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strain upon the fabric of our society, imposed by organized crime and corruption.

Of course, to agree upon that goal is not the same as to reach it. In view of our imperfect knowledge of the factors in causation and prevention of crime and our complex procedures for identifying and dealing with criminals, it is difficult to formulate laws which will be effective against organized crime. Furthermore, the subject of criminal law is circumscribed by constitutional rules depending upon fine distinctions and subtle analysis. We have set no easy task for ourselves.

Nevertheless, the nature and urgency of this problem demand prompt action, whenever constructive proposals can be made. President Nixon sounded the call:

> As a matter of national "public policy," I must warn our citizens that the threat of organized crime cannot be ignored or tolerated any longer. It will not be eliminated by loud voices and good intentions. It will be eliminated by carefully conceived, well-funded and well-executed action plans. . . . Success also will require the help of Congress. . . . (Message from the President of the United States Relative to the Fight Against Organized Crime, H.R. Doc. No. 91-105, 91st Cong., 1st Sess. 2 (April 23, 1969).)

An example of such a constructive measure may be title IX of S. 30, on racketeer influenced and corrupt organizations. That title adapts the remedy of forfeiture, and the equitable remedies long used for economic ends in the antitrust laws, to the problem of organized crime infiltration of legitimate organizations. In urban ghettos, where "black capitalism" offers hope for local self-advancement, title IX may be a means to excise syndicate-infiltrated businesses which use force to eliminate local competition and then charge extortionate prices for staple commodities and services.

While the other titles of S. 30 approach the organized crime problem in a variety of ways, each of them is the product of a long, painstaking process of bipartisan development by the subcommittee with the help and support of the Justice Department. I sincerely believe that the entire bill demands and deserves detailed and thoughtful consideration by the Judiciary Committee and then by the Senate. Areas for improvement may exist; but the bill as a whole is a careful attempt to accommodate the public interest in effective law enforcement with individual rights in a specific and complex area of criminal law. As we consider the bill, broad calls for "law and order," like bare invocations of "preferred rights" of individuals, would be inadequate guides for action. We must consider each of the ten substantive titles with open minds as to possible improvements, while not losing sight of our broader mandate, challenge and opportunity to enact effective legislation in this area.

In view of this tragic and growing influences of organized and other crime upon our society, the welfare of all Americans—especially those most disadvantaged—requires that we seize every opportunity to improve the efficiency and [illegible] of our criminal laws. I believe that S. 30 is a thoughtful and sound vehicle for such action and urge that it be given prompt, sophisticated and constructive consideration. The people of our Nation deserve no less.

HEALTH BUDGET CRISIS—THE REGIONAL MEDICAL PROGRAM

Mr. KENNEDY. Mr. President, on several occasions in recent weeks I have spoken of the current health budget crisis in the Nation and of our need to provide greater funding for the variety of Federal health programs that are so crucial to the success of our efforts to meet this crisis. At this time, I should like to consider one of the most important of these programs, the regional medical program.

The regional medical program was established in 1965. In essence, the program was designed to achieve—through research, continuing education, and training—a marked improvement in the care of patients with heart disease, cancer, stroke, and related diseases. It was hoped that the program would develop better methods for the exchange of information among those involved in the delivery of health care in medical schools, medical centers, community hospitals, and other health institutions and organizations.

Since 1965, 55 regional medical programs covering the entire country have been established, and an unprecedented number of participating physicians, medical schools, medical centers, hospitals, State and city agencies, and voluntary health organizations have become involved.

I believe that this program represents one of the most potentially fruitful programs we now have to enlist the energies of all elements of the health community. Yet, just at the time when the program is getting well underway, it is encountering serious funding difficulties. In the fiscal year 1969, $83 million was appropriated for the program. In that year, as in several of the previous years, appropriations were somewhat greater than expenditures, because the administrators of the program understood that the program was in an infant stage. As a result, they funded only the most innovative proposals.

Now, however, the program is beginning to move rapidly. Taking into account the carryover funds, the administration has requested the sum of $100 million for fiscal 1970 under the open-end authorization, in spite of the current budget problems. The House, however, has appropriated only $76 million for the program. This $24 million cutback has severely shaken the confidence of all who have become involved in the program throughout the Nation. I believe that the cutback may cause the progress we have made in many regions to grind to a halt.

In recent weeks, a large number of letters have been written to Senators about the severe impact of the cutback upon particular regional medical programs. At the conclusion of my remarks, I will insert excerpts from 33 letters which [illegible] from all parts of the Nation, vividly demonstrate the severity of the present situation.

In my own region, the operation of the tri-State regional medical program in New Hampshire, Massachusetts, and Rhode Island may well be sharply curtailed. Dr. Robert P. Lawton, the Deputy Director of the program, has asked:

> What will be the effect of the low House appropriation on regions? Suffice to say that if this number is all that is is appropriated, the effect on tri-State will be devastating.
>
> It is my personal judgment, if RMP were to have no more appropriation for 1970 than the House approved for grants, that it would be necessary to shut down some regions in order to keep the others alive. This is my national view. New England is potentially too important as an example of interstate cooperation, including effective coordination of RMP and CHP [Comprehensive Health Planning], not to warrant every possible regionalization dollar.

I believe that these reports from across the country present an appalling picture. I strongly urge that we give full funding to the administration's request for the regional medical program.

In the Nation as a whole, we now have far more doctors and organizations working together cooperatively in regional medical programs than anyone expected several years ago. We cannot afford to disillusion these people, who have done so much and who have worked so hard for the success of the program.

Mr. President, because of the importance of this issue, I ask unanimous consent that the list of excerpts from letters on the regional medical program be printed in the RECORD.

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

EXCERPTS FROM LETTERS ON THE BUDGET CRISIS IN THE REGIONAL MEDICAL PROGRAM

ALABAMA

In Alabama, Dr. Benjamin B. Wells, Program Coordinator of the Alabama Regional Medical Program reports:

"The reduction of funds that would follow from the projected cuts in the Federal budget will emasculate the Regional Medical Program in Alabama.

"In pursuit of our original charge, we have mounted an all-out effort to secure the interest, support and active involvement of health care institutions, groups, individuals and the general public throughout this state. We have carefully avoided giving the notion that we were or should be a major source of funds for the improvement of health services, but we have encouraged a large number of cooperative ventures through the use of our core staff and the establishment of linkages to the University Medical Center in Birmingham. Unless we can press forward at this time, the momentum of two years will be quickly lost.

"Many similar efforts are at the most critical point in their evolution. Our failure to progress at this time may result in years of delay before similar multilateral commitments can be reformulated."

ARIZONA

The Arizona Regional Medical Program, coordinated by Dr. D. W. Melick, will be in severe difficulty:

"For the past two years we have been in the planning phase of our operation. The planning, in order to bring forth the best in grant applications, has been a tedious and time-consuming process.

"We are now looking forward to a shift

from planning to operational status. We have had approval of the National Advisory Council for certain of our project applications. We are awaiting funding. If this is forthcoming, we expect to go into the operational phase January 1, 1970.

"Failure to fund our program will undermine all of our efforts in careful and meticulous planning. Of more importance, it will disrupt the enthusiasm we have engendered. It will result in a good deal of frustration for the citizens of our State who have assisted us in getting our plans in presentable form. It will delay us from presenting to our citizens, visible evidence of action. Action is certainly necessary to pacify those individuals who may criticize us for a prolonged period of planning."

COLORADO, WYOMING

Dr. Howard W. Doan, who directs the Colorado-Wyoming Regional Medical Program, has also indicated the difficulties if low funding of RMP's occurs:

"At the present time we have nine operational projects. Most of them indicate a healthy growth anticipated for the next two years as a result of increased interest on the part of health professionals in the region and a growing awareness of the potential of the Program.

"In addition, we have six or seven developing projects, five of which are now under review by the National Advisory Council. If our funding is held at the present level, it will be difficult to implement any of these without placing current projects in jeopardy. We have, for example, a comprehensive project in heart disease which has been developed in collaboration with the Colorado and Wyoming Heart Associations. This project will be funded at a most austere level if our budget requests are not honored. I doubt the wisdom of beginning any major project if it cannot be operated properly. We have another project under review which is broad and covers almost the entire field of cancer in children. This project is one of the finest I have ever seen, and our failure to subsidize it will be a shame."

DELAWARE VALLEY

In New England's Greater Delaware Valley Regional Medical Program, Dr. George R. Clammer, its Executive Director, reports:

"We would anticipate that the major effect of the reduction will be to significantly curtail funding of new operational projects. This would occur at a time when we expect the growing involvement within our Region to result in more requests for operational projects. In addition, we already have several approved projects which have not been funded as yet and which may not get off the ground.

"It is likely that these effects will detract significantly from the interest in and enthusiasm for RMP which has developed in our Region as a result of extensive efforts during the past two years."

DISTRICT OF COLUMBIA

Here in Washington, D.C., the Metropolitan Washington Regional Medical Program will be prevented from attaining its potential. Dr. Arthur E. Wentz, Program Coordinator reports:

"With almost one and one-half million dollars of unfunded approved proposals for this small Region it is becoming increasingly difficult for the Planning and Program Committee to engender continued interest, much less enthusiasm, in the presentation of additional proposals to afford a comprehensive program defined in the objectives of the law. This is a Region which has capability of presenting such proposals but these sources are no longer willing to sponsor the cost [illegible] and dollars to structure the [illegible] approved by the [illegible]."

HAWAII, AMERICAN SAMOA, GUAM, MICRONESIA

In Hawaii, Dr. Masato Hasegawa, who coordinates the Program for that state as well as American Samoa, Guam, and Micronesia, states:

"As you know, like other regions throughout the nation, we have been slowly developing a program which would stimulate creativity and the establishment of co-operative arrangements which would lead to better medical care for the region's inhabitants. The program has now reached a stage of development where it has achieved a level of acceptability that is second to no other similar agency in its field. Because of this, more proposals and ideas are coming into the office and more project applications are passing local review with subsequent submission for national review.

"Now, if the House action is indicative of what will eventually be the national funding policy for the near future it will directly affect the implementation of recent project applications, assuming that they pass national review, to the degree that there will be delays in attaining planned goals, or even worse that some goals may never be attained. Further any inability of the region to fund worthy projects will affect the credibility of the program and its representative officials. Lastly, a lot of the time and effort of the last three years devoted to getting people together, talking with one another, exchanging ideas with each other will have been wasted. Additional time and effort together with increased funds will have to be applied before the region once again reaches the present level of efficiency and acceptability."

ILLINOIS

The Illinois program, as Marilyn J. Voss, Public Information Assistant, indicates, has its share of funding problems:

"If RMPS does not get a larger budget appropriation—namely that seven IRMP projects approved with a budget of $611,106, will not receive the funds to enable them to be initiated. Thus, the Illinois Regional Medical Program would be operational in name only."

In addition, 14 doctors who have worked extensively in the program all signed a letter stating:

"We regard the inability to support the seven community projects now approved both by the Division of Regional Medical Programs and by the Council of the Regional Medical Programs as nothing less than disastrous. This program was created by action of the Congress, and we as citizens in the State of Illinois were encouraged and urged to work together voluntarily and without compensation to create within the State a vigorous and strong organization capable of carrying the benefits of medical research to the patient. We have spent many hours and days in this undertaking. We are now faced with the prospect of having the Congress withdraw that support which it had assured us would be forthcoming. We should like to emphasize particularly that the seven projects approved are the first ones ever submitted by the Illinois Regional Medical Program to the Division of Regional Medical Programs for funding. Their preparation has involved many months of dedicated work by a large number of our finest citizens."

ILLINOIS AND MISSOURI (BI-STATE RMP)

The Missouri-Illinois Program, known as the Bi-State Regional Medical Program, has made great strides, and Dr. William Stoneman III, who coordinates the Program, reports:

"In two years a great deal of inertia has been overcome in St. Louis and the surrounding region. The two private medical schools are now working closely together. Both are making real community commitments beyond St. Louis [illegible]

is participating. Project proposals have been approved and initiated to extend medical center capabilities to community hospitals and other groups throughout the region to improve the care available to the patient in his home community.

"At this critical point in time, a decision appears to have been made to cut back substantially on funding to the extent that essentially no funds for new activities will be available during the current fiscal year. The effect of such a policy on local initiative in our region will be very serious. Under those circumstances, the inability of this program to make any significant impact on the capacity of the health care system in the face of the massive federal infusions of money into health care demands (Medicare, Medicaid) is self evident."

INDIANA

Indiana would also suffer, as Dr. Robert B. Stonehill, its Regional Medical Program Coordinator indicates:

"Reductions in the Regional Medical Programs budget made by the House of Representatives, if carried over into actual appropriations legislation, will have a definite dampening effect on the Indiana Regional Medical Program.

"We now have a number of projects in various stages of development. All of them are aimed at regionalization of resources and services. If they are not funded, momentum toward further regionalization will be greatly slowed. Further, the excellent beginning we have made in developing cooperative efforts will deteriorate and the initiation and development of new, worthwhile projects will come to a halt."

IOWA

Dr. George Hegstrom, Chairman of the Iowa Regional Advisory Group, indicates:

"Here in Iowa we have had much success in convincing practicing physicians, hospitals and other health persons and institutions that through the Iowa Regional Medical Program they have an opportunity to effect meaningful changes in Iowa's health care system in a way that is particularly appropriate and acceptable to the Iowa Region.

"A true cooperative spirit has emerged. Smooth and effective mechanisms for making decisions greatly representative of both the medical center and the community level are reaching a high level of development. The stage has been set. What a loss to the people of Iowa if this system for improving the quality of care at the place where people live is left to rot away from its lack of use."

KANSAS

The cooperative effort of Kansas would be weakened, as Dr. Robert Brown, Coordinator of that State's Program shows:

"It is obviously disastrous to provide cooperative efforts for doing things at the Community Level only to have to report back to those groups that the Kansas Regional Medical Program will be unable to provide the financial assistance to carry out these Programs.

"Planning with a capability of doing has contributed greatly to the momentum of the Kansas Regional Medical Program. Fiscal restriction would undoubtedly dampen the enthusiasm of people at the Community Level to spend time and effort in a Program which cannot deliver the rewards for that effort expended."

LOUISIANA

Dr. J. A. Sabatier who directs the Louisiana Medical Program, has eloquently stated the problem of the Louisiana Regional Medical Program:

"The lack of full funding of our initial [illegible] of operational projects would [illegible] of not only the Louisiana [illegible]

zens; regular meetings have been held for Local Planning Chairmen and Committee Members to acquaint them more thoroughly with the goals and objectives of the Regional Medical Program. Multiple articles have been written and distributed along with newsletters to a wide audience in an attempt to gain better understanding of the Program. All of this patient, methodical, painstaking development of confidence and respectability for the Program is in danger if the Program is seriously retarded."

OKLAHOMA

Dr. Dale Groom, Director of the Oklahoma Regional Medical Program reports:

"As I see it, this major retrenchment in Regional Medical Programs on a national scale is not only a backward step but, more important, it undermines years of planning and effort on the local scene not only by RMP but by all the other health agencies with whom we try to work. There is no question but that Regional Medical Programs were over-sold in the flush of enthusiasm when Congress appropriated sums exceeding those which the infant organization could assimilate. One cannot simply turn on well-conceived and well-planned health programs overnight. Recruiting and training medical manpower requires more time than opening up new offices. At any rate, fledgling RMPs sought out leading citizens and educators to constitute their Advisory Boards; their staff went out to communities throughout their regions to solicit and organize cooperation of local health resources; surveys were made of health needs; medical associations, hospitals, nurses and paramedical personnel were brought into the councils of the brave new endeavor. And now because of cutbacks which could hardly be foreseen, we are unable to follow through on the collaboration and, in many cases, the promises which were extended in good faith. Really, this strikes at the integrity of the whole effort. If we fail now, it will be doubly hard to take up the cause again at the same high level. Moreover, I am sure we will begin to lose our greatest capital of all, namely the quality of leadership and the good name which Regional Medical Programs have built up in their brief ascendency.

"I believe that now it is evident to all of us in RMP that we are at a decisive crossroads, that this year is crucial, that we cannot stand still but must go one way or the other. Actually what we need for success in this health effort is only a tiny fraction of current non-health expenditures of our country. I am hopeful that our national sense of values will prevail and that the support necessary for the success of this most important national resource will be restored."

TENNESSEE

The Tennessee Mid South Program, as Dr. Paul E. Teschan, Director reports, will be in trouble if it does not receive needed funds:

"Five projects amounting to $274,000 are being held in abeyance and options for employment of key personnel are being lost. Since these projects will be activated in the *region* (as contrasted with projects located in or deriving principally from the university centers in Nashville) this major regional thrust is being blunted, with continuing serious injury to the image of the Program as a *regional* one.

"The budgetary restrictions coupled with the reports in the press and the speculations in the "Blue Sheet" of which we are all aware have raised an undercurrent of speculation in this region concerning the projected viability of RMP locally and nationally. Among practicing physicians, hospital administra- [illegible] allied health professionals in [illegible] the tide of [illegible] of RMP is receding, we perceive a damaging cynicism concerning the trustworthiness of even this federal program. For the more knowledgeable individuals, who perceive that there is no visible alternative to RMP in linking university centers and the provider structure, a sense of bitterness and incredulity can also be detected. The latter development is particularly underscored when approval for a nuclear aircraft carrier, multiple landings on the moon, and an antiballistic missile system of dubious workability seem to get by relatively easily.

VIRGINIA

For the State of Virginia, Dr. Eugene R. Perez, Director of the Program reports:

"Relative to the reduction of the Regional Medical Programs budget, I believe it is obvious that it will result in definitely curtailed activity of the Program in Virginia. With less money to operate, obviously one will be able to do less. Unfortunately, this will be a strain on all concerned, as it will be necessary to set strict priorities.

The most unfortunate aspect, I believe, is the timing of the budget cuts. I think that all regions have had pretty much the same experience, and I know that it has taken two to three years in Virginia to get the confidence of the various groups, and to establish the necessary cooperative arrangements. We have accomplished the foregoing in Virginia, and now that we are ready to spread out and make the Program effective it will be difficult because of less money. I am afraid that this will blunt the momentum of the Program.

In summary; less money, less Program, less interest, less participation, and less effect upon improved patient care of the citizens in the region."

WEST VIRGINIA

Charles D. Holland, acting Director of the Program in West Virginia reports:

"To answer the question in your recent memorandum of the effect on the West Virginia Regional Medical Program of the House cut in Regional Medical Program funds for 1970, I can only report that we have been recommended for operational status beginning January 1, 1970—but have not been funded. I believe that our entire Program is in jeopardy because of the House action."

WISCONSIN

In the State of Wisconsin, Dr. John S. Hirschboeck reports that:

"The Wisconsin Regional Medical Program has two proposals under review and awaiting funding by the Division of Regional Medical Programs. Each of these will have little chance of being funded if the appropriation bill is passed by the Congress at the level recommended by the House. One of these projects is budgeted at $664,374 for its first year. It is concerned with the development of a comprehensive approach to managing chronic renal disease. It includes support for home dialysis training for patients and their familes and the development of a transplant strategy to provde rapid matching and transplantation within a few hours. The second project will require a first-year budget of $909,229 for the operation of a health profession manpower improvement and expansion program in the Greater Milwaukee area. The purpose of this project is to provide a variety of in-service training experiences for physicians and others to learn new technology and to develop working skills for people who presently do not have them. Both projects have great implication for the improvement of health care in the Wisconsin region. With the limited funds which would be available under the appropriation recommended by the House, these obviously will have little chance of being funded.

The flexibility and readiness of Regional Medical Programs to deal with [illegible] capability, Regional Medical Programs are apt to fall before they really have had a start."

THE TREATY TRAP—A BOOK BY LAURENCE WELLMAN BEILENSON

Mr. MURPHY. Mr. President, every once in a while a book comes along that I feel is of such paramount importance that I recommend it to Senators as "must" reading. Such a book is "The Treaty Trap," a comprehensive and definitive history of the performance of political treaties by the United States and European nations, written by Laurence Wellman Beilenson. I would also recommend this book with its unparalleled study of treaties to the representatives and delegates at both the Paris peace conference and the strategic arms limitation talks in Helsinki, since both are concerned with major treaties of our times.

The only book of its kind to recount the operations analysis and breach of treaties during the past 300 years—this documentation is long overdue.

Mr. Beilenson has three major themes. His first demonstrates that alliance treaties, treaties to keep the peace and international guarantees have been alike in their steady breach. Second, in scrutinizing actions to find motives, Mr. Beilenson widens his analysis to embrace the wellsprings of national action—including self-interest and glory of rulers and their supporters. The intriguing third theme shows that even cynical statesmen, while breaking their own promises, have succumbed to treaty-reliance.

"The Treaty Trap" shows that the modern pattern only repeats the ancient. As the story unfolds, the evidence piles up to prove that all major nations have been habitual treaty breakers.

How far should the United States rely on political treaties for aid in war or to keep the peace?

What asumptions about performance or breach of such treaties should the United States make in deciding whether to enter into future treaties?

With these fundamental questions chiefly in mind, Laurence W. Beilenson, a prominent Los Angeles attorney, examines the history of treaties since earliest times. The net result is a highly authoritative, readable, and perceptive work.

A word about the author, Laurence Wellman Beilenson, who brings to this book the benefit of extensive knowledge of history, law, and military science. He is a graduate of Phillips Andover Academy, Harvard College, and Harvard Law School. A veteran of two wars, he was during World War II a commanding American liaison officer with the Chinese Army. Long interested in international affairs and history, Mr. Beilenson devoted 8 years to research in preparing "The Treaty Trap."

REJECTING THE SIMPLE SOLUTION

Mr. RIBICOFF. Mr. President, I was impressed by a speech delivered recently by Mr. Joseph A. Califano, Jr., at Haverford College. Mr. Califano's experience and [illegible] of America today are [illegible] clarity of thought and [illegible].

Here we have a most perceptive analysis of the domestic situation: