The administration also offers a schedule of care for children up to age 5 not subject to deductibles or co-insurance, but these apply to virtually all other services except for the very poor.

For instance, the average patient would have to pay for the first two days of hospital care.

Senator Wallace F. Bennett, of Utah, a loyal Nixon man and ranking Republican on the Senate Finance Committee thru which health legislation must move, also foresees no major health legislation this year except possibly Long's catastrophic coverage.

"My feeling is that Kennedy launched a political issue," he said. "The President responded with a counter proposal, and there they sit. We've got too much to do the remainder of this political year."

Cole disputes this. He says "we" started working on health in March, 1969, shortly after the President was inaugurated. If national health insurance is a political issue, it's because of the Kennedy approach, Cole added.

COLE NOT WORRIED

"What is grass roots in the cost of health care and the President tried to get at that in part thru his Phase 2 economic controls," he went on. "I saw one month when hospital costs did not go up and that's encouraging. We've also set up other legislation providing for long term controls on health care costs."

"I think relative commonsense will prevail when people see you can achieve the same kind of thing the Kennedy people want and we want thru the private system," Cole remarked.

What is called the Kennedy health security bill was actually a dream of the late Walter P. Reuther, United Auto Workers president who died in May, 1970, in a plane crash, Reuther was responsible for forming in late 1968 the Committee for 100, now called the Committee for National Health Insurance with offices here.

OPPOSES ANY ACTION

Max Fine, executive director of the committee, hopes there is no congressional action this year because he thinks the public does not yet fully understand the issues.

A Kennedy aide said the cost to a family of four would be $1,200 a year. There would be a 3.5 per cent employer payroll tax; 1 per cent tax on employe wages up to $15,000; another 1 per cent on nonwage income; 2.5 per cent tax for the self-employed, and an amount equaling all this from general federal revenues.

DENTAL HEALTH OF CHILDREN AND YOUTH

Mr. MONDALE. Mr. President, I ask unanimous consent to have printed in the RECORD a letter and supplementary material concerning the need of poor children for dental care.

I submit this material in support of my previously announced efforts to preserve and strengthen the early screening, diagnosis, and treatment program for children from zero to 21 years old whose families are covered by medicaid.

The Committee on Finance voted recently to postpone full implementation of this program by 2 years—from July 1, 1973, to July 1, 1975. In addition, the committee agreed to dilute the program by allowing States to offer only the services available currently under medicaid. One of the effects of this provision would be to allow the 17 States that now are not required to provide dental care to continue to deny it to youngsters who need it.

As the letter from the president of the American Dental Association notes:

A reasonably good dental care program has been mounted by only a few states . . .

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

AMERICAN DENTAL ASSOCIATION,
Washington, D.C., April 12, 1972.

Hon. WALTER F. MONDALE,
U.S. Senate,
Washington D.C.

DEAR SENATOR MONDALE: I am writing on behalf of the American Dental Association to offer our gratitude for your statement in the March 30th *Congressional Record* alerting the Senate and the public to the threatened emasculation of the provision in Title XIX of the Social Security Act requiring screening, diagnosis and treatment for needy and medically needy children. We think this section is one of the most commendable and potentially useful aspects of the entire Medicaid program and are firmly opposed to any attempt to weaken or eliminate it.

For many years, the dental profession has been attempting to persuade the federal government that it has an appropriate and essential role to play in helping needy and medically needy children to receive adequate dental care. Association policy statements in this matter date back more than three decades.

Our concern focuses on children for a number of reasons. From the professional point of view, the effort to maintain a high level of dental health in children is one that, if successful, will pay dividends throughout the rest of their lives. From a fiscal point of view, preventive dental care of a person when young is substantially less costly than the extensive corrective care needed years later when the consequences of years of rampant, unchecked oral disease become manifest.

Few Americans are totally free of oral disease. It is unquestionably true, however, that low-income families suffer a much higher incidence of untreated oral disease than the more well-to-do. Enclosed with this letter is a brief summary of some of the many studies made that document this fact.

When Medicaid was being initially considered in 1965, the Association pressed for inclusion of dental services for children as a mandatory benefit. An amendment to that effect was offered in the Finance Committee by Senator Ribicoff. The amendment was accepted by both the Committee and the full Senate but was eliminated from the bill during the subsequent Senate-House conference.

As a result, a reasonably good dental care program has been mounted by only a few states and the vast majority of needy and medically needy children have not been reached.

The screening, diagnosis and treatment amendment to Medicaid, then, seemed to us to be a recognition, at long last of the serious dimensions of the dental disease problem among poor children and an acceptance by the federal and state governments that they should help redress this problem.

It has been most discouraging to us and others to experience the long delay between Congressional passage of this amendment and implementation by the Department of Health, Education and Welfare. Now, with implementation finally underway, we consider it unthinkable that the requirements would be watered down in the way proposed.

The Association fully understands that Medicaid and indeed all health programs must compete with a severely limited amount of federal and state money and that at any given time, there isn't enough money to undertake every needed program. It is our conviction, however, that truly comprehensive health care of poor children is an essential program that has stood in line and waited its turn far too long already.

Again, the Association congratulates you on your effort to save the screening, diagnosis and treatment program for children. We are anxious to assist your effort in every way possible.

Sincerely,

CARL A. LAUGHLIN, D.D.S.,
President.

DENTAL DISEASE OF POOR CHILDREN

(1) A 1960 survey of 2,564 indigent children ages 6 to 15 living in Chicago showed that while 97 per cent of them had decayed teeth, only 8 per cent showed evidence of having received prior restorative treatment. Twenty-two per cent had missing permanent teeth and 25 per cent had permanent teeth requiring extraction because of decay. Among children aged 11 to 15 in this group, 12 per cent had ten or more decayed permanent teeth and no restorations.

(2) A 1967 survey of 3,911 five-year-old children of all economic levels in Costa County, California showed that while 24 per cent of the children from the median-income level had been to a dentist in the previous twelve months, only 6 per cent of children in the lowest-income level had done so. While only 14 per cent of the children in the median-income level had never been to a dentist, 52 per cent of the poorest children had never been.

(3) The National Health Survey, 1963–64, indicated that among children aged 5 to 14 from families with incomes of $2,000 or less, 68.7 per cent of the children had not been to a dentist in the previous two to four years and 58.3 per cent of them had never been to a dentist. For children of the same age but living in families with incomes of $10,000 or more, only 9.3 per cent had never been to a dentist.

(4) Data from various National Health Surveys shows that of the total number of dental visits for children in the income groups under $2,000, 31.8 per cent were for extractions; the comparable figure for children in the income group of $7,000 or higher is 4.8 per cent.

Preventive care accounts for more than 20 per cent of the dental visits of children from high-income groups but for only 5 per cent of the visits made by children from low-income groups.

(5) The 1967 Survey of Needs for Dental Care shows that low income dental patients in general need 14 times as many extractions due to decay and need dentures 20 times as frequently as those with incomes of $6,000 or higher.

S. 3445 AND THE McADOO AFFAIR

Mr. COOK. Mr. President, on March 30, I introduced S. 3445, the Federal Sports Act of 1972, which would establish a Federal Sports Commission with the authority to issue rules and regulations relating to certain areas of professional sports. In the period since that time, and as recently as 2 days ago, events have surfaced which indicate the urgent need for passage of that bill.

The events have arisen in the wake of the respective drafts of the National and American Basketball Associations. Robert McAdoo, all-American center for the University of North Carolina basketball team during the 1971–72 season, has signed contracts with both the Buffalo franchise of the NBA and the Virginia franchise of the ABA. He has also filed suit in the U.S. district court in Buffalo, seeking to void the first contract with Virginia on the ground that he was a minor at the time he signed the former contract. If this is true, then that contract was entered into before the end of the college season, and UNC must forfeit all games in which McAdoo played following his signing, and also UNC's share of the NCAA receipts. Identical situations occurred last year involving Howard Porter, of Villanova, and Jim McDaniels, of Western Kentucky University.

The blame for these incidents can be laid on several doorsteps. Primary among these is the bidding war existing in professional basketball due to the failure of the Congress to approve the merger bill which is now stalled in the Antitrust and Monopoly Subcommittee of the Judiciary Committee. Also culpable are the teams and the owners, who have decided to fight this war with guerrilla tactics, including misrepresentations, deceit, and fraud. The deplorable lack of ethics which some of the teams have displayed in this war, and the disregard which they have shown for the self-respect of the players and the universities for which those players participated, has cast a dark cloud over the game of basketball and the entire world of sports.

The players are certainly not blameless in this tragedy. They have revelled in a sellers' market; demanding contracts which they later repudiate, taking advantage of their colleges and college teammates, and employing almost any legal or quasilegal means of boosting their contract terms.

The tragic irony of this cycle is that everyone loses. The player almost invariably finds that his contract is not what it was represented to be. He finds he has lost his only opportunity for a good education, and he probably has lost a good deal of self-respect and fan support.

The teams continue to dig financial graves, tying themselves to huge overheads which gate receipts cannot possibly overcome.

Finally and most importantly, the fans lose. They see athletes and teams motivated solely by greed, and not by the love of athletic competition. Ticket prices spiral, so that many fans who used to walk down the street to the arena can neither get into the game, nor watch it on television due to blackout arrangements. How long can fan enthusiasm possibly survive under such circumstances? The noticeable decrease in fan support during the first few days of the baseball season, following the 13-day player strike, is an illuminating example of the effects of these controversies on the sports world.

The value of sports to the American public, both as a national recreation form and as a beneficial sociological factor, is much too great to be jeopardized by the self-destructive controversies which are currently proliferating. I respectfully ask Senators to join with me in the passage of S. 3445, which will provide the mechanism for preserving a great aspect of American culture.

THE INVASION OF SOUTH VIETNAM

Mr. GURNEY. Mr. President, I read with great interest the feature stories by Saigon Correspondent Henry S. Bradsher that appeared in the April 11 and April 14 issues of the Washington Evening Star. Even though it has been obvious for a long, long time that Hanoi's intentions are to settle for nothing short of a Communist-controlled government in South Vietnam, there have been those who have questioned the validity of that aim. If the recent ongoing invasion of South Vietnam by the North Vietnamese has not been enough to convince the doubters, the documents setting forth the goals of this invasion, to which Mr. Bradsher refers in his articles, should erase any questions as to the aggressive intentions of North Vietnam.

The disclosure, by Hanoi radio on April 11, of North Vietnamese objectives sheds a great deal of light on the reasons for their blatant invasion of the south that started on March 30. According to this radio broadcast, a copy of which I have here before me, this military action is no spontaneous uprising or civil war, as so many have for so long claimed. Rather, the broadcast called for "mobilization of all our forces" to "persevere and step up" the effort to achieve a total Communist victory in South Vietnam and praised "the loyal, stanch, and indomitable southern compatriots—the Vietcong—and the northern compatriots who are working industriously, fighting heroically, and wholeheartedly aiding the frontline—the North Vietnamese Army."

The evidence indicates that the policy under which this invasion was carried out was developed either late last December or in January by the 20th North