

UNITED STATES



OF AMERICA

U.S. Congress.

Congressional Record

PROCEEDINGS AND DEBATES OF THE 93^d CONGRESS
FIRST SESSION

VOLUME 119—PART 13

MAY 16, 1973 TO MAY 29, 1973

(PAGES 15853 TO 17214)

experience to equip Trinity graduates with the qualities essential to live and work and contribute in a free society.

Trinity College was founded as an all-male institution. Women became a part of the campus scene in 1969 and comprise two-fifths of the present undergraduate student body of 1,600.

In addition, Trinity College has been increasing the enrollment of minorities, especially blacks and Spanish-speaking students, and has begun an experimental program to assist students who transfer there after completing work at nearby junior and community colleges.

The curriculum at Trinity has undergone significant changes in recent years. Recognized as one of the most innovative among the Nation's colleges, it has been a model for other institutions to follow.

In 1955, when I was Governor of Connecticut, Trinity College conferred upon me the degree of honorary doctor of laws. I take special pride in noting the 150th anniversary of the founding of this distinguished institution of higher learning in Hartford.

SUDDEN INFANT DEATH

Mr. MONDALE. Mr. President, for nearly a year and a half my Subcommittee on Children and Youth has been studying the problem of crib death and seeking solutions to the serious problems it poses for thousands of American families.

In January of last year the subcommittee held a hearing in which we received testimony from parents and other experts familiar with the tragedy of SIDS. Since then we have received hundreds of letters, many of them from parents who have lost children, and are eagerly awaiting a sign that a cause and cure for this disease are near.

Last year I introduced and the Senate approved a resolution calling on the Department of Health, Education, and Welfare to make research into crib death a top priority; and to institute sorely needed education, information, and statistical activities related to SIDS.

Early this month I introduced new legislation providing for the creation of a research program designed to focus the attention and the resources of existing medical facilities and personnel on SIDS.

I am gratified to see that the press is continuing to bring the tragedy of crib death to the attention of the public.

At this time, I request unanimous consent that two recent articles on the subject be printed in the RECORD. The first is an editorial which appeared in the Washington Post; and the second, "Battling Mysterious 'Crib Death'", appears in the May issue of the Reader's Digest.

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

THE SUDDEN INFANT DEATH SYNDROME

Among the mysteries of American health care, few are as persistently complex as the disease known as sudden infant death syndrome (SIDS). Like cancer, its causes are unknown. Yet, an estimated 10,000 infants die annually from SIDS. Serious research began only a few years ago but even this research was limited; there has been a lack of

trained scientific investigators interested in the problem.

As a means of increasing concern in SIDS, Sen. Walter Mondale (D-Minn.) has introduced legislation to promote research activities in this area. In Congress' last session, a similar bill passed the Senate 72-0, but it went nowhere in the House. The importance of research into SIDS is not only that a cure for the disease might be found, but that even if children continue to die from it at least the parents and community will know the reason. At the moment, serious and tragic injustices often occur because parents of SIDS victims are falsely accused of child abuse. Dr. Abraham B. Bergman, M.D., president of the National Foundation for Sudden Infant Death, points to a recent California case in which a young couple was taken to jail while their baby's body still lay in the house. The parents were charged with involuntary manslaughter but the charges were eventually dismissed by a municipal court judge. Dr. Bergman, in discussing the event, said "it was clearly a case of ignorance and prejudice against a couple who were young and poor and couldn't defend themselves."

Even those parents well established in middle-class life are often subjected to harassment and insult following a crib death misfortune. The point is not that possible child abuse should be ignored but rather that unwarranted criminal investigations should not occur. The parents are already undergoing severe emotional pain. As one witness said in hearings last year, the parents "have enough to do just attempting to maintain their sanity and marriage while trying to explain to their not-too-understanding relatives how their happy, healthy infant could possibly have died."

Obviously, we are only at a beginning in our understanding of SIDS. What is crucial is that serious research begin at once, not only to save lives among infants but to protect parents in the event that tragedy does occur.

BATTLING MYSTERIOUS "CRIB DEATH"—No. 1 CAUSE OF DEATH IN INFANTS AFTER THE FIRST WEEK OF LIFE—PREVENTIVE MEASURES MUST BE FOUND

(By Dr. Frank N. Medici, instructor in pediatrics at New York Hospital-Cornell Medical Center. He is a Fellow of the American Academy of Pediatrics, and is in private practice in Nanuet, N.Y.)

Fear of losing a life entrusted to his care is a nightmare that haunts every young pediatrician when he first hangs out his shingle. For me, the crisis came in 1966 and centered on Susan, one of my first patients.

I examined her the day she was born, and thereafter at regular intervals. I well remember her six-month checkup.

Her weight and height were proper; the contour of her chest was good; the soft spot on the top of her head was closing nicely; her heartbeat was strong and regular. "Her development is right on schedule," I told her mother. "She's in excellent health."

That night, Susan was put to bed about seven o'clock. At 11, her parents looked in and found her on her back in untroubled sleep. The mother placed an additional blanket over her, kissed her and tiptoed out of the room.

At two minutes past six the following morning, my bedside telephone rang. As I came groggily awake, I hear Susan's father saying, his voice high and strained, "We can't wake Susan up. We can't wake her up!"

Fortunately, they lived only a block away, and I ran the distance. Susan lay limp in her mother's arms. There was no heartbeat. Instructing the father to call for an ambulance, I injected adrenalin directly into the baby's heart and then began to give her mouth-to-mouth respiration. All my efforts were fruitless. The tiny body had been cold when I

took it from the mother, and at the hospital Susan was pronounced "dead on arrival."

The young parents, overwhelmed by feelings of guilt, consented to an autopsy. The 24 hours of waiting for the medical examiner's report were gloomy for me as well, for I wondered what it would reveal about my own incompetence. At last the report arrived, and I read it through quickly. Then, unbelieving, I read it a second time. The medical examiner could find *nothing* to indicate the cause of death! There was no evidence of lethal disease or injury. It was, I realized, a case of "crib death," or "sudden infant death syndrome"—something I had heard of in medical school, but never seen firsthand, for its victims are not sick children to be found in the hospital but presumably well children who die suddenly at home.

When I showed the report to the baby's mother, she stared at it, then said in a flat voice, "I killed my baby. I put too many blankets on her, and she smothered to death."

I assured her this was not the case, for the coroner's report ruled out suffocation. But she wasn't listening. A few weeks later, the young couple moved out of town, probably hoping to leave their feelings of guilt behind. As for myself, I began to study all the medical literature available on crib deaths.

Sudden infant death syndrome (SIDS) is the No. 1 cause of death in infants after the first week of life. Each year in the United States, approximately 10,000 babies die of this mysterious malady. This means that each day some 27 families find a child dead.

Although SIDS has been with us since recorded history, only recently has it been recognized and catalogued as a specific disease. These deaths seldom occur before four weeks of age, rarely after seven months, and there is an immutable pattern to them. The baby, apparently healthy and normal, is put routinely to bed and drops into an untroubled sleep. Sometime during the night, the infant dies. There is no record of a baby crying out in pain—nothing but sudden, swift death.

Over the past two decades, a variety of theories about the problem have been developed and discarded. Suffocation was ruled out; research proved that a normal amount of covering cannot deprive the infant of sufficient oxygen. Cow's-milk allergy was considered when antibodies were found in the blood, but a child highly sensitized to milk would have shown other evidence of such intolerance. In several cases, enlarged thymus glands proved to be the result of quick death, not the cause. Similarly, occasional hemorrhage into the cervical cord was shown to be a side effect of death, not the cause.

In short, we now know many things that SIDS is *not*, but we still don't know exactly what it is. And in this darkness the afflicted families are beset by fears and suspicions and unwarranted feelings of guilt. Some parents, convinced that they passed along faulty genes, refuse to have more children. Others turn to divorce, or spent a lifetime of recrimination, each blaming the other.

Sometimes the people that the frantic parents reach out to for help, such as police and fire-department rescue squads, become accusers. When these men arrive and find the baby dead, the parents driven by remorse and guilt, and even the family physician bewildered, it is not surprising that suspicions are aroused. "How many times did you hit the baby?" may be a policeman's opening question.

There are today three major volunteer health organizations in the United States dedicated to the eradication of SIDS. The International Guild for Infant Survival has headquarters in Baltimore, where it helps finance research, distributes educational material and aids stricken families. The Andrew Menchell Infant Survival Foundation, based in New York City, has established a research laboratory in the department of

forensic medicine of New York University's School of Medicine. There, forensic pathologists probe for the secrets of AIDS under the direction of Dr. Milton Helpern, Chief Medical Examiner, City of New York.

The largest of these health organizations is the National Foundation for Sudden Infant Death. With headquarters in New York City and 40 chapters from coast to coast, NFSID is oriented toward public education and parent counseling. Under a successful pilot program in Seattle, every AIDS baby is autopsied at a teaching hospital, the parents are immediately given a full report by the attending pathologist, and a visit is made to the home by a public-health nurse. If necessary, the parents also receive supportive therapy from a mental-health professional.

While proud of its Seattle plan, the NFSID is convinced that only the federal government can supply sufficient funds and momentum to force a medical breakthrough. And there is some indication that NFSID's hopes may soon materialize.

In January 1972, a public forum for both medical and lay leaders in the fight against AIDS was provided in a hearing held by the Senate Subcommittee on Children and Youth, chaired by Sen. Walter Mondale (D., Minn.) Appearing before the subcommittee, Dr. Abraham Bergman, president of NFSID and professor of pediatrics at the University of Washington, said, "It may well be that the common-cold virus acts in a strange way on the nervous system of the sleeping baby. We feel that the viral infection somehow causes the vocal cords to be more sensitive and susceptible to spasm, and that AIDS occurs when the vocal cords suddenly close during sleep, shutting off the airway."

Dr. Bergman and his colleagues, Drs. J. Bruce Beckwith and C. George Ray, have studied every AIDS case occurring in the Seattle area since January 1965 (more than 500 cases). Autopsies revealed that the common-cold virus was present in twice as many AIDS babies as in the other ones. And many mothers reported that their babies had a slight cold when they were put to bed on the fatal nights. Though future research may or may not confirm the Seattle group's theory, it is a welcome navigational light in the swirling fog of ignorance and fear.

At the end of the public hearing, Senator Mondale's subcommittee presented a resolution to Congress directing HEW's National Institute of Child Health and Human Development "to designate the search for a cause and prevention of sudden infant death syndrome as one of the top priorities in research efforts." The Senate passed the resolution, and Senator Mondale requested \$10 million for research and education relating to crib deaths. Although President Nixon vetoed this HEW increase and others as excessive, there is hope that substantial research funds will be appropriated when the 1974 budget comes up for consideration this year.

In the meantime, parents should be aware of what we already know:

1. AIDS cannot be predicted, and it is not now preventable.
2. It always occurs during sleep, with no sound or cry of distress. Death probably occurs in seconds.
3. The cause is not suffocation from clothing or blankets, nor is it aspiration or regurgitation.
4. AIDS is neither contagious nor hereditary. The likelihood of two crib deaths in a single family is minute.
5. AIDS is not traceable to such modern environment agents as birth-control pills, fluoride in drinking water, smoking.
6. There is hope. The medical profession is at last coming to grips with AIDS, and I believe that it will eventually go the way of smallpox, measles and polio.

TIME TO REAFFIRM AMERICA'S SUPPORT OF HUMAN RIGHTS

Mr. PROXMIRE. Mr. President, the bicentennial anniversary of America's independence will be celebrated during the next few years, with a continuing emphasis on our country's tradition of freedom and human rights. We will soon mark the passage of 200 years since the signing of the document which most clearly embodies this tradition: the Declaration of Independence. This is an event and an anniversary of which every American can be proud.

But another document of human rights has remained unacted upon by the Senate for 24 years. How can the Senate both look forward to the observance of America's commitment to human rights, and simultaneously fail to ratify the Genocide Convention, which is another necessary expression and reaffirmation of those rights? How can the Senate justify inaction on the convention?

We have been assured by the administration that there are no constitutional drawbacks to ratification. The President, the Secretary of State, and the former Attorney General have voiced their support. The Committees of the American Bar Association which most closely studied the Convention have called for ratification. Seventy-six other nations have subscribed to the convention and the principles embodied therein.

During this period of renewal and reaffirmation of the principles which first animated this country and which should continue to do so, we cannot continue to fail to recognize, for ourselves and for the world, a clear expression of these principles in the area of international law. We must remember our founding principles, and reaffirm them by ratifying the Genocide Convention, as well as the conventions on the Abolition of Forced Labor and the Political Rights for Women. These ratifications must take place soon.

DO POLITICS AND SCIENCE MIX?

Mr. FULBRIGHT. Mr. President, Ms. Judith Randal wrote a very timely and perceptive piece about Dr. Robert Q. Marston, entitled "Do Politics and Science Mix?" which appeared in the Washington Evening Star of May 3. In view of recent developments in our Government, I think this article is especially significant, and I ask unanimous consent that it be printed in the RECORD as part of my remarks.

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

DO POLITICS AND SCIENCE MIX?

(By Judith Randal)

People dismissed from office after a stint with the Nixon administration have varied ways of taking their leave. Some go in disgrace with their tails between their legs. Others go proudly, but quietly—apparently in the belief that to disclose what led up to the rupture would not make any difference either to the public or to the colleagues left behind. The nation should take note that Robert Q. Marston is one of the few in recent memory to have chosen another style.

Marston is the physician and former Rhodes scholar who was appointed by the late President Johnson to head the National

Institutes of Health. He succeeded a man, Dr. James V. Shannon, who made the NIH the very symbol of a government agency dedicated to excellence and as free of political constraints as such an agency can be.

Knowing Marston, the scientific community confidently assumed he would carry on in the same tradition, and heaven knows he tried in the face of growing odds. But in December, following President Nixon's landslide victory, he was asked to resign, and on Jan. 20—Inauguration Day—he was ignominiously demoted to serve as acting director of one of the smaller institutes that constitute NIH.

Last week, after deciding to spend a year as a scholar-in-residence at the University of Virginia and to accept a position as a distinguished fellow of the National Academy of Sciences' new Institute of Medicine, he spoke for the last time to those with whom he had spent almost eight years at NIH. No successor to the directorship has been named.

Marston is not a bombastic man, and bitterness and recrimination are not his way. There was no name-calling on this occasion, and in a sense what he was saying was meant only for the consumption of his colleagues. Yet so much of it spoke directly to what has made American science the achievement it has become in the years since World War II that it is worth repeating here.

Dealing with the pursuit of intellectual excellence, Marston recalled that it has been NIH custom to have scientific policy decisions made by groups of scientists rather than bureaucratic managers and that this system of "peer review" has brought rich rewards, both in true medical progress and in prestige as measured by such benchmarks as the Nobel prize.

He did not have to tell these men and women that this widely copied system—which has made American science the envy of the world—is now being subverted by the Nixon administration, whose present secretary of Health, Education and Welfare, Caspar W. Weinberger, construes it as self-serving and a fount of potential disloyalty to the administration. As "management for management's sake" replaces the freedom to pursue knowledge in an environment untrammelled by politics, they have seen for themselves that it is being destroyed.

Nor did they need to have recalled for them the mischief being done by beating the drum for cancer (and, to a lesser degree, heart disease) while more fundamental aspects of biomedical research which seek answers to these and, indeed, all disease processes wither for lack of funds. Just as they understand the current folly of ending training support for young scientists who are the source of new ideas, they understand—as the public, for the most part, does not—that to elevate any aspect of medical research disproportionately at the expense of others makes no sense scientifically and is transparently political in its intent.

Accordingly, when Marston told this audience that "creative people are to be valued more than organizational arrangements or complex plans," and that "criticism is a necessary part of science to be encouraged and not stifled," one could only have wished that the "people managers" at the White House could have been listening.

And even more worthy of their attention, in light of current revelations about the Watergate, might have been the following credo with which Marston took his leave.

"Perhaps I speak too much from the idealism of one who chose to go into the medical profession, but I believe in the dignity of man—that to treat one another with respect is an expression of strength, not weakness; and that charity is good, not bad; that the power of public office should not be allowed to lead to arrogance, and that we must always remember as public officials that the money we spend is not our own."