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 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 50th 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 Senator approved a resolution calling on the Department of Health, Education, and Welfare to encourage research into crib death, a top priority; and to institute severely needed education, information, and statistical activities related to SIDS.

Early this month I introduced new legislation providing for the creation of a research fund designed to focus 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 the following be printed in the Record:

Sudden Infant Death Syndrome

Among the mysteries of American health care, few are as persistently complex as the disease called 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 is limited; there has been a lack of trained scientific investigators interested in the problem.

Attempts 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 measure passed the Senate, 72-6, but it went nowhere in the House. The apparent reluctance 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 they will have the peace of mind that they are not the reason.

At the moment, serious and tragic injustices often occur because parents of children 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 court after their mother was accused of suffocation. No baby was still 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 though the research established in middle-class life are often subjected to harassment and insult following a crib death, it is not surprising that a young child’s abuse should be ignored but rather that unwarranted criminal investigations should not occur. The parents are already undergoing emotional pain. A study of this nature is one of the reasons the parents “have enough to do just attempting to maintain their sanity and marriage while trying to explain to those around them, understanding relatives, how happy, healthy infant could possibly have died.”

Obviously, we are only at a beginning in our understanding of the baby’s family. It 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 Missing

[By Dr. Frank N. Medic, 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 New York.]

Fear of losing a life entrusted to his care is a nightmare that haunts every young pediatrician when he first hangs out his shingle. This was what made in the hearings last year, the parents “have enough to do just attempting to maintain their sanity and marriage while trying to explain to those around them, understanding relatives, how happy, healthy infant could possibly have died.”

Examination the day she was born, and thereafter at regular intervals. I well remember her 6-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; but her breathing was labored. Her growth was development is on schedule,” I told her mother. “She’s in excellent health.”

That night, Susan was put to bed after tucking her in. The police told they were called because of a在家里。I found her on her back in untroubled sleep. The mother placed an additional blanket over her, kissed her and tipted 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, “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. I instructed 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 and remorse, commented, “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 the death of our baby.” When 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. “It was clearly a case of lethal injury or disease. It was, I realized, a case of “crib death,” or “sudden infant death syndrome.”—something I find hard to believe, but was confirmed by the coroner’s findings. But she wasn’t listening. A few weeks later, the young couple moved out of town, probably wanting to leave their family guilt and pain behind. As for myself, I began to study all the medical literature available on crib death.

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 are apparently healthy and normal, is put routinely to bed and drops into an untroubled sleep. Sometimes during the night, the infant darts into a state 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 about SIDS, but we still don’t know exactly what it is. And in this darkness the afflicted families are beset by fears and suspicions, often unmerited. Some parents, convinced that they passed along faulty genes, refuse to have more children. Others turn to divorce, or spent a lifetime of guilt and remorse, unable to forgive themselves.

Sometimes the people that the frantic parents reach out to for help, such as police and fire-department rescue squads, become the cause of more distress. Law and order, and the baby dead, the parents driven by remorse and guilt, and even the family physician be­wildered. It is not surprising that suspicions are high.

Some parents, convinced that they passed along faulty genes, refuse to have more children. Others turn to divorce, or spent a lifetime of guilt and remorse, unable to forgive themselves.

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 new parents, distributes educational material and aids stricken families. The Andrew Mennell Infant Survival Foundation, based in New York City, has established a research laboratory in the department of...
TIME TO REAFFIRM AMERICA'S SUPPORT OF HUMAN RIGHTS

Mr. PROXMIKE. Mr. President, the bicentennial anniversary of American 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 expresses the tradition of 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 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 Congressional Black Caucus, which has 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, which has 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 of 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 in the context of 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.

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

1. SIDS 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. SIDS is not contagious, nor hereditary. The likelihood of two crib deaths in a single family is minute.
5. SIDS is not traceable to such modern conveniences as birth-control pills, fluoride in drinking water, smoking.
6. There is hope. The medical profession is at last coming to grips with SIDS, and I believe that it will eventually go the way of smallpox, measles and polio.

Mr. Marston, 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 influence as any of its kind.

Knowing Marston, the scientific community confidently assumed he would carry on in the same tradition, and heaven knows he tried, but he had been appointed in December, following President Nixon's landslide victory, he was asked to resign, and on Jan. 20—Inauguration Day—he was ignominiously dumped as head 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 bumbling man, and bite-someness 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, if the president of the institute that made American science the achievement it has become in the years since World War II that it is worth repeating here.

Describing the NIH as "an island of intellectual excellence, Marston recalled that it has been NIH custom to have scientific policy decisions made by groups of scientists rather than other similar groups. NIH's 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—was forced on the Nixon administration, whose present Secretary of Health, Education and Welfare, Casper W. Weinberger, construes it as self-serving and an encroachment on the authority of the administration. "As management of management's 'sake'," he explained, "the freedom to pursue knowledge in an environment untrammeled by politics has been lost for themselves that it is being destroyed.

Nor did they have to recall for them the mischief being done by beating the drum for cancer research (heart disease) while more fundamental aspects of biomedical research which seek answers to these and, indeed, all disease processes, are being neglected. "We must 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 lose any aspect of medical research disproportionately at the expense of others makes no sense scientifically and is transparently political in the extreme."

According to Marston told this audience that "creative people are to be valued more than organizational arrangements or complex plans," and that a "desirable policy should be encouraged and not stifled." one could only have wished that the "managers" at the White House could have been listening.

And 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.

"We are still 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 and 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 that public officials that the money we spend is not our own."