UNITED STATES OF AMERICA

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS
SECOND SESSION

VOLUME 118—PART 9

MARCH 29, 1972 TO APRIL 10, 1972

(PAGES 10747 TO 12010)

UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON, 1972

tain residue of acid, paint, or chemical, which ultimately are released into the environment. The drum reconditioner performs the first step in abating this potential environmental problem when he cleans the residue out of used drums. At that time, he collects the residue and sludge deposits in the drum and disposes of it in accordance with developing environmental practices.

The traditional standard 18-gage steel drum can be reused over and over again for as many as 10 or 15 times. A lighter weight, 20/18-gage drum can usually be reconditioned two or three times. However, a lighter-weight, new-type drum, known as 24-gage or Monostress, has now been put on the market as an intended "throwaway" or a "single use" drum. After one use, it has no further functional value. If society is lucky, these drums will end up in a scrap yard where they can be recycled, but even then the disposal cost must be borne by the taxpayer.

At other times, however, it may very well end up as an unsightly 55-gallon blot on our Nation's countryside.

I have used the analysis of the steel drum to illustrate the need for the Subcommittee on Air and Water Pollution to take a close look at the concept of reuse, both as it relates to the conservation of our national resources and as a valuable tool for enlarging the effort to protect the world in which we live.

Prior to hearings next year, the Public Works Committee intends to review business practices which encourage single-use consumer products such as the steel drum. The committee also will provide for Federal guidelines which will serve as disincentives to such practices in order that the public interest can best be served.

Just imagine, if you can, a six-pack of 55-gallon "throwaway" cans.

HEALTH OF CHILDREN AND YOUTH

Mr. MONDALE. Mr. President, I have asked for time to speak this morning in order to bring to the attention of the Senate the little-publicized recent decision of the Committee on Finance to postpone and dilute a program that is of vital importance to the health of millions of poor children.

I refer to the requirement for "early and periodic screening, diagnosis and treatment" of health problems of children covered by medicaid. The committee action took the form of amendments to H.R. 1, the administration's proposed welfare and social security legislation.

On March 7, the committee announced that it had voted to postpone the effective date for the screening of all eligible children and youths by 2 years—from July 1, 1973 as now required by the Department of Health, Education, and Welfare, to July 1, 1975. HEW regulations specified that services for children from 0 to 6 years old be available on February 7, but gave the States until July 1, 1973, to phase in programs for dependents up to age 21.

In addition, the committee announced that under an amendment it adopted States would not be required to offer additional medical treatment for diseases discovered by the screening process. The HEW regulations specifically require the States to provide eyeglasses, hearing aids and certain kinds of dental care for children and youth regardless of whether such services were provided to other medicaid recipients.

As a result of the Finance Committee's action, children in as many as 18 States could be deprived of eyeglasses they need; in 25 States, they could go without needed hearing aids; and in 17 States, without certain dental services they require.

The decision by the Finance Committee only compounds a grievous injustice which has already been done to the estimated 11 million children from infancy to age 21 who are potentially eligible for these health services.

For the program that the committee has chosen to postpone and dilute was approved by Congress in 1967 and has only begun to go into effect in the last month or two. It took the Department of Health, Education, and Welfare nearly 4 years to develop and publish regulations to guide the States in setting up their programs.

In the meantime untold numbers of children from families who cannot afford private health care have gone without a physical exam; without dental care; without a test to determine whether they require eyeglasses or a hearing aid, without a test for anemia or diabetes or malnutrition. We can never know how many children have suffered and may suffer for the rest of their lives because these opportunities were not available to them.

We can guess the effects from the report of screening done in Mississippi, one State which went ahead and implemented its own program despite the delay of HEW in promulgating regulations. In Mississippi, examination of 1,178 youngsters revealed 1,301 "medical abnormalities." These included 305 cases of multiple cavities, 241 cases of anemia, 97 cases of faulty vision, 217 cases of enlarged tonsils, and significant numbers of cases of hernia, intestinal parasites, and poor hearing.

For years the Department of Health, Education, and Welfare dragged its feet in implementing this program. Finally, in November of last year, the Department issued regulations directing States to initiate their programs by February 7, 1972. I ask unanimous consent to have printed at this point in the RECORD the correspondence which I have had with Secretary Elliot Richardson concerning the implementation of the program.

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

FEBRUARY 18, 1972.

Hon. ELLIOT L. RICHARDSON,
Secretary, Department of Health, Education, and Welfare, Washington, D.C.

DEAR MR. SECRETARY: I have a strong interest in the progress of the early screening and diagnosis program for children under Medicaid.

I would appreciate it if your office would provide me with answers to the following questions about the program by the close of office hours on March 1.

1. How many states actually had programs operating on February 7, the deadline for implementation? Which ones did not?

2. How many states have made submissions (preprints, manual information, etc.) describing their programs and indicating their compliance with the HEW regulations? Which ones have not? What is being done by HEW to assure that this information is submitted?

3. How many states and which states have chosen the option of providing services for children only to age 6 immediately and working toward providing them for persons to age 21 by July 1, 1973? Please indicate the stages in which each State that has postponed service for 21 year olds will work toward the deadline.

4. How many States have been ruled in compliance with the regulations? Which ones have not? Why? Please list by State.

5. According to the information you have received, which States are not providing any of the services listed under Point 4 of the "Requirements" in the Medical Assistance Manual guidelines ("medical history . . . assessments of immunization status and updating immunization")? What is being done to institute these screening services in States that do not have them?

6. Under Point 4 as described above, are States required to test for sickle cell anemia? Lead paint poisoning? Diabetes?

7. How often must a child be examined under HEW's definition of "periodic"?

8. Would you please submit drafts or final versions of the "comprehensive guidelines" that are scheduled to replace the "interim guidelines"?

9. What efforts are being made by the States to assure that all eligible children are receiving the benefit of this program? Please list by State?

10. What arrangements have the States made to assure that when a health problem is identified the child receives the proper treatment? Please list by State.

11. What requirements has HEW adopted to discover how many poor children are now receiving early screening and diagnosis services in each State, and how many will receive them in the future years? Please submit available statistics.

Thank you for your cooperation.

Sincerely,

WALTER F. MONDALE.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE,
Washington, D.C., March 23, 1972.

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

DEAR SENATOR MONDALE: Thank you for your letter of February 18 inquiring about progress in the early screening and diagnosis program for children and under Medicaid.

Enclosed (Attachment A) is a copy of a summary of data from a survey which was conducted through Regional Offices of the Medical Services Administration shortly after the effective date of the early screening regulation. Based on this source and other information obtained by MSA, I will respond to your questions in the order they are presented.

1. We know that Kansas, Maryland, Mississippi, Tennessee and Virginia had operating programs on February 7. Alabama, Connecticut, Nebraska and Oklahoma had claimed earlier that they had programs. We are actively engaged in following up with each State to ascertain the status of their program and assist them in getting underway.

2. As of February 7, 1972, 15 States had submitted plan amendments indicating their compliance with the regulations, 34 had not, and on three we had no information. Our Regional Offices are following up with the States to see that the necessary plan amendments are submitted.

3. Regarding coverage by age group, our in-

formation relates to States' intentions, not their actual plans (except for the 15 States that had submitted plan amendments and Mississippi, Tennessee, and Virginia). As of February 7, 20 States intended to include all ages up to 21, 6 States would cover ages up to six, one State would cover up to 12, and information was uncertain on 15 States.

4. No States have been ruled out of compliance with the regulations. Under the procedure established by the Social and Rehabilitation Service (which administers the Medicaid program through the Medical Services Administration), the SRS Regional Commissioners submit a quarterly report on States' compliance with SRS regulations. The next such report will reflect status of State programs as of March 31, 1972.

5. We do not have information regarding which States are not providing any of the services listed under Point 4 of 'Requirements" in MSA's interim guidelines. We will be obtaining this information through our Regional Offices in the process of preparing the March 31 compliance report. We will also get information on what steps States are taking to initiate various screening services.

6. Point 4 does not require States to test for sickle cell anemia, lead-based point poisoning, and diabetes. The proposed content of the screening program is under close study in connection with the development of the final guidelines which will be issued to the States.

7. We will interpret the meaning of "periodic" in the comprehensive guidelines. Our present view is that periodicity will vary with respect to the condition being screened. For example, screening for sickle cell anemia needs to be done only once, and screening for lead-based paint poisoning should be done between one and six years of age, but does not need to be done thereafter.

8. We will be pleased to submit drafts of the "comprehensive guidelines" as soon as they are ready. We hope this will be within the next month.

9. Again, we do not have an inventory of States' efforts to assure that all eligible children are receiving the benefit of the program. This is another item which our Regional Offices will canvass for the March 31 compliance report. We can report, however, that in one or more States eligibility workers inform families of the screening program when their eligibility is established; letters are sent to current AFDC families informing them of the programs; and State and local agencies are developing outreach programs with staff of Head Start, Maternal and Child Health Services, and other community agencies.

10. We do not know what arrangements States have made to assure that children will receive proper treatment for identified health problems. Our final guidelines will suggest various measures. It must be borne in mind that under the final regulations the States are required to provide only such treatment as falls within the amount, duration, and scope of services set forth in the State's Medicaid plan, plus treatment for visual, hearing, and dental care if those items are not included within the regular items of service covered by the plan.

11. SRS's Division of Program Statistics and Data Systems is modifying its quarterly data collection and reporting system to include specific information on numbers of children receiving early screening starting with the current quarter. Projections of future coverage will be made by MSA's Office of Program Planning and Evaluation. SRS also has authorized conduct of a research and demonstration project this year on the evaluation of early screening programs, one product of which will be the development of means of identifying and recording data on diagnosis and treatment of children screened.

I appreciate your interest in the progress of the early screening program, and I wish to assure you that we will do our best to see that it is effectively implemented by the States. In the coming weeks we will be devoting increasing attention to the preparation of the final guidelines, the provision of technical assistance to the States, and monitoring their activities in carrying out the program in full accord with the statute and regulations.

With kindest regards,

Sincerely,

ELLIOT RICHARDSON,
Secretary.

ATTACHMENT A

ANALYSIS OF STATUS OF STATES IMPLEMENTATION OF PR 40-11(C-4) AS OF FEB. 7, 1972—EARLY SCREENING, DIAGNOSIS, AND TREATMENT

	Plan amendment submitted to regional office		Form in which the amendment was submitted		Age group elected, Jan. 1, 1972	Problem areas identified as precluding proper implementation and coverage
	Yes	No	SRS preprint	Other		
Total	15	34	9	6	15—NA; 16—0 to 6; 20—0 to 21; 1—0 to 12	
Region I:						
Connecticut		X			NA	
Maine		X			NA	
Massachusetts		X			NA	
New Hampshire		X			NA	
Rhode Island		X			NA	
Vermont		X			NA	
Region II:						
New Jersey	NA	NA			NA	
New York		X			0 to 6	
Puerto Rico	NA	NA			NA	
Virgin Islands	NA	NA			NA	
Region III:						
Delaware		X			NA	State plan omits dental care.
District of Columbia		X			NA	Unknown.
Maryland		X			0 to 6	State plan omits hearing aids.
Pennsylvania		X			0 to 6	No drugs for medically indigent only.
Virginia		X			0 to 21	State plan omits dental care.
West Virginia		X			NA	State plan omits dental care.
Region IV:						
Alabama	X		X		0 to 6	
Florida		X			0 to 6	
Georgia		X			0 to 6	
Kentucky		X			0 to 6	
Mississippi		X			0 to 6	
North Carolina		X			0 to 6	
South Carolina	X			X	0 to 6	
Tennessee		X			0 to 6	
Region V:						
Illinois		X			0 to 21	
Indiana		X			0 to 21	
Michigan		X			0 to 21	
Minnesota		X			0 to 21	
Ohio	X		X		0 to 6	
Wisconsin		X			0 to 21	
Region VI:						
Arkansas	X		X		0 to 21	
Louisiana	X		X		0 to 6	
New Mexico		X			0 tf 6	
Oklahoma		X			0 to 21	
Texas		X			0 to 6	
Region VII:						
Iowa	X		X		0 to 12	
Kansas	X			X	0 to 21	
Missouri	X		X		0 to 6	
Nebraska	X			X	0 to 21	
Region VIII:						
Colorado		X			NA	State plan excludes eyeglasses, dental care.
Montana		X			0 to 21	
North Dakota	X		X		0 to 21	
South Dakota		X			NA	State plan excludes dental care.
Utah	X		X		0 to 21	
Wyoming		X			NA	State plan excludes dental care, hearing aids, eyeglasse

ATTACHMENT A—Continued

ANALYSIS OF STATUS OF STATES IMPLEMENTATION OF PR 40-11(C-4) AS OF FEB. 7, 1972—EARLY SCREENING, DIAGNOSIS, AND TREATMENT—Continued

	Plan amendment submitted to regional office		Form in which the amendment was submitted		Age group elected, Jan. 1, 1972	Problem areas identified as precluding proper implementation and coverage
	Yes	No	SRS preprint	Other		
Region IX:						
American Samoa						
Arizona						
California	X			X	0 to 21	
Guam	X			X	0 to 21	
Hawaii	X			X	0 to 21	
Nevada		X			0 to 21	
Trus Territory						
Region X:						
Alaska						
Idaho		X			0 to 21	
Oregon		X			0 to 21	
Washington	X		X		0 to 21	

Mr. MONDALE. Mr. President, I think that this correspondence makes it clear that even with 4 years in which to gear up, HEW has very little idea of whether programs are actually operating in most States or of the nature of the services offered. On March 23, more than 6 weeks after the effective date, the Secretary wrote to me that only five States definitely had programs operating on February 7. Four States "had claimed earlier that they had programs," the Secretary wrote. What about the other 41 States?

Other crucial information that is lacking includes whether the States are taking steps to see that all eligible children are receiving the benefits of the program, and to insure that youngsters with health problems actually receive treatment for them.

I cite these deficiencies in the HEW effort to establish and monitor the programs as evidence that acceptance by the full Senate of the Finance Committee's amendments might kill this worthwhile and sorely needed program permanently.

It is obviously from the lack of information in the Secretary's response to my letter that the Finance Committee has made its decision without even knowing the scope of the financial burden implementation of the program has placed on the States. The American Academy of Pediatrics tells me that preventive health care for young people is the best insurance against development of chronic, expensive health problems in later years.

Further postponement and dilution of the requirements for State efforts—in the face of the incredible delays already tolerated by the Congress—can only be expected to signify an abandonment of congressional commitment to the program it authorized.

We have a hard enough time as it is passing the kind of legislation needed to assure a good life to the American children who are born in poverty. The very least we can do for them is offer the prospects of a healthy childhood and youth so that they will have a fair chance at an education and at the other opportunities that can ultimately help them break free of the poverty cycle.

When the committee version of H.R. 1 reaches the Senate floor, I intend to offer amendments to assure that the "early and periodic screening diagnosis, and treatment" program is both preserved and implemented.

I call Senators to support me in this effort.

VANDERBILT TELEVISION NEWS ARCHIVES AVAILABLE TO THE PUBLIC

Mr. HANSEN. Mr. President, Vanderbilt University has undertaken what I believe is a significantly important role as the caretaker and recorder of the television news programs of America. These programs, in my opinion, may be an important part of the visual record of the history of our times.

The Vanderbilt archives made it possible in the spring of 1971 for Members of Congress, newsmen, and commentators, and the general public to view in the Senate Office Building the news coverage by the major networks of the Laos incursion by troops of South Vietnam.

The administrative consultant to the Vanderbilt Television News Archives, Mr. Paul C. Simpson, has notified me that the programing available at Vanderbilt has been cataloged and published in a periodical called Television News Index and Abstracts.

To describe briefly the purpose of the index, I quote the following from Mr. Simpson's letter:

> We hope to publish this monthly. At this time we are distributing approximately 275 copies throughout the United States to individuals, institutions, and organizations. We believe that these index and abstracts will serve two extremely useful purposes. We believe that they will give a quick review as to what has been shown on the television network news programs. We also know that they will serve as an extremely useful guide to the Vanderbilt Television News Archives collection of videotapes which extends back to August 5 1968.

Mr. President, the Vanderbilt Television News Archives is a nonprofit enterprise of the university. It comprises a videotape collection of the evening news broadcasts of the three major television networks—ABC, CBS, and NBC. The programs are videotaped each day off the air as they are broadcast in Nashville, Tenn.

The collection is available for use at the archive, for a nominal viewing fee, and on a rental basis for use elsewhere.

Mr. President, I believe this availability is of considerable interest nationwide, and those who are interested in access to the collection should write to Mr. James P. Pilkington, Administrator, Vanderbilt Television News Archives, Joint University Libraries, Nashville, Tenn. 37203.

HOW DEFENSE DEPARTMENT BEATS THE TAXPAYER

Mr. PROXMIRE. Mr. President, on Tuesday the Chief of Naval Material Command came before the Joint Economic Committee to testify on ship claims as well as other procurement.

In the course of Admiral Kidd's testimony I asked him about the orders he had received from Admiral Zumwalt to speed up spending and get rid of appropriated money.

Mr. President, the story of this hearing is about as devastating an indictment of service waste as I have ever heard—and I have heard plenty in the 5 years I have been in the Senate.

For this reason I ask unanimous consent that the transcript of the hearings be printed in full in the RECORD at this point.

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

ACQUISITION OF WEAPON SYSTEMS, PART 6

(Tuesday, March 28, 1972)

The Subcommittee met, pursuant to recess, at 10:00 o'clock, a.m., in Room 1202, New Senate Office Building, Senator William Proxmire (Chairman of the Subcommittee), presiding.

Present: Senators Proxmire (presiding), and Percy.

Also present: John R. Stark, Executive Director; Richard F. Kaufman, Economist; Loughlin F. McHugh, Senior Economist; Walter B. Laessig, Minority Counsel; Leslie J. Barr, Minority Economist; and E. A. Fitzgerald, Consultant.

Chairman PROXMIRE. The Subcommittee will come to order.

The Subcommittee on Priorities and Economy in Government began studying shipbuilders; claims against the Navy and shipbuilding practices in 1969. The claims problem has grown worse since that time and some of the disturbing aspects of the shipbuilding industry have also been aggravated.

The claims problem became critical when for the first time the dollar volume of claims pending and about to be filed neared the one billion dollar mark. Never in our history had the volume of shipbuilder claims been so high.

In 1969 the Navy "settled" a claim with the Todd Shipyards Corporation for $96.5 million, representing about 90 percent of the face value of the original claim.

This Subcommittee asked the General Ac-