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as serious. Fraud, bribery, rent-gouging and price-fixing ought to be included, not to mention political espionage, burglary and sabotage such as were involved in the notorious Watergate case.

We have been concerned—and rightfully so—about crime in the streets. We should be equally concerned about crime in the corridors . . . the corridors of the high echelons of government and business. If executive privilege is invoked to prevent essential witnesses from testifying in criminal cases and if the FBI is restrained from making a full investigation of such flagrant crimes as occurred in the Watergate case, how can the average American believe in our justice system?

In the aftermath of the Vietnam War and years of domestic tensions, we all recognize the need to quell divisive influences and unify our people again.

One way to bring this about, I am convinced, is to attend to compelling and long-neglected priorities here at home such as crime control.

We need to begin with more, better-trained and better-paid police.

Can we afford it? Is it worth it? We say yes.

In the battle of the budget, Congress and the President agree that there should be an overall limit on federal spending. There is no dispute about this.

The point at issue is where and how the money within that overall budget should be spent—where the true national priorities are.

This Administration has spent over \$100 million to assist and train police and public safety officers in foreign lands. Meantime, here in our country, decent citizens are afraid to venture out on the streets.

It is time now to put our resources into controlling crime at home. We Democratic members of Congress are not advocating raising the overall level of spending. We are simply saying, let's put the money where our real priorities are.

If we employ anything like the energy and resources to keep the peace at home that we have expended in making war abroad, domestic tranquility and peace of mind are well within our reach.

POISON PREVENTION WEEK

Mr. SCHWEIKER. Mr. President, the week of March 18 through 24 is Poison Prevention Week. Each year there are more than 1 million cases of poisonings in the United States, including those from gases and vapors. About half of these deaths are accidental. But most tragically, fully one-third occur in children under 5 years of age.

In the Pittsburgh area of my State alone, two poison control centers, Children's Hospital and St. John's General Hospital, reported a total of 7,759 cases of poison ingestion in 1971, the last year figures were available. These figures indicate the cases taken to hospitals in the area and do not reflect ingestions treated privately by physicians or resolved by parents at home.

Since Congress passed a joint resolution in 1961 requesting that the President annually set aside the third week in March as Poison Prevention Week, countless numbers of civic, government, and business organizations in Pennsylvania have worked hard to educate parents on the handling of medicines, cleaning fluids, and other chemicals commonly found in the home. The Lancaster County Pharmaceutical Association last year

distributed materials through the stores and schools. Activities were also conducted by the Boy Scouts of Milesburg and Kittanning, American Telephone and Telegraph of Pittsburgh and the Reese Candy Co. of Hershey.

Of course the problem is nationwide and Dr. Jay M. Arena, president of the American Academy of Pediatrics and a member of the Medical Advisory Board of the Council on Family Health, tells us that poisoning is now the most common medical emergency that exists in modern pediatrics. Dr. Arena, who has had a long career as a pediatrician and who now heads the Duke University Hospital Poison Control Unit, says that children's deaths from poisoning exceed the total of those from polio, measles, scarlet fever, and diphtheria combined.

Each year some 70,000 children under age 5 are involved in accidental poisonings. And at least two children in the age group die of poisoning every 3 days. Most often, these accidents occur between the ages of 1 and 3, when the child is just beginning to explore his environment and needs close supervision.

Over the years, manufacturers have made great strides in improving the quality of their products, making them more effective and efficient. Government, for its part, has been providing the force to make these products safe and, through legislation, providing consumers with the means to increase the safety aspects of using the product by requiring information on the label, appropriate warning signals, rules regarding advertising, and special packaging to thwart the curiosity of inquisitive youngsters.

The manufacturers of proprietary medicines have sponsored the Council on Family Health to promote the safe use of medicines and all household substances throughout the year. The Council of Family Health reminds us to keep all household products and medicines out of reach of children, cap all medicines immediately after use, and store internal medicines separately from other household products.

I believe all Americans should support the goals of Poison Prevention Week. The problem of poisoning is often a family-sized tragedy that does not make page 1 of the papers or the TV screen, but the heartbreak is no less real. It is a daily problem of national magnitude that I urge everyone and organizations such as the Council on Family Health to deal with.

PAUL H. DOUGLAS' 81ST BIRTHDAY

Mr. PROXMIRE. Mr. President, today is the 81st birthday of our friend and former colleague, Paul H. Douglas.

Paul Douglas came to the Senate in January, 1949, after the spectacular upset victory in that year in which he was elected to the Senate from Illinois. Adlai Stevenson was elected Governor of Illinois, and Harry Truman was reelected President of the United States. The wisdom and good judgment of the people of the State of Illinois has never been more in evidence than it was on that occasion.

Paul Douglas spent the early part of his life as a great economist. Then he became an alderman in the city of Chicago where he gained great acclaim for his courage and independence of mind. He followed that career by joining the Marine Corps at the age of 50 and distinguishing himself in combat in the Pacific.

His Senatorial career, a career encompassing 18 years of dedicated and intelligent service to the people of his State and Nation, was not his only but his crowning achievement.

Paul was literally the first Senator to fight the so-called pork barrel rivers and harbors budget. He applied cost-benefit analysis to the budget before there was such a thing as cost-benefit analysis.

In 1952, he and HUBERT HUMPHREY started the first major congressional attack on tax loopholes—a fact that has now been largely forgotten.

He was and is a champion of the consumer and of the environment.

And in addition to all this he was a great teacher and speaker in the debates on the Senate floor. The wit and spontaneity and knowledge he displayed is rarely equalled in debate today.

But most important of all, Paul Douglas is a warm hearted, humane, and marvelous human being.

Paul, we salute you on your birthday. We hope you have many, many more.

COMMUNITY MENTAL HEALTH CENTERS

Mr. MONDALE. Mr. President, one of the saddest failings of our national health policies has been our inability to care properly for and provide hope to the mentally ill. In 1963, President John F. Kennedy took a major step when he proposed creation of a network of centers to serve the mentally ill. As a result, Congress approved and Federal, State, and local governments worked together to establish the community mental health center program.

In 1971 alone, more than 600,000 citizens sought to help at these centers. In the short period of their existence, many of the centers have developed highly effective programs in the areas of community education and prevention of mental illness. They have served thousands of poor people—particularly in rural areas—who would otherwise have no access to mental health services they could afford. So far about 400 of the 1,500 centers originally projected for the program by 1980 have been created.

We face heartbreaking and frustrating problems in dealing with mental illness in this country. We know that there is a correlation between mental illness and poverty. We know there are thousands of children whose emotional or mental handicaps are going undetected until they have become a major deterrent to learning and to functioning in our society. We know that the use of drugs and the rate of suicide among young people have skyrocketed in recent years.

And now the administration has decided to phase out the community mental health centers program, which I believe holds great promise for solving some

of these problems which our society has only begun to confront.

In a recent article in the Minneapolis Tribune, contributing editor Geri Joseph described dramatically the accomplishments of this program and the loss we would all experience if it were to be phased out as proposed. I ask unanimous consent that a copy of this article be printed in the RECORD.

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

THE PHASING OUT OF COMMUNITY MENTAL-HEALTH CENTERS

(By Geri Joseph)

To President Nixon, it may be the "new federalism." To those concerned with the care of the mentally ill, it sounds like an old, familiar story. And a discouraging one at that.

Tucked away in the President's budget message a few weeks ago was a little-noticed mention of his plan to get the government out of the community-mental-health-centers (CMHC) business. There were so many programs on the marked-for-death list that special-interest groups are just beginning to find their favorites among those proposed for closing out or cutting back.

But it is fair to say that no other program is to be discontinued because of its success. The federal responsibility for the mental-health centers is being "phased out," the administration indicated, because it has been a successful demonstration project. (Never mind that the centers were not intended to be merely a "demonstration project.")

Administration spokesmen offered another reason for ending federal participation. The centers program, they said, created inequities, since people served by them receive better care than people in the rest of the nation!

That explanation has an Alice in Wonderland quality that puzzles and angers many mental-health workers. Why not eliminate the inequities, they are asking, and fulfill the original goal of 1,500 centers across the nation by 1980? Why stop now when there are only about 400 functioning programs?

For years, citizen groups and individuals, shocked by terrible conditions in state mental hospitals, campaigned for better public understanding and more money. Both were slow in coming. But the community mental-health centers program was an enormous step in the right direction. With the Nixon administration proposing to end federal funding, the stimulation provided by federal concern also would end, and the program could falter and diminish.

Mental-health volunteers and professionals have little confidence that revenue-sharing funds turned back to the states will provide the same support. Not only will competition for that money be intense, but much of the planning for health services will be directed by public-health experts. Traditionally, they have not been sympathetic to the needs of the mentally ill.

The CMHC program originated in 1963 with President John Kennedy, the only president to take official interest in the problems of the mentally ill. (Mr. Nixon has singled out cancer and heart disease and programs for both will be given increased funds. Without downgrading the need, one might ask how such priorities are determined.)

In a message to Congress, Kennedy proposed a network of community mental-health centers. "Every year," he said, "nearly 1.5 million people receive treatment in institutions for the mentally ill and the mentally retarded. Most of them are confined . . . within an antiquated, vastly overcrowded chain of custodial state institutions.

"This situation has been tolerated far too long. The federal government, despite the nationwide impact of the problem, has largely

left the solutions up to the states. . . . The time has come for a bold new approach."

And so, for the first time on a large scale, the federal government concerned itself with the care and treatment of the mentally ill. That was part of the "bold new approach." About 30 percent of money for staffing, construction and special programs for children came through the government's National Institute of Mental Health. The remainder, 70 percent, came from states and local communities.

Those figures make the federal role sound small. In actual dollars, it amounted to about \$624 million between 1964 and 1972. But those dollars were the all-important seed money that encouraged state and local matching funds. And that seed money also enabled the federal government to set standards.

Some of the horror and mystery about mental illness began to give way with the growth of the program. Better, more humane treatment followed, too. The light of community attention was healthy, and so was the help of local planning groups. A real alternative developed to the old-style treatment of "exile" in remote, poorly staffed institutions. That was another part of the "bold new approach."

The number of people seeking help in their community centers climbed steadily—from 372,000 in 1969 to 659,000 in 1971. Many of the centers are in areas of urban or rural poverty where those who can least afford quality mental-health care have easy access to them. Almost two-thirds of the centers' patients in 1970 had incomes of less than \$5,000.

No claims are made that the CMHC is a perfect system for diagnosis and treatment of mental illness or that it does all that might be done in prevention and community education. The programs vary from place to place, some are better than others, and some try to serve too many people. Most of the centers serve areas of 300,000 people or more. In addition, Ralph Nader's group has criticized the program for not having enough "grass-roots involvement."

But most of the criticism results from the fact that fewer than 100 of the centers have been in existence for as much as five years. And only two states, North Dakota and Kentucky, come close to providing near-total coverage for their populations. But where programs exist, there is hope for improvement. The biggest problem is that no centers at all exist for the majority of people in this country. Mental-health workers fear they never will if the Nixon budget is passed.

"This is a disastrous set-back for the mentally ill and their families," Mrs. J. Skelly Wright, president of the National Association for Mental Health, said. "At what cost will they cut costs?"

And Brian O'Connell, association executive director, said reaction from state mental-health groups is "almost desperation in many quarters, a feeling of hopelessness." But the association is mobilizing its million volunteers to urge Congress to continue the federal stake in the community-mental-health-centers program, at least until the 1,500-centers goal is reached. There is strong intention, too, to try to change the mind of the man in the White House.

But optimism is in short supply. And the promise of Kennedy's "bold new approach" seems, unreasonably, foreclosed.

GRANDPARENTS DAY

Mr. ROBERT C. BYRD, Mr. President, a West Virginia newspaper editor, Mr. Robert K. Holliday, of the Fayette Tribune, has brought to my attention the commitment of a fellow West Virginian, Mrs. Joe McQuade, of Gauley Bridge, to the designation of a date to be known

as "Grandparents Day." In this age of emphasis upon youth and neglect for the aging, I feel that Mrs. McQuade's sentiment is a worthy one, which will appeal to most thinking people.

I ask unanimous consent that Mr. Holliday's article concerning Mrs. McQuade's mission be printed hereafter in the RECORD.

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

MRS. MCQUADE TO GO DOWN IN HISTORY: FAYETTE RESIDENT HAS SPECIAL DAY PROCLAIMED FOR ALL GRANDPARENTS

Since West Virginia's Anna Jarvis of Grafton originated one of the most honored days of the year, Mother's Day, another West Virginian is responsible for creating another Day, that of Grandparents Day, which was officially set aside to be held May 27 of each year.

Mrs. Joe McQuade, Gauley Bridge, who is so closely connected with the elderly, the Senior Society of our area, county and state, said that the idea has been forming in her mind for some time, but its germination came about following a call from Gov. Arch A. Moore, Jr., just last week.

Mrs. McQuade, who serves on President Nixon's Council on Aging, said that she was writing to Gov. Moore about the idea of having an official Grandparents Day, late last week, when she suddenly decided to "just call him about it."

She said that one of the Department of Public Safety's state troopers answered the telephone at the Governor's office, telling Mrs. McQuade that his office was "literally swamped" with telephone calls, but informed the Gauley Bridge resident that he would try to help her if he could.

She explained her reason for calling, with the trooper telling her that he would relay her message and request to Gov. Moore.

She said that within 15 minutes, "just think, in 15 minutes, Gov. Moore called me in person to grant my request," Mrs. McQuade said, Gov. Moore stipulated that Grandparents Day not be set on his birthday, as it would "tell everyone just how old" he is.

So, between the two, Gov. Moore and Mrs. McQuade, they selected May 27 to be observed officially in West Virginia as Grandparents Day, this day to come between Mother's Day, the second Sunday in May, and Father's Day, the third Sunday in June.

Mrs. McQuade said that Grandparents Day will from now on be officially celebrated with May 27 set aside as the day of days for all grandparents.

She urged everyone, especially youngsters, to remember their grandparents, visit them, and think about them, not only on this day, but every day.

She feels also that Grandparents Day would be particularly appropriate to visit everyone in nursing and boarding care homes, with young people "adopting" grandparents to remember and work with.

"After all," Mrs. McQuade said, "we certainly owe our elderly and senior citizens a lot."

PROTECTION FOR SOURCES OF PUBLIC INFORMATION

Mr. CHURCH, Mr. President, recently I joined as a cosponsor of legislation sponsored by my distinguished colleague Senator ALAN CRANSTON of California which would provide a means by which newsmen could protect their confidential sources. Such a protection is vital to our society if the people's right to know is to be preserved. We cannot afford the