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views on this question a matter of public record.

CHILD ABUSE

Mr. MONDALE. Mr. President, in recent weeks my Subcommittee on Children and Youth has been conducting a broad investigation into the problem of child abuse. In the course of the subcommittee's investigation and its four hearings we have been seeking models of programs which hold out promise for improving our methods of preventing, identifying, and treating child abuse.

Therefore I was gratified to read in the April 15 edition of the St. Paul Pioneer Press newspaper a description of the effective child abuse program operated jointly by the Zumbro Valley Mental Health Center, the Ramsey County Welfare Department and a "Parents Annonymous" chapter in my home State of Minnesota. Parents Anonymous is a self-help organization of parents who are former child abusers.

The article about the Minnesota program touches on some of the themes that have been developed by witnesses during the subcommittee's hearings—including the need of battering parents for assistance in coping with family problems.

At this time I request unanimous consent that the article from the St. Paul Pioneer Press be printed in the RECORD.

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

[From St. Paul Sunday Pioneer Press, Apr. 15, 1973]

CHILD ABUSE—THE DARK SIDE OF FAMILY LIFE

(By Nancy Livingston)

It's easy to think all child abusers are monsters. The act itself seems so despicable.

But most people who work with child abusers agree the majority are not monsters, nor are they psychotic. Troubled, yes. Serious problems, yes. In need of help, definitely.

Take the case of Sheila, 28.

On the surface, Sheila (a fictitious name for a real person) seems like the average American parent. Dark-haired and attractive, she has a sunny smile and flashes deep dimples. She speaks softly and thoughtfully.

About three years ago, Sheila spent a month in the hospital following an incident in which she severely beat her month-old hydrocephatic baby fracturing both his arms. The baby suffered permanent brain damage.

When Sheila had her second baby, less than a year later, she watched him fearfully to see if he, too was "retarded." She became convinced he was.

One day, in a rage, she threw her second son on the floor and struck him repeatedly with her fists. He was temporarily placed in a foster home.

Last year, two children in Ramsey County were not as fortunate as Sheila's. One died from head injuries and one from suffocation at the hands of their parents. So far this year, one child has died after being beaten by her father.

Why do these things happen? What could possibly possess a person to strike a defenseless child not once, but over and over?

Virginia Trampe of the Zumbro Valley Mental Health Center said there are a couple of reasons for normally well adjusted people to resort to violence.

One, she said, is lack of life supports—not enough money, lack of communication with others and a lack of amenities—like babysitters—that can alleviate stress.

Another reason—the constancy of the demands of the child. To some women, a child who persistently wails and cries is saying that his mother is unacceptable. When a person's self-image is threatened like that, the normal reaction is rage, said Miss Trampe. She noted that high-risk times of day are when the child is supposed to perform in a specific way such as at feeding time, bedtime and toilet time.

There are other characteristics of this so-called "battered child syndrome." A common one is that parents make unreasonable demands on their youngsters. They deal with their kids as though they were much older. And they look to them for reassurance, comfort and loving response.

Wayne Fox, head of the child protective services at the Ramsey County Welfare Department, said this interaction is called "role reversal." The parent becomes the child and the child is expected to be the parent.

Another indulging in role reversal might say, "My baby hates me—he won't stop crying." Or "My baby is trying to make me mad."

Sheila, the woman at the beginning of the story, said she thought when her children cried they were accusing her of being a bad person. And when they were fussy and whiny it meant she had failed in her maternal role.

Sheila felt she wasn't getting the love she needed from her passive, subtly critical husband. Not only her marriage partner, but her parents, her relatives and her in-laws were critical of her. The children were supposed to make up for this injustice. They were supposed to love her and cherish her and fulfill her unmet emotional needs.

But the infants didn't read the scene. A series of frustrations sparked by the child's selfish complaining unleased her pent-up fury. In her own words, she "took it out on the kids."

Sheila said she doesn't exactly remember the circumstances of the beatings. But she does vividly recall the guilt and self-hate that flooded her after it was over. She was desperate for help and saturated with fear that she would strike her children again.

Sheila was referred to the Zumbro Valley Mental Health Center, where she entered into group therapy sessions with other women of similar experience. At first she clung to the group as a crisis prevention tool. She became especially dependent on one group member, who she called daily for support.

Later, after she began to control her fear and improve her self-concept, she started to use the group for informational purposes. She saw herself fitting into a pattern and she began to look at her own behavior more objectively.

The last step in Sheila's evolution as a parent was to actively use the information supplied in the therapy sessions until her own sense of motherliness was awakened. She had to learn how to be a mother, and it was a long, slow process.

Now Sheila's second child has been returned to her, the first is still in a foster home, and she has a third child. When she talked to this reporter, she proudly pulled out a color snapshot of her kids and talked about their cute personalities.

She said she and her husband are still having problems, but she is "handling it beautifully" and not taking it out on the children.

Miss Trampe said several marital problems exist in almost all cases of child abuse. The child becomes the battleground for two unhappy, insecure persons.

She said nearly all abusers were themselves abused as children and they emerged from childhood feeling pretty awful about themselves. One group of child abusers at the center, she said, consists of seven women who all feel they are the outcasts of their respective families.

Sheila said her father and mother had "rotten tempers" and they used to beat her with a broom if she dared to display her own temper. This was all in the name of discipline.

Usually it is just one child who bears the brunt of his parent's rage. Children are especially likely to "get it" if they are perceived to be sick, illegitimate, deformed, hyperactive, fussy or step-children.

When Sheila gave birth to a deformed baby, this was further indication to her that she was not a good person. For a year and a half after the beating incident she kept the child in her home and tried to cope with her feelings. She said she didn't hate the child, she hated herself.

Miss Trampe said other kids are singled out because they remind a parent of someone she doesn't like—a former husband, boyfriend or relative. Or perhaps herself.

In Ramsey County last year there were 53 new cases of confirmed child abuse. Wayne Fox said his department is following about 250 cases of abuse and 1,200 cases of child neglect.

The 1972 county statistics indicate most abusers have not more than a high school education, most are white and most are the natural parents of the victim. The income level of the family is generally less than $6,000 per year in 42 of last year's 53 cases.

In 35 of the county cases last year, the child remained with his own parents. In only one case were parental rights completely terminated. In 34 of the 52 cases, no court action at all was taken against the abusing parent.

Nationally, about 65,000 cases of child abuse are reported each year. About 25 per cent are said to be seriously, sometimes permanently, injured. Perhaps 6,000 are killed.

In addition to the resources of help for the child abuser at the county mental health center and Welfare Department, a self-help, non-professional rap group has been started in St. Paul.

Called Parents Anonymous, the group's motto is "I will live one day at a time without beating my child."

There are no professional people attached to the group. Members meet weekly in a St. Paul church to discuss common problems.

Though hopes were high when the group started a year and a half ago, the group is now having real problems staying afloat. It's leader, herself a child abuser, complained that people have no commitment to the group. "They all say they want professional help, but they refuse to go to the mental health center because that means they're sick."

Often, the group leader said, members are satisfied with spilling out their problems and leaving it at that. They don't attempt to get at the root of the violence. Their attendance falls off until the abusive pattern recurs.

She said the group may soon cease to function.

In Ramsey County, the Child Abuse Team was created to involve many professional agencies in the problem. When a potential abuse case is referred to a member of the team, members—who include police officers, doctors, social workers and nurses—hold staff conferences to decide its disposition.

It seems that at last the darkest side of family life in America is being examined by society. Things have progressed significantly from just a century ago when authorities in New York City finally freed Mary Ellen, a little girl kept chained to her bed and otherwise mistreated by her adoptive parents.

That court battle was won by the American Society for the Prevention of Cruelty to Animals.

MONDALE SEEKS NATIONAL POLICY

Sen. Walter Mondale, D-Minn., is among those trying to focus national attention, and

particularly legislative attention, on the problem of child abuse.

Mondale heads a Senate subcommittee on child abuse that recently heard three days of testimony from doctors who operate children's hospitals and from former child abusers.

The subcommittee has taken the first major step toward making Congress aware that the federal government might have a role in dealing with this problem. As it stands now, there is no national policy on child abuse.

Mondale has legislation before the Senate which would provide $90 million over the next five years to work with child abuse by establishing a national center and a national commission on child abuse and neglect.

THE 1974 BUDGET THREATENS FUTURE OF ADEQUATE HEALTH CARE

Mr. HUMPHREY. Mr. President, as part of its investigation of rising prices to consumers, last week the Joint Economic Committee's Subcommittee on Consumer Economics held 2 days of hearings on the Federal role in providing adequate health care to the American people at a reasonable cost.

Medical services are one part of the consumer's budget over which he has very little control, yet these costs are rising rapidly. The medical services component of the Consumer Price Index increased at a 5 percent annual rate in the 6 months ending in March of this year. This is in a period when the medical sector of the economy is under much tighter controls than the rest of the economy. In some areas, particularly hospital care, price rises have been even worse.

The only way to get an overall look at what the Federal Government is doing to address this problem is to carefully examine the Federal budget. It is the only planning document we have at the Federal level and it is the document that shows where we are putting our physical resources. Our examination with numerous expert witnesses leads me to the conclusion that the proposals in the 1974 budget will not solve any problems in the long run, and, in the immediate future, they will increase the costs faced by consumers.

Dr. John Cooper, president of the Association of American Medical Colleges, presented the results of a survey made by his organization on the impact of the budget proposal on medical education. This is a real horror story:

Federal funds available in fiscal 1974 for support of programs of research, teaching, and service would drop 11 percent from the fiscal 1972 level, more than 15 percent from the level in the current fiscal year, and 26 percent from the level which schools planned for fiscal 1974, prior to the release of the budget recommendations.

A number of schools reported to Dr. Cooper either that State legislatures would not grant requests for higher State appropriations or would not be in session even to consider such requests. Private schools have no source of income to replace lost Federal funds.

The proposed reduced levels of fiscal 1974 Federal support would require the schools to terminate the employment of 1 out of every 12 faculty members, unless other sources of salary support can be found.

In terms of undergraduate medical education, one-third of the schools reporting indicated the strong possibility of having to reduce the size of future entering classes. For many schools, future increases in first-year enrollments will not be possible.

Regional medical programs termination—as proposed in the budget—may force about one out of two medical schools to phase out or to curtail their health care programs in rural or neighborhood ghetto areas; their referral services in such significant areas as cancer, heart disease, stroke, kidney transplants, radiation, and emergency care; and their formal programs for instruction, lectures, and seminars for the continuing education of practicing physicians.

Taken together, these findings show beyond a doubt that the Federal Government has reneged on a commitment to support medical schools. The administration entered an agreement with these schools. If they would expand enrollment, encourage minority students to enter their programs, and provide more aid in ghetto areas, then the Federal Government would assist with financing. The schools have kept their end of the bargain, but now the Federal Government wants to back out. It is forcing these schools to fire teachers, reduce enrollment, and cut back on services.

Dr. Karen Davis of The Brookings Institution presented an excellent discussion of the way the Government assists in financing medical care and the impact of the administration's medicare and medicaid proposals on the elderly.

When medicare, medicaid, and tax subsidies for medical costs are combined, 45 percent of the total benefits go to people in families with income below $5,000. This concentration of benefits on low-income groups, however, is largely due to sizable expenditures for low-income old people. Of the $5 billion in benefits for people under 65 in 1970, only 28 percent went to people with family incomes under $5,000, while 40 percent went to individuals with more than $10,000 income.

Although medicare and medicaid provide substantial help, there are still big gaps. In fact, the elderly now pay more for medical care out-of-pocket than before medicare. Private payments for personal health care of the elderly averaged $309 in fiscal year 1966, before the introduction of medicare. In fiscal 1972, private payments totaled $404 per capita. We have failed to protect the predominantly poor elderly population from the ravages of medical care inflation.

Moreover, if this administration's proposals were adopted, the elderly would pay even more. They claim that patients who spend 100 days in the hospital would have more protection under their proposal, and this is true. But 99 percent of all medicare hospital stays are less than 100 days. Under current laws, a patient hospitalized for 30 days would pay an estimated $84 out-of-pocket. But under proposed legislation, he would pay an estimated $400.

At the end of April, the administration presented some modest tax proposals which would affect the tax subsidy for medical care. These particular proposals would be an improvement over our current laws, but Dr. Davis estimates that still 47 percent of the benefits would go to individuals with incomes over $15,000 per year and 66 percent would go to people with incomes over $10,000 per year.

The saddest part of the budget package is that it will worsen the plight of minority groups. Although medicare provides uniform benefits for all, in 1969 average reimbursement for hospital and physician services per elderly white person was $320 compared to $229 per elderly black person. It is urgent that supplementary measures be undertaken to improve the access of blacks, chicanos and Indians to medical resources—such as increasing the supply of minority medical personnel, greater placement of minority physicians on hospital staffs, training of minority residents as paraprofessional personnel to work in community health organizations, subsidies for health care organizations to locate in minority neighborhoods, and improved and expanded hospital outpatient facilities. Yet, Dr. Cooper showed that the groups who will be hit hardest by a shift from fellowships and training grants to loans will be these minority groups.

Stepping back to look at the overall health budget, it simply does not hold together. For years we have talked about the need for comprehensive planning to direct our health effort, but all of our witnesses agreed that this budget does not have any underlying plan of action. Even Dr. Edwards, the Assistant Secretary for Health, admitted in his testimony that we have not yet developed a comprehensive strategy for health care.

The importance of an integrated national health policy cannot be overstressed. As Mr. Glenn Wilson of the University of North Carolina Medical School explained, large sums of money have been poured into the health care system with little or no regard for and certainly with little prior discussion of the resource capacity to provide the service. Runaway inflation was the result of this approach. In the fifties, trade unions bargained for better medical benefits and in the mid-sixties, we enacted medicare. There was no systematic evaluation of the capabilities of the health care system to deliver the services. As effective demand rose rapidly, the free enterprise health care system naturally responded with price increases.

This year we are again considering a national health insurance plan, but we must be wary of considering it in isolation. Our present health care delivery system is seriously outmoded. In fact, an extensive study by the Committee for Economic Development, as reported by Alfred C. Neal, CED president, found that the organization of our existing health care delivery system virtually assures the Nation of a continuing spiral of inflation.