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quent owners of nonresidential construction inasmuch as they are limited to the straight line depreciation method.)

The letter, presented by Mr. TOWER, is as follows:

THE DEPARTMENT OF THE TREASURY,
Washington, D.C., December 8, 1969.

HON. JOHN G. TOWER,
U.S. Senate,
Washington, D.C.

DEAR SENATOR TOWER: You have requested a statement of the position of the Treasury Department on Amendments 297 and 298 to H.R. 13270, the Tax Reform Act of 1969, which you have proposed. In general, these amendments would change the provisions of the bill which allow only straight-line depreciation in the hands of a second owner (so-called "used" property) and which eliminate the phase-out of recapture of the excess of accelerated over straight-line depreciation for buildings and other real estate improvements. They would allow 150 percent declining balance depreciation if the life of the property exceeds 30 years, 125 percent if the life is between 20 and 30 years, and straight-line depreciation if the life is less than 20 years. The phase-out of recapture would be reinstated to begin after the fifth year of ownership.

The Treasury Department will support these amendments if they are limited to housing, rather than being applicable to all real estate construction as they are in their present form. Treasury would also support a reinstatement of the phase-out of recapture beginning after the tenth year for real estate improvements other than housing if it were coupled with a limitation of Amendments 297 and 298 to housing.

It is my understanding from recent discussions with officials of the Department of Housing and Urban Development that HUD will also support the amendments in this revised form.

Sincerely yours,

JOHN S. NOLAN,
Deputy Assistant Secretary.

AMENDMENT NO. 408

Mr. WILLIAMS of Delaware submitted amendments, intended to be proposed by him, to House bill 13270, supra, which were ordered to lie on the table and to be printed.

AMENDMENT NO. 409

Mr. KENNEDY (for himself and Mr. PEARSON) submitted an amendment, intended to be proposed by them, jointly, to House bill 13270, supra, which was ordered to lie on the table and to be printed.

(The remarks of Mr. KENNEDY when he submitted the amendment appear later in the RECORD under the appropriate heading.)

AMENDMENT OF MIGRANT HEALTH ACT TO INSURE MIGRANT PARTICIPATION IN PROGRAM DEVELOPMENT AND IMPLEMENTATION—AMENDMENT

AMENDMENT NO. 402

Mr. MONDALE. Mr. President, I submit an amendment to S. 2660, a bill to extend and otherwise amend certain expiring provisions of the Public Health Service Act for migrant health services, that would provide for participation of the migrant agricultural worker in program development and implementation.

I am today proposing that section 310 of the Public Health Service Act, which

provides money for migratory farmworkers' health care, be amended by adding language that will guarantee participation by the target population in the development and implementation of migrant health programs.

The Migrant Health Act was passed in 1962 with the avowed purpose of providing health care for migrant farmworkers. Before passage of the act, adequate health care was the exception rather than the rule for migrant families. Migrant farmworker families were excluded from traditional health services taken for granted by all the rest of society.

Now, through 116 project grants in 36 States, physicians and hospitals are involved in upgrading the health of farmworkers. The present appropriation of \$8 million limits provision of service to only about one-third of the target population, and in many instances, even those services are inadequate or incomplete because of the shortage of funds.

Although the act is improving health care services for migrants, recent hearings in Washington and in the Rio Grande Valley of Texas on the extension of the act, point up the need to involve the consumer population in project development and implementation.

Too often Federal funds are not being used to their fullest advantage. A lack of knowledge on the part of migrants about available facilities and program components still prevails. Many programs lack an adequate outreach component. Too often programs do not take into account the total poverty of migrant families, so that health care is not matched with services to meet related needs of food, shelter, clothing, and other family needs. Special effort and innovation in organizing and delivering services to make them more accessible for the use of geographically and socially isolated migrants is often lacking. Some programs have not explored the possibility of developing new sources of personnel to supplement available professional personnel, such as aides drawn from among migrant families.

Some programs are in the hands of local, county, or State health departments that are insensitive to the needs of migrants or operate heedless of the dignity of the individual. Many local public health programs are already starved for funds, and thus use Migrant Health Act funds to operate their regular programs. Programs are often entwined with legal and policy exclusions from certain local services. Language problems often cause confusion in the delivery of needed services, and staff members are often not bilingual in areas where Spanish is the prevailing tongue. In other instances, health care was not related to the needs of the individual or the family. Experts have documented the fact that greater attention to preventive medicine might obviate the high costs of curing advanced stages of disease.

I am convinced that insufficient health care for the rural poor and the migrant will remain the rule, rather than the exception, until we tap the vast wisdom, understanding, loyalty, and pride of the

poor. It is the poor themselves who know most about the details and the solution to their predicament.

My amendment represents a modest, inexpensive device for guaranteeing that those who are excluded from health care be permitted to participate in the development and implementation of programs that are intended to improve their health.

My amendment simply requires that before grants are authorized, the Secretary must be satisfied that persons broadly representative of all elements of the population to be served have participated in the development, and will participate in the implementation, of such programs.

The purpose is abundantly clear. It is to have the input of the poor in the implementation and delivery of health care so that the Government and the people get the most for their dollar.

I ask unanimous consent that this amendment be printed in the RECORD at the close of my remarks.

The ACTING PRESIDENT pro tempore. The amendment will be received and printed, and will be appropriately referred; and, without objection, the amendment will be printed in the RECORD.

The amendment (No. 402) was referred to the Committee on Labor and Public Welfare, as follows:

AMENDMENT NO. 402

At the end of the bill insert a new sentence as follows:

"Sec. 2. Section 310 of the Public Health Service Act is further amended by adding immediately after the final sentence thereof the following new sentence: For the purposes of assessing and meeting domestic migratory agricultural workers' health needs, developing necessary resources, and involving local citizens in the development and implementation of health care programs authorized by this Section, the Secretary must be satisfied, upon the basis of evidence supplied by each applicant, that persons broadly representative of all elements of the population to be served have been given an opportunity to participate in the development of such programs, and will be given an opportunity to participate in the implementation of such programs."

DISTRICT OF COLUMBIA APPROPRIATION BILL, 1970—AMENDMENTS

AMENDMENTS NOS. 404 THROUGH 406

Mr. TYDINGS submitted three amendments, intended to be proposed by him, to the bill (H.R. 14916) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of said District for the fiscal year ending June 30, 1970, and for other purposes, which were ordered to lie on the table and to be printed.

ADDITIONAL COSPONSORS OF AMENDMENT

AMENDMENT NO. 346

Mr. PACKWOOD. Mr. President, I ask unanimous consent that the names of the Senator from Illinois (Mr. SMITH) and the Senator from Alaska (Mr. STEVENS)