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NUCLEAR ARMS CONTROL

More needs to be done to prevent the holocaust of a nuclear war sparked through the willy-nilly spiral of weapons of ultimate destruction. Certainly the extension of the nuclear test-ban treaty to mainland China and to France, as well as a ban on underground testing, are difficult but worthy goals for the coming decade.

Finally and perhaps most important of all, the United States and her people must come to a new realization of our proper role in the world. Our commitments abroad must be limited within our measure to meet them and clearly justified in terms of our national interest. New ways must be found to give our people more of a say in the shaping of policies that involve their very lives and the spending of billions of their tax dollars.

The American people must never again be dragged, inch by inch, unknowing and unaware, into the abyss of war. We must never again make war without the full knowledge and consent of the people and their elected representatives.

In sum, a renewal of participatory democracy must occur in our generation to keep ourselves true to the principles of our founding heritage. It can be done. Your active involvement will be essential to bring it about.

REDUCTION OF FUNDS FOR MEDICAL RESEARCH AND TRAINING

Mr. MONDALE. Mr. President, the drastic reductions in funds for medical research and training announced by the administration has precipitated an understandably bitter and perplexed reaction on the part of the medical community and informed citizenry of this Nation. Major cutbacks in areas such as chronic disease control, rehabilitation, research and training, and health professions scholarship and loan funds, represent an indefensible distortion of our national priorities.

A reduction of \$290 million in NIH medical research funds, if approved by the Senate, will result in a 5-percent across-the-board reduction in NIH continuation grants, a 10-percent reduction in funds available for new grants, the phasing out of five major programs to attack chronic and crippling disease, the phasing out of 19 clinical research centers, the cancellation of a major heart research project, and the dismantling of a large number of unique medical research teams. These are but a few of the specific effects of this budget-slashing decision.

It seems incredible to me, and to many of my constituents, that a nation willing to expend billions of dollars on defense procurement and supersonic transports lacks the will to support desperately needed research on cancer, stroke, diabetes, arthritis, or heart, respiratory, and neurological disease. It seems equally incredible that we, as a nation, lack the resources to invest in the well-being of our citizens through supporting the educational development of every person capable of becoming a member of the health profession.

The issue of HEW appropriations is not simply one of applying short-term fiscal constraints as part of the fight against inflation. We must consider the more complex long-range implications of indiscriminate reductions in medical research and health professions person-

nel development on the quality of life in America. The level of HEW appropriations is directly related to the pressing need for an intelligent re-examination of our national priorities. Such an assessment would, it is hoped place human needs—those reflected at the Federal level in health, education, and welfare programs—above any and all competing Federal expenditure commitments.

Mr. President, as a representative of a State which is world-renowned as a center of medical and scientific research, with our Mayo Clinic and University of Minnesota health complex, I feel deeply obligated to support a continued Federal commitment toward improving the health of America's citizens. I ask unanimous consent that certain relevant letters from leaders of Minnesota's outstanding medical community be printed in the RECORD.

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

UNIVERSITY OF MINNESOTA,
DEPARTMENT OF PHARMACOLOGY,
Minneapolis, Minn., October 1, 1969.

HON. WALTER MONDALE,
U.S. Senate,
Washington, D.C.

DEAR SENATOR MONDALE: I wish to express my deep concern about the cuts being made on research grants from the National Institutes of Health. My concern is specifically aimed at research and training in the basic medical sciences which include biochemistry, physiology, pharmacology, anatomy, microbiology, biophysics and other related fields. The basic sciences provide the main foundation on which modern science stands and from which it flourishes and advances.

The present governmental policy to sharply reduce the present level of support for basic medical sciences is several steps backward in the pursuit of new medical knowledge as well as in the training of scientific personnel. Our research and training grants produce faculty members and research workers for our medical and other health related schools and our governmental and industrial laboratories that deal with the health sciences. I wish to point out that at a time when our society is rightly demanding more medical schools, physicians and health care, cuts in our programs will acutely reduce the *only* immediate source for new and replacement faculty members of basic science departments in medical schools.

I am concerned that the yearly decrease in buying power will actually mean a drop in support of 5 to 10 percent even with *no* increase in support of basic medical sciences. Many of the research programs have been completely cut while others are straining to maintain their research activities. But by 1970 I think this situation will become critical. With no money to do research and train graduate students, the country is going to suffer an unthinkable and deplorable "dry spell" of well-educated scientific personnel for as many years as the support is withdrawn. I don't think I need to elaborate on the effect, qualitatively and quantitatively, this would have on health related schools as well as research laboratories in health sciences.

I would like to briefly illustrate what the budgetary cuts have meant personally. In my laboratory which consists of two postdoctoral fellows, two graduate students and two research technicians, we are faced with the possibility of spending our allotted funds by the end of this year. Since the fiscal year of the grant begins June 1st, this will mean that my scientific personnel may be sitting

on their hands for a half year; what a waste of scientific talent and manpower! We could slow our pace to make the money last until June. This means we would forcibly impede scientific progress which is hypocritical in our business.

I can assure you that members of our department and those of other basic science departments join me in the hope that you and your congressional colleagues will seriously consider the matters I have mentioned above. I hope you will work toward the strengthening of our national programs in the basic medical sciences.

Sincerely yours,

A. E. TAKEMORI, Ph. D.,
Professor of Pharmacology.

UNIVERSITY OF MINNESOTA,
DEPARTMENT OF PHARMACOLOGY,
Minneapolis, Minn., October 7, 1969.

HON. WALTER MONDALE,
House of Representatives,
Washington, D.C.

DEAR MR. MONDALE: I hope that there is still time to put a stop to this administration's irresponsible cutting of NIH funds for support of the basic medical sciences. Not only are these cuts delaying progress in important research projects, but without exaggeration are threatening abolishing basic research altogether. We research workers must at this time attempt to make it very clear to our representatives in Washington that the situation is critical and the nation is rapidly digressing scientifically to the pre-Sputnik era. This de-emphasis of basic research will eventually have a profound effect on us and will severely harm the "health" of this nation. Only through research at the sub-cellular and cellular level in experimental animals have the important advances in medical sciences been achieved. I consider our current ability to deal with disease through use of drugs and other medical procedures as only fair to good; we stand to improve greatly upon our medical knowledge and know-how if only basic research is permitted to continue unabated. The current stress on producing greater numbers of physicians to deal with medical problems in the urban centers can only succeed if basic research is also strengthened concurrently. The President and his advisers must be made to understand that the current domestic budget cutting with essentially no decreased defense spending is a great mistake which has to be rectified.

In past years the budget cuts and austerity programs which we have experienced were only bothersome to me personally and to my research program, but presently, partly because of the inflation, I am finding it very difficult to continue my usual research effort. I am also aware of how the recent cuts have affected my colleagues and their work. The people hurt most of all are those young investigators who are freshly trained and most enthusiastic, but who unfortunately are receiving little or no financial support for their research. I implore you and your fellow senators and congressmen to make President Nixon see the light.

Sincerely yours,

BEN G. ZIMMERMAN, Ph. D.,
Associate Professor of Pharmacology.

UNIVERSITY OF MINNESOTA,
DEPARTMENT OF PEDIATRICS,
Minneapolis, Minn., September 16, 1969.

SENATOR WALTER MONDALE,
Senate Office Building,
Washington, D.C.

DEAR SENATOR MONDALE: The most recent in a series of drastic reductions in the budgets of the National Institutes of Health for the categories of extramural research grants reflects serious misinterpretations of the history of support for academic medicine. We would like this opportunity to present information to you and to request a reply which

justifies the current programs while reflecting previous philosophies.

You are no doubt aware of the considerable escalation of efforts in bio-medical research since the middle 1950's. These were generously supported by funding from the NIH. Acknowledging the scientific merit of those efforts, let us consider the results of this era of enlightenment from the point of view of the mechanisms of medical education. During this period of time medical students have been exposed to a new science of medicine in which they became aware of the mechanism of the diseases confronting their patients. It has given them a sound basis upon which they can continue to build their knowledge throughout their practicing careers. For the first time in the history of medicine, logical rationale for applications of diagnostic techniques and therapeutic measures have been available. A "beginning" has been initiated. Only a fraction of practicing physicians is so fortunate as to have been so exposed. An urgent effort must still be initiated to bring this information to the groups of physicians not as fortunate. And what about the mechanisms for the continuation of the dissemination of this vast and extremely complex material? The basic structure for assuring continuing education within academic medicine has yet to be firmly established. Indeed the critical mass of academic medicine is threatened by the current and continuing financial squeeze which constricts and seriously limits medical research.

Now, in these contexts, we must urge you to recognize that the persons disseminating this information (the medical school faculties) are also actively engaged in research. First, all educators agree that the most effective teachers are those who have delved intensively into the mechanisms of disease.

Furthermore, support for research programs by academic personnel has never been adequate through any local sources. State funds are allocated solely for teaching and currently support only 17 percent of the faculty budget of the Department of Pediatrics of the University of Minnesota. Finances for the bulk of the teaching efforts including such mundane matters as secretarial help, teaching materials and related patient care have come largely from research funds. Even the costs of such items as janitorial help and building maintenance are indirectly supported by research funds. In order to continue their patient care and teaching efforts, academic physicians have been very aggressive in justifying their funds for research by the excellence of their research productivity.

In addition, the same teachers and researchers have always taken on the additional burdens of the care of the medically indigent populations in this nation by whatever meager means were available. Many of these efforts have been centered within the structure of the large General Hospital systems, strongly supported by the University. They complained about the inadequacies of these means but who was there to listen or care? There was inadequate support at both the State and Federal level for teaching let alone the care of the poor! Documentation of the meager support of medical schools is readily available and widely disseminated but only rarely read by responsible persons with an eye to correcting the situation in a realistic or productive manner.

At a time when the shortage of medical personnel is most critical, the wherewithal to train physicians and allied personnel is being withdrawn. Please keep in mind the fact that one cannot discuss the support of the teachers without some assurance that their invaluable research efforts can continue. Who will be the new teachers in the expanded personnel training programs? It would be extremely unfortunate if one had to resort to justification of these programs by resorting

to the logic of the Department of Defense but so be it. Would one logically consider an order to produce a new weapons system without including the costs of its research development? It would be totally irrational and fruitless to pursue such an approach. How can we consider the case in the health field any less logical?

Please consider this letter as an inquiry. We appreciate your efforts, especially the recent struggle with the DOD, and the pressures of your work load, but plead for your indulgence and for your reply.

Thank you for your kind consideration.

Sincerely yours,

DAVID M. BROWN, M.D.,
Assistant Professor, Pediatrics and
Laboratory Medicine.

ALFRED F. MICHAEL, M.D.,
Professor, Department of Pediatrics.

ROBERT L. VERNIER, M.D.,
Professor, Department of Pediatrics.

UNIVERSITY OF MINNESOTA, DEPARTMENT OF
PHYSICAL MEDICINE AND REHABILITATION,
Minneapolis, Minn., October 3, 1969.

HON. WALTER F. MONDALE,
U.S. Senate,

Senate Office Building, Washington, D.C.

DEAR SENATOR MONDALE: I am enclosing a copy of a letter which I have just received from Dr. James F. Garrett, Assistant Administrator for Research, Demonstrations and Training, Social and Rehabilitation Service, stating that our Regional Rehabilitation Research and Training Center grant has been decreased 5 per cent below the budget of last year as an anti-inflationary measure.

I am both appalled and confused by this announcement. I am confused because it was my understanding that Congress had maintained the budget for the Rehabilitation Service Administration and the Regional Rehabilitation Research and Training Centers as one area of endeavor which they wish to maintain. I would appreciate learning from you whether it was Congressional intent to economize in this type of activity.

I am further confused because I thought the emphasis in H.E.W. was to increase activity to meet the health manpower shortage—more training of physicians, therapists, nurses, vocational counselors, social workers, and others working with the sick and dependent. It was my understanding that the intent was to emphasize the neglected areas of health care which result in the greatest dependency costs; this means primarily chronic disease, with which we are concerned.

I am confused regarding the concept of this reduction as an anti-inflationary measure because in the past three years we have not had an increase in our budget. Consequently we have been in no position to promote extravagances. Rather each year we have had to retrench to handle the problem of the rising cost of living. Now, in addition to the retrenchment forced on us again this year by increasing costs, we have received a further 5 per cent reduction in the budget.

An increasingly larger proportion of this budget has been devoted to training of personnel in the health professions, particularly those concerned with chronic disease, because we have attempted to maintain the training programs in spite of the increasing costs at the expense of curtailing our research activities. Direct reduction of the budget will require curtailment of training programs as well as research. Is it the intent of Congress to offer bonuses for the expansion of training programs on the one hand and curtail support for established and efficient training programs on the other?

I am appalled at the economy move of cutting back on support of education and research in health care for chronic disease, which has been a much neglected field, at the same time that President Nixon is calling for the multibillion dollar support of a

supersonic transport plane which does not appear to have practicality nor usefulness and even is proposed merely as an ego symbol for the United States. Maybe the more honest and bigger factor is that this would assure continuing production, high salaries and overtime work in the aeronautic and electronic industries and a fat profit at the end of the line. The incongruity of failure to maintain training in the health professions where there is an admitted acute need and the advocacy of a machine which is expensive and useless is indeed appalling.

Is there anything that can be done to reverse this administrative decision to cut back on our grant for the Regional Rehabilitation Research and Training Center?

I would appreciate any suggestions or help.

Sincerely,

FREDERIC J. KOTTKE, M.D.,
Professor and Head, Department of
Physical Medicine and Rehabilitation.

MAYO CLINIC,

Rochester, Minn., September 2, 1969.

Senator WALTER MONDALE,
U.S. Senate,
Washington, D.C.

DEAR SENATOR MONDALE: It has been called to my attention that restrictions in the forthcoming Federal Budget may result in a relative reduction of support for medical research and education from the National Institutes of Health and the National Science Foundation. My observations of medical practice and public health in the many foreign countries I have visited provides a sharp contrast to that in the United States and research is largely behind our continuing high level of medical services. Any retardation in the growth of the research and teaching activities pertaining to medicine will, I am certain, have serious consequences in the future. With increasing environmental contamination, medical scientists must find means of understanding the mechanism of action of many toxic agents and the soundest means of preventing ill effects. Similarly, a sizeable contribution to our medical problems by hereditary diseases can only be reduced if we understand their nature and mechanism. This has become possible in recent years in only a few areas but the pattern for understanding has been set.

It is my sincere hope that you and the members of the House and Senate Appropriations Committee will recognize the need for continuing the liberal support of our medical research programs which have been so effective through funding to the National Institutes of Health and the National Science Foundation. Certainly when one compares the benefits to the population of the numerous ways that the federal dollar can be spent, this is one that should need little justification, and one which has shown an outstanding return.

Sincerely,

LEONARD T. KURLAND, M.D.,
Professor of Epidemiology, Mayo Graduate
School of Medicine and Head, Sec-
tion of Medical Statistics, Epidemiol-
ogy and Population Genetics.

MAYO CLINIC,

Rochester, Minn., September 12, 1969.

HON. WALTER MONDALE,
U.S. Senate,
Washington, D.C.

DEAR SENATOR MONDALE: It has recently come to my attention that the neurosurgical programs of the nation are in danger of being curtailed when the House of Representatives passed the House Appropriations Bill for the fiscal year 1970.

Although the neurosurgical training program in the Mayo Graduate School of Medicine has not been subsidized by any NIH grant, many of the fine programs in this country are dependent on such training grants. I am sure it is unnecessary for me

to emphasize the necessity in training neurosurgeons, both for the academic world and for the practice of our specialty, particularly in view of the need for neurosurgeons to enter the academic environment of this time as well as to take care of the number of head injuries associated with the increasing accident rate on our nation's highways.

I therefore am speaking not only for myself but for the other training directors throughout the nation, and I hope that when the Senate acts on the bill in the next few weeks that the Senate will vote on the budget proposed by the Senate Committee and presented by Dr. David Daly and his colleagues.

Very truly yours,

COLLIN S. MACCARTY, M.D.,
Professor of Neurologic Surgery, Mayo Graduate School of Medicine; Chairman, Department of Neurologic Surgery, Mayo Clinic, Mayo Foundation.

VETERANS ADMINISTRATION HOSPITAL,
Minneapolis, Minn., August 29, 1969.

HON. WALTER MONDALE,

U.S. Senate,

Washington, D.C.

DEAR SENATOR MONDALE: It has been brought to my attention—and to that of others concerned—that the budget of the National Cancer Institute for the fiscal year 1970 has been lowered from \$184.4 million to \$180.7 million. The curtailment of funds for research in the health fields (including cancer research) and the various sciences basic thereto that was initiated by the last Administration is a very serious matter that without a doubt will have deplorable consequences. If this trend is continued under the current Administration, many productive on-going programs in the medical field of which cancer research is a vital sector may have to be terminated and, what is worse, no new ones will be initiated because of lack of funds. If this situation is allowed to prevail, it will discourage or prevent young scientists with new and creative ideas from entering medical and cancer research. It is obvious that unless this trend is reversed the growth of the medical and allied sciences will be stunted and the sources, upon which the health and welfare of the American and other people ultimately depend, will dry up. It is clearly a short-sighted approach to national problems to neglect the support of the health sciences which benefit all people in favor of spectacular and extremely costly programs in space and defense whose immediate, as well as long-range, benefits are questionable and, certainly, debatable. It is the American people that eventually stand to lose the most from this unbalanced choice of priorities and appropriations. Accordingly, it is imperative that the legislators who, by the appropriation of funds, have the final responsibility for these vital matters are clearly aware of the serious situation that confronts American medical science and, particularly cancer research. In the light of this, I would urge you most seriously to intercede with the members of the Senate subcommittee that handles the appropriations for the National Cancer Institute to restore the cuts in the 1970 budget of the Institute.

Thank you for your consideration.

Sincerely yours,

H. R. GUTMANN,
Special Investigator, Cancer Research Lab., VA Hospital, and Professor of Biochemistry, University of Minnesota.

MAYO CLINIC,
Rochester, Minn., September 22, 1969.

Senator WALTER MONDALE,
Senate Office Building,
Washington, D.C.

DEAR SENATOR MONDALE: May I continue our "dialogue" regarding the question of the creation of a National Lung Institute within the National Institutes of Health.

It has just come to my attention that one of the appropriation bills passed by the House of Representatives included an appropriation for the National Heart Institute for the fiscal year 1970 in the amount of \$160,513,000. The appropriation for the fiscal year 1969 had been \$166,927,500. This is a decrease of \$6,414,500. Obviously, if there is to be any increased work on lung diseases by the National Heart Institute, there will have to be a decrease in their attention to the problems of heart disease. This does not seem to be a solution to the problem. In contrast, the appropriation bill passed by the House included an appropriation of \$23,685,000 for the newly created National Eye Institute. It seems to me that this is at least suggestive evidence that a specific categorical institute is more apt to be adequately financed for a service to the American public than will occur when it is assumed that a problem will be tackled by an established institute with a primary interest in other problems.

I realize that changes may very well be made in the appropriations by the Senate and hope that it will be possible to increase the funds allocated to the National Heart Institute with a specific portion being designated for the work on pulmonary disease which will have to be conducted by the National Heart Institute until such time as a more adequate provision is made for the work of the National Institutes of Health in the battle against pulmonary disease.

With kindest regards.

Sincerely yours,

DAVID T. CARR, M.D.

DIABETES DETECTION AND EDUCATION CENTER,

Minneapolis, Minn., October 3, 1969.

HON. WALTER F. MONDALE,

U.S. Senate,

Washington, D.C.

DEAR SENATOR MONDALE: I am greatly concerned with the recent indiscriminate federal budget cuts, particularly as they deal in the areas of health and specifically in the field of delivery of care such as cuts in the Regional Medical Program and the Chronic Disease Programs. There are certainly serious major deficits in the delivery of health service to individuals throughout the entire country and the decision to indiscriminately cut these has apparently been done by people who are more concerned about budget rather than by individuals who are knowledgeable in the area of health and health care needs.

We are obviously concerned about the alterations on chronic diseases which are the leading causes of death in this country. In the field of diabetes, which now affects over 4.4 million individuals in the United States, vital programs have been eliminated which will result in loss of a great deal of information through cancellation of studies and through the loss of large numbers of very valuable, knowledgeable personnel. I am certain you, too, are concerned about these matters. I would like to express my hope for your continued legislative support of health and health care programs in this country.

Sincerely,

DONNELL D. ETZWILER, M.D.,

Project Director.

NATIONAL CYSTIC FIBROSIS RESEARCH FOUNDATION,

Excelsior, Minn., October 7, 1969.

HON. WALTER F. MONDALE,
Senate of the United States,
Senate Office Building,
Washington, D.C.

DEAR SENATOR MONDALE: It has come to my attention that the House of Representatives, on July 31st, voted the appropriation for Fiscal Year 1970 for the National Institute of Arthritis and Metabolic Diseases which includes the funds for cystic fibrosis programs. It cut the overall institute figure by \$6,

220,000—lowering it from the 1969 level of \$143,888,000 to \$137,668,000.

The recommendation for the appropriation by the voluntary health organizations involved was for \$154,839,000. Medical authorities concerned with programs of arthritis, diabetes, kidney disease, and cystic fibrosis recommended this figure as the necessary amount to continue programs for which the institute is responsible.

Our Minnesota Chapter of the National Cystic Fibrosis Research Foundation is asking you to speak on our behalf to the members of the Subcommittee on Appropriations (chairman, Senator Warren Magnuson) before the Senate acts on the bill within a few weeks. We urge the adoption of the budget of \$154,839,000.

The support we receive from the institute is the lifeblood of our basic research and training programs and, our medical department tells us, the answers to the puzzling disease of cystic fibrosis are just around the corner. To cut back now would be tragic for all of us. Please do what you can to insure a continuing program.

Yours very truly,

Mrs. WALTER G. BURRY,
National Trustee, Region Ten and Minnesota Chapter Board Member.

UNIVERSITY OF MINNESOTA,
THE HORMEL INSTITUTE,

Austin, Minn., September 19, 1969.

Senator WALTER F. MONDALE,

U.S. Senate,

Washington, D.C.

DEAR SENATOR MONDALE: This letter is being written in the interest of an important nationwide need. I know that you are constantly giving support and have initiated congressional actions that will best serve the needs and interests of this country (and mankind generally), including action on behalf of the health and welfare of the nation's people. However, some of the reductions in Federal spending have been especially damaging to some of the more important federally-supported programs, and one of these, among others, with which I am concerned at the moment is the reduction in Federal support for scientific research relating to the health of American people.

Specifically, the reduction in Federal support for scientific research conducted or administered by the National Institutes of Health has produced some serious adverse results.

At first glance, it might appear that the reduction in support for the National Institutes of Health would affect research programs adversely merely in proportion to the reduction in the amount of support. Actually, the adverse effects are much greater. It has been necessary to curtail many research programs that were nearing fruition in relation to benefiting the health of American people, with a concomitant waste of money and the time of research scientists that had already been expended. Although one cannot deny that it is desirable to effect economies in Federal expenditures whenever it is possible to do so without damaging results, the shortsighted manner in which Federal expenditures have been reduced in endeavors that are of great importance to the present and future health of the American people is little short of calamitous.

In addition to the adverse effects to which I have already alluded, there are a number of others, such as the disenchantment and loss of morale among scientists and technicians who are dedicated to solving problems of health. Because of this, the reduced research productivity will continue for an appreciable time beyond the point when Federal support of research in health-related problems is restored to previous levels, or even higher levels (taking into account the inflationary spiral which affects research costs as well as all other productive activities).

I hope that you will not only continue your supporting efforts to reinstate previous Federal expenditures for measures pertaining to the public health and welfare, but also that you will initiate legislation pertaining specifically to increased support for research programs of the National Institutes of Health. You may count on full support for any efforts that you make in this direction from thousands of scientists and technicians throughout the nation.

Kindest personal regards and best wishes.

Sincerely yours,

W. O. LUNDBERG,
Director.

ALCOHOLISM: A DRAIN ON THE COMMUNITY

Mr. WILLIAMS of New Jersey. Mr. President, the distinguished former Governor of New Jersey, Robert B. Meyner, has issued a statement which forcefully calls to our attention the need for action to combat one of the most serious illnesses in America: alcoholism. Mr. Meyner notes that this sickness, afflicting 220,000 persons in New Jersey alone, sharply reduces life expectancy and has a disastrous effect on family life. Alcoholism accounts for one of every three arrests in the United States and costs American business at least \$4.3 billion annually.

Thanks to Bob Meyner's initiative during his gubernatorial term, New Jersey has a model program of alcoholism treatment centers connected with community hospitals. In his statement of October 11, entitled "Alcoholism: A Drain on the Community," he calls for detoxification centers to stop what he correctly describes as "the revolving-door cycle of drunk tank and jail which produces such a financial and manpower drain on our courts and police departments and serves no rehabilitative or preventive function." In addition, he proposes a comprehensive State educational and treatment program on alcoholism, utilizing State medical, psychiatric, and educational institutions.

These humane proposals for a war on alcoholism, reflecting an advanced understanding of the causes and proper treatment of this widespread illness, merit serious attention because of Robert Meyner's record of effective service to his State.

Mr. President, I ask unanimous consent that the statement be printed in the RECORD.

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

[From the Meyner program paper No. 17, Oct. 11, 1969]

ALCOHOLISM: A DRAIN ON THE COMMUNITY

More than 220,000 New Jersey residents are afflicted with a disease which destroys careers, ruins family life, shatters personalities, and kills: alcoholism.

Contrary to the stereotype, the "average" alcoholic is not a Skid Row derelict. He is far more likely to be an established member of the community, typically between the ages of 30 and 55 and therefore at the peak of his productive powers. The great majority of alcoholics reside in respectable neighborhoods, live with their husbands or wives, earn a livelihood, pay taxes, attend church and try to send their children to college.

However, the health, social and economic losses due to alcoholism are enormous. Al-

coholism is a major cause of death in America. The life expectancy of the alcoholic is estimated to be 10 to 12 years below the average. The alcoholic is seven times as likely to die in an accident as the average man and three times as likely to die of any other cause. The alcoholic on the highway means tragedy for others as well as for himself.

Given the alcoholic's typical age and employment record, this disease does enormous harm to our economy. The National Council on Alcoholism estimates that alcoholism costs American business at least \$4.3 billion a year in lost manpower, inefficiency, replacements, fringe benefits, and lost investment in training. No price tag can be placed on lowered morale, damaged public relations, and unsound managerial decisions traceable to alcoholism.

One of every three arrests in America is for the offense of public drunkenness. A very large percentage of these arrests involve alcoholics. The great volume of these arrests places an extremely heavy load on the operations of the criminal system. It burdens police, clogs lower criminal courts and crowds penal institutions.

The present financial cost of dealing with alcoholics in the system of criminal justice is enormous. Effective measures to deal with alcoholism as a health and rehabilitation problem would free many police and judges to deal more effectively with crimes and other disorders and could in the long run save tax dollars.

Aside from the measurable effects of alcoholism on health, on our economy, and on the effectiveness of our law enforcement, there is the unmeasurable effect of this disease on human well-being. Typically, each alcoholic directly affects the lives of five other people. The destruction of family life is often disastrous, with the alcoholism of the parent leaving a crippling imprint upon the spouse and children.

A successful response to the problems of alcoholism requires the concern and cooperation of all levels of government and civic and private groups, such as Alcoholics Anonymous. If elected, I intend dramatically to expand State efforts to provide the coordination, staff and facilities necessary to deal more effectively with this debilitating disease. I propose an eight point program.

1. *Alcoholism Treatment Centers.* During my administration, outpatient treatment centers for alcoholics were established in six community hospitals. Since that time, three additional units have been created. These clinics are meant to serve as a primary community treatment resource. Working closely with Alcoholics Anonymous and other private and public groups, they are charged with the responsibility of providing medical and counseling help for the alcoholic and his family and information and referral services for the entire community.

I intend substantially to expand these centers to ensure a more vigorous, effective and extensive effort to combat alcoholism.

Substantially increased resources are necessary to permit more patients and family members to be seen, to provide follow-up services, to permit more adequate response to emergency situation, and to make possible a reaching out into the community.

I intend also to establish new centers. The nine alcoholism clinics currently in operation in New Jersey are well distributed geographically, but there are areas of the State which remain unserved. The establishment of clinic facilities in these areas, to be housed in existing community facilities, would put a specialized alcoholism resource within reasonable distance of nearly every New Jersey resident.

2. *Emergency Medical Attention.* Too many acutely sick alcoholics die in jail without medical help. We must take steps immediately in cooperation with counties and municipalities to ensure that, where appropri-

ate, jails have several beds and a doctor on call 24 hours a day for the treatment of acutely sick individuals.

3. *Halfway Houses.* The President's Crime Commission has recognized that homeless alcoholics cannot be treated without supportive residential housing, which can be used as a base from which to reintegrate them into society. I propose to establish a series of halfway houses to serve this function. For some men this transitional facility would bridge the gap between in-patient institutional care and independent living in the community. Others would come directly to the half-way houses from the community. For many, the availability of such a resource would make costly institutionalization unnecessary. These facilities would work closely with Alcoholics Anonymous and other health and welfare agencies in the State.

4. *Detoxification Centers.* We must consider the establishment of detoxification centers in major urban areas. These would be centrally located medical-rehabilitation units serving as a first-line resource for persons in an acutely intoxicated condition. The detoxification center would replace the police station as an initial detention unit for many public inebriates and would provide an enlightened alternative to the revolving-door cycle of drunk tank and jail which produces such a financial and manpower drain on our courts and police departments and serves no rehabilitative or preventive function. These centers would provide initial intensive medical care during the "drying out" period and then other appropriate counseling and rehabilitation services including referral to community services prior to release of the patient.

Detoxification units would be located and operated in conjunction with a community general hospital, a municipal or county hospital, or as a separate facility, depending upon local circumstances. Many of the patients would be brought to the unit by the local police, but some would be referred by other community agencies and some on a self-referral basis. The operation of the Center would be closely coordinated with all existing health and welfare agencies in the area.

5. *A Comprehensive Program at the Martland Hospital Unit of the New Jersey College of Medicine and Dentistry.* I intend to establish a comprehensive alcoholism program at the New Jersey College of Medicine and Dentistry. This program will include not only in-patient and out-patient care but will provide special training of medical students who can bring the results of this training to other facilities throughout the State.

6. *Alcoholism Ward for Women at the Neuro-Psychiatric Institute.* The Department of Institutions and Agencies presently operates an intensive care in-patient program for male alcoholics at the Neuro-Psychiatric Institute near Princeton. There is no reason why this program should continue to be limited to male patients. More than one fourth of all alcoholics are women. My administration will supply the additional facilities and staff necessary to expand this unit to provide treatment for female alcoholics.

7. *Information, Evaluation & Education on Alcoholism.* The Center of Alcohol Studies at Rutgers is the Nation's foremost institute of alcohol studies. New Jersey must make greater use of this important asset for the development of more effective systems of reporting on the nature and extent of these problems, for continuing, objective evaluation of programs for rehabilitation, control and prevention, and for the training of professionals and lay citizens in teaching, therapy, counseling, and community organization and education. If elected, I will seek an expanded scholarship program for such training and will support increased state assistance to further the expansion and development of local Councils on Alcoholism which play