

Wisconsin, STEIGER of Arizona, WIGGINS, and LUJAN (at the request of Mr. GERALD R. FORD) on account of official business May 27 through June 1.

Messrs. NIX, WRIGHT, DE LA GARZA, MOSS, KAZEN, UDALL, and RANDALL (at the request of Mr. Boggs) for today through June 1, 1971, on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. Boggs), and to revise and extend their remarks and to include extraneous matter:)

Mr. ASPIN, today, for 30 minutes.
Mr. GONZALEZ, today, for 10 minutes.
Mr. ROSENTHAL, today, for 15 minutes.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

Mr. BENNETT in two instances, and to include extraneous material.

(The following Members (at the request of Mr. SHOUR), and to include extraneous matter:)

Mr. ROBISON of New York in two instances.

Mr. DUNCAN.

Mr. NELSEN.

Mr. ANDERSON of Illinois in two instances.

Mr. FINDLEY in two instances.

Mr. SCHWENGEL in two instances.

Mr. HOGAN in five instances.

(The following Members (at the request of Mr. Boggs), and to include extraneous matter:)

Mr. BEGICH in five instances.

Mr. BRASCO in two instances.

Mr. GONZALEZ in two instances.

Mr. FLOWERS in six instances.

Mr. CAREY of New York in four instances.

Mr. DULSKI in six instances.

Mr. JAMES V. STANTON in two instances.

Mr. WOLFF in two instances.

Mr. BINGHAM in two instances.

Mr. RANGEL.

Mr. HAGAN in two instances.

Mr. RARICK in five instances.

Mr. RYAN in three instances.

Mr. ANDERSON of California in three instances.

Mr. MATSUNAGA in three instances.

Mr. ICHORD.

Mr. HOJIFIELD.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 485. An act to amend the Communications Act of 1934 to provide that certain aliens admitted to the United States for permanent residence shall be eligible to operate amateur radio stations in the United States and to hold licenses for their stations; to the Committee on Interstate and Foreign Commerce.

ADJOURNMENT

Mr. BOGGS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to.

The SPEAKER. In accordance with House Concurrent Resolution 316, the Chair declares the House adjourned until 12 o'clock noon on June 1 next.

Thereupon (at 10 o'clock and 19 minutes a.m.), pursuant to House Concurrent Resolution 316, the House adjourned until Tuesday, June 1, 1971, at 12 o'clock noon.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

769. A letter from the Assistant Secretary of the Interior, transmitting an explanation of the delay in submission of the first annual report on the administration of the Federal Coal Mine Health and Safety Act of 1969; to the Committee on Education and Labor.

770. A letter from the Assistant Secretary of the Interior, transmitting a copy of a proposed contract for a research project entitled "Renovation and Operation of HRI Coal Gasifier," pursuant to Public Law 89-672; to the Committee on Interior and Insular Affairs.

771. A letter from the Chairman, Indian Claims Commission, transmitting a report of the final determination of the Commission in docket No. 274, *The Creek Nation, Plaintiff, v. The United States of America*, Defendant, pursuant to 60 Stat. 1055; to the Committee on Interior and Insular Affairs.

772. A letter from the Chairman, Federal Maritime Commission, transmitting a draft of proposed legislation to amend the Shipping Act, 1916, and the Intercoastal Shipping Act, 1933, to convert criminal penalties to civil penalties in certain instances, and for other purposes; to the Committee on Merchant Marine and Fisheries.

773. A letter from the Administrator of General Services, transmitting prospectus for the construction of buildings at various locations in the United States, pursuant to section 7(a) of the Public Buildings Act of 1959, as amended; to the Committee on Public Works.

RECEIVED FROM THE COMPTROLLER GENERAL

774. A letter from the Comptroller General of the United States, transmitting a report on the need for improved review and coordination of the foreign affairs aspects of Federal research by the Department of State and other agencies; to the Committee on Government Operations.

775. A letter from the Comptroller General of the United States, transmitting a report on more effective use of manpower and machines recommended in mechanized post offices, Post Office Department; to the Committee on Government Operations.

PUBLIC BILLS AND RESOLUTIONS

Under clause 4 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mr. CAREY of New York (for himself, Mr. CELLER, Mr. KOCH, Mr. ADDABO, Mr. SCHEUER, Mr. ROSENTHAL, Mr. BIAGGI, Mr. RANGEL, Mr. BADILLO, Mr. WOLFF, Mrs. CHISHOLM, Mr. BINGHAM, Mr. PODELL, and Mr. BRASCO):

H.R. 8762. A bill to provide States and localities with financial assistance to meet their responsibilities and increasing fiscal prob-

lems by providing them a general grant of Federal revenue which shall be allocated on the basis of need and State and local revenue-raising effort, and to create an income tax commission to study the feasibility of establishing a single system of collecting Federal, State, and local income taxes; to the Committee on Ways and Means.

By Mr. DELLENBACK:

H.R. 8763. A bill to establish the Oregon Dunes National Recreation Area in the State of Oregon, and for other purposes; to the Committee on Interior and Insular Affairs.

By Mr. HAGAN:

H.R. 8764. A bill to amend the Social Security Act to provide for medical and hospital care through a system of voluntary health insurance including protection against the catastrophic expenses of illness, financed in whole for low-income groups through issuance of certificates, and in part for all other persons through allowance of tax credits; and to provide effective utilization of available financial resources, health manpower, and facilities; to the Committee on Ways and Means.

Mr. HALPERN:

H.R. 8765. A bill to amend section 1811 of title 38, United States Code, to raise the limit on the amount of direct housing loans which may be made by the Veterans' Administration; to the Committee on Veterans' Affairs.

H.R. 8766. A bill to establish the statutory maximum interest rate of 6 percent for Veterans' Administration guaranteed and direct loans and to expand authority to make direct loans to veterans where private capital is unavailable at the statutory interest rate; to the Committee on Veterans' Affairs.

By Mr. HECHLER of West Virginia:

H.R. 8767. A bill relating to the requirements for proof of entitlement to black lung benefits under the Federal Coal Mine Health and Safety Act of 1969; to the Committee on Education and Labor.

H.R. 8768. A bill to amend the black lung benefits provisions of the Federal Coal Mine Health and Safety Act of 1969, to facilitate proof of entitlement in certain cases; to the Committee on Education and Labor.

H.R. 8769. A bill to amend the Federal Coal Mine Health and Safety Act of 1969 with respect to the amounts of black lung benefits in certain cases; to the Committee on Education and Labor.

H.R. 8770. A bill to extend for an additional year the existing program for payment of black lung benefits; to the Committee on Education and Labor.

H.R. 8771. A bill to amend the Federal Coal Mine Health and Safety Act of 1969 to extend black lung benefits to orphans whose fathers die of pneumoconiosis; to the Committee on Education and Labor.

By Mr. HOWARD:

H.R. 8772. A bill to restore balance in the federal system of government in the United States; to provide both the flexibility and resources for State and local government officials to exercise leadership in solving their own problems; to achieve a better allocation of total public resources; and to provide for the sharing with State and local governments of a portion of the tax revenue received by the United States; to the Committee on Ways and Means.

By Mr. LANDGREBE (for himself, Mr. BAKER, Mr. BUCHANAN, Mr. COLLINS of Texas, Mr. DENT, Mr. EILBERG, Mr. FOESYTHE, Mr. GALLAGHER, Mrs. GRASSO, Mr. HALPERN, Mr. HELSTOSKI, Mr. MAZZOLI, Mr. MITCHELL, Mr. RARICK, Mr. ROYBAL, Mr. SCHWENGEL, Mr. VEYSEY, Mr. WILLIAMS, Mr. ZWACH, and Mr. CONABLE):

H.R. 8773. A bill to provide a Federal income tax deduction for expenditures for purchase and installation of air pollution control devices on used vehicles, and to provide for certification of such devices by the Ad-

on health care—more than \$325 for each man, woman, and child—yet this Nation ranks worse than 10 to 17 other countries in life expectancy and infant mortality.

Not only are we spending more today on health care than we were a decade ago—a 170-percent increase from \$26 billion—but we are giving it a bigger share of our national wealth—from 5.3 percent of the gross national product to 7 percent.

Nearly two-thirds of that increase in expenditures in the last 10 years has not been for additional services but merely to meet price inflation. Overall medical costs have increased twice as fast as the cost of living; hospital costs alone have risen five times as fast as other prices.

And what are we getting for our \$70 billion?

We rank 13th among industrialized nations in infant mortality; 11th in life expectancy for women; 18th in life expectancy for men; about 150 U.S. counties do not have a single doctor and another 150 have only one physician; twice as many black infants die in the first year of life as whites; poor people suffer four times as many heart conditions, six times as much mental illness, arthritis, and high-blood pressure as their more affluent neighbors; there is a national shortage of 50,000 physicians, 150,000 medical technicians, and 200,000 nurses.

Let me put it another way:

There is a significant shortage of trained medical personnel—ranging from doctors and nurses to technicians and paraprofessionals—and of proper facilities; and the personnel and facilities which we do have are inadequately distributed geographically. Compounding this is the problem of skyrocketing costs.

What, then, should we be getting for our \$70 billion?

Everyone, all Americans, should be getting the same high quality of health care and at prices all can afford.

There is no conceivable reason why a person should get better health care because he lives in a better neighborhood, has a better job, has the right color skin or has more money. Health care should not be made available according to conditions of economics, age, sex, race, employment, or any other factor than one—need.

There is no conceivable reason why the wealthiest, most technically, and scientifically advanced nation on earth cannot also be the healthiest.

This has been aptly termed the paramount issue of the 1970's. I have joined nearly 80 colleagues in cosponsoring H.R. 22, the Health Security Act of 1971. I endorse this bill not as the solution to the problem, but because I believe it comes closer than any yet offered to making the American health care system truly the best in the world.

This is a consumer program, not a health industry-insurance company program, and the consumer will have a major voice in setting policy and running the system. Of course, the medical profession will also play an important role, but this will be a health care partnership, not a dictatorship.

The essential key to health care reform is a fundamental shift in emphasis

from crisis medicine to preventive medicine.

The more we do today to prevent illness and keep the population healthy, the less we will have to spend tomorrow on cures and treatment.

Adequate health care is not a privilege. It is a fundamental right of all Americans.

This is basically contrary to the predominant philosophy of our present health care system—health service now centers around the independent practitioner, with care a privilege rather than a right.

We must revolutionize this system. We must step back at every level and critically reexamine the total health care system. The drastic revisions in health manpower, distribution, financing and training, the great task of reeducating both physicians and patients to a new health care system must begin now with innovations and encouragement at local, State, and Federal levels.

The President has shown he is aware of the national crisis in health care, but he has not demonstrated a willingness to take the steps necessary to solve it.

I welcome his support for the group practice concept, which he calls health maintenance organizations, and his support for increasing the supply of medical manpower in rural areas and urban ghettos. But I cannot support very much of his strategy for dealing with the problem.

One of the most serious shortcomings of the President's proposal, and of several others such as the American Medical Association's medicredit, is reliance on the private health insurance industry.

The private health insurance industry, which has traditionally shown far greater interest in wealth than health, must bear a large portion of the responsibility for the skyrocketing medical costs we are experiencing.

It has shown itself either unwilling or unable to do much, if anything, about keeping prices down. Its emphasis on treatment in hospitals rather than in less expensive outpatient facilities has helped send costs up.

The administration plan is industry oriented when it should be consumer oriented. The insurance companies can take care of themselves—it is time to help the American people for a change.

There are many other flaws in the administration plan—the poor, near poor, and the elderly would get far less protection than the rest of the population; even middle-income families would be hard pressed to meet the large deductibles and copayments required of them in major illnesses; medicare hospital coverage for the elderly would be decreased, as would medicaid help for the poor.

I am skeptical of the commitment to improving health care when it comes from administration that has vetoed several pieces of needed health legislation; impounded millions of dollars appropriated by the Congress for health programs; cutback spending on biomedical research and forced the closing of 19 National Institutes of Health centers.

As part of the new health care system that we must build, there must be a new health team. We need to expand the sup-

ply of medical manpower through the training of allied health personnel such as physician's assistants, child health practitioners, community health workers, and family planning aides.

Within the new health team system, duties and responsibilities would be allocated on the basis of actual capabilities for performing specific tasks, rather than by possession of a categorical title. Ideally, the distinctions among health personnel should be made on the basis of the nature of the judgments that each level is capable of making. This fluid system, directed by its most highly trained member, the physician, could provide superior health care with maximum efficiency, low cost, and better service for its recipients.

While I am hopeful of the President's new stance, his proposals should be carefully studied. I intend to exert all the pressure I can for legislation that will free health resources from their narrow, wasteful roles and divert them to the growth and expansion of the team system.

There is virtue in the concept of close physician-patient contact. But the population needs and environmental health problems stemming from neglect in housing, nutrition, and preventive medicine—shameful for a country of our wealth—have overwhelmed the capacity of the old system.

That system must be changed.

I support a system of prepaid national health insurance based on the proven social security concept. All the evidence indicates this public insurance system operates with greater efficiency and lower cost to the consumer than the private insurers.

I do not support a system that would abolish the personal doctor-patient relationship. Every person should be able to choose his own doctor, if he wishes, and all persons should have equal access to the same high quality of medical care and at prices they can afford.

I do not support a system of national health service in which the government owns and operates all facilities, and everybody works for the government. What I have in mind is a true partnership between the private and public sectors, between the health professional and the patient. There will be Government financing and administrative management, accompanied by private provision of personal health services through private practitioners, institutions, and other providers of medical care.

It must be a system truly responsive to the needs of the people, a health care system appropriate to our advanced and affluent Nation's needs and desires.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. WILLIAM D. FORD (at the request of Mr. BOGGS) for today through June 1, 1971, on account of official business.

Mr. CAMP (at the request of Mr. GERALD R. FORD) for the week of May 17 on account of official business as member of the House Committee on Science and Astronautics.

Messrs. FRELINGHUYSEN, THOMSON of