

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
WASHINGTON

MAR 9 1959

Dear Mr. Chairman:

This letter is in response to your request of February 5, 1959, for a report on S.J.Res. 41, a bill "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."

In his last two addresses on the State of the Union the President has called for intensified effort in international cooperation in the health field, in order to give in this way concrete expression to the desire of the people of the world for peace. Thus, in 1958, as an indication of our willingness to engage in such "works of peace," he offered on behalf of this Nation to engage in international cooperative "campaigns against the diseases that are the common enemy of mortals--such as cancer and heart disease." And in 1959, again, he proclaimed the Nation's "wish to be part of a great shared effort toward the triumph of health," and declared that by various means we shall "continue and expand our campaign against the afflictions that now bring needless suffering and death to so many of the world's people."

First of all, we want to make it clear that we are in accord with the purposes and objectives of this bill.

As you undoubtedly recognize, all or most of the activities which S.J.Res. 41 would authorize are now authorized under existing laws. We believe, however, that it is advantageous to bring these authorizations together into one law both from the standpoint of underlining the support of the Executive and Legislative branches for these activities and also in the interest of coordinating and improving the administration of these programs.

In this connection I desire to stress the fact that for the fiscal year 1960 the President in his annual Budget Message has requested the appropriation of nearly \$100 million for such international health activities as (a) contributions to the World Health

Organization ,the Pan American Health Organization, United Nations Children's Fund and the United Nations; (b) the malaria eradication program and assistance to underdeveloped countries in improving community water supplies; (c) health activities carried out through the International Cooperation Administration under technical assistance agreements with 40-odd other governments; and (d) the National Institutes of Health research and training grant program.

S.J. Res. 41, however, is in our judgment in need of certain basic revisions, as well as certain modifications and improvements in the various authorizations specified, in order to furnish a sound statutory basis for effective programs of international health and medical research, and research in rehabilitation, within the framework of the total program of the United States in the field of international health. Our major recommendations to that end are stated below. Certain additional recommendations of a more detailed character are outlined in the enclosed memorandum. And, in order to focus immediate attention on the basic issues, we are leaving subordinate or merely technical and drafting suggestions to subsequent staff assistance or communications.

1. We recommend that basic statutory authority under the bill be vested in the President, with the expectation that it would be exercised by him through the Secretary of Health, Education, and Welfare, under the policy guidance of the Secretary of State. This would insure that the size and certain other basic characteristics of this program will be determined, and the program operated, in the context of the total program of this country in the field of international health, including activities for health programs of an operational nature as contrasted with research and research training.

2. For the same reason, we recommend that instead of authorizing appropriations to be made to the several interested agencies of this Department, section 14 of the bill authorize that appropriations "to carry out the provisions of this joint resolution" be made to the President as a part of the appropriations structure of the special assistance program. Funds allotted to this Department by the President under this authority would thus, in line with the preceding recommendation, be used for carrying out the provisions of this bill under such directions as may be given by the President, and subject to policy guidance by the Secretary of State.

3. We believe also that the bill should be revised and simplified by eliminating what we believe to be excessive detail, with restrictive implications, relative to the manner in which the duties assigned under the bill are to be administered. In this connection, while we consider the inclusion of appropriate provisions for a

National Advisory Council for International Medical Research to be desirable, we believe that a mandatory provision for the establishment of a National Institute for International Medical Research is unnecessary and also unsound in that it would introduce undue rigidity into the structure of the program and make more difficult the evolution of the most desirable pattern and structure for administration of the program.

4. We strongly urge deletion of the specific statutory authorization of an appropriation of \$50 million annually in section 14 of the bill. The amounts to be recommended to Congress for carrying out this bill, if enacted, would have to be determined from time to time in the context of all of the other relevant activities in the field of international cooperation and aid. We do not believe that it would be wise to include a specific authorization which could be construed by foreign countries as a commitment on the part of the United States to appropriate that amount each year.

5. Because of the administrative difficulties and resulting delay inherent in the processing of research or research-related project applications emanating from all parts of the world, we believe that it would be desirable to provide in the bill that annual appropriations under the Act remain available for obligation for two years--i.e., the year for which appropriated and the succeeding year. The necessity otherwise of obligating the appropriations within the fiscal year for which made, might result either in a lapse of appropriated funds or over-hasty screening and review of research and training projects.

In conclusion, we recommend enactment of this bill if amended along the lines suggested above and in the enclosed memorandum. We should be glad to furnish drafting assistance and to work with Committee staff or Legislative Counsel, as the Committee may desire, in incorporating these and other improvements in the bill.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your Committee.

Sincerely yours,

/s/ Arthur S. Fleming

Secretary

Hon. Lister Hill
Chairman, Committee on
Labor and Public Welfare
United States Senate
Washington 25, D. C.

Enclosure

1. For various reasons, we would prefer to see eliminated from the National Advisory Council for International Medical Research created by the bill, the provisions for ex officio members from the Department, except the provision that the Surgeon General be chairman of the Council, thus making the Council more clearly a citizen advisory body. Adequate provision for getting interchange of ideas between the Council and all interested agencies of the Department can and will be made administratively in other ways. And assurance that specific program fields, such as rehabilitation--within the overall program with which the several operating agencies of the Department are concerned--are given adequate weight and consideration by the Council is, moreover, inherent in the provision of the bill for representation of various subject-matter fields in the composition of the Council. In this connection, we would look with sympathy upon an amendment to the bill calling for inclusion, in the membership of the Council, of a leader or leaders in fields related to the health of mothers and children; and whether or not the bill so requires, we intend to see to it that these interests are not neglected in the composition of the Council.

2. While the bill (§9) expressly preserves all existing authority and responsibility of other agencies in the field of international cooperation in medical or other scientific endeavors, it is silent on this point as respects already existing authority of the Department and its operating agencies. To avoid any doubt on this score, we suggest that the bill expressly preserve all existing statutory authority of the Department and its agencies.

3. There appears to be no specific authorization for the conduct or support, in the United States, of research which is principally directed toward an international, as contrasted with a domestic, health objective. Although some domestic research of this character can be undertaken under existing law, projects for this type of research would not, of course, enjoy equal priority with research more directly connected with our own health problems. Full use of the available research potential in the United States is important, since some of the medical research needed to shed light on the solution of health problems in other parts of the world can best be done in this country. Also, if the bill were enacted, domestic research having an international objective should properly be financed from funds made available under the bill.

We would, therefore, recommend that §7 be amended by enlarging paragraphs (1) and (2) to authorize research having international or extranational health as its principal objective, to be conducted in the United States as well as in foreign countries. (Incidentally, in paragraph (2) of §7, on page 10, line 17, of the bill, the cross-reference to "paragraph 2" should be corrected to read "paragraph (1)".)

4. A somewhat similar problem is presented by the provisions of §7 (5) of the bill relating to research fellowships and other research training. This clause does not clearly authorize the award of fellowships or traineeships to research workers or other scientists from foreign countries for training in laboratories or other research institutions in foreign countries--as contrasted with the award of fellowships and traineeships either to Americans for training abroad, or to persons from foreign countries for training in the United States. We believe that occasions may frequently arise where the broad objectives of the bill could be significantly advanced by making it possible for promising research workers from other countries to take the training they need to develop their full capabilities in either their own countries or in other foreign countries.

5. While the statement of purposes in the "whereas" clauses and in §2 of the bill specifically mentions the encouragement and support of research planning as one of the objectives of the bill, the provisions of §7 seem to be limited to research and research training and do not specifically mention the encouragement and support of research planning, as such, as one of the activities authorized. We therefore suggest that §7 be broadened to include, as one type of activity which may be supported through funds made available under the bill, research planning by international or other organizations interested in developing broad medical or rehabilitation research programs.

6. Section 7 (4) of the bill, authorizing grants for improvement or alteration of facilities, including equipment, for research and research training, is, we believe, too broadly written. While authority to make such grants would be most useful in situations where the unavailability of adequate facilities and equipment would impede accomplishment of the objectives of the bill, we think that this authority should be limited to facilities or equipment needed in connection with some research or training project which has been approved as having sufficient priority to warrant support under the bill. Unless so limited, §7 (4) could be interpreted as authorizing a large-scale program of United States aid in the construction of research and training facilities for which the only parallel, as respects domestic research, would be the Health Research Facilities Act of 1956 (title VII of the Public Health Service Act).

7. We would recommend that, notwithstanding any other provisions of law, the bill be amended to authorize the employment of persons who are not citizens of the United States to perform services required in connection with the administration of the program. It is essential that we be able to utilize fully the services of scientists and other persons having special knowledge and experience needed for the sound appraisal of research needs and research potentials throughout the world; many of the persons who can make the greatest contribution in this work will, of course, be citizens of foreign countries.

8. It is recommended that the word "respectively" be inserted after "Council," on page 13, line 15, of the bill, so as to avoid any implication that the annual report to Congress may include only such recommendations as are agreed upon by the Secretary and the Council. The change would make it clear that such recommendations as either the Secretary or the Council may deem appropriate will be included in the annual report and attributed to the Secretary and the Council, or both, as the case may be.