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of competition—that would be counter to the public interest—but I believe competition in a regulatory framework should not be so excessive and wasteful as to bleed off resources which could be applied elsewhere in serving the public.

The planning group might also focus on the industry's future requirements for new technology aircraft. Historically, military research and development contributed to improvements in commercial aircraft, but this is no longer true because of changes in the military requirements and budget. Who will conceive and build the aircraft of tomorrow? Development costs will be too great for any one manufacturer to bear.

Secor Browne, chairman of the Civil Aeronautics Board, is deeply concerned with the problem. Based on technological leadership, this country has supplied more than 80 per cent of the Free World's commercial aircraft, but that leadership is being seriously challenged overseas. How will the challenge be met? Mr. Browne's solution is to establish an aerospace reconstruction finance corporation that would provide loan guarantees to support the development and production of new aircraft. And here, I point out, not only are airlines involved—the problem affects the aircraft industry, thousands of jobs, the nation's balance of payments and the national economy, and I might add, a little pride. We have always had a great "can do" attitude in this country. Are we losing it?

Airline managements, individually and collectively, fully recognize and actively assume responsibility for the future of the industry. Neither the government nor the financial community will ever replace effective managerial skills and energies as the first-line defense of free enterprise in air transportation. It is and it will be the job of airline management to preserve and to protect its present and future business independence. It can do this only by continuing to achieve profitable results from its operations; by maintaining efficiency, along with safety and dependability; by avoiding excess in schedule capacities and in service features; and by sticking to the business principle of giving the customer what he wants at the lowest price that will permit a reasonable profit.

Our privately owned and operated air transport system has distinguished itself by its efficiency and low cost to the consumer; its development of new markets and classes of service; its improvements, innovations and technological advances; its safety and dependability record; and its ceaseless efforts to provide satisfaction for millions of customers.

Despite its accomplishments, the system is vulnerable and its survival will depend on the collective wisdom of airline management, our regulators and others in government who share responsibility for what is now the finest air transport system in the world.

The threads of possible change are there—they should be recognized and action initiated while there is still time.

Thank you.

THE PROBLEM OF PRIVACY

Mr. MATHIAS. Mr. President, as our society becomes increasingly impersonal and technological, the ever present dangers to the privacy of the individual multiply. I am pleased to note, however, that attention to the problem of privacy has resulted in a fine symposium in the Columbia Human Rights Law Review. Included in the symposium is an article by my distinguished colleague from North Carolina, Senator ERVIN, entitled "The First Amendment: A Living Thought in the Computer Age." The privacy symposium has now been re-

printed in hardback so that its essays and articles will reach a much wider audience. I think that this book, "Surveillance, Dataveillance and Personal Freedoms: Use and Abuse of Information Technology," should be on the reading list of all thoughtful Americans.

THE CRIPPLING EFFECTS OF MALNUTRITION ON INFANTS

Mr. MONDALE. Mr. President, an outstanding article appeared in the April issue of Redbook magazine, one which describes the crippling effects of malnutrition on infants. This article, entitled "How to Save Babies for Two Dimes a Day," was written by Virginia M. Hardman. It highlights the dramatic results achieved by a nutrition program in Memphis, Tenn., undertaken jointly by the Memphis Area Project South—MAP-South—and the St. Jude Children's Research Hospital.

In the 4 years MAP-South has been working with St. Jude's, the program has restored some 4,000 children from Memphis to health. In one area of the city, the yearly infant death rate has been reduced from 84 per 1,000 births to 20 per 1,000—the national average.

Malnutrition can permanently disable children, both physically and intellectually. The cure for hunger is food, but it must be provided to infants in critical early months—before it is too late.

That is why last fall the Congress approved the proposal introduced by my colleague from Minnesota, Senator HUMPHREY, to enable local health or welfare agencies and nonprofit private groups to provide food to pregnant women and to infants endangered by malnutrition.

This measure, which I was privileged to cosponsor in the Senate, recognizes that special high quality foods designed specifically for infants ought to be made available as part of the Federal effort to combat hunger.

Congress made available \$20 million each year for fiscal 1973 and 1974 to serve as the beginning of a nationwide effort to eliminate malnutrition among the very young. However, the administration has refused to spend any funds for the new program, and the Department of Agriculture has failed to move forward on its implementation.

This is another clear indication of lawlessness by the executive branch.

Mr. President, I urge my colleagues in the Senate to carefully consider Virginia Hardman's article in Redbook, and I ask unanimous consent that it be printed in full in the Record.

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

HOW TO SAVE BABIES FOR TWO DIMES A DAY (By Virginia M. Hardman)

December. A raw day. I am in Tennessee, walking through the South Memphis slum neighborhood. My companion, Mrs. Johnnie Mae Jones, is a member of Memphis Area Project South (MAP-South), a community self-help organization. Working jointly with the St. Jude Children's Research Hospital, of Memphis, women like Mrs. Jones have brought large numbers of undernourished

children into a special nutrition program. I have joined her to learn how the program operates.

Mrs. Jones seems to know almost every person, street and house in the area. We wait ten minutes at an unguarded intersection for a freight train to pass. She tells me that a child was killed here. In a half hour's walk, not a bus passes. Finally we reach our destination, a dilapidated frame house. It looks abandoned. Mrs. Jones knocks on the door. "Come in," says the housewife, Mrs. Henry Trainer, who knows my companion well.

Inside, two little old men are sitting on a broken-down couch; the one sucking on a bottle is Bobby, aged three. He and his four-year-old brother, Ralph, stare straight ahead. They have the glazed look sometimes seen in the eyes of the aged who have lost interest in life, who expect nothing good ever to happen to them again.

Usually I get along better with children than with adults. Not this time. All my overtures meet with no response, and the children finally retreat to the kitchen, leaning motionless against a table while I talk with their mother.

She tells me that Bobby and Ralph were born in Memphis, the youngest of nine children, and she tells me a little about her struggle against poverty and despair. Although her husband works, the pay is so low and the family so large that it qualifies for food stamps, which are issued by the Tennessee Department of Public Welfare and bought at special branch offices in slum neighborhoods. Mrs. Trainer spends \$49 for food stamps a month. Most months. With the stamps she can buy about \$160 worth of food, which works out to less than 50 cents a day per family member.

As we sit there talking the wind blows through the flimsy walls of the five-room house. Mrs. Trainer explains that the family uses only three of the rooms in winter to save on heating. She ignores my next query, on the logistics of bedding down 11 people in three rooms. She has the strength of a countrywoman in imposing her silences. Then she opens a new subject, telling me what I already know—that Bobby and Ralph are in the nutrition program.

"They much better than they used to be. Been on it 'most three years. They started giving me extra food for the five youngest all at the same time. Then couple weeks later they took the older ones too for a while. The older ones don't get it any more. They over six years old and get school lunches instead—'cept these two."

Bobby was three months old and Ralph 16 months when they came into the program. In Ralph's case the underdevelopment of his brain, caused by malnutrition, may be permanent.

Only when we are at the door and I call out to the children, "We're going now—come say good-by," do they venture out of the kitchen. Bobby, in a hoarse kind of whisper, seems to be trying to say good-by.

Out in the street with Mrs. Jones, I think about what I have learned so far about the effects of child malnutrition and about this nutrition program in Memphis, which has already decreased the yearly infant death rate in one area of the slum from 84 per 1,000 live births to 20 per 1,000, the same as the over-all infant death rate in the United States.

Malnutrition can kill. That is terrible enough. But malnutrition in children who survive it can disable them for life. It not only stunts physical growth and makes its victims sickly, but also its effect in brain-cell development in the first six months of life can be disastrous.

These facts had been given me by Dr. Donald P. Pinkel, medical director of St. Jude Hospital, and his associate, Dr. Paulus Zee, the hospital's nutrition director. It is their concepts in relation to nutrition that are

being tested in the remarkable program operated jointly with MAP-South in the effort to save the lives and intelligence of preschool children in this Memphis slum.

The MAP-South project has a history dating back to 1964, when the people of the area formed a community organization to find ways of breaking the poverty cycle in their neighborhood. This group evolved, with the support of the U.S. Office of Economic Opportunity, into a highly effective institution that today includes full-time specialists, part-time neighborhood aides (recruited from impoverished families and counseled by professional social workers), as well as VISTA and citizen volunteers from the community at large. In the four years MAP-South has been working with St. Jude's, the program has restored some 4,000 children to health. And it was done by "prescription"—prescription for the only cure and prevention there is for malnutrition: food.

Special "prescriptions," signed by St. Jude physicians or specially trained nurse practitioners, are taken by poor mothers to a warehouse filled with surplus and donated foods and run by MAP-South personnel. There the mothers are given evaporated milk, enriched farina, a corn-syrup blend, canned juice, canned meat or poultry, canned vegetables, milk-beverage mix and instant nonfat dry milk.

And for infants there is Similac, a special formula reinforced with iron and containing protein, lactose, calcium, phosphorus and all the vitamins a baby needs, from A through E. Cost of the proper dosage for a baby? Twenty-one cents a day—\$37.80 for each child in the crucial first six months of life—\$37.80 to support the brain during its most critical growth period, to assure good physical growth, to prevent anemia and vitamin deficiency. This immensely valuable St. Jude-MAP-South nutrition program is a pilot project, and it may pattern a pioneering new approach to the care and well-being of the infants of this nation.

Mrs. Jones and I continue on our way. Our next stop is the warehouse. I watch as the mothers hand in slips for their month's supplies and sign receipts. Sometimes the process is slow as a name is laboriously printed, or quick when an X is the signature; only a few seem to write with ease. The women wait on a bench while their orders are packed into cartons by two friendly and businesslike men.

"How do they get those heavy cartons home?" I ask.

"We're all apples off the same tree," says one of the men cheerfully. "We help each other manage."

In an adjacent office two women—employees of MAP-South—maintain the records of families with children on the nutrition program. They tell me that about 140 people a day come in for prescribed food. I leaf through a few case histories. I find that in a surprising number of families the husband is employed, but his wages are pitifully low.

There are the Fishers, for example. Mr. Fisher is a day laborer for a large barge company. He earns \$2.26 an hour. Mr. and Mrs. Fisher and their eight children occupy a four-room apartment. The eight-year-old twins each are blind in one eye. Both have been hospitalized for pneumonia at St. Jude. The other children have been treated there for an assortment of illnesses, including malnutrition.

Winter is especially hard for the Fishers because it is the off season in Mr. Fisher's work and he gets only two or three days of work a week. Sometimes he's laid off for a week or more. At such times, says Mr. Fisher, the family would starve if St. Jude and MAP-South did not help with emergency food.

Mrs. Jones and I leave the warehouse and pay a visit to Mrs. Daisy Leonard. Daisy has worked hard most of her life. Her smile and slim body are girlish, but her eyes and hands

belong to a woman of 50. In fact, Daisy is 26, and the head of a household of four small children. She has what she calls an "income" of \$1,740 a year—just \$33.46 a week to house, feed and clothe a family of five.

Daisy's schooling ended with the sixth grade, when she went into the fields and picked cotton with other members of her family, sharecroppers in Arkansas, who worked from dawn to dusk like beasts of burden. Seven years ago an older sister broke away and moved to Memphis, a distance of 150 miles. A year later she sent for Daisy, who was then 20 and the mother of two babies.

"It was another world. We stayed on because we have a better chance in the city. Everything's better here, especially for the kids. I did day work—cleaning houses and going out to chop cotton just over the border, in Mississippi. Me and my sister lived together, took care of each other's kids. But she got married and moved out, so now I can't work. Don't have anyone to mind my little ones."

There are four children now, Letty, Danny, Frankie and Ginny.

What does Daisy want for her children?

"The first thing, I want them to have a good education and stay out of trouble. That's why I scrimped and saved to get this TV; children gotta have something to do. Then I want them to be able to get good jobs and keep them. I want them to be happy. Strong too."

"My two youngest was real sick awhile back. If it wasn't for the hospital, I don't know if Ginny'd be here today. They took care of Frankie too—operated twice for his eyes. They still feeding both children."

The two youngest children seem lively and healthy enough now. But Ginny was an undersized, irritable three-month-old with a swollen belly and spindly legs when a St. Jude nurse first visited the household, three years ago last summer. She was promptly hospitalized for treatment for severe malnutrition. Frankie's malnutrition was less critical. A nourishing high-protein diet with plenty of minerals and vitamins was prescribed for him.

"I knew something was wrong with the baby—she never acted right. Same with Frankie. But I didn't know what to do. Then that hospital came and found us like we were lost. They kept Ginny in St. Jude's awhile. I was scared just thinking about that tiny little baby of mine without her mother. I knew they were good to her. But I missed her. So I used to walk there every day to see her."

Isn't there a bus?

"Costs thirty-five cents. Each way."

So Daisy walked six miles in the blazing heat of a Memphis July to be with her baby. Every day for ten days.

The room in which we are sitting is the only warm one in the ramshackle house. A gas heater is going, and on top of it is a skillet of rice "because the kitchen is too cold to cook in." The stuffing is coming out of the couch, but the bed is carefully made up. The only other furniture in the room are a chair and a TV set.

Mrs. Leonard's monthly income of \$145 comes from the Aid to Dependent Children welfare program. She pays \$40 a month for rent. Gas and electricity run between \$30 and \$40 in this unheated place. After rent and utilities are paid, \$70 is left. Thirty-six dollars goes for food stamps, with which Mrs. Leonard buys some \$115 worth of food each month. With today's high prices, the food is insufficient to feed the family of five. If it were not for the nutrition program, Mrs. Leonard couldn't manage.

While we talk, Ginny and Frankie play cowboys. Daisy interrupts them to give Ginny a spoonful of peanut butter. Frankie claims and gets a spoonful too.

"They eat it like candy," Daisy tells me.

"For a while, when we couldn't get it from the warehouse, I had to scrape up the money to buy it because the nurse said the children need it. It makes them grow."

I look at this young mother trying so hard—and alone—to bring up her children and at the roaches boldly crawling along the walls. Suddenly the vermin and the dilapidation sicken me. I want out. Instead I ask, "Wouldn't you like to move?"

"Into what? This here is the best place I ever had. We got our own toilet and running water—they're indoors and just for us. I'm happy here. I'm treated good, especially the children."

Danny Thomas Boulevard connects two worlds, the South Memphis slum and St. Jude, which is at the opposite end of town. The hospital was built in fulfillment of a vow to the patron saint of the hopeless made in 1940 by a young man desperately struggling to break into show business. Many people helped entertainer Danny Thomas build the hospital that is the fulfillment of that vow.

St. Jude Children's Research Hospital opened its doors nearly 11 years ago as a research center for catastrophic childhood diseases, including leukemia and other forms of dystrophy. No fees are charged. Patients come from all over the country, but only on referral by their own doctors. To Danny Thomas, "St. Jude Hospital is what democracy is all about—caring for each other regardless of race or creed, not thinking of pay."

On my second day in Memphis, late in the afternoon, I am in the office of the hospital director, Dr. Pinkel. He is a barrel-chested man in his mid-40s, with blue eyes as inquisitive as a small boy's. He seems like an athlete eager to get back to the game. Despite his courtesy, it's clear that he doesn't enjoy talking to visiting journalists, just as it was clear in the clinic where we've already met that he very much enjoys children. He has nine of his own. After this one item of personal information is elicited from him, Dr. Pinkel takes over the interview, plunging into the subject of our meeting.

"Malnutrition is unconstitutional. It's also unethical and immoral.

"Every American child has a constitutional right to be adequately nourished. Life, liberty and the pursuit of happiness are impossible if you're stunted in infancy, physically and mentally. I don't understand why the American Civil Liberties Union doesn't take this up."

This is no radical firebrand talking, as I already know, but a rather conservative, churchgoing pillar of society with impeccable scientific credentials. Everything about Dr. Pinkel seems conventional except his rage against malnutrition and his battle to save the children.

"Adequate diet is more important than compulsory education. For if the brain cells don't develop in the first six months of life, they never will. And without enough brain cells you can't learn. If you're anemic, as almost all malnourished children are, you don't even have the energy to try. Some folks opposed free schools a hundred and fifty years ago. Today some folks oppose free food for children. Yet an infant's diet determines his life. Poor diet makes for poor people."

How widespread is malnutrition among preschool children?

"Nobody's ever taken a census. But if you consider the number of working poor and welfare families and add to that the unemployed, and allow a margin for poor eating habits in the middle class, you'd get a high estimate."

As high as a million?

"I'd say many millions. There's probably no community in America in which some children are not suffering from malnutrition. It's a disease, a widespread disease. We need state laws guaranteeing every child's

nutrition. There's enough inborn, genetic retardation about which nothing can be done. But the brain damage caused by poverty is preventable. All it takes is food. There are Federal standards for animal care, none for child care."

How did St. Jude get started on its nutrition program?

"We started by asking the community what was needed and then did a study. Once the facts were clear, we devised a method—food by prescription. We left initiative and control to the MAP-South people. They receive the food and distribute it and they maintain a constant alert for malnourished children. We provide the expertise—medical personnel, nurse practitioners, hospital facilities, medicine, vitamins, infant formula."

Can the Memphis program be duplicated elsewhere?

"Yes. And it should be. We've proved that nutritional needs of a low-income population can be defined and met—and at very low cost—if the community itself is enlisted from the start. Memphis isn't unique. Nor are the affluent immune to the effects of malnutrition, here or anywhere. Many middle-class people don't know the facts about good nutrition. Besides, no matter how far away you move from the source of infection, the economically comfortable family in East Memphis gets sick too, and often from a disease that began in the South Memphis slum. Poverty anywhere is a threat to everybody's children. The point is to go out into the community and do something there, where the trouble starts.

"We're dealing with a catastrophic disease. And as we've proved, it costs very little to save the body and mind of a child. Why, it's the bargain of the century! In human terms the social costs of malnutrition are devastating. They're cumulative. If nothing is done, your kids and mine will have to pay the bill."

Dr. Zee, whom I meet next, looks like a Dutchman—the lean, intense sort often seen in student cafés near the University of Amsterdam, from which Zee himself was graduated with an M.D. degree in 1954. He then came to the United States, acquired a Ph.D. in biochemistry, specialized in pediatrics and in 1963 became St. Jude's chief of nutrition.

Dr. Zee says that the big push for the nutrition program came after the assassination of the Reverend Dr. Martin Luther King, in 1968.

"We'd been working on the nutrition problem since 1964. But Dr. King's murder right here in our town was a kind of catalyst. People were in a state of shock. Then they said, 'Let's do something.' Med students volunteered. We went into the homes of the people—we were appalled by what we saw. And we started a clinic for poor families.

"Almost half the kids—forty-four percent—had vitamin A deficiency. That can be corrected—we are correcting it—for pennies a day. We began in a small way with whatever donated foods we could get. Then in 1969 the U.S. Department of Agriculture supplemental-food program enabled us to start a program for preschool children and for mothers who were nursing their babies. We still get donated food from time to time from private companies.

"Pregnant women began to concern us too, since brain damage can start before birth. We now have an arrangement with St. Joseph Hospital, about two hundred yards from here; they provide the facilities and we provide prenatal care, delivery of the babies and postnatal care.

"Children treated in early infancy do best," Dr. Zee continues. "Two- and three-year-olds, already stunted and debilitated by malnutrition, are difficult to treat and must often be hospitalized for a month or more. Half the indigent babies in the South Memphis area get

Similac with iron, which means that anemia could be virtually eradicated in Memphis. It's ironic to be spending sometimes up to a hundred and fifty dollars a day on hospital care for a baby that has been damaged by a disease that can be prevented for a dollar fifty a week.

"It has been proved that with early treatment, two years' catch-up growth can be achieved in one year. But all indications are that if the children are not reached until after infancy, they will require help for five years or more to correct damage often caused by only brief periods of malnutrition. Infants respond rapidly to food; children over three do not.

"Let me show you some slides. You'll see what food can do."

I see and am condemned by what I see. Some of the slides could have been made in Biafra. Through some curious transposition, we who eat three meals a day have convinced the hungry that it's shameful to be poor in rich America. Now it's I who am ashamed.

Dr. Zee, misreading my silence, tries to explain to me how it feels to go hungry day after day.

"Believe me, malnutrition is an affliction. I know. It happened to me when I was twelve, in the Second World War, just before the Allied breakthrough at the Ardennes. We lived in Hoorn, north of Amsterdam. My father was a physician, the family well off. We had books, records—Shakespeare, Beethoven, all the classics. But none of us read or listened to music. We sat in gloom, apathy. All we could think of was food, how to steal or beg something to eat."

Dr. Zee abruptly changes the subject. Two years after the event, he is still incensed at the Department of Agriculture for removing peanut butter, scrambled-egg mix and dehydrated potatoes from the supplementary-food program. "That one act took out one third of the proteins and calories."

Peanut butter and scrambled-egg mix have since been restored, but from time to time other crucial foods, such as canned meat, canned vegetables and instant dry milk, disappear from the list.

The regional office of the USDA holds that such items can be purchased with food stamps.

Dr. Zee points out that many mothers can't buy the stamps because their husbands may earn a fraction more than is permitted to qualify for the program, or because they cannot afford to spend for the stamps the minimum number of cash dollars per member of the family required under the program. Many who can buy stamps don't know enough about nutrition to buy high-protein foods.

The doctor's argument for education in nutrition as well as for more free, nourishing food for the poor is persuasive, but unfortunately the U.S. Department of Agriculture food program was designed primarily not to feed the hungry but to remove farm surpluses and support farm prices.

The Administration itself has bluntly observed: "Their ['surplus foods'] primary thrust is to help balance the agricultural economy. . . ."

In contrast the U.S. Congress has given priority to nutritious food for infants, regardless of farm interests, and there is hope today that at least a beginning can be made to eliminate malnutrition in the children of the poor through projects similar to the St. Jude-MAP-South nutrition, experiment. This hope is contingent on new legislation, enacted last fall, which enables local health or welfare agencies and private nonprofit groups to provide food to needy pregnant and lactating women and to infants who are "nutritional risks."

The Department of Agriculture is in charge of the operation, but the new program is not limited to surplus foods. The emphasis rather is on special foods that, as defined

by the Congressional act, contain "high-quality protein, iron, calcium, vitamin A and vitamin C." Perhaps with reference to such products as Similac, the bill also specifies that at the discretion of the Secretary of Agriculture the program will also include any commercially formulated preparation designed specifically for the nourishment of infants.

Twenty million dollars is authorized for this purpose for each of two years—the fiscal year ending June 30, 1973, and the one ending June 30, 1974. This clearly is insufficient to solve the national problem of malnutrition, which affects millions of our children, but it could be a beginning—the start of what might be a great experiment.

The Department of Agriculture lacks of enthusiasm for this experiment, however, was made evident when by late January of 1973 it had failed to set up the necessary machinery for the special infant-feeding projects.

The success of the program authorized by Congress thus depends heavily on efforts by Americans to bring pressure on the Department of Agriculture; letters should be addressed to Secretary of Agriculture Earl L. Butz, urging an end to delays in feeding hungry children. Americans can also write to the President, their congressmen and senators in support of this special \$20-million infant-food legislation, which has bipartisan support. Women can help directly by stimulating the creation of projects similar to the St. Jude-MAP-South effort in their own cities and towns.

If you want to help, send to your congressman for a copy of Public Law 92-433, Read Section 17, entitled "Special Supplemental Food Program." Contact your local health or welfare department or hospital, or other social agency, and urge it to help you begin a community rescue operation in your own town.

The legislative go-ahead from Congress is clear; citizen initiative and support can move that act into action. Successful feeding programs this year and next could be the basis for an ongoing national effort to give every baby in the nation a healthful diet.

What a way to celebrate America's upcoming 200th anniversary!

(Editors' Note: Names of families on the nutrition program have been changed to protect their privacy.)

A MESSAGE FROM DANNY THOMAS

Malnutrition is not confined to any one section of the country or to any particular group of people. It is a national problem and a common one. The St. Jude-MAP-South nutrition program is a working model that can be adopted by any community in the country willing to use existing facilities to save its children from the disability and death caused by malnutrition. Requests for information on setting up such a program may be sent to St. Jude Children's Research Hospital, Dept. RB, P.O. Box 318, Memphis, Tennessee 38101. Contributions to St. Jude for its battle against malnutrition and other catastrophic childhood diseases may be sent to the same address, checks made payable to St. Jude Children's Research Hospital.

RESOLUTIONS ADOPTED BY THE PACIFIC NORTHWEST WATERWAYS ASSOCIATION BOARD OF DIRECTORS

Mr. STEVENS. Mr. President, at its meeting on March 29, 1973, the Pacific Northwest Waterways Association board of directors adopted two resolutions which I would like to call to the attention of my colleagues and the general public. The first stressed the need for the immediate building of the trans-