

**INTERNATIONAL HEALTH
RESEARCH ACT OF 1960**

Mr. HARRIS. Mr. Speaker, I move to suspend the rules and pass the resolution (H.J. Res. 649) relating to the authority of the President, the Secretary of Health, Education, and Welfare, and the Surgeon General of the Public Health Service to provide for international cooperation in health research and research training, and for other purposes, with amendments.

The Clerk read the resolution, as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This joint resolution may be cited as the "International Health Research Act of 1960".

PURPOSE OF RESOLUTION

SEC. 2. It is the purpose of this joint resolution—

(1) to advance the status of the health sciences in the United States and thereby the health of the American people through cooperative endeavors with other countries in health research, and research training; and

(2) to advance the international status of the health sciences through cooperative enterprises in health research, research planning, and research training.

AUTHORITY OF SURGEON GENERAL

SEC. 3. Part A of title III of the Public Health Service Act (42 U.S.C., ch. 6A) is amended by adding immediately after section 307, the following new section:

"INTERNATIONAL COOPERATION

"Sec. 308. (a) To carry out the purposes of clause (1) of section 2 of the International Health Research Act of 1960, the Surgeon General may, in the exercise of his authority under this Act and other provisions of law to conduct and support health research and research training, make such use of health research and research training resources in participating foreign countries as he may deem necessary and desirable.

"(b) In carrying out his responsibilities under this section the Surgeon General may—

"(1) establish and maintain fellowships in the United States and in participating foreign countries;

"(2) make grants to public institutions or agencies and to nonprofit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining fellowships;

"(3) make grants or loans of equipment, medical, biological, physical, or chemical substances or other materials, for use by public institutions or agencies, or nonprofit private institutions or agencies, or by individuals, in participating foreign countries;

"(4) participate and otherwise cooperate in any international health research or research training meetings, conferences, or other activities;

"(5) facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of research or research training, and in carrying out such purpose may pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5 of the Administrative Expenses Act of 1946 (5 U.S.C.

73b-2) for persons in the Government service employed intermittently; and

"(6) procure, in accordance with the provisions of section 15 of the Administrative Expenses Act of 1946 (5 U.S.C. 55a), the temporary or intermittent services of experts or consultants; individuals so employed shall receive compensation at a rate to be fixed by the Secretary, but not in excess of \$50 per diem, including travel time, and while away from their homes or regular places of business may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

"(c) The Surgeon General may not, in the exercise of his authority under this section, assist in the construction of buildings for research or research training in any foreign country.

"(d) For the purposes of this section—

"(1) The term 'health research' shall include, but not be limited to, research, investigations, and studies relating to causes and methods of prevention of accidents, including but not limited to highway and aviation accidents.

"(2) The term 'participating foreign countries' means those foreign countries which cooperate with the United States in carrying out the purposes of this section."

AUTHORITY OF SECRETARY

SEC. 4. (a) To carry out the purposes of clause (1) of section 2 of this Act, the Secretary of Health, Education, and Welfare (hereafter referred to as the "Secretary") may in the exercise of his responsibilities under the Vocational Rehabilitation Act (29 U.S.C., ch. 4) and the Act entitled "An Act to establish in the Department of Commerce and Labor a bureau to be known as the Children's Bureau", approved April 9, 1912, as amended (42 U.S.C., ch. 6), and any other provision of law, to conduct and support health research and research training, including research and research training relating to the rehabilitation of the handicapped, make such use of health research and research training resources in participating foreign countries as he may deem necessary and desirable.

(b) To carry out his responsibilities under this section the Secretary may—

(1) establish and maintain fellowships in the United States and in participating foreign countries;

(2) make grants to public institutions or agencies and to nonprofit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining fellowships;

(3) make grants or loans of equipment, medical, biological, physical, or chemical substances or other materials, for use by public institutions or agencies, or nonprofit private institutions or agencies, or by individuals, in participating foreign countries;

(4) participate and otherwise cooperate in any international health or medical research or research training meetings, conferences, or other activities;

(5) facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of research or research training, and in carrying out such purpose may pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service intermittently employed; and

(6) procure, in accordance with the provisions of section 15 of the Administrative Expenses Act of 1946 (5 U.S.C. 55a), the temporary or intermittent services of experts or consultants; individuals so employed shall receive compensation at a rate to be fixed by the Secretary, but not in excess of \$50 per diem, including travel time, and while away from their homes or regular places of business may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

(c) For the purposes of this section—

(1) The term "health research" shall include, but not be limited to, research, investigations, and studies relating to causes and methods of prevention of accidents, including but not limited to highway and aviation accidents.

(2) The term "participating foreign countries" means those foreign countries which cooperate with the United States in carrying out the purposes of this section.

AUTHORITY OF PRESIDENT

Sec. 5. (a) It is the sense of Congress that the President should use his authority under the Constitution and laws of the United States to accomplish the purposes of section 2 of this joint resolution and in accomplishing such purposes (1) use to the fullest extent practicable foreign currencies or credits available for utilization by the United States, (2) enter into agreements to use foreign currencies and credits available to other nations for use with the agreement of the United States, and (3) use any other foreign currencies and credits which may be made available by participating foreign countries.

(b) To carry out the purposes of section 2 of this joint resolution the President, in cooperation with participating foreign countries, is authorized to encourage, support, and promote the planning and conduct of, and training for, research investigations, experiments, and studies in the United States and in participating foreign countries relating to the causes, diagnosis, treatment, control, and prevention of diseases and impairments of mankind (including nutritional and other health deficiencies) or to the rehabilitation of the handicapped.

(c) To carry out his responsibilities under this joint resolution the President may—

(1) establish and maintain fellowships in participating foreign countries;

(2) make financial grants to establish and maintain fellowships, and for other purposes, to public institutions and agencies and to nonprofit private institutions and agencies, and to individuals in participating foreign countries, or contract with such institutions, agencies, or individuals without regard to sections 3648 and 3709 of the Revised Statutes of the United States;

(3) make grants or loans of equipment, medical, biological, physical, or chemical substances or other materials, for use by such institutions, agencies, or individuals;

(4) furnish technical assistance and advice to such institutions or agencies and in carrying out such purposes may pay the compensation and expenses of scientists and experts from the United States and other participating foreign countries;

(5) facilitate the interchange among participating foreign countries of scientists and experts (including the payment of travel and subsistence for such scientists and experts when away from their places of residence);

(6) cooperate and assist in the planning and conduct of research, research planning, and research training programs and projects by groups engaged in, or concerned with, research or research training endeavors in the health sciences, and, through financial grants or other appropriate means, assist in

special research, research planning, or research training projects conducted by or under the auspices of such groups where they can effectively carry out such activities contemplated by this joint resolution;

(7) encourage and support international communication in the sciences relating to health by means of calling or cooperating in the convening, and financing or contributing to the financing of the expenses of, international scientific meetings and conferences; and provide, or arrange for the provision of, translating and other services, and issue or finance publications, leading to a more effective dissemination of relevant scientific information with respect to research conducted in the United States or participating foreign countries.

(d) The activities authorized in this section shall not extend to the support of public health, medical care, or other programs of an operational nature as contrasted with research and research training nor shall any of the grants authorized by this section include grants for the improvement or extension of public health administration in other countries except for necessary research and research training in the science of public health and public health administration.

(e) The President is authorized, to the extent he deems it necessary to carry out the purposes of section 2 of this joint resolution, to employ experts and consultants or organizations thereof, as authorized by section 15 of the Administrative Expenses Act of 1946 (5 U.S.C. 55a), and create a committee or committees to be composed entirely of persons who are citizens of the United States to advise him in the administration of this joint resolution; individuals so employed and members of committees shall be entitled to receive compensation at a rate to be fixed by the President, but not to exceed \$50 per diem, including travel time, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

(f) The President may delegate any authority vested in him by this section to the Secretary of Health, Education, and Welfare. The Secretary may from time to time issue such regulations as may be necessary to carry out any authority which is delegated to him under this section, and may delegate performance of any such authority to the Surgeon General of the Public Health Service, the Director of the Office of Vocational Rehabilitation, the Chief of the Children's Bureau, or other subordinates acting under his direction.

(g) In order to carry out the purposes of section 2 of this joint resolution, and subject to section 1415 of the Supplemental Appropriation Act, 1953, the President may use or enter into agreements with foreign nations or organizations of nations to use the foreign currencies which accrue under title I of the Agricultural Trade Development and Assistance Act of 1954, and the Mutual Security Act of 1954, or which are otherwise available for utilization by the United States. The President is authorized to agree to the utilization by foreign nations, for programs designed to carry out the purposes of section 2 of this joint resolution in cooperation with the United States, of amounts deposited in special accounts pursuant to section 142(b) of the Mutual Security Act of 1954, to the extent that the amounts in such accounts exceed the requirements of other programs covered by such section 142(b). Such utilization of amounts in special accounts shall be without regard to the second proviso in clause (iii) of such section 142(b).

(h) The President shall transmit to the Congress at the beginning of each regular session, a report summarizing activities under this section and making such recommendations as he may deem appropriate.

(i) For the purposes of this section—

(1) The term "health research" shall include, but not be limited to, research, investigations, and studies relating to causes and methods of prevention of accidents, including but not limited to highway and aviation accidents.

(2) The term "participating foreign countries" means those foreign countries which cooperate with the United States in carrying out the purposes of this section.

OTHER AUTHORITY

Sec. 6. Nothing in this joint resolution shall be construed to repeal or restrict authority vested in the President, the Secretary of State, the Secretary of Health, Education, and Welfare, the Surgeon General of the Public Health Service, or any other officer or agency of the United States by any other provision of law.

The SPEAKER. Is a second demanded?

Mr. BENNETT of Michigan. Mr. Speaker, I demand a second.

The SPEAKER. Without objection, a second is considered as ordered.

There was no objection.

EXPLANATION OF HOUSE JOINT RESOLUTION 649 (INTERNATIONAL HEALTH)

Mr. HARRIS. Mr. Speaker, the purpose of the resolution as stated in section 2 of the bill is, one, to advance the status of the health sciences in the United States through cooperative endeavors with other countries in health; two, to advance the international status of the health sciences through cooperative enterprises in health research, research planning, and research training.

In order to accomplish these purposes, the legislation would vest certain powers in the President—section 5—and would vest other powers in the Secretary of Health, Education, and Welfare—section 4—and the Surgeon General—section 3.

The powers vested in the President, the Secretary, and the Surgeon General are designed to supplement each other.

SURGEON GENERAL'S POWERS

The provisions of the resolution relating to the responsibilities of the Surgeon General with respect to the establishment of fellowships and the making of research grants are primarily a restatement of present powers of the Surgeon General with regard to fellowships and grants with the explicit expression of the sense of the Congress that these powers be exercised without regard to national boundaries wherever such fellowships or grants can best accomplish the purposes of this act, the Public Health Service Act, and related provisions of law.

SECRETARY'S POWERS

Section 3 would grant powers with regard to fellowships and research grants to the Secretary of Health, Education, and Welfare in carrying out his responsibilities under the Vocational Rehabilitation Act, under the act which established the Children's Bureau and under other provisions of the law. The Secretary would be authorized to establish fellowships and make grants wher-

ever research in the fields of rehabilitations and child welfare can best be carried out without regard to national boundaries.

The powers which would be granted to the Secretary of Health, Education, and Welfare with regard to making grants in the field of child welfare are new powers, since the Secretary does not have research grant authority in this field.

PRESIDENT'S POWERS

Section 5 of the bill would grant authority to the President to maintain fellowships, make grants, and otherwise facilitate cooperation with foreign countries in the field of health research, research planning, and research training. It expresses the sense of the Congress that the President should use for these purposes, to the fullest extent practicable, foreign currencies or credits which are generated by the Agricultural Trade Development and Assistance Act of 1954—involving the sale of surplus agricultural commodities—by the Mutual Security Act of 1954, or by other foreign programs.

The powers granted to the President under this legislation essentially are not new powers but merely reemphasize powers already granted to the President under the Mutual Security Act and other laws. The bill would stress the use of these Presidential powers in the interest of international health research.

HEARINGS

The Subcommittee on Health and Safety conducted extensive hearings on July 21–23 and August 4–6, 1952, on Senate Joint Resolution 41 and a number of House bills substantially identical with the Senate passed bill—House Joint Resolution 370, by Representative FOGARTY; House Joint Resolution 211, by Representative MCGOVERN; House Joint Resolution 237, by Representative THOMPSON of New Jersey; House Joint Resolution 293, by Representative CHIPERFIELD; House Joint Resolution 443, by Representative HALPERN; and House Joint Resolution 361, by Representative ROBERTS. Substantially all of the witnesses who appeared favored the purposes of the legislation.

Supplemental hearings were held by the subcommittee on February 9, 1960, with particular reference to the question of availability of foreign currencies for use in connection with international health research.

As a result of the hearings and extensive consideration of the subject of international health research, a clean bill—House Joint Resolution 649—was introduced by Representative KENNETH ROBERTS, chairman of the Health and Safety Subcommittee.

PRINCIPAL DIFFERENCES BETWEEN HOUSE JOINT RESOLUTION 649 AND SENATE JOINT RESOLUTION 41

Senate Joint Resolution 41 provides for the establishment of a new Institute at the National Institutes of Health for the purpose of promoting international health research.

Senate Joint Resolution 41 would vest in the Surgeon General exclusively, the powers proposed to be granted by this

legislation and would authorize an appropriation of \$50 million annually.

House Joint Resolution 649, as amended in committee, does not provide for the establishment of a new Institute.

It would grant certain powers to the President for the purpose of advancing the international status of the health sciences as distinguished from the powers granted to the Surgeon General and the Secretary of Health, Education, and Welfare for the purpose of advancing the status of the health sciences in the United States.

It would not specifically authorize new appropriations to carry out the purposes of this legislation but, with respect to the Presidential authority, would aim at utilizing foreign currencies and credits for these purposes.

EXPLANATION OF SECTION 5(G) RELATING TO USE OF FOREIGN CURRENCIES

In order to carry out the purposes of the bill as set forth in section 2, subsection (g) of section 5 of the bill provides: First, for the use by the President directly, or through agreements with foreign nations or organizations of nations, of foreign currencies accruing to the United States, or otherwise available for utilization by the United States; and, second, for the utilization by foreign nations, with the agreement of the President, of foreign currencies subject to the joint control of the United States and such nations.

A number of permitted uses of foreign currencies are listed in subsection (a) through (p) of section 104 of Public Law 480. Section 5(g) of the bill would add to these potential uses, the use of these currencies by the President directly or through agreements with foreign nations to carry out the purposes of this bill.

The President is authorized to agree to the utilization of amounts deposited in special accounts pursuant to section 142(b) of the Mutual Security Act of 1954 to the extent that there are amounts in excess of the other programs covered by section 142(b) of that act.

Section 142(b) of the Mutual Security Act of 1954 requires that when defense support funds are used to finance grants of commodities, the recipient country must deposit in a special account the local currency proceeds which it derives from the commodities. Of these proceeds a small amount is normally turned over to the United States for paying certain U.S. expenses and the balance is owned by the other country and is available only for uses agreed to by the United States. The United States may agree to use of such funds to carry out any purpose for which new funds authorized under the Mutual Security Act of 1954 would themselves be available. Thus to the extent that these funds are not now used for the purposes for which they may be used, they would be available to carry out the purposes of this bill.

Clause (iii) of section 142(b) of the Mutual Security Act of 1954 restricts the utilization of excess amounts in all special accounts to not to exceed the equivalent of \$4 million. This restriction is waived in the case of the utilization of such amounts in special accounts for carrying out the purposes of this bill.

Section 1415 of the Supplemental Appropriation Act, 1953, provides that foreign credits owed to or owed by the U.S. Treasury will not be available for expenditure by agencies of the United States except as may be provided for annually in appropriation acts.

The use or utilization of funds under subsection (g) of section 5 of the bill is made subject to this provision of law requiring specific appropriation.

Mr. Speaker, I yield 10 minutes to the gentleman from Alabama [Mr. ROBERTS], the author of the bill, who conducted the hearing, and whose committee presented this matter to us for consideration.

The SPEAKER. The gentleman from Alabama is recognized for 10 minutes.

Mr. ROBERTS. Mr. Speaker, the bill we are considering today is one that comes to the House as a proposal from the other body which was supported over there by 64 Members of the Senate. It is a proposal that the senior Senator from the State of Alabama, LISTER HILL, has been interested in for some time.

The bill in the Senate sought to provide for the construction of a new Institute for International Health Research. It would have authorized the appropriation of \$50 million a year in hard dollars for the purpose of cooperation with the other nations of the world in finding some new answers to cancer which kills 200,000 people every year; in other words, a city almost the size of Little Rock, Ark., disappears every year because of that disease; to find some new answers in the field of heart disease which takes roughly about 800,000 people a year, and to seek to find some of these answers in other countries of the world.

We know that knowledge of how to split the atom which resulted in the development of the atomic bomb came through the work of some brilliant German scientists, Meitner, Streseman, and Beathe, the great Italian scientist Fermi, and Niels Bohr, who was a Norwegian. We know that many of the advances we have made in the field of medicine have come to us from people of other nations; for instance, penicillin from England, although we found the way to develop it in large quantities. The X-ray came to us from the Germans. The great advances made in the field of mental health and the cure of mental disease came to us as the result of the work of an Indian doctor, who studied the use of rauwolfia which led to the discovery of equinil, miltown, and many tranquilizers that are rapidly emptying the mental institutions of our country.

When the committee started considering this we called before us many eminent scientists and doctors, Dr. Howard Rusk, Dr. Sidney Farber of Boston, Dr. Ravdin, chairman of the board of the college of surgeons, who operated on the President.

We also heard Gen. Omar Bradley on this question, and many eminent men from every part of the Nation, who said that through the program set out in this bill we could accomplish a great deal of good.

You will remember that in 1957 when we were threatened with an epidemic of

the Asian flu we did not have a vaccine with which to combat it, yet before the time it was to strike our shores, because of the advanced medical knowledge of our doctors we were able to develop an effective vaccine and probably prevented many thousand deaths in this country. Certainly many of you will remember the tremendous onslaught of the Spanish flu.

Mrs. BOLTON. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the gentleman from Ohio.

Mrs. BOLTON. The gentleman spoke of an institute. As I read the bill, I do not see anything about an institute. It asks for general cooperation.

Mr. ROBERTS. The institute feature was eliminated by the House committee. We see this bill as an effort at better cooperation. We think we already have enough institutes.

Mrs. BOLTON. That was my thought.

Mr. ROBERTS. We believe that the Secretary of HEW, Surgeon General, and the NIH can farm out some of these problems to existing institutes.

Mrs. BOLTON. I thank the gentleman.

Mr. GROSS. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the gentleman from Iowa.

Mr. GROSS. Can the gentleman give us any idea of how many millions of dollars we are already spending on this sort of thing all over the world?

Mr. ROBERTS. Well, I can tell the gentleman we are spending some money. I think the grants that have been advanced by NIH amount to about 2 percent of their appropriation. I would say we are spending perhaps around \$6 or \$7 million in hard money. But this bill does not call for hard money; it simply uses the money that we already have in foreign currencies in these various countries that will be affected. There is no new money in this bill. We are simply trying to swap some surplus food for health and to try to find some answers in the field of cancer, arthritis, muscular dystrophy, and other things.

Mr. GROSS. In the gentleman's opinion, what will happen when we run out of the counterpart funds, as we will some day? How do you propose to dump this program once it is started?

Mr. ROBERTS. When we see the end of surplus commodities, I can answer the question. I do not see that end right now.

To continue with my explanation, this bill simply attempts to utilize the foreign currencies that we have accumulated under Public Law 480. Many of the governments of the world have those funds. In some we would not have to execute agreements to make these funds available for health research purposes; in some others we will have to execute agreements in order to spend some money in these countries. I cannot believe that this will call for any big expenditure.

If you will review the history of the foreign aid programs, you will find the technical assistance programs have brought us the most benefits, they have

accomplished the greatest amount of good, yet they have been the least expensive. In the field of technical assistance we have medical assistance, teaching people methods of cleaning and securing pure supplies of water, and things of that kind.

This bill came out of the subcommittee unanimously. There were one or two votes against it in the full committee. I believe it is a bill that you can vote for, and strike the hardest blow against cancer, mental disease, tuberculosis, and many of these other diseases that plague mankind.

Mr. HARRIS. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the gentleman from Arkansas.

Mr. HARRIS. Mr. Speaker, I wish to compliment the gentleman and the members of his subcommittee who have done such a magnificent and fine piece of work with a very difficult, complicated, and controversial problem. The gentleman, of course, is aware of the fact that the other body passed a bill and sent it over to us that would have authorized the appropriation of \$50 million in the field of international health. Recognizing the need and the importance of a cooperative program in international health research, the gentleman and his committee held hearings and overcame most of the opposition and rewrote the bill completely.

The committee has reported it to the House without any additional authorization for funds to be expended out of the Treasury of the United States but merely in cooperation with the international program that we have. It permits the use of soft currencies that have already been built up in the participating countries to be used in international health and research. I think the gentleman and the members of his committee are deserving of the highest compliments for the fine work they have done.

Mr. ROBERTS. I thank the gentleman.

Mr. LAIRD. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the gentleman from Wisconsin.

Mr. LAIRD. I would like to know just exactly what this bill does. Last year we spent \$3.5 million of U.S. currencies on an international health program. The Senate bill which was passed the other day contained \$7 million. We are presently appropriating counterpart funds under the normal appropriation procedure to be used in the field of international health. We have some 50 research grants in international health that are handled by soft currencies at the present time. In the appropriation bill passed just a few months ago we authorized further use of soft currencies. What does this bill do that we presently are not doing?

Mr. ROBERTS. I will say to the gentleman that certainly he knows and the Members of the House know that we have been spending in these fields considerable money, but it was the feeling of our committee that this bill will bring these programs into focus. The President under this bill must submit an

annual report of the activities in these fields, and he will be assisted by an advisory committee of prominent citizens of the United States, and we believe we can eliminate the use of hard dollars. And, instead of buying refrigerators for the Eskimos and dress suits for Grecian undertakers, we can spend some of these soft currencies in the field of health and we can get some new answers.

Mr. HEMPHILL. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the gentleman from South Carolina.

Mr. HEMPHILL. I notice on page 4, line 14, the Surgeon General is given certain authority, and in defining health research your subcommittee has written:

The term "health research" shall include, but not be limited to, research, investigations, and studies relating to causes and methods of prevention of accidents—

And so on. Does that language mean that if the Surgeon General thinks it is proper and his superior thinks it is proper, some of this may be used in fields such as physical therapy and podiatrics and chiropractics and things of that kind?

Mr. ROBERTS. I do not think the Surgeon General would be precluded from investigations in those fields. We have had one example of the use of bamboo instead of expensive metals in building prosthetic appliances which are very much more economical. There is a great supply of it. And, we think if this will rehabilitate maimed people, then this would be the way to do it. And, we say under the bill that the Surgeon General has that authority.

Mr. FOGARTY. Mr. Speaker, will the gentleman yield?

Mr. ROBERTS. I yield to the distinguished gentleman from Rhode Island who introduced similar legislation and who is recognized in this House, of course, as a champion of the cause of health research.

Mr. FOGARTY. Mr. Speaker, I want to congratulate the gentleman and his committee for reporting out this bill. As everyone knows, this idea was born with the President's state of the Union message in January 1958, delivered in this Chamber. He recommended an international attack on such leading killers of human beings as cancer, heart disease, and mental illness. I thought it was received at that time through the press and amongst the medical people of our country as a forward step. It was thought we could make more friends by distributing some of our information while at the same time getting information from other countries; because most men of medicine now say that the chances of our discovering cancer or heart disease are remote unless we have the help and cooperation of people in foreign countries who have some of the know-how.

Mr. ROBERTS. I thank the gentleman.

(Mr. ROBERTS asked and was given permission to revise and extend his remarks.)

Mr. BENNETT of Michigan. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, I do not think anyone in this House is opposed to spending all necessary funds for research, both on the domestic level and in the international programs. But there is no evidence before our committee or before this House that there is any need for this type of legislation. When the gentleman from Alabama [Mr. ROBERTS] talks about a cure for cancer, or the number of people who die each year from cancer, everybody recognizes the seriousness of that problem, and everybody knows the millions of dollars that are being spent by this Government and the millions of dollars that are being spent by private corporations and private foundations to find the answer to this and other serious diseases which are plaguing our people. But just more money is not the answer. There is no proof that the money that is being appropriated now for this purpose is inadequate.

Mr. Speaker, I should like to point out that this bill does not add one single iota of additional authority that does not exist under present law. Under the Mutual Assistance Act the President of the United States has authority to spend U.S. dollars for research projects in foreign countries to the extent that he sees fit if they promote the mutual security program. Under existing law the President of the United States has full and complete control of counterpart funds which have been assigned to the United States and which the gentleman from Alabama discussed as they relate to the provisions of this bill. The Surgeon General of the United States under the Public Health Service Act has all of the authority and all of the money he needs to spend on international research. Last year, for example, for the kind of projects that are referred to in this bill the Surgeon General spent \$3.5 million on research in foreign countries. I cannot, for the life of me, see the need or the necessity for this kind of legislation unless it is only to set up another organization to do the things that international organizations and our domestic departments already have the authority to do and for which money in ample amounts has been appropriated and will continue to be appropriated.

Mr. HEMPHILL. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield to the gentleman.

Mr. HEMPHILL. I think it should be pointed out here, and I think our friend will confirm this, that the legislation came to us from the Senate carrying an authorization of \$50 million. Our committee felt strongly that the money should come from counterpart funds; so we rewrote the legislation and removed the appropriation from the Federal Treasury, substituting appropriations out of counterpart funds; is that not correct?

Mr. BENNETT of Michigan. The bill that was passed in the other body provided an authorization of some \$50 million as an annual amount that may be expended for this purpose. The gentleman from Alabama [Mr. ROBERTS] and his committee cut that figure to \$10

million. When they brought the bill before the full committee and opposition to the program developed, a motion was made to take the \$10 million out of the bill, so that when the bill was reported there was no specific authorization for the expenditure of any hard dollars. But let me point out that if this bill is passed and goes to conference the question of the amount of money that may be put in the bill will depend on what the conferees decide to put into it—the difference between \$50 million that is in the Senate bill and zero here.

Mr. HEMPHILL. That was my point in this colloquy I am having with the gentleman from Michigan. I just want to go on record as a committee member as saying there would be no appropriation from the Treasury of the United States but the money would come from counterpart funds or we would not have this provision.

Mr. BENNETT of Michigan. Even if the House passes this bill and the Senate accepts it with no specific authorization in it, the House and Senate Appropriations Committees can nevertheless appropriate money under the authority provided for under this legislation.

Mr. MEADER. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield to the gentleman from Michigan.

Mr. MEADER. May I draw the attention of the gentleman to the top of page 12, line 3, which reads:

In order to carry out the purposes of section 2 of this joint resolution, and subject to section 1415 of the Supplemental Appropriation Act, 1953, the President may use or enter into agreements with foreign nations or organizations of nations to use the foreign currencies which accrue under title I of the Agricultural Trade Development and Assistance Act of 1954.

Does that mean that funds to finance this program can be found without resort to the Appropriations Committee and the approval of that committee and the Congress in our regular appropriating procedures? Does this authorization bypass the Appropriations Committee?

Mr. BENNETT of Michigan. No; I do not think it does. It does not give any additional authority to spend money, either our United States funds or counterpart funds, without the scouting of the Appropriations Committee.

Mr. LAIRD. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield to the gentleman from Wisconsin.

Mr. LAIRD. This House bill would authorize fellowships, grants, and the interchange of scientists for the purpose of supporting health research and training on an international basis. Every authority granted is already in existing law. The Senate bill did provide for an Institute of International Health. This bill completely nullifies the purpose of the Senate bill and should be defeated for that reason.

Under existing authority, the U.S. Public Health Service has, first, an international fellowship program supporting fellowships for students from over 30 nations; second, research grants to institutions in 15 foreign countries; and

third, training programs in which health workers from 33 foreign countries participated last year.

In addition both the House and Senate have included in the 1961 Labor-HEW bill funds for two new international programs for health research, using foreign currencies generated under Public Law 480—\$3,707,000 to the Public Health Service, \$930,000 to the Office of Vocational Rehabilitation, and the Senate in the 1961 HEW added an additional \$7 million.

I can understand what the bill did as it came from the Senate but I cannot understand what this bill does as it comes from the gentleman's committee. At the present time grants are being made to individual doctors, individuals all over the world. We have grants in Israel, we have grants in France, we have grants in many countries all over the world, direct research grants where they are working on various problems.

In addition to that we are contributing \$500,000 for WHO's international medical research program and have offered to contribute a greater amount. We are urging a higher appropriation by WHO for this purpose. In addition to that, last year we authorized through the Appropriations Committee the spending of \$170 million in the area of international health. Of that \$170 million in the 1960 budget bills for international health, \$55 million was expended in counterpart funds.

What I cannot understand, and I have not been able to get an answer to this question, is, How does this bill as amended by the House committee do anything that is not presently authorized in law? If this question is not answered I will oppose the House amendment to the Senate-passed bill.

Mr. BENNETT of Michigan. The answer is that it does not. The bill does not provide for one single bit of authority either delegated to the President or any other agency that does not presently exist in the law. If such is not the case, then I call on the gentleman from Alabama [Mr. ROBERTS] to point out in what respects, if any, this bill adds anything to existing law.

Mr. ROBERTS. At the present time I grant that programs are in existence and we are spending dollars on programs and they are executed in different parts of the world. This bill will bring these programs into focus. The President would report on activities under this bill and you will get something for your local currencies in these various countries.

Mr. BENNETT of Michigan. In answer to the question of the gentleman from Alabama, the President already has the authority to do what he pleases with these counterpart funds.

Mr. ROBERTS. Then I will say to the gentleman, if the President has that authority, why does he not use that authority instead of coming here and saying in his State of the Union Message that he wants additional legislation.

Mr. BENNETT of Michigan. This bill cannot make him use his authority nor give him any additional authority.

Mr. LAIRD. I would like to state that we presently are using counterpart

funds for medical research grants made in Israel at the present time. You will find counterpart funds are used. We are purchasing the counterpart funds from the Department of Agriculture and we carry an appropriation in the appropriation bill for the Department of Health, Education, and Welfare in which the purchase is made. The Commodity Credit Corporation is reimbursed for the counterpart funds that we are using on individual projects in Israel. Now in some countries, we do not have any counterpart funds and we are using some hard dollars, but this bill does not change that one iota.

Mr. DERWINSKI. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield to the gentleman from Illinois.

Mr. DERWINSKI. I would like to ask a few questions which intrigue me. I do not know whether I should direct them to the gentleman from Michigan or the gentleman from Alabama.

As I read this, this is supposed to be for an international health research act. But, the statement was made we were to use counterpart funds which we have accumulated in various countries. What do we do for money in countries where we have not accumulated counterpart funds? Do we start using hard dollars there?

Mr. ROBERTS. We may not have a program there, but we have about 26 countries where we do have counterpart funds or credits.

Mr. DERWINSKI. Do we understand then that international health problems are only located in those countries that have existing counterpart funds? Is that the implication?

Mr. ROBERTS. That would be correct. That would be the intent of the bill to the extent feasible.

Mr. DERWINSKI. Does this bill also imply that we have abandoned any hope of ever putting these counterpart funds to use in countries and that we are just looking for a means of spending the money; is that the implication of the bill?

(Mr. BENNETT of Michigan asked and was given permission to revise and extend his remarks.)

Mr. BENNETT of Michigan. Mr. Speaker, I yield 5 minutes to the gentleman from Ohio [Mr. SCHENCK].

Mr. SCHENCK. Mr. Speaker, it has been a great privilege for me to serve as ranking Republican member of the subcommittee on health and safety with my colleague, the gentleman from Alabama [Mr. ROBERTS]. I want to pay tribute to him for the splendid job he has done. Our subcommittee on health and safety conducted extensive hearings on this entire matter. Our subcommittee was completely convinced as to the value, purpose and reason for this bill.

Mr. Speaker, there is an international language of good health and scientific development in these opportunities for research and work in human health. Certainly, there are opportunities throughout the world by scientists in all countries in developing new methods and new discoveries in health measures. So it seems to us this is a splendid way to

take advantage of some of these funds which are accruing to our Nation as the result of the operation of Public Law 480 and other public laws. So, Mr. Speaker, I urge the adoption of this bill.

Mr. Speaker, in my years in the House of Representatives there have been few resolutions presented on which we have had such substantial agreement among the witnesses who testified as on House Joint Resolution 649. I call to your attention that during its hearings on this legislation the Subcommittee on Health and Safety of the Committee on Interstate and Foreign Commerce had testimony from 64 individuals and organizations. Among the individuals were many of the top scientific leaders of our country. Such men as Dr. Michael E. De Bakey, Baylor University; Dr. Sidney Farber, Children's Hospital, Massachusetts; Dr. Thomas Francis, University of Michigan; Dr. I. S. Ravdin, University of Pennsylvania; and Dr. Frederick J. Stare, Harvard School of Public Health.

All of our national voluntary health agencies and professional organizations have endorsed the proposals behind this legislation. It makes sense to them and it makes sense to me that since scientific research in health, medicine and rehabilitation can be conducted in other nations at very little, if any, cost to the United States through the use of foreign currencies that we should take advantage of this unusual opportunity. The United States owns vast amounts of the national currencies of a number of other nations as the result of the sale of surplus agricultural commodities under Public Law 480. I am sure all of us hope these sales will continue and that additional money in the national currencies of other countries will become available. It makes commonsense to me that if we have rupees in India, pounds in Israel and denarius in Yugoslavia which will not be used that these funds should be invested in research in health, medicine, and rehabilitation not only for the benefits which will accrue to those countries in which the research is being conducted but more important that such research will make a substantial contribution to improved health in the United States.

(Mr. SCHENCK asked and was given permission to revise and extend his remarks.)

Mr. BENNETT of Michigan. Mr. Speaker, I yield 2 minutes to the gentleman from Iowa [Mr. GROSS].

(Mr. GROSS asked and was given permission to revise and extend his remarks.)

Mr. GROSS. Mr. Speaker, it has been a long time since I have seen a bill providing more consultants and advisers, all of which add to the costly bureaucracy. Now do not tell me that you will pay the President's Advisory Committee members with foreign counterpart funds. And do not tell me you will pay the consultants who can be hired without limitation out of counterpart funds.

Mr. Speaker, this is one of the biggest boondoggles that has been before the House in a long time. There will certainly come a day when there will be no counterpart funds. What are you

going to use then but American dollars because the demand will increase to build hospitals, and do all of these things in foreign countries.

Mr. ROBERTS. Mr. Speaker, will the gentleman yield?

Mr. GROSS. No; I cannot yield as I only have 2 minutes. I am sorry I cannot yield.

Mr. ROBERTS. The gentleman does not want to leave the Record in error. There is an express prohibition against any building to be built with counterpart funds in this bill.

Mr. GROSS. The gentleman will recall that a few days ago a bill was put through the House which provided for a hospital to be built in Poland out of counterpart funds.

This is going to be a splendid bill for the Secretary of Health, Education, and Welfare. I would like it as a personnel empire builder proposition if I were the Secretary, especially since it is provided that the President can delegate all of his powers to the Secretary. So when you vote for this bill it should be with the understanding you are building up Mr. Flemmings' bureaucracy.

The SPEAKER pro tempore. The time of the gentleman from Iowa [Mr. GROSS] has expired.

Mr. BENNETT of Michigan. I yield the gentleman 2 additional minutes.

Mr. JOHANSEN. Mr. Speaker, will the gentleman yield?

Mr. GROSS. I yield to the gentleman from Michigan.

Mr. JOHANSEN. The gentleman touched on a point I wanted to ask about. Does he believe it is possible to have this additional expanded program without additional bureaucracy and additional personnel that cannot possibly be paid out of counterpart funds?

Mr. GROSS. Of course the gentleman is right. The gentleman knows that when this bill goes to conference with the Senate there will be hard American dollars put into this program and plenty of them. They cannot finance this in any other way and if the money is not appropriated this year you can be sure it will be demanded in 1961.

Mr. DENTON. Mr. Speaker, will the gentleman yield?

Mr. GROSS. I yield to the gentleman from Indiana.

Mr. DENTON. As I understand, we have spent money this way for some time, using 480 funds for research. In the last session we provided there must be appropriated in a special appropriation bill, and we appropriated money to be used for this purpose.

Does this bill change that law in any way which requires an appropriation to be made?

Mr. GROSS. I do not know, but I am very much interested.

Mr. LAIRD. Mr. Speaker, will the gentleman yield?

Mr. GROSS. I yield to the gentleman from Wisconsin.

Mr. LAIRD. It does not. We would still appropriate U.S. dollars to purchase counterpart. It makes no change in the present law.

Mr. GROSS. I am opposed to this bill. I hope it is rejected.

The SPEAKER pro tempore. The time of the gentleman from Iowa has again expired.

Mr. BENNETT of Michigan. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan [Mr. MEADER].

(Mr. MEADER asked and was given permission to revise and extend his remarks.)

Mr. MEADER. Mr. Speaker, I am puzzled about two features of the bill that have been called to my attention.

First, I notice that the Surgeon General, on page 2, line 22, will establish and maintain fellowships in the United States, and in participating foreign countries. If this bill is limited to the expenditure of foreign currencies, I do not see how those foreign currencies are going to be used to pay for fellowships in the United States.

Mr. JUDD. Mr. Speaker, will the gentleman yield?

Mr. MEADER. I yield to the gentleman from Minnesota.

Mr. JUDD. Beginning at the bottom of page 3, the bill says he is to procure individuals at a compensation, and so forth, to be fixed by the Secretary, but not in excess of \$50 per diem. That certainly is dollars, not foreign currencies. Later in the bill the original language is stricken out which authorized the appropriation of dollars, but the rest of the bill has not been brought into harmony with that deletion.

Mr. MEADER. The gentleman confirms my opinion.

Under the Senate bill, which provided for dollars, this made sense, but when you limit it to foreign currency it does not make sense.

I asked the gentleman from Michigan [Mr. BENNETT] about the language on page 12. I see the gentleman from New York [Mr. TABER] present, and I call his attention to that language.

I want to know whether or not that authorizes the bypassing of the Appropriations Committee and using counterpart funds for international research purposes.

Mr. TABER. Mr. Speaker, will the gentleman yield?

Mr. MEADER. I yield to the gentleman from New York.

Mr. TABER. The language on page 12 of the bill states that the President may enter into agreement with foreign nations or organizations and nations to use foreign currencies which come under title I of the Agricultural Trade Development and Assistance Act of 1954. I do not know what else you would call it.

Mr. JUDD. Mr. Speaker, will the gentleman yield?

Mr. MEADER. I yield.

Mr. JUDD. I think the gentleman from New York did not read the conditional clause "subject to section 1415 of the Supplemental Appropriation Act of 1953." That language makes it clear that the foreign currencies cannot be used without going through the appropriating process.

Mr. MEADER. The gentleman will assure me, will he, that the Appropriations Committee can review foreign currencies devoted to this program so that they can fit this in with dollar appro-

priations and other appropriations of foreign currencies so that we can see it all and that we are not bypassing the Appropriations Committee?

Mr. JUDD. I can give that assurance. I do not see how under this language it would be possible to bypass the Appropriations Committee in the appropriation or use of either dollars or foreign currencies.

Mr. HARRIS. Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. O'BRIEN].

Mr. Speaker, will the gentleman yield?

Mr. O'BRIEN of New York. I yield.

Mr. HARRIS. The gentleman from Minnesota is eminently correct; the Appropriations Committee cannot be bypassed. It is made clear and plain beginning with line 4, page 12 of the bill.

Mr. O'BRIEN of New York. Mr. Speaker, I have listened with attention and sympathy to the arguments of the gentleman from Iowa in the past when he has referred to giveaways. I feel that this bill is as far away from being a giveaway as any bill which we could pass in this Congress.

What we are doing in this bill is getting something back, something very precious: We are exchanging soft money for hard medical knowledge which will save American lives. To me that is the overriding consideration.

I think we should note that in one of the Washington papers in the last day or two there was an estimate that our so-called soft money around the world might rise as high as \$154 billion by the year 2000. I personally would like to dip into that a little bit, if I can, to save the lives of some of my friends and constituents.

Mr. BENNETT of Michigan. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I have great respect and admiration for my colleague from New York who just spoke to you, but I think the record ought to be straight here about what this bill does.

The bill does not extend authority to the President of the United States or to anyone else to use the so-called soft currencies or counterpart funds that he does not already have today. I challenge anyone on this floor to point out to me where the language of this bill enlarges present law in any single respect for the President to use counterpart funds for this or any other purpose.

Mr. JUDD. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield to the gentleman from Minnesota.

Mr. JUDD. The committee report at the bottom of page 3 read:

The powers granted to the President under this legislation essentially are not new powers but merely reemphasize powers already granted the President under the Mutual Security Act and other laws.

I am in favor of all of the objectives of this piece of legislation. But I cannot see any reason for passing it. It is completely unnecessary.

Mr. BENNETT of Michigan. It is a perfectly meaningless piece of legislation. What is proposed here is nothing that cannot be done under existing law, and

the money is already available for that purpose, or will readily be made available.

Mr. LAIRD. Mr. Speaker, will the gentleman yield?

Mr. BENNETT of Michigan. I yield.

Mr. LAIRD. I would like to point out to the distinguished ranking minority member of the Interstate and Foreign Commerce Committee that the Committee on Appropriations has never denied \$1 for the purchase of any foreign currency to carry on any medical research program any place in the world. We have not turned down any requests for dollar appropriations in this area.

Mr. BENNETT of Michigan. We do not need this bill to carry on this type of research.

Mr. HARRIS. Mr. Speaker, I yield the balance of the time on this side to the gentleman from Rhode Island [Mr. FOGARTY].

(Mr. FOGARTY asked and was given permission to revise and extend his remarks and to include extraneous matter.)

Mr. FOGARTY. Mr. Speaker, I should like to speak in support of House Joint Resolution 649, the International Health Research Act of 1960. I have waited a long time to address this House in the critical moments of the debate on this measure to extend U.S. participation in medical research on an international basis. Just short of a year ago, I rose to urge expeditious action by this body on Senate Joint Resolution 41, the so-called health for peace bill introduced by Senator HILL. Senate Joint Resolution 41, as many of you may remember, was a broad and far-reaching measure providing for positive action by the Federal Government in mobilizing the world's scientific resources in an all-out attack upon disease, disability, and ill health. It had passed the Senate in May of 1959 with the overwhelming vote of 63 to 17. It had enthusiastic support from the major health organizations of the country and many persons of eminence in the health sciences, industry, and public affairs.

Unfortunately, the bill was opposed by the administration. Not in principles or purpose, mind you, but—and this is a familiar pattern—because its specific provisions were considered undesirable. First, it would cost too much money. Second, it provided for a new Institute at the National Institutes of Health for its administration. This was considered unnecessary. Third, the international program authorized by the bill was considered to be a foreign policy matter; therefore, the program should be linked with the State Department and ICA, and carried out under the immediate supervision of the President.

This was the basis of the administration's opposition to this bill. These viewpoints were advanced with vigor and effect. The administration's spokesman, however, seemed to have been completely oblivious to the fact that this legislation is a direct result of the inspiring proposal made by President Eisenhower in his state of the Union message—made to this Congress on January 9, 1958. In that message he urged an international cam-

paign, and I quote, "against the diseases that are common enemy of all mortals—such as cancer and heart disease." This broad concept was reiterated by Dr. Milton Eisenhower when, speaking in behalf of the President, he pledged the support of the United States for an international medical research program, in his opening address before the 11th World Health Assembly in Minneapolis in May of 1958. Senator HILL and I, in introducing this initial legislation—the forerunner of Senate Joint Resolution 41 and House Joint Resolution 649 that we are considering now—specifically stated that the purpose was to provide the means to carry out the pledges made by the President in respect to U.S. support of international health research.

The Hill bill had other opposition. It was opposed by those who considered it just another giveaway program. Just one more way for U.S. dollars to be thrown down a "rat hole" with no benefit to the United States to be gained at all. This I believe to be a most distressingly short-sighted view. A view which ignores the whole recent history of advances in the medical sciences. It is a view oblivious to the fact that much of the great progress that the United States has made in its health and medical programs has been utterly dependent upon knowledge which has come from abroad or which we have gained through collaborative work with health scientists of other nations.

Participation in research, research training, and research planning on an international basis is important to the United States for two fundamental reasons:

First, regardless of the magnitude of our national research efforts—and I have striven in the Appropriations Committee to assure adequate funds for research—many of our major research problems—cancer, heart disease, mental illness, and others—cannot be solved within our national boundaries.

We cannot ignore the progress that other countries have made in dealing with these same health problems. Through study and observation of their health efforts and their approaches to common health problems, we can gain great benefit in dealing with these same problems in the United States of America. The committee report cites eloquent examples of the knowledge to be gained from observing the experiences of others.

We cannot ignore the shifting patterns of infectious and communicable disease in this age of jet transportation and the known propensity of viruses to change their character and virulence. Only through joining with the health scientists of other nations in worldwide networks of observation, research, and testing can we achieve maximum protection.

We cannot ignore the talents and capabilities of foreign scientists who can make substantial contribution to the solution of disease and health problems of particular urgency to the United States. Providing for their support and advanced training in carefully planned programs, is to me an essential part of our national research effort.

We cannot overlook the primary lesson of the history of science—all knowledge is interdependent—no single finding has meaning except in the context of all related findings regardless of where they occur. We must provide for the closest association between our health scientists and those of other countries.

The second fundamental reason why this bill is important is because it clearly sets forth the view that the support and conduct of the health sciences on an international basis can do much to advance international objectives of importance to the United States.

I believe support of medical research and collaborative work with the other countries in this field can do far more toward achieving our foreign policy objectives than a great deal of the effort and funds that we put into military and economic assistance programs.

I think we have overlooked the relationship of health to productivity and thus to economic advancement. A worker that is a sick man produces only as sick men produce. He frequently consumes more than he contributes. Here is a quote from a report I read the other day which portrays this situation vividly:

The economies of the underdeveloped areas that circle the globe are almost entirely extractive, largely agricultural, and whether on a subsistence basis or at the level of export, productivity stems chiefly from the physical capacity of human labor.

Millions upon millions of the workers are staggering under the load of debilitating diseases, their physical and mental growth stunted by hookworm, their feet ulcerated with yaws, their strength sapped by schistosomiasis or African sleeping sickness and their initiative drained by malaria.

They scratch the soil to feed their own intestinal worms which consume not a negligible fraction of their scarce food (and of our relief shipments). The malaria, the worms and most of the other diseases give them an enervating anemia invisible beneath their dark skins, leading to what is casually referred to as tropical apathy. The word "manana" often simply signifies anemia.

The visitor, if he is not blind to the relation between the yield of a hoe and the strength of the hand that holds it, readily senses the loss in productivity. What he does not see is the stunted growth, the loss of initiative, the dulled mind, the distortion of the entire age structure of the population and the deep and permanent effect on culture itself and hence on the capacity to absorb, utilize or even to be interested in proposals for economic development.

U.S. collaboration in research programs aimed at controlling the major infectious diseases which beset millions of people in the world is a venture which can only engender goodwill. John T. Connor, president of Merck & Co., made this point well in speaking in support of legislation in this area:

The International Medical Research Act stirs the imagination with its opportunities for a new breakthrough in international relations as well as in medical research. It can give a new dimension to foreign affairs and a new versatility to U.S. foreign policy. It can excite the universal support and enthusiasm for an international program that America has not seen since inauguration of the point 4 program of technical assistance.

Dr. I. S. Ravdin, vice president for medical affairs of the University of Pennsylvania, made a similar point:

This Nation has long realized that a lack of concern for the problems of the health of people leads all too frequently to poverty, to diseases which sap the physical and mental vigor of people, and finally to revolt. We who have gained so much from the research of our own scientists and those from other countries, where good research has been and is being done, must realize that the more quickly we can assist those less fortunate to begin to achieve what we have so fortunately achieved, the more quickly universal understanding will be won in our troubled world.

This, I believe, was the objective being sought by the President when he uttered the words I quoted at the beginning of my remarks. Although I have found frequent reason to disagree with him in the past on this point, I am wholly in accord.

Looking to the future over the debris of the summit and the canceled visit to Japan, we must find a way to clearly and unequivocally set forth our international objective—mutual understanding amongst all peoples and the maximum well-being of man.

The passage of House Joint Resolution 649 I believe to be an essential and timely step in that direction.

Unfortunately, it is not as strong a bill as I had hoped would be presented to this House. The opposition to the legislation to which I referred earlier has had a substantial effect upon the course of the legislation we are considering today. The original Hill-Fogarty bill and the identical companion bills introduced by several other of my colleagues have been effectively bottled up in committee. My very good friend the gentleman from Alabama [Mr. ROBERTS], in an effort to reconcile the differences and overcome opposition to this legislation, introduced a substantially modified version of the Hill bill in the form of House Joint Resolution 649. It is this bill—further subordinated as a result of amendment in committee—that we have before us today.

May I take a moment to acknowledge this considerable achievement on the part of Mr. ROBERTS? The favorable reporting of this bill, and preparation of the magnificent report which accompanied it, deserve the highest acclaim. Despite my disappointment with the specific terms of the present House Joint Resolution 649—the necessary consequence of compromise—the fact that such a bill has been favorably reported in time for definitive action in this Congress is a considerable victory. A victory from which I firmly believe the Nation—indeed the world—stands to benefit.

Senate Joint Resolution 41 has now become House Joint Resolution 649. They are vastly different pieces of legislation. The critics of Senate Joint Resolution 41 have been, in large part, answered.

The provision for a National Institute of International Medical Research has been stricken. The programs proposed can be administered as the Surgeon General of the Public Health Service, the Secretary of Health, Education, and Welfare, and the President see fit.

The problems of foreign policy are carefully provided for by a two-part division in the bill: One directed toward advancing the health sciences in the United States under which the Surgeon General and the Secretary of Health, Education, and Welfare act; the other directed toward advancing the international status of the health sciences under which the President may act.

The broad objectives and specific authorities and operating provisions which make Senate Joint Resolution 41 such a challenging piece of legislation have disappeared.

As it stands, House Joint Resolution 649 does not in essence add to or change the present authorities of the Surgeon General and the President to support medical research overseas. It does add to the authorities of the Secretary in this respect, particularly in the case of the Children's Bureau.

I am convinced, however, that the specific authorities conveyed by House Joint Resolution 649 are not the matter at issue here today. I believe the important action that will result from the passage of this bill will be the explicit expression of this House that the United States does have a substantial stake in the furtherance of the health sciences through the conduct and support of medical research overseas and in collaboration with other countries.

It is the clear emphasis that will be given to this vital point, which I believe to be the most important aspect of our action here today.

I should like to say again what I have said before in urging action upon legislation providing for greater support of international medical research:

I feel that each one of us in the Congress—acting in behalf of our own constituents, the people of the United States, and of people everywhere—must face the fact that time is a current issue in both of the objectives involved in this legislation. One is the conquest of disease; the other is the promotion of good will among men. We cannot let the opportunity slip through our fingers to take a vigorous step in the attainment of these objectives. I am sure I express the strong consensus of the members and the people when I urge that we act now to give shape and substance to programs which may make possible the significant advances for the national welfare as well as represent one of the finest expressions of man's concern for his fellow man.

Under previous consent, I include, as part of my remarks, the following letters and news articles:

WORLD REHABILITATION FUND, INC.,
New York, N.Y., April 11, 1958.

MR. RICHARD CLARKE,
Executive Editor, *The Daily News*,
New York, N.Y.

MY DEAR MR. CLARKE: May I extend the deep gratitude of the World Rehabilitation Fund to the *Daily News*, Mr. Eckert Goodman, your staff photographers, and to you for the excellent story which appeared in the *Daily News* on Monday, March 31.

This article which combines the humanitarian, political, and economic objectives of the World Rehabilitation Fund is one of the finest which has appeared. It will be seen and read not only by the millions of readers of the *Daily News* but by those interested in

the physically handicapped throughout the world.

Mr. Goodman and the *Daily News* have performed a public service of the highest order by this clear, heart-warming story emphasizing that American industry and the American people are concerned with human values and the dignity of the individual not only in our own Nation, but throughout the world.

Sincerely,

HOWARD A. RUSK, M.D.,
President.

[From the *New York Daily News*, Mar. 31, 1958]

REHABILITATION EFFORTS WIN FRIENDS, INFLUENCE PEOPLES
(By Eckert Goodman)

Happily waving one of his brandnew artificial arms, a smiling, 11-year-old Peruvian boy boarded an airliner at International Airport 6 weeks ago and took off for his home in the rugged hills behind Lima.

Three months before, Orlando Collantes, who lost his arms in a railroad accident at the age of 5, had arrived at the New York University-Bellevue Medical Center's Institute of Physical Medicine and Rehabilitation, 400 E. 34th Street.

The crippled boy, one of five children of a widowed sugar plantation worker, had been relatively helpless for nearly 6 years, until a Peruvian affiliate of the International Union for Child Welfare arranged his trip to New York last fall.

At the Institute, Orlando was fitted with tailor-made prosthetic arms, and taught how to use them. A pair of Spanish-speaking technical trainees were on hand to help the youngster learn to lift his plastic limbs and to operate the gleaming chrome hooks that from now on will serve as his hands.

The apprentice technicians, studying here on scholarships, were Mercedes Abella, an occupational therapist from Cuba, and Juan Munros, a limb-making student from Spain.

WHAT CAN BE DONE BY WORLD PROGRAM

"In a small but compelling way," says Dr. Howard A. Rusk, director of the Institute and president of the World Rehabilitation Fund, "Orlando's case symbolizes graphically what can be accomplished by an international program in behalf of the physically handicapped.

"It also exemplifies why I'm convinced that American leadership in this vitally important humanitarian field can win us more friendship among the ordinary citizens of foreign nations that all the billions of dollars we're contributing for their economic relief and defense programs.

"Wherever Orlando goes and whatever he accomplishes from now on, he'll stand as a living symbol of the American people's concern for their fellow man."

JUST A FRACTION OF WHAT'S NEEDED

Elaborating on this point, Rusk hastened to stress the limitations of what he meant:

It would be ridiculous to suppose that even the sum total of U.S. hospital facilities could treat more than a tiny fraction of the free world's millions of handicapped people. Or that an organization infinitely richer than the 3-year-old, contribution-supported World Rehabilitation Fund could begin to afford the cost of their care and treatment.

"But there are ways in which an awful lot of mileage can be gotten out of relatively small amounts of money, when it's judiciously spent," says Rusk.

On a small scale, the World Rehabilitation Fund has already put some of these procedures into effect.

MODERN TECHNIQUES ARE TAUGHT HERE

Like the Peruvian boy's trainee tutors, more than 40 foreign doctors, technicians and therapists from a score of different

countries are currently learning rehabilitation techniques at the Medical Center, or in its affiliated service wards at such New York hospitals as St. Vincent's, Montefiore, Goldwater Memorial and Elmhurst General.

Nearly 85 percent of these students are wholly or partly supported by fellowship grants and scholarships provided by the World Rehabilitation Fund.

"When these men and women have finished their training and return to their own countries," says Rusk, "they'll be able to set up their own rehabilitation clinics and prosthetic appliance workshops, and to train other native medical personnel in their operation."

Besides supporting this educational program, the fund has assigned medical consultants to such far-flung areas as Burma, Thailand, India, and Jordan; and it has assisted in organizing rehabilitation congresses in Europe and Latin America.

The organization has shipped hundreds of braces and artificial limbs to the Philippines, South Korea, and other countries that are in desperate need of them. Libraries of periodicals and books on rehabilitation have been sent to such nations as Poland, France, Yugoslavia, Egypt, Lebanon, Denmark and Australia.

Inspiration for founding the World Rehabilitation Fund first came to Dr. Rusk 9 years ago, during a trip he made to Poland as a physical medicine consultant for the U.N.

HE MET HUNDREDS WHO NEEDED HELP

"It was impossible not to see the crying need for such an organization, or to recognize how important a role it could play in our country's international relations," recalls the doctor.

"The hundreds of handicapped and incapacitated people I encountered, desperately in need of assistance, were almost pathetically grateful for the vaguest suggestion of help that might be given them."

Today, 2 years after it began operations, the Fund boasts as its honorary chairmen former Presidents Herbert Hoover and Harry Truman; Bernard M. Baruch and Dr. Albert Schweitzer.

Its list of 25 notable directors includes such names as Norman Vincent Peale, Mrs. Anna Rosenberg, Gens. Walter Bedell Smith and David Sarnoff, Mrs. Bernard Gimbel and ex-Gov. Paul G. Hoffman of New Jersey.

NEEDS ARE GROWING EVEN MORE CRITICAL

The fund has never put on a public money-raising campaign and has no intention of doing so now. It is supported wholly by voluntary contributions from individuals, corporations, and foundations, and carries on its activities with minimal overhead, to the extent that money is made available.

The need for increased effort on America's part in the international rehabilitation field is, in Dr. Rusk's opinion, becoming daily more critical.

Outside the United States, there are at least 65 million physically handicapped people in the free world. About a third of them could be treated and retrained to become self-supporting members of their communities.

The remainder, mostly children and older people, could be made self-dependent in their daily lives.

According to the best estimates, Russia is currently turning out some 27,000 doctors a year, compared with the 7,000-odd we produce annually.

OUR TECHNIQUES, DEVICES ARE BEST

The Soviet doctor pool, it is reliably reported, has already grown so large that many Russian physicians are being used for the kinds of jobs to which we would usually assign nurses and technicians.

"It seems obvious to me what the Reds are planning to do," says Rusk. "They in-

tend to send their communism-indoctrinated medical teams into backward parts of the world where their healing activities will forever be associated in the people's minds with Marxist doctrine."

As the result of a 12-year-old U.S. Government-sponsored artificial limb program in behalf of wounded war veterans, Rusk says, we have prosthetic devices and technical know-how superior to any existing elsewhere in the world today.

"Just as we're interested in sharing technical advances in nuclear energy for peaceful purposes with the rest of the world," argues the doctor, "I am convinced that we can make a significant contribution to the effective understanding of American ideals of democracy, and the value we place on human worth and dignity, by sharing our advances in artificial limbs with the world."

TWO-MILLION-DOLLAR EXPENDITURE NEEDED FOR PROGRAM

For an expenditure of \$2 million—less than the cost of a pair of experimental ICBM rockets—Rusk estimates that the following activities could be accomplished during the course of the next 2 years:

Highly skilled medical consultants could be sent to all parts of the free world to learn what is most urgently needed.

Four completely equipped and staffed mobile prosthetic shops could be established in southeast Asia, the Near East, north Africa, and South America, to spend from 4 to 8 weeks in various communities demonstrating how braces and artificial limbs are fitted and training wearers in their use.

Permanent rehabilitation centers under American direction could be established in key parts of the world.

Parts to provide artificial limbs for more than 40,000 amputees could be shipped to areas most in need of them.

More than 100 additional trainees could be brought to the United States for training in physical medicine techniques.

All available technical literature and visual aids in rehabilitation currently on hand in the United States could be translated and published in various languages for international distribution.

The rehabilitation trainees, says the doctor, would join the 400 health workers now receiving advanced training here under the auspices of the International Cooperation Administration. And, together with hundreds of others receiving training from private foundations, their own governments, and their personal resources, they would become permanent ambassadors of our democratic ideals.

HE FEARS TIME IS RUNNING OUT

In view of Russia's accelerated medical training program, Rusk believes that time is running out on us—much more rapidly than most Americans are aware.

But he's still hopeful. A born optimist, with a notable fondness for inspirational mottoes and epigrams, he has adopted as his personal credo the words of an obscure 17th century English philosopher:

"If every man would but mend a man, the world would soon be mended."

THE NEW YORK TIMES,
Times Square, April 4, 1955.

To the EDITORS,
Newsweek Magazine,
New York, N.Y.

GENTLEMEN: This is a letter of deep personal appreciation for the magnificent documentation by Mrs. Marguerite Clark of the story of Juan Yepez.

Juan is not just one little boy born without arms and legs in a far-away country. He is symbolic of the need for understanding and the recognition that arms and legs do not make a man—spirit makes a man. Since coming to our institute some 6 weeks ago, Juan now speaks English like a veteran. In

fact, only last week he acted as interpreter for a wounded Columbian soldier who had just been flown in from Bogota. Juan is now walking on his new legs with special crutches which his small baby hands can fit into. Everyone at the institute who has worked with this amazing child has come to love him, and he has had much love before he came to us, for in spite of his rejection and abandonment, he feels completely secure and is the one who cheers up the other children in the ward when they are overcome by homesickness.

Two children in the ward were talking recently about "when we go home next week" and said to Juan, "When do you go home?" He was sitting on the windowsill, watching the cars on the East River Drive when asked the question and, looking far, far away, he replied, "I only go home when I walk home." As president of the International Society for the Welfare of Cripples, comprising 100 organizations from 30 countries all over the world, I have seen this spirit from Korea to Poland and from Haiti to Delhi. Here in the courageous spirit of the disabled do we have a common language.

Juan Yepez is a great symbol—a bright light in a spiritually gray world. He epitomizes spiritually even more dynamism than nuclear fission. When he walks back to Bolivia, he will bring with him a new concept of the dignity of the individual, for, verily, "a little child shall lead them."

I am deeply grateful to you for the deep sensitivity with which you have documented the story of a great human being.

Sincerely,

HOWARD A. RUSK, M.D.

[From Newsweek magazine, Feb. 21, 1955]

A BOY AND A MIRACLE

On a hot morning in 1951, a 5-year-old boy, born without arms or legs, was found in a trash can on a street in La Paz, Bolivia. The little mestizo (mixed Spanish and Indian blood) had no stumps, yet from his shoulders grew two perfectly formed hands and, from his hips, two strong feet. Taken to a home for abandoned children, he was "adopted" a year later by members of the La Paz Rotary Club and was placed in the American Hospital there. In no time, Juan Iregoyen Yepez became the pet of the place.

A handsome, alert youngster who picked up English quickly, Juanito was well developed physically, and from the usual run of scarlet fever, whooping cough, and measles he emerged tough and strong. He learned to get from one place to another by rolling about the hospital floor like a ball of tumbleweed. He devised ways of using head, chin, and mouth to suit his extraordinary needs. With nimble fingers he learned to feed himself. But in La Paz there was no equipment with which to rehabilitate the boy's cruel double handicap.

Last summer a young plastic surgeon from Kansas City, on a medical mission in Bolivia, encountered Juan, then 8 years old, at the American Hospital. Back in the States, the surgeon described this unusual case to Dr. Howard A. Rusk, director of the famous Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, New York. Several children's organizations became interested in the boy. An airline, Panagra, offered to fly him to New York. The Save the Children Federation volunteered to act as his guardian, in addition to contributing money for his care at the New York University-Bellevue Medical Center. Last week, his third in New York, Juan was a cynosure of American specialists' attention.

LATE CARE

Cases of congenital amputation—the medical name for this affliction—are not uncommon. Because of faulty genes, some 4.7 of 10,000 children are born without arms or

legs or both. (Juan's mother had two brothers born without arms.) Many of these children, even quadruple amputees like Juan, have been fitted with artificial arms and legs and trained for useful lives (Newsweek, Nov. 5, 1951). Usually, however, their rehabilitation is started at a very early age, before the children are aware of their malformation. In Juan's case, retraining had been delayed for almost 9 years; the boy's mode of living had been conditioned by stark necessity. In the timelag, however, American doctors recognized two possible advantages: (1) Juan's mature courage and strong, well-developed body and mind, and (2) his naturally formed, though misplaced, hands and feet. Many young congenital amputees are born without any stumps at all, and fitting them with properly mechanized prostheses is a difficult task. For Juan's deformity, the experts reasoned, it might be possible to fashion special artificial arms and legs which could be worked, by remote control from Juan's own capable hands and feet.

By last week William Tosberg, chief of the N.Y.U.-Bellevue Center's Prosthetic Technical Services, had prepared a canvas basket into which Juan's torso could be fitted. Suspended from it were two stiff wooden legs. By twisting his agile trunk, the boy could teeter from side to side, in a walking-doll movement. "This will not do," he said patiently. "I have strong feet; I must have legs that my feet will work." Juan was right. If by some skilled trick of prosthetic engineering this can be accomplished, the boy may have self-motivated arms and legs before his rehabilitation is completed.

BIG FEE

Specialists at the center marvel at the remarkable adaptation made by the boy's gravely malformed body. Neurologists, amazed at his lack of dizziness after rolling about on the floor for 15 or 20 minutes, are conducting studies of his nervous system. Teachers are impressed by his quick grasp of facts and his unusual learning capacity. Nurses and attendants talk of his cheery disposition. However dramatically this bespoke his ability to help himself, Juan also is assured of being a big help to others.

Shortly before the boy arrived in New York, Dr. Rusk was visited by the Vice President of Bolivia, Dr. Harnán Siles Zuozo, and the consul general of that country, Dr. Alberto Arce Quiroga. After explaining the proposed program for Juan, Dr. Rusk added: "This will cost Bolivia a big fee. * * * We will rehabilitate Juan. We will help educate him, and when he is able to care for himself, we will send him back to Bolivia. There you will complete his education, and help him get a suitable job. That is not all.

"In return for our care of the boy, you will establish in Bolivia a rehabilitation center where all handicapped children—those like Juan, as well as those with polio or cerebral palsy or rheumatoid arthritis—will be retrained. That you will do for Juan Iregoyen Yepez."

The Bolivian dignitaries bowed. "You take the boy," Vice President Siles replied. "We will pay the fee."

TWO OF THE MANY REACTIONS FROM NEWSWEEK READERS WHO WERE INSPIRED BY MRS. CLARK'S STORY OF HOPE AND COURAGE

BETTER THAN MILLIONS

Congratulations on a brilliant piece of reporting. Am referring to your article (February 21) on Juanito Yepez, the congenital quadruple amputee from Bolivia.

For those of us who are in and out of Central and South America we found your article on Juanito gained us more friends (and respect) than all the millions our Government is pouring into these countries. We noted no sudden pro U.S.A. feeling in Brazil as a result of the \$75 million donation [given Brazil by the United States], but we were

pleasantly surprised with the many compliments for what the U.S.A. is doing for Juanito. I do not know what your circulation is in Latin America but can tell you the peons in the backwoods knew all about Juanito within 24 hours after the issue was on the streets.

You also mentioned the Save the Children Federation was paying his freight while in the United States. This organization, with a few thousand dollars, is gaining us thousands more friends than our State Department with their millions.

E. E. BUTLER,
Master, S/T *Adrius*.

TAMPICO, MEXICO.

THE RIGHT RELATIONSHIP

Words cannot begin to express my appreciation for the article you carried [on congenital amputation] in the February 21 issue of Newsweek about the Bolivian boy, Juan Iregoyen Yopez. Your treatment of this case was so humanitarian and brought before the people of our nation the unselfish work of doctors and hospital personnel. It did much to help establish the right relationship between the little people of the world.

CONRAD R. WILLARD,
Pastor, *Calvary Baptist Church*.
KANSAS CITY, MO.

(Mr. BROCK asked and was given permission to extend his remarks at this point in the RECORD.)

Mr. BROCK. Mr. Speaker, I am sure that all of you realize the values which will accrue to the United States through the enactment of House Joint Resolution 649. I favor this legislation because it will make a direct contribution to improved health of the people of the United States.

The late Sir William Osler once said:
The great republics of medicine know and has known no national boundaries.

This has been well illustrated by Dr. Howard A. Rusk in his testimony before the committees of the House of Representatives and the Senate on this legislation. Dr. Rusk, for example, has pointed out that—

It was a Dutch scientist in 1676 who first revealed the world of micro-organisms. An English physician, Edward Jenner, who observed in 1796 that vaccination prevented smallpox, provided the basis for modern immunological concepts. Iwanowski, a Russian, identified the first virus in 1892. Two Canadians, Sir Frederick Banting and Charles Best, were the first to isolate insulin in 1921. The Spanish neuroanatomist, Santiago Ramon y Cajal, and the Italian histologist, Camillo Golgi, shared the Nobel Prize in 1906 for their work on the structure of the nervous system. The list goes on and on—penicillin from England, cortisone from the United States, rauwolfia from India, sulfonamides from Germany.

These developments, to which scientists throughout the world contributed, have laid the basis for the tremendous advances made in recent years in improving the health of the people of our Nation and increasing the lifespan.

To me, House Joint Resolution 649 is a sound investment in the health of our own people.

Mr. BOLAND. Mr. Speaker, I rise in support of House Joint Resolution 649 and I am highly pleased that this important legislation known as the International Health Research Act of 1960 has come to the floor for a vote.

The purpose of the resolution is to, first, advance the status of the health sciences in the United States through cooperative endeavors with other countries in health research and research training; and, second, to advance the international status of the health sciences through cooperative enterprises in health research, research planning and research training.

Mr. Speaker, this has been referred to as the health for peace resolution, and I think it is one of the most important pieces of legislation to be considered in the 86th Congress. As our colleague from Rhode Island, the distinguished chairman of the Appropriations Subcommittee for the Department of Health, Education, and Welfare, Mr. FOGARTY, so well stated during the hearings, this legislation in effect is a declaration of "war on disease not only in this country but all over the world."

Disease and disability know no international boundaries. President Eisenhower in his state of the Union address in 1958 suggested that progress could be made in the fight against such diseases as cancer and heart and mental illness all over the world. Soviet Russia's leaders subsequently responded in the affirmative, stating that in this area perhaps they could reach some agreements and advances could be made. This led Congressman FOGARTY and Senator LISTER HILL to introduce the resolutions.

Research in the health sciences fostered on an international basis holds great promise of advancement of benefit to all. I want to emphasize again what I said last year, that an unselfish effort on the part of the United States to advance the health sciences in the interest of all peoples can be a potent instrument of peace and good will. Such distinguished medical men as Dr. Howard Rusk, professor and chairman, Department of Physical Medicine and Rehabilitation, New York University, Bellevue Medical Center, Dr. Peter D. Commanduras, secretary general of Medico—Medical International Cooperation—and Dr. Thomas Dooley, who is rendering such outstanding medical service in Laos, all want to see this legislation enacted. The Senate passed this resolution unanimously last year and I hope that the House will do likewise today.

Mr. LINDSAY. Mr. Speaker, one of the most significant accomplishments of the Congress will be the passage by the House today of the International Health Research Act of 1960. This legislation could easily be the most important single approach in recent times toward world betterment. The Congress owes a debt of gratitude to Dr. Howard A. Rusk, chairman of the Department of Physical Medicine and Rehabilitation, New York University, Bellevue Medical Center, for his tireless efforts on behalf of this legislation. As early as May 1956, when Dr. Rusk first testified before the Senate Foreign Relations Committee on the importance of increased support by our Government in international health work, he said:

It is my belief that rehabilitation of disabled children and adults is one of the

sharpest tools and most effective instruments which we in the United States have for making friends—a tool which can penetrate any Iron or Bamboo Curtain to reach the minds and hearts of men.

I cannot improve on Dr. Rusk's statement. It is extremely gratifying that one of New York's most distinguished citizens has now seen the final passage of this significant legislation which he helped to bring about.

(Mr. MACK asked and was given permission to extend his remarks at this point in the RECORD.)

[Mr. MACK'S remarks will appear hereafter in the Appendix.]

The question was taken; and on a division (demanded by Mr. HARRIS) there were—ayes 105, noes 45.

Mr. BENNETT of Michigan. Mr. Speaker, I object to the vote on the ground that a quorum is not present and I make the point of order that a quorum is not present.

The SPEAKER. Evidently a quorum is not present.

The Doorkeeper will close the doors, the Sergeant at Arms will notify absent Members, and the Clerk will call the roll.

The question was taken; and there were—yeas 259, nays 114, not voting 53, as follows:

[Roll No. 152]

YEAS—259

Addonizio	Dent	Irwin
Albert	Denton	Jarman
Andrews	Diggs	Jennings
Ashley	Dingell	Johnson, Calif.
Aspinall	Dixon	Johnson, Colo.
Auchincloss	Donohue	Johnson, Md.
Avery	Dooley	Johnson, Wis.
Bailey	Dorn, N.Y.	Jonas
Baldwin	Doyle	Jones, Ala.
Baring	Dulski	Jones, Mo.
Barr	Dwyer	Karsten
Barrett	Edmondson	Karh
Barry	Elliott	Kasem
Bass, N.H.	Everett	Kastenmeier
Bass, Tenn.	Evins	Kearns
Bates	Fallon	Kee
Beckworth	Farbstein	Kilday
Bennett, Fla.	Fascell	King, Calif.
Blatnik	Feighan	King, Utah
Boggs	Fenton	Kirwan
Boland	Fisher	Kluczynski
Bolling	Flood	Kowalski
Bowles	Flynn	Lane
Brademas	Fogarty	Lankford
Breeding	Foley	Lesinski
Brewster	Forand	Levering
Brock	Friedel	Libonati
Brooks, La.	Gallagher	Lindsay
Brooks, Tex.	Garmatz	Loser
Broomfield	Gary	McCormack
Brown, Ga.	Gathings	McDowell
Burke, Ky.	Gavin	McFall
Burke, Mass.	George	McGinley
Burleson	Gialmo	McGovern
Byrne, Pa.	Gilbert	McMillan
Cahill	Glenn	Macdonald
Canfield	Goodell	Machrowicz
Carnahan	Granahan	Mack
Casey	Grant	Madden
Chelf	Gray	Mahon
Chenoweth	Green, Oreg.	Mailliard
Chiperfield	Green, Pa.	Marshall
Church	Griffiths	Martin
Clark	Hagen	Matthews
Coad	Halpern	May
Cobelan	Hardy	Meyer
Colmer	Harris	Miller, Clem
Conte	Harrison	Miller,
Cook	Hays	George P.
Cooley	Healey	Milliken
Corbett	Hechler	Mills
Cramer	Hemphill	Mitchell
Curtin	Hogan	Moeller
Daddario	Holland	Monagan
Dague	Holtzman	Montoya
Daniels	Huddleston	Moorhead
Davis, Tenn.	Hull	Morgan
Dawson	Ikard	Morris, N. Mex.
Delaney	Inouye	Moulder

Multer
Murphy
Natcher
Nelsen
Nix
Norblad
O'Brien, Ill.
O'Brien, N. Y.
O'Hara, Ill.
O'Hara, Mich.
O'Neill
Osmers
Passman
Patman
Perkins
Pfost
Philbin
Poage
Porter
Powell
Preston
Price
Prokop
Pucinski
Quigley
Rabaut
Rains
Randall

Reuss
Rhodes, Ariz.
Rhodes, Pa.
Riley
Rivers, Alaska
Rivers, S. C.
Roberts
Rodino
Rogers, Colo.
Rogers, Fla.
Rogers, Mass.
Rogers, Tex.
Rooney
Roosevelt
Rostenkowski
Roush
Rutherford
Santangelo
Saund
Saylor
Schenck
Seiden
Shelley
Shipley
Sikes
Sisk
Stack
Smith, Iowa

Smith, Miss.
Springer
Staggers
Stubblefield
Sullivan
Teague, Tex.
Teller
Thomas
Thompson, N. J.
Thompson, Tex.
Thornberry
Toll
Trimble
Udall
Ullman
Vanik
Van Zandt
Vinson
Wallhauser
Walter
Wampler
Widnall
Wier
Wolf
Young
Younger
Zablocki

Mr. Wainwright and Mr. Holifield for, with Mr. Reece of Tennessee against.
Mr. Sheppard and Mr. Anfuso for, with Mr. Hess against.
Mr. Morrison and Mr. Frazier for, with Mr. Lafore against.
Mr. Frelinghuysen and Mr. Willis for, with Mr. Mason against.
Mr. Celler and Mrs. Kelly for, with Mr. Miller of New York against.
Mr. Stratton and Mr. Thompson of Louisiana for, with Mr. Pirnie against.
Mr. Zelenko and Mr. Yates for, with Mr. Bentley against.

Until further notice:

Mr. Lennon with Mr. Halleck.
Mr. McSween with Mr. Bray.
Mr. Anderson of Montana with Mr. Mamma.
Mr. Burdick with Mr. Meader.
Mr. Durham with Mr. Fino.
Mr. Oliver with Mr. Adair.

Mr. WOLF changed his vote from "nay" to "yea."

Mr. FASCELL changed his vote from "nay" to "yea."

Mr. COLLIER changed his vote from "present" to "nay."

The result of the vote was announced as above recorded.

The doors were opened.

NAYS—114

Abbitt
Abernethy
Alexander
Allen
Andersen, Minn.
Arends
Ashmore
Ayres
Baker
Baumhart
Becker
Belcher
Bennett, Mich.
Berry
Betts
Bolton
Bosch
Bow
Brown, Ohio
Broyhill
Budge
Byrnes, Wis.
Cannon
Cederberg
Chamberlain
Collier
Cunningham
Curtis, Mass.
Curtis, Mo.
Davis, Ga.
Derounian
Derwinski
Devine
Dorn, S. C.
Dowdy
Flynt
Ford
Forrester

Fountain
Fulton
Griffin
Gross
Gubser
Haley
Harmon
Henderson
Herlong
Hiestand
Hoeven
Hoffman, Ill.
Hoffman, Mich.
Holt
Horan
Hosmer
Jackson
Jensen
Johansen
Judd
Keith
Kilburn
Kilgore
Kitchin
Knox
Kyl
Laird
Langen
Latta
Lipscomb
McCulloch
McDonough
McIntire
Meader
Michel
Minshall
Moore
Murray
Norrell

O'Konski
Ostertag
Pelly
Pillion
Poff
Quie
Ray
Rees, Kans.
Riehlman
Robison
St. George
Scherer
Schneebeli
Schwengel
Short
Siler
Simpson
Smith, Calif.
Smith, Kans.
Smith, Va.
Taber
Teague, Calif.
Thomson, Wyo.
Tollefson
Tuck
Utt
Van Pelt
Weaver
Weis
Westland
Wharton
Whitener
Whitten
Williams
Wilson
Winstead
Withrow

NOT VOTING—58

Adair
Alford
Alger
Anderson, Mont.
Anfuso
Barden
Bentley
Blitch
Bonner
Boykin
Bray
Brown, Mo.
Buckley
Burdick
Celler
Coffin
Downing
Durham
Fino

Frazier
Frelinghuysen
Halleck
Hargis
Hébert
Hess
Holifield
Kelly
Keogh
Lafore
Landrum
Lennon
McSween
Magnuson
Mason
Morrow
Metcalf
Miller, N. Y.
Morris, Okla.
Morrison

Moss
Mamma
Oliver
Pilcher
Pirnie
Reece, Tenn.
Scott
Sheppard
Spence
Steed
Stratton
Taylor
Thompson, La.
Wainwright
Watts
Willis
Wright
Yates
Zelenko

So, two-thirds having voted in favor thereof, the rules were suspended and the bill was passed.

The Clerk announced the following pairs:

On this vote:

Mr. Keogh and Mr. Hébert for, with Mr. Taylor against.

Mr. Alford and Mr. Buckley for, with Mr. Alger against.