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ment, shall in addition to its governing body, have a separate governing body for health planning. It is my understanding that the governing body for health planning of such a public body or unit of local government would be appointed and subject to removal by the governing body of the Health Systems Agency?

Mr. KENNEDY. That is correct.

Mr. JAVITS. It is my understanding that the governing body for health planning would be subject to the laws and regulations of the Health Systems Agency.

Mr. KENNEDY. That is also correct.

Mr. JAVITS. Furthermore, am I correct in my understanding that in carrying out the responsibilities prescribed in subparagraph b(3)(B) of section 1512, the governing body for health planning would be subject to the rules and rulings of the Health Systems Agency and that the health system plans developed pursuant to section 1513 and annual implementation plan would be submitted to the Health Systems Agency for approval?

Mr. KENNEDY. This is correct.

Mr. JAVITS. I thank my colleague.

The PRESIDING OFFICER. The question is on agreeing to the conference report.

Mr. JAVITS. Mr. President, I sat in on a considerable amount of this conference. One of the big things dealt with in the conference which was a matter of very considerable moment to public hospitals, which are really municipal hospitals, was the question of modernization, which is terribly urgent.

The conferees restricted very considerably what was permitted to be done, so that it now permits only modernization which results from imminent hazards in respect of the structure which is to be modernized.

Even with that limitation, a limitation of 22 percent was imposed on moneys appropriated under that particular part of the bill which could be devoted to this purpose. This was again another limitation on a limitation, making it even more difficult for this very essential activity to take place.

Mr. President, anyone who has a big city in his State—and we all do—and has had any personal opportunity to visit the municipal or public hospitals must be as depressed as I am about their condition. Really, there is, on the whole, a very, very serious deficiency in the whole hospital system of the country.

While we must be content with the provisions made by this bill, I would hope very much that the respective committees concerned in the exercise of their legislative oversight would look into the condition of the municipal hospitals and so-called public hospitals, and if it is found that this provision contained in the conference report is inadequate—and I deeply feel it very likely to be inadequate, considering its restrictions—that an effort will be made here to help with it on the Federal level.

I did wish to call to the attention of the Senate the very serious conditions which face those of us who represent States with big cities in this particular regard, and the very sharply limited effort to health which is contained in this bill.

I do not denigrate it or express any feeling that it should be rejected, because of that. There is a lot in this bill that is very sound and very good. But it simply presents a serious problem to which we will need to address ourselves, and to which we do not address ourselves adequately in this bill.

The PRESIDING OFFICER. The question is on agreeing to the conference report (putting the question).

The conference report was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote by which the conference report was agreed to.

Mr. ROBERT C. BYRD. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

NATIONAL ARTHRITIS ACT OF 1974

Mr. KENNEDY. Mr. President, I ask the Chair to lay before the Senate a message from the House of Representatives on S. 2854.

The PRESIDING OFFICER (Mr. HASKELL) laid before the Senate the amendment of the House of Representatives to the bill (S. 2854) to amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis as follows:

Strike out all after the enacting clause, and insert:

SHORT TITLE

SECTION 1. This Act may be cited as the "National Arthritis Act of 1974".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. The Congress makes the following findings—

(1) Arthritis and related musculoskeletal diseases constitute major health problems in the United States in that they afflict more than twenty million Americans and are the greatest single cause of chronic pain and disability.

(2) The complications of arthritis lead to many other serious health problems and other severe physical disabilities in persons of all ages with the disease, particularly children and adolescents.

(3) The annual cost of arthritis to the national economy in 1970, from medical care expenses and lost wages, was \$9,200,000,000, and number of workdays lost in that year totaled over 14,500,000.

(4) Uncontrolled arthritis significantly decreases the quality of life and has a major negative economic, social, and psychological impact on the families of its victims and society generally.

(5) Athletic and other types of joint injuries involving trauma can lead to arthritis.

(6) The development of advanced methods of diagnosis and treatment of arthritis and quality trained health professionals in arthritis deserves the highest national priority.

(7) There is a critical shortage of medical facilities and properly trained health professionals and allied health professionals in the United States for arthritis research, prevention, treatment, care, and rehabilitation programs.

(8) The citizens of the United States should have a full understanding of the nature of the human, social, and economic impact of arthritis and should be encouraged to seek early diagnosis and treatment to prevent or mitigate physical disability resulting from arthritis.

(9) There is great potential for making

major advances against arthritis in the National Institute of Arthritis, Metabolism, and Digestive Diseases, in concert with other institutes of the National Institutes of Health.

NATIONAL COMMISSION ON ARTHRITIS; ARTHRITIS PLAN

SEC. 3. (a) The Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the "Secretary"), after consulting with the Director of the National Institutes of Health, shall, within sixty days of the date of the enactment of this section, establish a National Commission on Arthritis and Related Musculoskeletal Diseases (hereinafter in this section referred to as the "Commission").

(b) The Commission shall be composed of eighteen members as follows:

(1) Six members appointed by the Secretary who are scientists, physicians, or other health professionals not in the employment of the Federal Government, who represent the various specialties and disciplines involving arthritis and related musculoskeletal diseases (hereinafter in this section collectively referred to as "arthritis"), and of whom at least two are practicing clinical rheumatologists, at least one is an orthopedic surgeon, and at least one is an allied health professional.

(2) Four members appointed by the Secretary from the general public, of whom at least two suffer from arthritis.

(3) One member appointed by the Secretary, from members of the National Arthritis, Metabolism, Digestive Disease Advisory Council, whose primary interest is in the field of rheumatology.

(4) The Director of the National Institutes of Health or his designee, the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Directors, or their designees, of the National Institute of Allergy and Infectious Diseases and the National Institute of General Medical Science, the Associate Director for Arthritis and Related Musculoskeletal Diseases of such Institute, and the chief medical officer of the Veterans' Administration and the Secretary of Defense or their designees, each of whom shall serve as ex officio, nonvoting members.

(c) The members of the Commission shall select a chairman from among their own number. The Commission shall first meet on a date specified by the Secretary, not later than 30 days after the Commission is established, and thereafter shall meet at the call of the Chairman of the Commission (but not less often than three times).

(d) The Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases shall—

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Commission, and

(2) provide the Commission with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist it in carrying out effectively its function under this section.

(e) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall each receive the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Commission. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such ex-

penses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

(f) The Commission shall survey Federal, State, and local health programs and activities relating to arthritis and assess the adequacy, technical soundness, and coordination of such programs and activities. All Federal departments and agencies administering health programs and activities relating to arthritis shall provide such cooperation and assistance relating to such programs and activities as is reasonably necessary for the Commission to make such survey and assessment.

(g) The Commission shall formulate a long-range plan (hereinafter in this section referred to as the "Arthritis Plan") with specific recommendations for the use and organization of national resources to combat arthritis. The Arthritis Plan shall be based on a survey investigating the incidence and prevalence of arthritis and its economic and social consequences, and on an evaluation of scientific information respecting and the national resources capable of dealing with arthritis. The Arthritis Plan shall include a comprehensive program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this section referred to as the "Institute") and plans for Federal, State, and local programs, which program and programs shall, as appropriate, provide for—

(1) investigation into the epidemiology, etiology, and prevention and control of arthritis, including the social, environmental, behavioral, nutritional, and biological control of arthritis;

(2) studies and research into the basic biological processes and mechanisms involved with arthritis, including abnormalities of the immune, musculoskeletal, cardiovascular, gastrointestinal, urogenital, pulmonary, and nervous systems, the skin, and the eyes;

(3) research into the development, trial and evaluation of techniques, orthopedic and other surgical procedures, and drugs (including drugs intended for use by children) used in the diagnosis, early detection, treatment, prevention, and control of arthritis;

(4) programs that will apply scientific and technological methodologies and processes involving biological, physical, and engineering sciences to deal with all facets of arthritis, including traumatic arthritis;

(5) programs for the conduct and direction of field studies, large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness and use of home care programs, mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

(6) studies of the feasibility of, and possible benefits accruing from, the organization and training of teams of health and allied health professionals in the treatment and rehabilitation of individuals who suffer from arthritis;

(7) programs to evaluate available resources for the rehabilitation of individuals who suffer from arthritis;

(8) programs to develop new and improved methods of screening and referral for arthritis, and particularly for the early detection of arthritis;

(9) programs to establish standards and criteria for measurement of the severity and rehabilitative potential of disabilities resulting from arthritis;

(10) programs to develop a uniform descriptive vocabulary for use in basic and clinical research and a standardized clinical patient data set for arthritis to standardize

collection, storage, and retrieval of research and treatment data in order to facilitate collaborative and comparative studies of large patient populations;

(11) programs to establish a system for the collection, analysis, and dissemination of data useful in the screening, prevention, diagnosis, and treatment of arthritis, including the establishment of a national data storage bank to collect, catalog, and store, and facilitate retrieval and dissemination of information as to the practical application of research and other activities pertaining to arthritis;

(12) programs for the education (including continuing education programs and development of new techniques and curricula) of scientists, bioengineers, physicians engaged in general practice, the practice of family medicine, or other primary care specialties, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to screening, early detection, diagnosis, treatment, and prevention of arthritis and rehabilitation of individuals who suffer from arthritis;

(13) programs for public education and counseling relating to arthritis, including public information campaigns on current developments in diagnostic and treatment procedures and programs to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices;

(14) a program for the acceleration of international cooperation in and exchange of knowledge on research, screening, early detection, diagnosis, treatment, prevention, and control of arthritis; and

(15) coordination of the research programs relevant to arthritis of other Institutes of the National Institutes of Health, the Department of Health, Education, and Welfare, and other Federal and non-Federal entities.

(h) The Commission may hold such hearings, take such testimony, and sit at such time and places as it deems advisable.

(i) (1) The Commission shall prepare for each of the Institutes of the National Institutes of Health whose activities are to be affected by the Arthritis Plan estimates of necessary expenditures to carry out each such Institute's part of the comprehensive program included in the Plan. The estimates shall be prepared for the fiscal year ending June 30, 1976, and for each of the next two fiscal years.

(2) Within five days after the Budget is transmitted by the President to Congress for the fiscal year ending June 30, 1976, and for each of the next two fiscal years, the Secretary shall transmit to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Labor and Public Welfare of the Senate, and the Committee on Commerce and Health of the United States House of Representatives an estimate of the amounts requested for arthritis research by each of the Institutes for which estimates were prepared under paragraph (1) and a comparison of such amounts with such estimates.

(j) (1) The Commission shall publish and transmit directly to the Congress (without prior administrative approval or review by the Office of Management and Budget or any other Federal department or agency) the Arthritis Plan within two hundred and ten days after the date on which funds are first appropriated for the Commission.

(2) The Commission shall cease to exist on the thirtieth day following the date of the submission of the Arthritis Plan pursuant to paragraph (1) of this subsection.

(k) There are authorized to be appropriated, without fiscal year limitation, to carry out the purposes of this section \$2,000,000.

ARTHRITIS COORDINATING COMMITTEE, DEMONSTRATION PROJECTS, AND COMPREHENSIVE ARTHRITIS CENTERS

SEC. 4. Part D of title IV of the Public Health Service Act is amended by adding at the end thereof the following new sections:

"ARTHRITIS COORDINATING COMMITTEE

"SEC. 437. (a) In order to improve coordination of all activities in the National Institutes of Health, in the Department of Health, Education, and Welfare, and in other departments and agencies of the Federal Government relating to Federal health programs and activities relating to arthritis, the Secretary shall establish an Arthritis Coordinating Committee to be composed of representatives of the Department of Health, Education, and Welfare (including the Food and Drug Administration) and of the Veterans' Administration, the Department of Defense, and other Federal departments and agencies involved in research, health services, or rehabilitation programs affecting arthritis. This committee shall include the Directors (or their designated representatives) of each of the Institutes of the National Institutes of Health involved in arthritis related research. The Committee shall be chaired by the Associate Director established pursuant to section 434(e) and shall prepare a report not later than sixty days after the end of each fiscal year as possible, for the Secretary detailing the work of the committee in seeking to improve coordination of departmental and interdepartmental activities relating to arthritis during the preceding fiscal year. Such report shall include—

"(1) a description of the work of the committee in coordinating the research activities of the National Institutes of Health relating to arthritis during the preceding year, and

"(2) a description of the work of the committee in promoting the coordination of Federal health programs and activities relating to arthritis to assure the adequacy of such programs and to provide for the adequate coordination of such programs and activities.

"(b) The Committee shall meet at the call of the chairman, but not less often than four times a year.

"ARTHRITIS SCREENING, DETECTION, PREVENTION, AND REFERRAL DEMONSTRATION PROJECTS, AND DATA BANK

"SEC. 438. (a) The Secretary, acting through the Assistant Secretary for Health, may make grants to public and nonprofit entities to establish and support projects for the development and demonstration of methods for arthritis, screening, detection, prevention, and referral, and for the dissemination of these methods to health and allied health professions. Activities under such projects shall be coordinated with (1) Federal, State, local, and regional health agencies, (2) centers assisted under section 439, and (3) the data bank under subsection (c).

"(b) Projects under this section shall include programs which—

"(1) emphasize the development and demonstration of new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis;

"(2) emphasize the development and demonstration of new and improved methods for patient referral from local hospitals and physicians to appropriate centers for early diagnosis and treatment;

"(3) emphasize the development and demonstration of new and improved methods of standardizing patient data and recordkeeping; and

"(4) emphasize the development and demonstration of new and improved methods of dissemination of knowledge about the projects and methods referred to in the preceding

paragraphs of this subsection to health and allied health professionals.

"(c) (1) As soon as practicable after the date of enactment of this section the Secretary, through the Assistant Secretary for Health, shall establish the Arthritis Screening and Detection Data Bank for the collection, storage, analysis, retrieval, and dissemination of data useful in screening, prevention, and early detection involving patient populations with asymptomatic and symptomatic types of arthritis, including where possible, data involving general populations for the purpose of detection of individuals with a risk of developing arthritis.

"(2) The Secretary shall provide for standardization of patient data and recordkeeping for the collection, storage, analysis, retrieval, and dissemination of such data in cooperation with projects under this section and centers assisted under section 439, and other persons engaged in arthritis programs.

"(d) There are authorized to be appropriated to carry out this section \$2,000,000 for fiscal year ending June 30, 1975, \$3,000,000 for fiscal year ending June 30, 1976, and \$4,000,000 for fiscal year ending June 30, 1977.

"COMPREHENSIVE ARTHRITIS CENTERS

"Sec. 439. (a) The Secretary, acting through the Assistant Secretary for Health may, after consultation with the National Advisory Council established under section 434(a) and consistent with the Arthritis Plan developed pursuant to the National Arthritis Act of 1974, provide for the development, modernization, and operation (including staffing and other operating costs such as the costs of patient care required for research) of centers for arthritis research, screening, detection, diagnosis, prevention, control, and treatment, for education related to arthritis, and for rehabilitation of individuals who suffer from arthritis. For purposes of this section, the term 'modernization' means the alteration, remodeling, improvement, expansion, and repair of existing buildings and the provision of equipment for such buildings to the extent necessary to make them suitable for use as centers described in the preceding sentence.

"(b) Each center assisted under this section shall—

"(1) (A) use the facilities of a single institution or a consortium of cooperating institutions, and (B) meet such qualifications as may be prescribed by the Secretary; and

"(2) conduct—

"(A) basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of, arthritis and complications resulting from arthritis, including research into implantable biomaterials and biomechanical and other orthopedic procedures and in the development of other diagnostic and treatment methods;

"(B) training programs for physicians and other health and allied professionals in current methods of diagnosis, screening and early detection, prevention, control, and treatment of arthritis;

"(C) information and continuing education programs for physicians and other health and allied health professionals who provide care for patients with arthritis; and

"(D) programs for the dissemination of information—

"(i) on the importance of early detection of arthritis, of seeking prompt treatment, and of following an appropriate regimen; and

"(ii) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices.

"(c) Each center assisted under this section may conduct programs to—

"(1) develop new and improved methods of screening and early detection, referral,

and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis,

"(2) disseminate the results of research, screening, and other activities, and develop means of standardizing patient data and recordkeeping, and

"(3) develop community consultative services to facilitate the referral of patients to centers for treatment.

"(e) The Secretary shall, insofar as practicable, provide for an equitable geographical distribution of centers assisted under this section. The Secretary shall give appropriate consideration to the need for centers especially suited to meeting the needs of children affected by arthritis.

"(f) The Secretary shall evaluate on an annual basis the activities of centers receiving support under this section and shall report to the appropriate committees of Congress the results of his evaluations not later than four months after the end of each fiscal year.

"(g) No center may receive more than three grants under this section.

"(h) For purposes of this section, there are authorized to be appropriated \$11,000,000 for fiscal year ending June 30, 1975, \$13,000,000 for fiscal year ending June 30, 1976, and \$15,000,000 for fiscal year ending June 30, 1977. Not less than 20 per centum of the funds appropriated for each fiscal year under this shall be used for the purposes of establishing new centers."

ASSOCIATE DIRECTOR, ANNUAL REPORT, RESEARCH FUNDING, ADVISORY COUNCIL

Sec. 5. (a) Section 434 of the Public Health Service Act is amended by adding at the end the following new subsections:

"(e) There is established within the Institute the position of Associate Director for Arthritis and Related Musculoskeletal Diseases (hereinafter in this part referred to as the 'Associate Director'), who shall report directly to the Director of such Institute and who, under the supervision of the Director of such Institute, shall be responsible for programs regarding arthritis and related musculoskeletal diseases (hereinafter in this part collectively referred to as 'arthritis') within such Institute.

"(f) The Director of the Institute shall, as soon as practicable, but not later than sixty days, after the end of each fiscal year, prepare, in consultation with the National Advisory Council, and submit to the President and to the Congress a report. Such report shall include (1) a proposal for the Institute's activities under the Arthritis Plan formulated under the National Arthritis Act of 1974 and activities under other provisions of law during the next five years, with an estimate for such additional staff positions and appropriations as may be required to pursue such activities, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding fiscal year shall be measured against the Director's proposal for that year for activities under the Arthritis Plan."

(b) Section 431 of such Act is amended by adding at the end thereof the following subsection:

"(c) Of the sums appropriated for any fiscal year under this Act for the National Institutes of Health, not less than \$500,000 shall be obligated for basic and clinical orthopedic research conducted within the National Institute of Arthritis, Metabolism, and Digestive Diseases which relates to the methods of preventing, controlling and treating arthritis and related musculoskeletal diseases, including research in implantable biomaterials and biomechanical and other orthopedic procedures and research in the development of new and improved orthopedic treatment methods."

(c) Section 434(b) of such Act is amended by adding at the end thereof the following:

"The Advisory Council shall review applications made to the Director for grants for research projects related to arthritis and related musculoskeletal diseases and shall recommend to the Director for approval those applications and contracts which the Council determines will best carry out the purposes of this part. The Advisory Council shall also review and evaluate the arthritis programs under this part and shall recommend to the Director such changes in the administration of such programs as it determines are necessary."

Mr. KENNEDY. Mr. President, I am going to yield to the distinguished Senator from California who has been the sponsor, prime sponsor, of this legislation, and has been tireless in his pursuit of the objectives of this bill, in seeing not only that the hearings were held, and who chaired the hearings, but he has played an extremely important role in seeing to its successful conclusion.

This reaches an issue which is a health hazard to millions of Americans. It is of prime concern to senior citizens and to their children, and all those who care about good and decent health and who have seen the problems, the tragedy, of those afflicted with arthritis.

I think all Americans who are so interested, owe a very great debt of gratitude to the distinguished Senator from California.

NATIONAL ARTHRITIS ACT

Mr. CRANSTON. I thank the Senator from Massachusetts very much for his wonderful cooperation on this measure. Without his help, this measure would not have gone through the Senate and would not now be back for final passage—I am deeply grateful to him for his cooperation and his leadership.

I believe that virtually every Senator on the floor is a cosponsor of this measure. We had 76 sponsors in all in the Senate.

Mr. President, I believe the Senate should accept S. 2854, the National Arthritis Act, with the House amendment. However, there are a number of clarifying and perfecting amendments, and three amendments of a more substantive nature, which I believe are essential to insure that congressional intent is clear and to insure that the programs authorized by the legislation can be administered effectively. I do not wish to delay enactment of this measure and, for that reason, I am not at this time offering them to S. 2854 as passed by the House. Instead, I will offer them in a concurrent resolution which I hope the Senate adopts today. I have assurances from Members in the House that they will make every effort to take up the concurrent resolution before we adjourn and pass it so that the National Arthritis Act when enacted, will reflect these changes.

Mr. President, this matter of the concurrent resolution has been cleared on both sides of the aisle.

Mr. President, I, therefore, ask unanimous consent that I be recognized in order to submit and call up this concurrent resolution immediately after the Senate concurs in the House amendment to S. 2854.

The PRESIDING OFFICER. Without objection, it is so ordered.

GENERAL PURPOSE OF THE NATIONAL
ARTHRITIS ACT

Mr. CRANSTON. Mr. President, the bill before us today offers a means of developing a concerted attack against a disease which is, unfortunately, too familiar to too many of us. It is estimated that some 50 million Americans have some form of arthritis. It is known that 20 million Americans suffer from arthritis severe enough that they seek a physician's help.

Arthritis afflicts all ages and all income levels—although it hits hardest those with low income. It also strikes women twice as frequently as men. Over one-third of retired persons, and over 10 percent of those working suffer from arthritis.

But arthritis also takes its toll among the very young. Some quarter of a million children suffer from juvenile rheumatoid arthritis, the most devastating form of arthritis.

Mr. President, despite the prevalence of this disease, it is little understood. We do not now have the capability to cure it, nor do we know how to prevent it. This is because we do not know what causes it.

The toll of arthritis in human suffering and pain is great. In economic terms the cost to the Nation in medical bills and lost wages is estimated at \$9.2 billion.

The proportions of the impact of arthritis on the Nation's health, social, and economic programs are sufficient to require a planned strategy to counter this disease.

S. 2854 presents a means of developing this strategy.

Mr. President, I would like to re-emphasize my total agreement with the statement made by Congressman Paul Rogers, chairman of the Subcommittee on Public Health and the Environment of the House Committee on Interstate and Foreign Commerce yesterday when the National Arthritis Act was adopted in the House, in which he pointed out that the programs authorized by S. 2854 are in addition to and supplementary to programs currently being carried on under the authorities of the Public Health Service Act.

The programs and authorization levels proposed by S. 2854 are new programs and new appropriations authorizations requiring additional Federal financial support and are not intended to replace or reduce the current arthritis programs carried on in HEW under section 301, or under title IV, part D, or under other authorities of the Public Health Service Act. The programs proposed by this bill are intended to supplement the existing HEW programs in NIH. It is necessary to continue our existing arthritis program and to carry out these new programs at their authorization levels. Otherwise, we cannot expect to effectively combat arthritis.

The original arthritis bill I introduced in the Senate with Senator Javits and Senator Williams included an appropriations authorization of a total of \$75.5 million over a 3-year period, and the original bill introduced in the House called for a total of over \$80 million for

the bill as passed by the House and currently before the Senate reduced this amount to \$50 million over a 3-year period in an effort to limit expenditures, consistent with congressional desire to keep the budget within reasonable bounds. I believe if the amounts authorized in S. 2854 are appropriated we can have an effective program. I will be recommending to the Appropriations Committee that these amounts be appropriated in the appropriate fiscal year 1975 supplemental appropriations act and in the appropriations acts for both succeeding fiscal years.

The special needs of children who suffer from arthritis was vividly brought to the attention of the committee members in both Houses. To emphasize Congressional concern with the devastating effects of arthritis on children the bill directs the secretary to give appropriate consideration to the need for centers especially suited to meeting the needs of children affected by arthritis. In addition, the arthritis plan developed by the Commission must provide for research into drugs intended for use by children.

The House has added a new provision with which I fully concur which requires the establishment of an intramural orthopedic program within the National Institute of Arthritis, Metabolism, and Digestive Diseases. This is vitally important to the 13 million persons afflicted with osteoarthritis and the 5 million persons crippled by rheumatoid arthritis, since orthopedic procedures are now considered as one of the best means of treatment being developed by current day research.

Presently, the institute has no orthopedic program to provide leadership in this area.

This situation will be corrected by this provision.

DISCUSSION—LONG-RANGE ARTHRITIS PLAN

Mr. President, S. 2854 provides for the establishment of a Commission to develop a long-range plan to combat arthritis and makes certain minor organizational refinements to the administration of HEW programs in order to place appropriate emphasis on research in arthritis and to insure that there is coordination among all programs related to arthritis so that each can benefit from the breakthroughs of the other.

A report developed 2 years ago by a prestigious group of rheumatologists, orthopedic surgeons, and other leaders in the medical profession, developed a list of major research goals in the study of arthritis and related diseases.

These goals were:

Determination of whether a viral agent is the cause of arthritis and, if so, its identification;

Clarification of the involvement of the immune system in the development of rheumatoid arthritis;

Identification of the mechanisms of inflammation, the early manifestation of most forms of arthritis;

Improvement of techniques for replacement of hips and other joints; and
Statistical surveys of arthritis incidence.

Achievement of these goals would help

us find the causes and the cures of arthritis, Mr. President.

Mr. President, in addition, another major target of research is effective treatment of arthritis. Because there is no successful form of treatment, many arthritis sufferers become victims of false cures, quack remedies, and exploitation by the unscrupulous.

EFFORTS TO PREVENT QUACK ARTHRITIS CURES

The bill would require the establishment of regular public information programs to disseminate information on the status of diagnostic and treatment procedures in order to discourage the promotion of such "quack" remedies. It also encourages the dissemination of information on unapproved and ineffective diagnostic and treatment methods and ineffective drugs or devices.

One way in which this information could be disseminated is through doctors' offices. The average patient has full faith in his doctor and if the doctor warns him of the danger of ineffective "cures" the patient will be much less receptive to trying something new without talking it over with his doctor. A pamphlet placed in the primary-care physician's office waiting room would carry with it the weight of the doctor's approval, and could dissuade the patient from experimenting with unapproved "cures."

When the distinguished chairman of the Committee on Labor and Public Welfare, Senator WILLIAMS, was chairman of the Subcommittee on Frauds and Misrepresentations Affecting the Elderly, of the Committee on Aging, that subcommittee conducted intensive hearings on frauds against the elderly. One of the findings of these hearings was that there are a large number of frauds perpetrated against the aging citizen who suffers from arthritis. The provisions in S. 2654 reflect the commitment which we share with the distinguished Senator from New Jersey (Mr. WILLIAMS) to provide protection to arthritis victims. The distinguished Senator from New York (Mr. JAVITS) also has a keen interest in this problem and, during the hearings on S. 2854, suggested the broad outlines of the language pertaining to this protection which has been accepted and is included in the bill.

ARTHRITIS SCREENING, EARLY DETECTION,
PREVENTION, AND CONTROL PROGRAMS

Mr. President, the proposed National Arthritis Act also provides for the establishment of arthritis screening, early detection, prevention and control programs, which, consistent with the arthritis plan, can be provided through State, local, and other public or private nonprofit agencies. I believe the establishment of these programs directed at improved diagnostic and treatment techniques is crucial since early detection of arthritis can save years of pain and disability.

COMPREHENSIVE ARTHRITIS CENTERS

The legislation would also authorize support for ongoing arthritis centers and for the establishment, again consistent with the arthritis plan, of comprehensive arthritis centers to provide an opportunity for intensive, interdisciplinary basic and clinical research in arthritis. These centers would also offer a unique opportunity for training in, and demonstra-

tion of, screening, advanced diagnostic prevention, treatment, and control programs for arthritis.

The Arthritis Foundation in its report entitled "Professional Manpower in Rheumatology" states:

Most physicians who care for rheumatic disease patients are not specifically trained for the task. . . . Specialists in rheumatology treat only 3.1 percent of those afflicted with rheumatic disease. Other specialists and primary-care physicians see about seven million rheumatic disease patients—yet more than 70 percent of these physicians have little or no formal education in the complexities of distinguishing among various rheumatic diseases and instituting appropriate modern modes of treatment.

Mr. President, the centers proposed by S. 2854 could serve as a locale for continuing education programs for primary-care physicians who are the normal entry point into the health care system for the symptoms of the various forms of arthritis sufferers. Better knowledge of arthritis can mean great savings in time lost in applying early treatment of the disease, and in early detection of the more severe forms of arthritis which require the care of a specialist.

These centers can also provide opportunities for interdisciplinary training in the treatment of arthritis patients and, through such training, the more efficient utilization of the skills of the specialist, the nurse, the physical therapist, and health support personnel in long term treatment and rehabilitation programs.

Treatment of arthritis cannot be confined only to the patient, but because of the pervasive nature of the disease in its pronounced stages, counseling must be provided to the family as well. The successful treatment of arthritis results from a joint enterprise of family, patient, and health care personnel. It can best be fostered by an organized, interdisciplinary program such as that which would be created by S. 2854.

DATA BANK

The bill also provides for the establishment of an arthritis screening and detection data bank, and for the dissemination of the data collected and processed in cooperation with the centers and programs developed under the authorities of S. 2854 or through other appropriate means. Testimony presented to the Senate committee by Dr. Evelyn Hess of the University of Cincinnati, was very convincing as to the need for an organized system for data collection and dissemination on all aspects of arthritis. Existence of such a system would add substantially to the dissemination of information on new treatment methods, as well as the body of epidemiologic information.

I would like to express my gratitude for the cooperation which has been given by House Commerce Committee Harley Staggers and Congressman PAUL ROGERS in our joint efforts to work out a bill which would be acceptable to both Houses. Their kindness and responsiveness has been invaluable in our discussions, and has enabled us to come to a satisfactory agreement.

I would also like again to express my thanks to the distinguished Senator from New York (Mr. JAVITS), the distinguished

Senator from New Jersey (Mr. WILLIAMS) and, of course the distinguished Senator from Massachusetts (Mr. KENNEDY) for the leadership and dedication they have devoted to the deliberations on the National Activities Act. Their assistance has been invaluable and accounts in large measure for the fact that today we are ready to send the bill to the President for signature.

I believe we are ready to vote on the motion to concur in the House amendment.

Mr. KENNEDY. Mr. President, I move that we concur in the House amendment.

Mr. JAVITS. Mr. President, is this the House amendment on the conference report?

Mr. CRANSTON. This is the House amendment to the Senate bill.

The PRESIDING OFFICER. The question is on agreeing to the motion to concur in the House amendment to S. 2854.

The motion was agreed to.

Mr. JAVITS addressed the Chair.

Mr. CRANSTON. Mr. President, under the unanimous-consent agreement—

The PRESIDING OFFICER. The Senator from California obtained a unanimous-consent agreement to be recognized for the purpose of bringing up a resolution immediately following the adoption of that motion.

Mr. JAVITS. Mr. President, will the Senator yield to me?

Mr. CRANSTON. I yield.

Mr. JAVITS. Mr. President, I urge my colleagues to concur in the House amendments to the Senate-passed National Arthritis Act (S. 2854).

The House amendments are, in essence, technical and conforming amendments which adopt all of the provisions of the Senate-passed bill.

Since I joined with Senators CRANSTON and WILLIAMS in introducing this legislation, it has been cosponsored by 75 Senators evidencing the deep public concern about this crippling disease. During hearings, all witnesses, with the exception of those from the administration, joined in urging prompt passage.

Arthritis is a major health problem in the United States. An estimated 20 million Americans suffer from arthritis severe enough that they seek a physician's help. Arthritis affects all age groups, from the youngest to the most senior. For example, an estimated 75,000 Americans under the age of 17 are afflicted. However, senior citizens are hit hardest. At least half of those over the age of 65 have evidence of arthritis, and 700,000 have a moderate to severe form of the disease.

This bill reflects a deep concern that the Federal Government has not been providing adequate leadership in research, screening, detection and control programs and the development of necessary educational programs with respect to arthritis. I believe this legislation will assure that the Federal Government launches an effective all-out attack on this painful and crippling disease.

I am pleased that the House amendments accept the provision in the Senate passed bill which I authored with respect to "quackery"—the serious problem of unapproved and ineffective alleged

arthritis cures. The Committee on Labor and Public Welfare, of which I am ranking minority member, learned during the course of hearings on this measure that \$435 million is spent each year on such quackery and this amount would appear to be merely the "tip of the iceberg" according to the experts. I believe this is a financial waste, but even more important, ineffective and potentially harmful remedies can exacerbate arthritis or cause increased and unnecessary disabilities, and even death.

The provision I authored provides for programs for the dissemination of information to the general public to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment and control methods and unapproved and ineffective drugs and devices. In addition, the National Commission on Arthritis is directed to develop a long-range plan which shall include programs of this type. It is our hope that a vigorous program of public information will go far to alleviate the problem of quackery.

Also, I believe that organized medicine must become a leader in speaking out about the problem of quackery. The responsibility to protect the public must not be left to public officials who do not have the medical expertise to evaluate alleged "cures".

I urge my colleagues to support the National Arthritis Act, as amended, and allow us to advance a national attack on arthritis.

I thank my colleague.

The PRESIDING OFFICER. The Senator from California (Mr. CRANSTON).

SENATE CONCURRENT RESOLUTION 127—AUTHORIZING THE SECRETARY OF THE SENATE TO MAKE TECHNICAL CORRECTIONS IN THE ENROLLMENT OF THE BILL (S. 2854)

Mr. CRANSTON. Mr. President, I send to the desk a concurrent resolution cosponsored by Senators KENNEDY, WILLIAMS, SCHWEIKER, and JAVITS, and ask for its immediate consideration.

The PRESIDING OFFICER (Mr. HASKELL). The clerk will state the concurrent resolution.

Mr. CRANSTON. Mr. President, I ask unanimous consent that the reading of the resolution be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution is as follows:

Resolved by the Senate (the House of Representatives concurring), That the Secretary of the Senate be authorized to make the following corrections in the enrollment of the bill, S. 2854, to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis:

On page 1, line 5, insert "(hereinafter in this Act collectively referred to as 'arthritis')" after "diseases".

On page 2, line 5, insert a comma and "including \$2,500,000,000 in medical expenses," after "\$9,200,000,000."

On page 3, between lines 7 and 8, insert the following new subsection:

(b) It is therefore the purpose of this Act to establish—

(1) a long-range plan—

(A) to expand and coordinate the national research, treatment, and control effort against arthritis;

(B) to advance educational activities for patients, professional and allied health personnel, and the public which will alert the citizens of the United States to the early indications of arthritis; and

(C) to emphasize the significance of early detection and proper control of these diseases and of the complications which may evolve from them;

(2) centers for arthritis screening, detection, diagnosis, prevention, control, treatment, education, rehabilitation, and research and training programs; and

(3) programs to develop new and improved methods of arthritis screening, detection, prevention, and referral and to establish a central arthritis screening and detection data bank.

On page 4, lines 17 and 18, strike out "chief medical officer" and insert in lieu thereof "Chief Medical Director".

On page 11, lines 12 and 13, strike out "on which funds are first appropriated for the Commission," and insert in lieu thereof "of the first meeting of the Commission, as prescribed in section 3(c) of this Act."

On page 11, line 19, strike out "\$2,000,000" and insert in lieu thereof "\$1,500,000."

On page 11, line 20, strike out "DEMONSTRATION" after "COMMITTEE."

On page 13, line 12, strike out "DEMONSTRATION" after "REFERRAL".

On page 13, line 19, insert "the" after "to".

On page 13, line 23, insert "established" after "bank".

On page 15, line 18, strike out "\$2,000,000" and insert in lieu thereof "\$1,500,000"; and on line 14, strike out "\$3,000,000" and insert in lieu thereof "\$4,000,000".

On page 15, line 24, insert "new and existing" after "of".

On page 17, lines 19 and 22, strike out the comma and insert in lieu thereof a semicolon.

On page 18, line 13, strike out "\$11,000,000" and insert in lieu thereof "\$5,000,000"; on line 14, strike out "\$13,000,000" and insert in lieu thereof "\$16,000,000"; and on line 15, strike out "\$15,000,000" and insert in lieu thereof "\$18,000,000".

On page 20, line 5, strike out "and related musculoskeletal diseases" after "arthritis".

On page 20, lines 12 and 13, strike out "and related musculoskeletal diseases" after "arthritis" on line 12.

Mr. CRANSTON. Mr. President, just to give a brief explanation, the majority of the amendments included in the concurrent resolution, Mr. President, are of a purely technical, clarifying, and perfecting nature. At this time, I would like to briefly explain the three amendments of a more substantive nature. The first would correct an oversight in the drafting of the bill in the House, where in the findings section, it is not stated that the term "arthritis and related musculoskeletal diseases" should thereafter be referred to as "arthritis," making clear that in the findings and in the work of the Commission and in the mission given the Commission to develop an arthritis plan, attention should be given to arthritis and related musculoskeletal diseases.

The second amendment would change the date of submission of the arthritis plan by the Commission to 210 days after the first meeting of the Commission, rather than 210 days after funds are first appropriated for the Commission. I believe this is an important change and would avoid any undue delay in the sub-

mission of the plan which might result from appropriations acts being out of sequence with the Commission's calendar or work page.

The third amendment would reallocate the appropriations authorizations so that authorizations for fiscal year 1975, which now has only 6 remaining months, would be reduced, and the 2 succeeding years authorizations would be commensurately increased. The increases are explained as follows:

Authorization	Fiscal year—		
	1975	1976	1977
1. Commission on Arthritis and Musculoskeletal Diseases (sec. 3(k)):			
House amendment....	2.0	(to remain available until expended)	
Senate bill.....	.5	.5	
Senate amendment....	1.5	(to remain available until expended)	
2. Screening projects and data bank (see 438(d) of PHS Act):			
House amendment....	2	3	4
Senate bill.....	5	10	15
Senate amendment....	1.5	4	4
3. Comprehensive Arthritis Centers (sec. 439(h) of PHS Act):			
House amendment....	11	13	15
Senate bill.....	10	15	20
Senate amendment....	5	16	18

Note: 3-year grand total:
House amendment..... \$50.0
Senate bill..... 75.5
Senate amendment..... 50.0

The net consequence, Mr. President, is no increase, of course, in the total sums that are authorized.

Mr. President, I ask that we now act on the concurrent resolution if no one else wishes to speak.

The PRESIDING OFFICER. The question is on agreeing to the concurrent resolution.

The concurrent resolution was agreed to.

Mr. CRANSTON. I thank the Chair.
The PRESIDING OFFICER. What is the will of the Senate?

RECESS FOR 10 MINUTES

Mr. ROBERT C. BYRD. Mr. President, I move that the Senate stand in recess for 10 minutes.

The motion was agreed to, and at 7:40 p.m., the Senate recessed until 7:50 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. HASKELL).

Mr. ROBERT C. BYRD. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The second assistant legislative clerk proceeded to call the roll.

Mr. ROBERT C. BYRD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SPARKMAN). Without objection, it is so ordered.

ORDER OF BUSINESS TODAY

Mr. ROBERT C. BYRD. Mr. President, I am going to move shortly to recess the Senate until 10 p.m.

I have been informed by the Sergeant at Arms of the other body that the House

will expect to complete its voting on the nomination of Mr. Rockefeller by about 5 or 10 minutes after 8 o'clock, which is very soon.

I have also been told by the Sergeant at Arms of this body that approximately 2 hours will be needed to prepare this Chamber for the visit of the President of the United States and the soon-to-be Vice President of the United States. I will soon move to recess until 10 p.m. I would think that the swearing-in ceremony would require 30 to 45 minutes—hopefully, less than 30 minutes. But after that ceremony, the Senate will resume its session.

It is still possible that the Senate could adjourn sine die this evening. Otherwise, I would not say that we should come back into session tonight. We will come back into session and see where we go from there.

I also want to notify Senators that there will be at least the proposal made, once we get back into session, that the Senate proceed to act on two measures, without any amendments thereto.

One measure would be H.R. 11796, an act to provide for the duty-free entry of a 3.60-meter telescope and associated articles for the use of the Canada-France-Hawaii telescope project at Mauna Kea, Hawaii.

The other measure would be H.R. 8214, an act to modify the tax treatment of members of the Armed Forces of the United States and civilian employees who are prisoners of war or missing in action, and for other purposes.

I would like all Senators to be notified that, immediately when the Senate goes back into session, the proposal will be made to dispose of those two matters, without any amendments beyond the two matters themselves. So Senators are so alerted.

Mr. GRIFFIN. Mr. President, will the acting majority leader yield?

Mr. ROBERT C. BYRD. I yield.

Mr. GRIFFIN. I think the Senate will be interested in knowing that the other body has confirmed the nomination of Nelson Rockefeller to be Vice President by a vote of 287 to 128, with one voting "present."

Mr. LONG. Mr. President, will the Senator yield?

Mr. GOLDWATER. Mr. President, will the Senator yield?

Mr. ROBERT C. BYRD. Mr. President, I believe that Mr. LONG asked first. I yield to him, and I ask unanimous consent that I retain my right to the floor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LONG. Mr. President, permit me to explain that it would be unfortunate, and I think it would reflect badly upon the Senate and Congress, if Congress adjourned without passing this prisoners-of-war bill. The prisoners of war have been held hostage long enough.

Senators will recall that we initially reported out the prisoners-of-war bill with some amendments on other subjects which we thought would correct some inequities. That became the subject of other amendments added on the floor, until the bill became so burdened with