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THE UNIVERSITY OF ILLINOIS MEDICAL SCHOOL

Mr. PERCY. Mr. President, I would like to bring to the attention of my colleagues an outstanding training center for physicians and surgeons who specialize in basic and applied eye and ear care. The University of Illinois Eye and Ear Infirmary located in Chicago is unique in that it is only one of five such facilities in the country. Founded in 1858 as a private agency servicing 115 patients, the infirmary has grown to accommodate 125,000 clinical visits with more than 3,000 hospital admissions and an equal number of operations performed. Specialized medical services are provided to people of the State suffering from disease of the eye, ear, nose, or throat who are unable to pay for treatment. In addition, research discoveries come from its clinics and laboratories.

Recently, the infirmary is pioneering the use of two surgical discoveries made in the University of Illinois' Department of Ophthalmology which may allow many blind persons to see again. The two surgical procedures developed are concerned with correcting diabetic blindness. I am very proud to share these University of Illinois Medical School accomplishments with my colleagues. I ask unanimous consent that the following article be printed in the RECORD.

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

[From the Chicago Tribune, May 16, 1976]
TWO PROCESSES OFFER BLIND A LIGHT AT END
OF TUNNEL

(By Ronald Kotulak)

Mrs. Patricia Sanders is one of the few people to come back from the valley of the blind.

"For two years I saw nothing but black," she said. "I wanted to see my husband again, my children, the color pink."

Thanks to a new operation, Mrs. Sanders opened her eyes one day in 1974 in her doctor's office and looked at her husband sitting across the room.

"I saw him," she said. "My dream had come true. I saw my children again. It was so miraculous. Most of the things I buy now are pink because it's so pleasing to my eyes."

Only a person who has been totally blind can know the joy of being able to see again. But it is a joy that an increasing number of blind people are beginning to experience as a result of two major advancements in eye research.

The new hope is for people with diabetic retinopathy, a common complication of long-term diabetes. It is the leading cause of new cases of blindness in the country among persons between the age of 20 and 65. An estimated 48,000 Americans are legally blind as a result of retinopathy. The blindness was considered permanent just a few years ago.

One of the new treatments involves a blue-green laser beam that is fired into the back of the eye. The other uses a needle to suck out the jelly-like substance in the eyeball while replacing it with a clear salt water solution.

This is the operation Mrs. Sanders had at the University of Illinois' Eye and Ear Infirmary, which is among a number of major institutions pioneering the use of both procedures.

Mrs. Sanders has been a diabetic for 21 years. Her father, also a diabetic went blind as a result of diabetic retinopathy.

Of the estimated 10 million Americans who have diabetes, retinopathy affects half of

those who have had the disease for 10 years, although most will never go blind. It affects almost every patient who has had diabetes for 25 years.

Retinopathy involves the abnormal growth of blood vessels of the retina at the back of the eyeball. Light focused through the eye lens hits the retina, which then transmits the images to the brain.

These abnormal vessels are fragile and can break. When they do, blood leaks into the eyeball, preventing light from reaching the retina, thereby causing blindness.

The laser beam instrument is used to prevent the abnormal vessels from bleeding. Looking through a microscope, an ophthalmologist aims the thin beam at abnormal vessels at the back of the eye. The intense heat from the beam destroys the vessels and seals them off so they can't bleed.

The laser surgery is quick and painless. The U. of I. and 14 other centers recently reported that results of nationwide test of laser surgery showed it significantly reduced the risk of diabetic blindness.

Among nearly 500 patients who had been followed for at least two years the scientists found that the laser treatment reduced the risk of blindness from retinopathy by 61 per cent, said Dr. Morton F. Goldberg, head of ophthalmology at the U. of I.

"For the first time we can prove beyond doubt that photocoagulation [laser-therapy] minimizes and retards the development of blindness in diabetic retinopathy," Goldberg said. Photocoagulation also can be accomplished with a Xenon arc, which is used like a laser beam.

Photocoagulation is available at many major medical centers. It is recommended for long-term diabetics with abnormal blood vessel growth who do not already have bleeding or a detached retina and who still have reasonably good vision.

The procedure to reverse blindness after bleeding already has occurred in the eyeball is being given one of its major tests at the U. of I.

More than 450 blind people have undergone the procedure, which is called a vitrectomy, at the university. The overall success rate in restoring vision to some degree is 68 per cent, Goldberg said.

In most cases patients recover enough vision to get around, watch television and read large letters. Some are even able to read newspaper type, Goldberg said.

"For the right patient this operation can offer him a chance to see again," he said. "Such an operation on the eye was thought to be impossible five years ago."

The U. of I. researchers use a vitrophage, an instrument designed by Dr. Gholam A. Peyman, an Illinois ophthalmologist.

The needle has a tiny blade at the tip which cuts the jelly-like vitreous material inside the eyeball into small bits as it is sucked up the tube. To prevent the eyeball from collapsing, a saline solution is injected into the eye through a small hole in the needle.

With the blood-clouded vitreous material removed, light can once again reach the retina.

The major complication from this procedure is that whatever vision a patient has left may become worse, Goldberg said.

"It certainly is not a panacea," he said. "But for a person who is legally blind, it may be their only chance to see. A patient who thinks he is eligible for this treatment should contact his own eye physician."

CHILD AND FAMILY SERVICES: THE TRUTH ABOUT A MISUN- DERSTOOD BILL

Mr. MONDALE. Mr. President, I would like to bring to the attention of my colleagues a most informative article that appeared in the June 20, 1976, edition of

Parade magazine, entitled "Child and Family Services: The Truth About a Misunderstood Bill."

For the past 5 years, I have been working with many Members of Congress to enact legislation that would make available—on a totally voluntary basis—health, education, and child care services for many American families and children. The legislation would offer a wide variety of services designed to strengthen and support families and children, including prenatal health care, early health screening, and treatment to identify handicapping conditions, part-day preschool programs like nursery school and Head Start, home care, or in some cases, day care for children of working parents.

This legislation was the No. 1 priority identified by the 1970 White House Conference on Children convened by former President Nixon. It passed the Congress by overwhelming bipartisan margins in 1971 only to be vetoed by the President. A revised version is now pending before the Subcommittee on Children and Youth, after holding 12 days of joint House-Senate hearings last year.

The underlying purpose of the legislation is to strengthen American families and to provide them with the resources that some families both want and need to bring up their children in a healthy environment.

This article does an excellent job of identifying some of the falsehoods which have been circulated about this bill, and of providing accurate information to those who wish to have the benefit of the facts.

I therefore ask unanimous consent that this article be printed in the RECORD.

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

CHILD AND FAMILY SERVICES: THE TRUTH
ABOUT A MISUNDERSTOOD BILL

(By Martha McPhee)

WASHINGTON, D.C.—An anonymous one-page leaflet that attacks a child-care bill has touched off a nationwide mail campaign that in a single day brought 8,000 letters to one Congressional committee.

"It's been an avalanche," says a committee staff member working on the Mondale-Brademas Child and Family Services Bill. "With the exception of gun control, nothing in my experience compares to this."

The leaflet has been passed out at churches, schools, factories and supermarkets, but its origins remain a mystery. A reporter for the Houston Chronicle traced one version to a retired Bible camp director in Hutchinson, Kans., who had made a thousand copies of a leaflet his relatives brought home from a Missouri revival meeting.

STRAIGHTFORWARD PURPOSE

The leaflet's intent is clear—to defeat the Child and Family Service Bill introduced by more than 120 members of the House and Senate in February, 1975. And in this election year, the letters have exerted so much pressure on members of Congress that the bill's chief sponsors—Sen. Walter Mondale (D., Minn.) and Rep. John Brademas (D., Ind.)—admit its chances for either a House or Senate vote are slim.

Two things strike most Congressmen and staff members about the mail: it reveals a deep public concern for the American family; most letters are based on misinformation and distorted interpretations of the bill.

The leaflet plays on some of America's deepest fears, describing the bill as a Communist plot to take from parents the rights

and responsibilities of raising children and turn them over to government-appointed specialists.

"The American family is one of the last strongholds this society has," one South Carolina voter warned his Congressman. "The proposed legislation is another step in destroying this cornerstone of democracy."

"Will we never learn?" asked another writer. "This legislation is almost a twin brother to what ultimately destroyed Germany."

AS THE FAMILY GOES . . .

One Oregonian prophesied that "when the family falls, the nation won't be far behind."

Not all the opposition to the bill has been prompted by the anonymous leaflet. But the anger, the fear, is directly stimulated by the leaflet's opening question "Raising Children; Government's or Parent's Rights?" and its charges that the bill "smacks of Communism."

According to the leaflet the bill contains a "Chapter of Children's Rights" under which parents would no longer be able to punish their children or pass onto them religious or political beliefs. Under the bill, the leaflet charges, children could also sue their parents for deficiencies in the home.

The leaflet erroneously names the Congressional Record as the source for several citations in which supporters of the bill are quoted as saying, "We recognize that not parental, but communal forms of upbringing have superiority over all other forms," and as questioning whether we can "trust the family to prepare young children in this country for this new kind of world that is emerging."

SOVIET METHODS

"This is what has been done and is being done in the Soviet Union," the leaflet concludes. "We elected this Congress, but do we know what it is doing to our freedoms and our rights?"

In truth, the Child and Family Services Bill contains no "Charter of Children's Rights," no hint of taking childrearing away from parents.

As Senator Mondale describes it, the bill "seeks to preserve the family by strengthening it." As now written, it would provide money for such services as prenatal care, medical treatment to detect and remedy handicaps in young children, nutritional programs, and day-care programs for working mothers.

Participation in all programs offered by the bill would be voluntary and would involve only children whose parents had requested such services. Much of the control over the programs would remain with parents. The bill contains nothing that would change the moral or legal relationship of a parent to his child.

THE BILL'S BACKERS

Already, a wide range of such civic and religious organizations as the Parent-Teachers Association (PTA), the AFL-CIO and the American Home Economics Association have announced support for child and family services.

The bill is addressed, in part, to the 6.5 million preschool and 21 million school-age children with working mothers. In describing the need for child and family services, the bill's supporters cite figures that show infant mortality in the United States to be higher than in 16 other nations, that 40 percent of young children are not immunized against childhood diseases and that 29 percent of urban children do not see a doctor in any given year.

According to Judith S. Helms, director of the National Council of Organizations for Children and Youth, families are facing "a time of economic instability" in which "they are finding it difficult to pay for basic necessities, much less the 'luxury' of things like preventive health care."

"If the family says help me, then we need to be there," Senator Mondale says. "It is the strong family with its values of love, affection and discipline that gives the child the best chance of making the most out of life."

REPUTABLE OPPOSITION

Like any other legislation, the bill has its faults. Many of the letter writers offer the same arguments against the bill that the National Coalition for Children presented last summer—that it represents government interference in the lives of private citizens.

Congress itself questions the bill's \$1.7 billion price tag over three years, how its child and family services would fit in with existing programs and how those services would be administered.

But the flood of mail now coming into Congress differs from previous criticism in one important respect—it is based on information so inaccurate that Representative Brademas charged last December that his bill had been attacked by "the tactics of smear and deception, the tactics of Watergate . . . and some of the most scurrilous and misleading propaganda that I have ever seen."

The irony is that the Child and Family Services Bill aims at strengthening the American family, not destroying it.

FINANCIAL STATEMENT OF EDWARD W. BROOKE

Mr. BROOKE. Mr. President, for the last 2 years I have placed in the Record, a financial disclose statement and I intend to do so for the remainder of my service in the Senate. This third annual statement covers the calendar year of 1975 and will be largely repetitive.

First, I am not engaged in the practice of law, nor am I associated with a law firm.

Second, I do not have an interest in a private business firm.

Third, I received as earned income my Senate salary of \$43,025 and honorariums for speaking engagements in the amount of \$9,100.

Fourth, I received rental income before expenses from my Martha's Vineyard, Mass. property in the amount of \$4,500.

Fifth, I received rental income before expenses from my St. Martin, French West Indies, property in the amount of \$3,600.

Sixth, The only change in my stockholdings since my last report has been the sale of 200 shares of stock acquired in 1968, in which I profited \$571. I realized a \$6 dividend and interest income of \$85 from those remaining securities.

Seventh, My real estate holdings are the same.

Eighth, I paid Federal income tax in the amount of \$2,764, and Commonwealth of Massachusetts income tax in the amount of \$1,841.

SUPPORT FOR CIGARETTE TAX REFORM

Mr. GARY HART. Mr. President, since the health protection tax amendment (No. 1945) to H.R. 10612 was introduced last week, it has been endorsed by a number of professional medical organizations. Today, my mail included letters of support from the American Heart Association, the American Nurses Association, the National Kidney Foundation, and the American Association of Neurological Surgeons. For the benefit

of my colleagues, I ask unanimous consent that these letters be printed in the Record.

There being no objection, the letters were ordered to be printed in the Record, as follows:

AMERICAN HEART ASSOCIATION,
Dallas, Tex., June 29, 1976.

HON. GARY W. HART,
U.S. Senator,
Washington, D.C.

DEAR SENATOR HART: The American Heart Association, composed of 55 Affiliates and 1,196 Chapters and other units, strongly supports your amendment to tax through the Federal Excise Tax mechanism those cigarettes with high tar and nicotine content at higher levels than it taxes low tar and nicotine cigarettes.

Recent studies have indicated beyond doubt that cessation of limitation of cigarette smoking is of value in the effort to prevent diseases of the heart and blood vessels. In addition, it has been demonstrated that the association between smoking and risk of coronary heart disease is independent of other risk factors.

The Nicotine in cigarette smoke is a likely cause of the significant increase in fatal myocardial infarction and sudden death from cardiovascular diseases in cigarette smokers. The higher the nicotine level, the greater the increase in myocardial demand. Nicotine also increases the tendency for blood clotting (thrombosis) involved in most heart attacks. These harmful effects can be induced when the nicotine is given by itself. Furthermore, Turner's study in "LANCET" (September 28, 1974) indicated that when smokers were switched from cigarettes with a high tar and nicotine content to those with lower tar and nicotine content, the level of harmful carboxyhemoglobin in the blood fell considerably. Since the harm in cigarettes is from the inhaled tar, nicotine, and carbon monoxide, a logical and effective way to reduce this harm is to reduce the content of these ingredients.

Therefore, in the interest of the health of the American people, we urge you to continue your efforts to promote the use of low tar and nicotine cigarettes through your amendment to the tax reform bill (H.R. 10612) currently under consideration by the U.S. Senate.

Sincerely yours,
JOHN T. SHEPHERD, M.D., D.Sc.,
President, American Heart Association.

AMERICAN NURSES' ASSOCIATION, INC.,
Kansas City, Mo., June 25, 1976.

HON. GARY HART,
4213 Dirksen Senate Office Building,
Washington, D.C.

DEAR SENATOR HART: As nurses we share your concern with the harmful impact on health of smoking high tar and nicotine cigarettes.

Your amendment Number 1945 to the pending tax bill would be a big step in increasing the public's awareness of the content of certain brands of cigarettes. From a preventive health approach it has great significance.

We support the effort of you and your Senate colleagues on this issue.

Sincerely,
EILEEN M. JACOBI, Ed.D., R.N.,
Executive Director.

NATIONAL KIDNEY FOUNDATION,
New York, N.Y., June 28, 1976.

HON. GARY W. HART,
U.S. Senator,
Washington, D.C.

DEAR SENATOR HART: The National Kidney Foundation strongly supports your amendment to provide a new tax schedule for cigarettes based on the tar and nicotine content. We, in the National Kidney Foundation, have a particular concern about the