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New International Medical Research Program Is Proposed; \$50 Million Annually for War on Disease

UNITED STATES RESEARCH RESOURCES MOBILIZED

SPEECH
OF

HON. LISTER HILL

OF ALABAMA

IN THE SENATE OF THE UNITED STATES

August 13 and 16, 1958

Mr. HILL. Mr. President, I introduce for appropriate reference, a joint resolution to establish the domestic machinery which will make possible the maximum mobilization of the Nation's health research resources for more efficient cooperation with international organizations in the field of medical research.

The joint resolution would establish the National Advisory Council for International Medical Research in the Department of Health, Education, and Welfare, and would set up the National Institute of International Medical Research in the United States Public Health Service.

The objective of this joint resolution is an international mobilization for war—a cooperative war against disease and disability, those historic enemies of all men and all peoples.

The international mobilization provided for in this joint resolution is limited to the weapons and the technique of science called research.

The program I propose would provide the authority, funds, and United States governmental machinery to permit the mounting of an expanding international assault, by means of research, on those diseases and impairments of man which are still beyond the reach of science, and on those health problems which have been increasing in their scope and gravity with each passing year.

Such a program should become a major and vital part of American foreign policy. In our effort to win the trust

and friendship of the uncommitted millions of the world, what more important boon can we bring to them than the promise of good health and long life? Medical science as an instrument of foreign policy would draw upon America's great strength not only in medical knowledge and skill but in the humanitarian instincts, the generosity, the compassion of our people.

It is urgent that the resources and capabilities of medical science throughout the world be brought to bear, with the greatest possible coordination and cooperation, on the problem of disease and disability. Despite breath-taking progress in the control and cure of some diseases, we encounter each day new problems of increasing danger and gravity.

New diseases and new varieties of diseases are appearing. Old immunities are disappearing. Diseases and infirmities to which some people in distant regions have had a natural immunity are reappearing there or they are appearing in new areas where there is no such acquired immunity. The expansion of air travel has brought old diseases to new places. Last winter America was invaded by a contagious virus originating in North China, which suddenly exploded by way of Hong Kong throughout much of the world, and resulted in the worldwide epidemic called Asiatic flu. Today disease is as international a problem as war itself.

Many of the millions and hundreds of millions of lives being saved by the conquest and control of some diseases are being attacked in increasing numbers by other diseases and disabilities to which medical science does not yet have a satisfactory answer—and in some cases, no answer at all.

In 1957, cancer killed 1 American every 2 minutes. And of those who died of cancer, 75,000 men and women were in

their thirties, forties, and fifties—in the prime of productive life. Unless we find the answer to this dread disease in its many forms, two-thirds of all American families will be touched by cancer, and 40 million persons now alive in the United States will be disabled by cancer.

Around the earth, the incidence of cancer is on the increase in 33 countries.

Ten million Americans are currently suffering from heart and circulatory diseases. Last year diseases of the heart and circulatory system were responsible for more than 50 percent—some 800,000—of the total deaths in the United States. Of those who died from the failure of the heart or blood vessels, 153,000 had not reached the age of retirement.

The incidence of cerebral palsy is on the increase in the United States and in other countries.

The number of people who are being permanently crippled and disabled by disease and accident each year in the United States and in the world is much greater than the number who are being rehabilitated and restored to active life each year.

I could cite many more statistics. But there is no need. I am sure that the Senate, and the Nation, are fully aware that we need to step up the pace of scientific advance against the still untamed killers and cripples of men and women and children.

The joint resolution I have introduced presents a program that would contribute, in a major and irreplaceable way, to this advance.

Leading medical scientists in America agree that a program of international cooperation and coordination in medical research, and an increase in research and research training on an international level, has one of the highest priorities among the present needs of medical science.

Duplicate research is going on in some countries of the world. Some of this duplication is desirable; some is inevitable. But much of it is unnecessary and wasteful of men, money, and effort, at a time when men, money, and effort, through coordination, could bring significant—perhaps even miraculous—progress toward goals for whose attainment all mankind prays.

There is today some international cooperation of an informal sort in medical research. Some of the great philanthropic foundations like the Ford Foundation and the Rockefeller Foundation have made substantial grants for research abroad. But this is not enough. There is a critical need for concerted international planning, programing, and prosecution of research. There is need for a much greater flow and exchange of information, and for a greatly expanded program of training of research personnel.

The kernel of a great medical discovery may be unwittingly made in an obscure laboratory in Poland, or Thailand, or Ecuador. Another scientist or group of scientists in Washington or London or Paris may be able to see in this finding the implications which by further research can be converted into a great medical development, to the immeasurable benefit to man. But all too frequently, the obscure finding does not come to light for years. Progress is impeded. And precisely because of the lack of the means of communication and coordination which this joint resolution would provide.

There are countless examples of this kind which have come to light after a prime discovery has been made. If the obscurely discovered finding had been known, medical progress could have been advanced by years.

I am told, for instance, that if all the research experience in the world today, bearing on the subject of cancer and heart disease, could be brought together and sifted and refined, and further research conducted on the basis of that knowledge, a major breakthrough not only would be possible, but even likely, in the immediate future.

There is need for a program of international medical research, and there is need for legislation providing authorization, funds, and governmental machinery which will permit the United States to mobilize its own scientific resources for participation in such an undertaking.

The proposed joint resolution, the product of many months of study, work,

and consultation with scientific experts, would provide the legislative authority and the means for the pooling of research facilities and resources on a nearly a worldwide basis as possible. It would establish ties of cooperation between American research and research in other lands, and would built up the arsenal of knowledge and skills upon which the United States and all nations could draw.

This is a research joint resolution. The program authorized does not get into the field of operations or operational assistance in either public health or medical practice. It would attack internationally the problems of disease and disability on the research front. It is confined to stimulating and encouraging research and experimentation, and training research scientists and workers.

The principal machinery to be utilized for this purpose would be the National Institutes of Health of the Public Health Service. There is provision, too, for using the Office of Vocational Rehabilitation for encouraging international research and experiments dealing with rehabilitation. The Children's Bureau could be utilized to help carry out pertinent portions of the program.

Let me outline in brief the major provisions of the joint resolution:

First. It would authorize the appropriation of \$50 million annually to be expended under the supervision of the Secretary of Health, Education, and Welfare, chiefly through the United States Public Health Service, and specifically the National Institutes of Health.

Second. It would establish a National Institute for International Medical Research as part of the National Institutes of Health.

Third. It would establish a National Advisory Council for International Medical Research. The membership of the Advisory Council would be drawn from leaders in the fields of medical and health research, and public affairs generally—outside the Government—under the chairmanship of the Surgeon General, and with a few additional Government representatives to assure coordination, survey and help guide policy, make recommendations, pass on grants and loans, and report periodically to the Secretary, the President, and the Congress on the policy aspects of this vital undertaking.

Fourth. The specific activities authorized to be undertaken are:

(a) To encourage and support the planning of essential research into dis-

ease, disease prevention, and the impairments of man, on a worldwide basis.

(b) To encourage and support, through direct financial grants and loans of equipment among other means, specific research projects and experiments in hospitals, laboratories and research institutions abroad, in regard to diseases, disease prevention, and physical disability.

(c) To encourage and support the coordination of medical and medically related experiments and programs of research in the United States with complementary programs abroad.

(d) To encourage and support the training of specialized research personnel by a wide range of means, including the establishment of research fellowships within the National Institutes of Health and elsewhere, both in the United States and abroad.

(e) To encourage the improvement of research facilities abroad.

(f) To encourage and support the rapid international interchange of knowledge and information concerning disease and disability, including the holding of international conferences, arrangements for translation and distribution services, and so forth.

(g) To cooperate with the research activities of the World Health Organization, the Pan-American Sanitary Bureau, the United Nations International Children's Emergency Fund, and other international organizations.

It is commonplace to say that disease and disability know no nationality and recognize no national boundaries. It seems elementary, therefore, that efforts to conquer disease and disability should proceed on an international basis and under the banners of peace.

This is the policy of the United States as proclaimed by the Congress and by the President of the United States. Only a few weeks ago, in the Mutual Security Act of 1958, the Congress restated this national policy in these words, and I quote section 420 of the Mutual Security Act:

The Congress of the United States, recognizing that the diseases of mankind, because of their widespread prevalence, debilitating effects and heavy toll in human life, constitute a major deterrent to the efforts of many peoples to develop their economic resources and productive capacities and to improve their living conditions, declares it to be the policy of the United States to continue and to strengthen mutual efforts among the nations for research against diseases such as heart disease and cancer. In furtherance of this policy, the Congress in-

vites the World Health Organization to initiate studies looking toward the strengthening of research and related programs against those and other diseases common to mankind or unique to individual regions of the globe.

President Eisenhower urged such a program among nations in his state of the Union message on January 9, 1958, when he urged an international campaign against the diseases that are the common enemy of all mortals—such as cancer and heart disease. And Dr. Milton Eisenhower, speaking in behalf of the President to the World Health Assembly in Minneapolis, pledged the support of the United States for an international medical-research program.

The proposed joint resolution is not an addition to the foreign aid program provided in the Mutual Security Act. There is only one relationship between this medical research program and our already authorized program of foreign cooperation. That is with regard to the World Health Organization and other international bodies concerned with health.

Section 420 of the Mutual Security Act, which I have just quoted, invites the World Health Organization to help in strengthening medical research and related programs against the still unconquered diseases and impairments of mankind. This joint resolution would provide specific authority for research undertakings which can be carried out in cooperation with, and in some cases through the facilities of, the World Health Organization and other international bodies with which the United States is already identified.

The program authorized under this joint resolution would encourage and strengthen the medical research activities of the World Health Organization and other international bodies. It would not duplicate or compete with them.

The amount asked to launch this urgently needed program—\$50 million—is small when we consider the benefits in international goodwill and understanding, the returns in medical progress that it holds forth.

Last year \$400 million was spent on medical research in the United States—by the Federal Government, by university laboratories, by private foundations, and by private corporations, chiefly the pharmaceutical corporations.

We voted the other day a conference report for a governmental appropriation of almost \$40 billion for defense.

I believe the Nation can afford to spend \$50 million more for an international war against disease.

Mr. President, recently I asked the Legislative Reference Service of the Library of Congress to give me an educated guess as to the number of lives that have been saved by medical progress in the United States during this century. They provided me some interesting figures.

By applying the life expectancy rate in each successive year since 1900, as compared to the life expectancy rate in 1900, there was produced the figure of 1,600,000,000 life years saved among the people of the United States from 1900 through 1956.

Using the present life expectancy figure of 70 years per person, 1,600,000,000 life years means about 23 million lives saved by the advances of science since 1900.

The Legislative Reference Service also advised me that if the death rate of 1900 had applied in 1955, the number of deaths in the United States would have been 3,440,000 instead of the actual 1955 figure of 1,528,000. Thus, in 1955 alone, 1,911,000 lives were saved by the advances of science since 1900.

This is only part of the measure of the debt we owe to medical science, including the science of public health.

Can we balance the value of those 23 million lives saved during the past 50 years against the amount of money spent on medical research during the past 50 years and the further amount proposed to be spent under the pending bill? Do those millions of lives saved indicate the desirability of spending another \$50 million on research—on an international research program which will also advance the cause of peace?

Let us take the mortality rate of infants. If the mortality rate of 1900 had been applied in 1955, 586,000 infants would have died at birth instead of the actual figure of 106,000. Thus, the lives of 400,000 infants were saved in 1 year by the advance of science. For every infant who died in 1955, four were saved.

I have heard eminent medical statisticians predict that a major breakthrough in the field of cancer, for instance, or in heart disease, would almost surely result in an extension of the life expectancy in America to 75 years. Is this prospect worth the expenditure of an additional \$50 million?

I can tell the Senate that all medical scientists with whom I have talked, including experts in the National Institutes

of Health, feel that the most efficient and effective expenditure of an additional \$50 million in the field of medical research would be through an international research program such as that laid out in this bill. Some of them think that \$50 million is not enough. I think that it is enough to start with, until we have had experience with the program.

Today's chief bottleneck in research is trained personnel. There is need to bring into a coordinated research picture the scientists and research workers in other lands and to make the maximum use of available medical research manpower.

I know that it is late in the session, and that there is no chance that this proposed legislation will be passed by this Congress. Yet I feel it important to introduce this joint resolution even in the waning days of the Congress, so that the departments of the Federal Government can study it, the newspapers of the country can interpret it, and the American people can have a chance to understand its import.

I do not pretend that the version I am introducing today is the definitive version. As the path this legislation proposes to travel is new, some of the devices chosen to break that trail are new. Perhaps some provisions and references have been left out of this joint resolution; perhaps others should be included. I invite comments and suggestions, and I hope that there may be early hearings on this legislation before the Senate Labor and Public Welfare Committee. I look forward to many thoughtful and helpful suggestions in the course of such hearings.

This proposed legislation is an expression of an essential idea. The idea must be converted into a program, into the machinery of action. I pledge my efforts to that end in the next Congress, when I shall reintroduce this proposed legislation and work for its expeditious passage.

Let me summarize the goals of this joint resolution. They are:

First. To mobilize internationally the world's research facilities and personnel in ascertaining the cause, cure and control of those diseases which are still outside the reach of science.

Second. To facilitate and enlarge the free and rapid interchange of scientific knowledge and of research workers so that all countries of the world might obtain the benefits of the newest developments in research.

Third. To make progress in our knowledge and use of the means to return to active life the disabled and the physically handicapped.

Fourth. To organize an international clearinghouse on the latest developments in medical research, including the establishment of appropriate translation services.

Fifth. To raise a common banner under which the scientists of all lands can march together toward the goal of improved health for mankind.

Surely in the hearts of peace-loving men everywhere there is a desire for these goals—a hope that nations will find what William James called a moral equivalent for war.

Here is a concrete work which will help build the sentiment for peace.

A great worker in the field of health and in international cooperation for health—Dr. Howard Rusk—a true evangelist in the cause of world health and a pioneer in the field of physical rehabilitation, tells me that in his visits into every part of the world during the past year, he has received the most inspiring response to his advocacy of international cooperation in medical research and in other measures for the improvement of the health of mankind.

Today an extraordinary session of the General Assembly of the United Nations is convening to consider grave questions involving peace, security, and stability in the Middle East. The Middle East, above all areas and regions of the earth, is plagued by disease—trachoma, malaria, intestinal parasites, and other still unconquered diseases.

What a great thing it would be for the Middle East, for the United States, for the cause of peace, if the peoples of the world could know as this meeting of the General Assembly convenes that America is now turning her attention—and soon I trust her knowledge and her resources—to the international joining of forces in the war against disease and disability and suffering on this earth.

In that hope, Mr. President, I introduce the joint resolution in the closing days of the session, that the peoples of the world may know that America has set her foot upon this path.

The VICE PRESIDENT. The joint resolution will be received and appropriately referred.

The joint resolution (S. J. Res. 199) to establish in the Department of Health, Education, and Welfare the National Advisory Council for International Medical Research, and to establish in the Public Health Service the National Institute for

International Medical Research, in order to help mobilize the efforts of medical scientists, research workers, technologists, teachers, and members of the health professions generally, in the United States and abroad, for assault upon disease, disability, and the impairments of man and for the improvement of the health of man through international cooperation in research, research training, and research planning, introduced by Mr. HILL, was received, read twice by its title, and referred to the Committee on Labor and Public Welfare.

Saturday, August 16, 1958

Mr. HILL. Mr. President, I ask unanimous consent to have printed at this point in the RECORD, Senate Joint Resolution 199, which I introduced on August 13 last.

There being no objection, the resolution (S. J. Res. 199) to establish in the Department of Health, Education, and Welfare the National Advisory Council for International Medical Research, and to establish in the Public Health Service the National Institute for International Medical Research, in order to help mobilize the efforts of medical scientists, research workers, technologists, teachers, and members of the health professions generally, in the United States and abroad, for assault upon disease, disability and the impairments of man and for the improvement of the health of man through international cooperation in research, research training, and research planning, introduced by Mr. HILL on August 13, 1958, and referred to the Committee on Labor and Public Welfare, was ordered to be printed in the RECORD, as follows:

Whereas it is recognized that disease and disability are the common enemies of all nations and peoples, and that the means, methods, and techniques for combating and abating the ravages of disease and disability and for improving the health and health standards of man should be sought and shared, without regard to national boundaries and divisions; and

Whereas advances in combating and abating disease and in the positive promotion of human health can be stimulated by supporting and encouraging cooperation among scientists, research workers, and teachers on an international basis, with consequent benefit to the health of our people and of all peoples; and

Whereas there already exist tested means for international cooperation in matters relating to health, including the World Health Organization, the Pan American Sanitary Bureau, and the United Nations International Children's Fund (UNICEF), with which the United States is identified and

associated, and it is highly desirable that the United States establish domestic machinery for the maximum mobilization of its health research resources, and more efficiently to cooperate with and support the research, research-training, and research-planning endeavors of such international organizations: Therefore be it

Resolved, etc., That this joint resolution does establish the domestic machinery for such maximum mobilization of its health research resources, the more efficiently to cooperate with and support the research, research-training, and research-planning endeavors of the international organizations.

SEC. 2. The purpose of this joint resolution is:

(1) To encourage and support on an international basis studies, investigations, experiments, and research, including the conduct and planning thereof, relating to:

(A) The causes, diagnosis, treatment, control, and prevention of physical and mental diseases and other killing and crippling impairments of man.

(B) The rehabilitation of the physically handicapped, including the development and use of appliances for the mitigation of the handicaps of such individuals.

(C) The origin, nature, and solution of health problems not identifiable in terms of disease entities.

(D) Broad fields of science, including the natural and social sciences, important to or underlying disease and health problems.

(2) To encourage and support the rapid international interchange of knowledge and information concerning developments in those branches of science pertaining directly or indirectly to the prevention, diagnosis, treatment, or mitigation of disease and disability and other health and rehabilitation problems.

(3) To encourage and support, on an international basis, the training of personnel in research and research training through interchange of scientists, research workers, research fellows, technicians, experts, and teachers in research specialties not otherwise or generally provided for in the programs authorized by section 32 of the Surplus Property Act of 1944, as amended, and the United States Information and Educational Exchange Act of 1948, as amended.

(4) To encourage and cooperate with research programs undertaken by the World Health Organization and other international bodies engaged in, or concerned with, international endeavors in the health sciences, and to support such programs in cases in which such international organizations can more effectively carry out activities authorized by this joint resolution.

(5) To advance the status of the health sciences in the United States, the health standards of the American people, and those of other countries and peoples, by cooperative endeavors with the scientists, research workers, technicians, experts, teachers, and practitioners of those countries in research and research training.

(6) To help mobilize the health sciences in the United States as a force for peace, progress, and good will among the various peoples and nations of the world.

SEC. 3. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to in this joint resolution as the "Secretary") is authorized and directed to carry out the purposes of this joint resolution in conformity with its provisions.

(b) The Secretary may utilize, for the performance of his duties authorized by this joint resolution, the Public Health Service, including the National Institute for International Medical Research established by this joint resolution and the other National Institutes of Health, and, where appropriate, the Office of Vocational Rehabilitation, the Children's Bureau, and such other agencies and offices in the Department as he may deem desirable to carry out the functions authorized herein.

(c) The duties and functions hereby authorized shall be carried out in consultation and cooperation with the National Advisory Council for International Health Research established by this joint resolution.

SEC. 4. There is hereby established, in the Public Health Service, as a part of the National Institutes of Health, the National Institute for International Medical Research. This Institute, in cooperation with the other National Institutes, shall carry out such major duties and functions of operation and administration in connection with this joint resolution, as may be assigned by the Surgeon General, including the support of research and research training through grants, contracts and cooperative activities and the direct conduct of research in facilities outside the United States.

SEC. 5. (a) There is hereby established, in the Department of Health, Education, and Welfare, the National Advisory Council for International Medical Research (hereinafter referred to in this joint resolution as the "Council"), to advise, consult with, and make recommendations to the Secretary or the Surgeon General or the Director of the Office of Vocational Rehabilitation, or such other officers of the Department as may be appropriate, on matters relating to the purposes and programs authorized by this joint resolution. The internal procedures of the Council shall be governed by rules and regulations adopted by the Council and approved by the Secretary.

(b) The Council shall receive reports on and review all research and research-training projects or programs undertaken, or proposed to be undertaken, pursuant to this joint resolution, and no grant, contract, or loan for any such research project or program shall be approved by the Surgeon General, the Director of the Office of Vocational Rehabilitation, or the Secretary except after review and recommendation by the Council.

(c) The Council shall consist of the Surgeon General of the Public Health Service, who shall be Chairman, a duly designated representative of the Secretary of State, and

16 members appointed by the Secretary without regard to civil service laws. The Director of Vocational Rehabilitation shall be a member ex officio. The Secretary may appoint additional ex officio members on either a permanent or temporary basis, as desirable, but the number of such additional ex officio members shall not be greater than two at any one time. The 16 appointed members shall be leaders in the fields of medical research, teaching and training, medical or biological science, rehabilitation, education, or public and international affairs. Eight of the sixteen shall be selected from among leading experts and authorities in the fields with which this joint resolution is concerned, with special emphasis on association with research and research training.

(d) Each appointed member of the Council shall hold office for a term of 4 years, except that (1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed, shall be appointed either for the balance of that term, or for a full 4-year term at the discretion of the Chairman, and

(2) the terms of the members first taking office after September 30, 1958, shall expire as follows: 4 shall expire 4 years after such date; 4 shall expire 3 years after such date; 4 shall expire 2 years after such date; and 4 shall expire 1 year after such date, as designated by the Secretary at the time of appointment. None of the 16 appointed members shall be eligible for reappointment until a year elapses since the end of his preceding term.

(e) Members of the Council, other than ex officio members and members who are officers or full-time employees of the Government, while attending conferences or meetings of their respective council or committees thereof, or while otherwise engaged in the work of the Council or of the committees thereof, upon the specific authorization of the Chairman of the Council or the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary, but not exceeding \$50 per diem, and shall also be entitled to receive an allowance for actual and necessary traveling and subsistence expenses while so serving away from their places of residence. This authorization for compensation and expenses shall also extend to consultants and members of special field or other committees engaged or established pursuant to section 6 of this joint resolution.

(f) The Council shall meet at the call of the Chairman or on the request of a third of its membership, but in no event less than three times during the year.

(g) Provision shall be made by the Secretary, through the Surgeon General, for coordination of the work of and consultation between the Council and the National Advisory Health Council, and the national advisory councils of the National Institutes of Health, and through the Director of Vocational Rehabilitation, the National Advisory Council on Vocational Rehabilitation, with

respect to matters bearing on the purposes and administration of this joint resolution.

SEC. 6. The Secretary is authorized to secure, from time to time, and for such periods as he deems advisable, the assistance and advice of consultants who are technicians, experts, scholars, or otherwise especially qualified in fields related to research, research training, or research planning, from the United States or abroad. These experts, individually or in groups, shall advise the Secretary or the Surgeon General or the Director of Vocational Rehabilitation, or the Council, on such matters as are appropriate.

SEC. 7. The Secretary is hereby authorized to engage in the following activities:

(1) Encourage and support research, investigations, and experiments by individuals, universities, hospitals, laboratories, or other public or private agencies or institutions, in countries other than the United States, relating to the cause, prevention, and methods of diagnosis and treatment of physical and mental diseases and impairments of man, referred to in paragraph (1) of section 2, by means of: the direct conduct of research in countries other than the United States, financial grants, contracts, grants or loans of equipment, and grants or loans of medical, biological, physical, or chemical substances or standards where required for research or research training, and furnishing expert personnel from the United States (including the payment of travel and subsistence for such experts when away from their places of residence).

(2) Encourage and support research, investigations, and experiments conducted in countries other than the United States, related to the rehabilitation of the physically handicapped, by the means referred to in paragraph 2 hereof.

(3) Encourage and support the coordination of experiments and programs of research conducted in the United States with related programs conducted abroad, by facilitating the interchange of research scientists and experts between the United States and foreign countries who are engaged in such experiments and programs of research, including the payment of per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence, as provided for consultants in section 5 (e) hereof.

(4) Make grants for the improvement or alteration of facilities needed for medical research and research training, including the provision of equipment for research and training purposes.

(5) Establish and maintain research fellowships within the National Institutes of Health and elsewhere with such allowances (including travel and subsistence expenses) as may be deemed necessary to train United States research workers, research teachers, technicians, and experts in the laboratories of other countries, and to procure the assistance of talented research fellows from abroad, and, in addition, to provide for such fellowships and other research training

through grants, upon recommendation of the Council, to public and other nonprofit institutions. This program of fellowships and grants shall not duplicate or replace the programs authorized under section 32 of the Surplus Property Act of 1944, as amended, and the United States Information and Educational Exchange Act of 1948, as amended.

(6) Encourage and support broad surveys of the incidence of the major diseases endemic in various parts of the world and initiate comprehensive plans for their eradication or mitigation through cooperative programs of research and research training in regard to these diseases, including research in pertinent phases of the science of public health.

(7) Support and encourage international communication in the medical and biological sciences, international scientific meetings, conferences, translation services and publications, including provision for travel funds to permit participation in such conferences.

SEC. 8. The Secretary shall keep the Secretary of State fully informed concerning the projects and programs undertaken pursuant to this joint resolution, and shall solicit and secure from him policy guidance with regard to such projects, programs, or other activities proposed to be undertaken under this joint resolution. No project, program, or activity shall be undertaken which is con-

trary to or inconsistent with such policy guidance.

SEC. 9. Programs authorized by this joint resolution shall not unnecessarily duplicate those undertaken by other departments and agencies of the Government pursuant to law, and the Secretary shall take proper precaution to this end. Nothing contained in this joint resolution shall be applied or construed to diminish the authority or responsibility of other departments and agencies in the field of international cooperation in medical or other scientific endeavors.

SEC. 10. The activities authorized herein shall not extend to the support of public health nor other programs of an operational nature as contrasted with research, nor shall any of the grants herein authorized include grants for the improvement or extension of public health administration in other countries except for necessary research in the science of public health and public health administration.

SEC. 11. The Secretary shall prepare an annual report, which shall include a report from the Council, and submit it to the President, for transmittal to the Congress, summarizing the activities under this joint resolution, and making such recommendations as he, and the Council, may deem appropriate.

SEC. 12. The Secretary, or the Surgeon General, or the Director of Vocational Rehabilitation, is authorized to use the services

of any member or members of the Council, and where appropriate, any member or members of the other several national advisory councils, or study sections, or committees advisory thereto of the Public Health Service, or of the Office of Vocational Rehabilitation, in connection with matters related to the administration of this joint resolution, for such periods as may be determined necessary.

SEC. 13. Any alien whom the Secretary deems it desirable to come to the United States under the terms of paragraphs (4) and (7) of section 7 of this joint resolution, who is otherwise excluded from admission into the United States by the provisions of section 212 of the Immigration and Nationality Act, may, upon certification by the Secretary, upon recommendation of the Surgeon General or the Director of Vocational Rehabilitation, as may be appropriate, be paroled into the United States by the Attorney General pursuant to the authority contained in section 212 (d) (5) of such act.

SEC. 14. There is hereby authorized to be appropriated the sum of \$50 million annually, to carry out the provisions of this joint resolution. Such amount is to be apportioned as the Congress may direct to the office of the Secretary, the Public Health Service (including the National Institute for International Health and Medical Research), the Office of Vocational Rehabilitation, and other agencies in the Department of Health, Education, and Welfare as appropriate.