

# Washington, D.C.: Public Relations: Press Releases, Chronological: 1966 September

Senator Daniel K. Inouye Papers

Administrative Files, Washington, D.C., Public Relations, Press Releases, Chronological,

Box AD35, Folder 21

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NEWS FROM SENATOR DANIEL K. INOUE  
September 7, 1966

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The Hawaii Housing Authority today received a \$16,000 Housing and Urban Development loan for preliminary planning on projects to construct 40 low rent homes for the elderly in Kailua, Oahu, and 40 homes in Honokaa, Hawaii, according to Senator Daniel K. Inouye.

	DATE	TIME
UPI	<u>9/9</u>	<u>12:00</u> <sup>P.M.</sup> call
AP	<u>9/9</u>	<u>12:30</u> <sup>P.M.</sup> file
HEWLETT	<u>9/9</u>	_____

NEWS FROM SENATOR DANIEL K. INOUYE  
September 9, 1966

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Homesteaders on Hawaiian Homes Commission land will soon qualify for real estate mortgage loans as the result of a bill introduced in the Senate early last year by Senator Daniel K. Inouye.

The bill is now on the President's desk and Senator Inouye said he is confident that it will be signed into law.

"In the past our homesteaders have been unable to qualify for insured real estate mortgage loans under the provisions of the Consolidated Farmers Home Administration Act of 1961," Senator Inouye said.

"Once this bill becomes law, they will be able to make secure loans on the security of a guarantee by the Hawaiian Homes Commission, " Senator Inouye said.

	DATE	TIME
UPI	9/9/66	12:30
AP	"	
HEWLETT	"	A.M. Phone

} Page

NEWS FROM SENATOR DANIEL K. INOUE  
September 9, 1966

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The Board of Engineers of Rivers and Harbors has recommended a \$1.6 million flood control project on Iao Stream, Wailuku, Maui, Senator Daniel K. Inouye said today. \$240,000 of the cost would be paid by local interests.

The recommendation now goes to the Chief of Engineers and, if approved, will be transmitted to Congress.

Senator Inouye said he would immediately seek Congressional authorization and appropriations for the project once the recommendation is made to Congress.

	DATE	TIME	
UPI	<u>9-15-66</u>	<u>A.M.</u>	} Given to Person Phone Had
AP	<u>"</u>	<u>11:29</u>	
HEWLETT	<u>"</u>	<u>11:26</u>	

NEWS FROM SENATOR DANIEL K. INOUYE  
15, September 1966

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A \$273,970 U. S. Department of Labor grant for a Honolulu Neighborhood Youth Corps project for 110 Out-of-School enrollees was announced today by Senator Daniel K. Inouye.

Total cost of the project is \$327,900.00. Mr. Robert A. Nui, Urban Renewal Coordinator for the City and County of Honolulu, will be in charge of the project.

Young people in the program will be given a variety of work experience opportunities and will also receive instruction, counseling and remedial education when necessary.

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June 2, 1966

OFFICE OF LEGISLATIVE LIAISON  
U. S. DEPARTMENT OF LABOR

Project Number **E7-7187-13**

Secretary of Labor W. Willard Wirtz will announce approval of a Neighborhood Youth Corps project sponsored by

**City & County of Honolulu**

in **Honolulu, Hawaii**

**Out-of-School**

This project will provide work experience opportunities for **110** enrollees

and will cost a total of \$ **327,900.00** of which the Federal Government

will provide \$ **273,970.00** Mr. **Robert A. Rui**

telephone **13-97-408** will serve as local coordinator for the project.

The Neighborhood Youth Corps is a major part of the War against Poverty and provides young men and women from 16 through 21 years of age with part-time or nearly full-time employment opportunities which will enable them to return to or remain in school, or obtain the work experience necessary in today's world of work.

The service provided by the youth working in Neighborhood Youth Corps projects must be of a kind that would not otherwise have been performed and must result in better services and improved facilities for the public benefit.

Young people enrolled in these programs across the nation will serve in a variety of work experience opportunities, examples of which are nurse aides, hospital orderlies, librarian aides, landscape assistants, teacher aides, maintenance helpers, and many others. It is important that the jobs in which enrollees serve must not displace current employees or in any way impair existing contracts for services to the community.

In addition to the work experience opportunities provided to these young people, they will also receive counseling, testing and remedial education when necessary to assure the effectiveness of the program and their enrollment in it.

	DATE	TIME
UPI	9/15/66	P.M.
AP	"	"
HEWLETT	"	"

*Handwritten*

NEWS FROM SENATOR DANIEL K. INOUE  
15, September 1966

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Senator Daniel K. Inouye was one of the co-signers of the Code of Fair Campaign Practices for the 1966 political campaigns.

The Senator signed in his capacity as vice-chairman of the Democratic Senatorial Campaign Committee. The ceremony was held in the Capitol office of House Speaker John W. McCormack.

Other participants in the Code signing ceremony were John Bailey, Chairman of the Democratic National Committee; Ray C. Bliss, Chairman of the Republican National Committee; Senator Hugh Scott (R., Pa.), Vice Chairman of the Republican Senatorial Campaign Committee; Representative Michael J. Kirwan (D., Ohio), Chairman of the House Democratic Campaign Committee; and Representative Bob Wilson (R., Cal.), Chairman of the House Republican Campaign Committee.

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NEWS FROM SENATOR DANIEL K. INOUE  
15, September 1966

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The University of Hawaii today received a \$7,200 National Science Foundation grant for Tsunami (tidal wave) and coastal ground water research in Japan, according to Senator Daniel K. Inouye.

Doak C. Cox will be in charge of the research.

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NY-6FS

**International  
Telegram**



**Facsimile  
Sending Blank**

Sender XDS  
To be billed Senator Daniel K. Inouye

Date 17 Sept 1966

To City Desk  
Advertiser, Honolulu

**Via**  
Insert "ITT"

President Johnson today made an additional \$675,000 available for disaster relief in American Samoa through the Office of Emergency Planning, according to Senator Daniel K. Inouye.

A total of \$1.7 million has been allocated to date since Governor H. Rex Lee of American Samoa declared a major disaster February 10, 1966 in the wake of a typhoon and extreme tidal conditions.

Type or write within the border

Official message

All messages are accepted subject to rates, rules and regulations in the applicable tariffs on file with the Federal Communications Commission  
Full rate unless LT specified

ITT World Communications Inc. subsidiary of International Telephone and Telegraph Corporation

NY-6FS

**International  
Telegram**



**Facsimile  
Sending Blank**

Sender XDS  
To be billed Senator Daniel K. Inouye

Date 17 September 1966

To Advertiser, Honolulu  
page 2

**Via**  
Insert "ITT"

After the initial allocation of \$1.7 million, Governor Lee requested additional funds to cover the costs of an additional 250 emergency housing units. The \$675,000 made available today will cover that contingency, Senator Inouye said.

Official message

John Teehan  
Press Assistant

Type or write within the border

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Full rate unless LT specified

ITT World Communications Inc. subsidiary of International Telephone and Telegraph Corporation

city desk hono advertiser

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After the initial allocation of \$1.7 million, Governor Lee requested additional funds to cover the costs of an additional 250 emergency housing units. The \$675,000 made available today will cover that contingency, senator inouye said.

jt

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**NEWS FROM SENATOR DANIEL K. INOUE**  
**20, April 1966**

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President Johnson today approved a supplemental allocation of \$1,235,750 in federal disaster funds for American Samoa for restoration projects following hurricane damage several months ago, Senator Daniel K. Inouye was advised today.

Governor H. Rex Lee made the initial request for funds and an initial allocation was made in February. The Western Regional Office of Emergency Planning, Santa Rosa, California, will coordinate the hurricane restoration work, Senator Inouye said.

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NEWS FROM SENATOR DANIEL K. INOUE  
10, February, 1966

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President Johnson has declared the Territory of American Samoa a major disaster area and approved an initial allocation of \$500,000 in relief funds, according to information received today from Senator Daniel K. Inouye.

The declaration was requested by Governor H. Rex Lee of American Samoa following devastating hurricane damage more than a week ago.

by American Samoa

The funds will be used/to help repair essential public facilities damaged by the storm.

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XERO COPY

XERO COPY

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DATE TIME

UPI

2-9-66 3:56

AP

4 3:59

NEWS FROM SENATOR DANIEL K. INOUE  
9, February, 1966

HEWLETT

5:34 - Hewlett  
returned call - [unclear]  
release mail

A recommendation that American Samoa be declared a disaster area is now on its way to President Johnson, Senator Daniel K. Inouye said today.

The Office of Emergency Planning made the recommendation following a conference with Department of the Interior officials who had field reports on heavy hurricane damage in American Samoa.

Governor H. Rex Lee of American Samoa previously requested that the Territory be declared a disaster area.

Once the President makes the declaration, residents of American Samoa will become eligible for low interest, long term rehabilitation loans.

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NEWS FROM SENATOR DANIEL K. INOUE  
February 7, 1966

COPY

DATE TIME

2-7-66 4p.m. page  
" " page  
" " mail

The Agency for International Development is coordinating efforts to assist hurricane-devastated Western Samoa, the office of Senator Daniel K. Inouye said today.

Andrew Gerakas, an economic consultant on the staff of the Western Samoan government at Apia, cabled Senator Daniel K. Inouye for assistance saying a food shortage was expected within four weeks and would continue for at least nine months.

Gerakas said the government had requested assistance through the director of Catholic Relief Services in New York City but had received no reply.

Gerakas said supplies of canned fish, canned meat, dried eggs, milk powder, butter, flour, rice and sugar were needed because of hurricane damage to food and export crops.

An AID spokesman told Senator Inouye's office that the National Headquarters of the American Red Cross will send a disaster relief expert to Western Samoa to make an on the scene survey of needs. The effort will be coordinated with the office of the U.S. Ambassador at Wellington, New Zealand.

AID is expected to supply food on an emergency basis once the basic needs are made known.

page 2  
February 1, 1966

**COPY**

Meanwhile, the Office of Emergency Planning was expected to declare American Samoa a disaster area in the wake of the hurricane. Governor H. Lee of American Samoa, in response to an offer of assistance from Senator Inouye, cabled "home damage and crop damage very severe and will require substantial assistance."

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	DATE	TIME
UPI	9/19/66	5:05 phone
AP	"	5:02 Page
NEWS FROM SENATOR DANIEL K. INOUE HEWLETT	"	P.M. Medial

NEWS FROM SENATOR DANIEL K. INOUE HEWLETT  
 19, September 1966

HOLD FOR RELEASE UNTIL 8 p.m. EDST

"Medicine and government may be more closely allied in the future," Senator Daniel K. Inouye told members of the Kentucky Educational Medical Political Action Committee (KEMPAC) Monday night at a Kentucky Hotel dinner meeting in Louisville.

Noting that "Many of the serious concerns voiced over the years against government medicine have not materialized," Senator Inouye said "I am gratified by the strong and sportsmanly support which the American Medical Association has given Medicare even though opposed to its passage.

"This augurs well for this legislation, and suggests that government and medicine may be more closely allied in the future."

Touching on current proposals before Congress to reduce current shortages of medical personnel and to assist communities in modernizing hospital and medical facilities, Senator Inouye said "It seems to me that these proposals indicate that Congress will not turn its back on the health problems of this nation, and will continue to provide such services as the nation can afford."

I believe that both American medicine and the American public have profited from past government participation. But to achieve the greatest future profit, we must establish the fullest cooperation between the government and the medical profession.

". . . I believe a new day of cooperative effort is upon us, and that together, your profession and mine will seize the opportunity to fulfill our sacred responsibilities to the American people," Senator Inouye said.

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SPEECH BEFORE THE KENTUCKY EDUCATIONAL MEDICAL  
POLITICAL ACTION COMMITTEE (KEMPAC)

Monday, September 19, 1966

Kentucky Hotel, Louisville, Kentucky

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The parallels between medicine and politics have always intrigued me. Both offer tremendous rewards in personal satisfaction--yours of a particularly intense nature, coming as they do from the patient and physician relationship, and mine, from a sense of history, a sense of helping shape the course of human endeavor and national well being. Both of us have deep responsibilities to society, the moral obligation to do that which is constructive--yours to minister to the physical, mine to the social. Often we must decide between unpleasant alternatives, governed in our actions only by the inner reaches of our own souls and consciences.

It therefore gives me pleasure to be here, to accentuate still another common facet of our professions, a seminar in which you will be quite as much in politics as I will be in medicine. Perhaps we have a great deal to learn from one another. I trust we will. I hope, however, that in learning a little from one another we do not assume therefrom that we each know enough to work independently and without the closest of cooperation. The tasks before us are too great and too vital to risk any but the best thinking of us both.

As the First Session of the 89th Congress will indicate, few areas of health today stand aloof from the touch of government. Twelve widely diverse major health bills were enacted--bills which dealt with environmental factors such as water and air pollution, bills touching peripheral areas of medicine--the Health Science Library Act, the Mental Retardation Facilities and Community Mental Health Construction Act, the Drug Abuse Control Act; and bills which dealt directly with the business of medicine--the Health Professions Educational Act of 1965, the Community Health Services Extension, and Medicare.

Such legislation culminates of a long trend. World War II brought an upsurge in the construction and staffing of veterans hospitals. The great post-war need for hospitals, particularly in the smaller communities was answered by Hill-Burton Hospital Construction Act which, since 1946, has funded some \$2.5 billions. Shortages of physicians, nurses, medical technicians have brought the government increasingly into student aid programs and into assistance to medical schools so that today very little medical education is independent of Federal subsidy. The dramatic increases in the demand for research dollars have culminated this year in \$1 billion in Federal outlays. In 1935 the Federal government paid 18 percent of the nation's total medical bill; by 1960 this had risen to 24 percent; for 1967, it will be 32 percent.

We all know the growing involvement of the Federal government in medical affairs over the last twenty years. It demonstrates that health services increasingly have become a major concern to the American people, and that Congress is willing to respond to that concern.

Of this whole trend, Medicare towers as the most significant and most controversial by far.

I assume that in inviting two Senators of different political orientations you intended in part to study the premises from which such medical legislation springs. As you know, I voted for Medicare. I will gladly share my thinking with you. In doing so, I assure you I have held no grudge against the medical profession. As a matter of fact, I think I have a definite affinity with you: Prior to this physical impairment, I had planned to go to medical school myself; I have always felt that the healing acts were sacred. But at the same time, as the elected representative of a free people, I have had a moral obligation to do for them those things which seem to me are in their best interests. These things were in my mind as the debate on Medicare went on, day by day, and as the evidence mounted. In the end, I voted for this legislation because of overwhelming need:

Some 19 million people in the autumn of life faced with certainty a serious illness which would result in economic and social catastrophe;

Of this group, nine out of ten would encounter hospital bills of over \$1,000 per month, yet their income per couple would average only \$2,500 and half would have assets of only \$500 or less;

Lonely men and women would undergo the indignities of bankruptcy and a "means test", would fall at last on the financial resources of their children who themselves at that very time would have families and obligations of their own.

I thought of the humiliation of it, the sordid commentary on the American economic system, that after paying taxes, raising a family, contributing to the wealth of their nation, elderly men and women would be treated as a social liability.

I was raised under conditions which today would be called poverty. I thought how it would have damaged the fierce pride of my own father and mother if they had been required to undergo such indignity; I thought of the parents of

my friends, a number of whom had suffered each of these bitter experiences.

I knew that thousands of doctors gave their services free in such cases. But I also know medicine remains a business. I could not understand why services as vital as these should be made a matter of charity--services which the doctor must sacrifice to administer and the patient to grovel to receive. Why wasn't it instead a right? Why shouldn't a business-like system of insurance be established that would apply alike to a Rockefeller or to the poorest retiree? If insurance is a good thing, why shouldn't all have a right to enjoy its protection through contributions to social security?

And so in spite of the dire predictions, when the time came for me to vote for that legislation, I did so. I felt it was my duty.

It is important to understand a vote like mine, because many other members of Congress evidently felt as I did. I believe such feelings provide a key to past and future legislative proposals.

Has it been good legislation? Has it done what it was designed to do? Has it avoided the anticipated pitfalls? As you know there have been a few difficulties. There have been misunderstandings, mostly with patients over how deductible insurance works for hospital and doctor fees; there have been questions on hospital "certifications" and on "assignments" versus "direct billings". We expect such things in getting any program started; by and large they are being ironed out with astonishing speed. I understand your own State has been exemplary in carrying out the provisions of Title 6 of the Civil Rights Act. Out of 125 hospitals that might participate in your State, 123, and possibly 124, have met all requirements, so that only one hospital is likely to remain outside. Your doctors and hospital administrators undoubtedly deserve much credit for this orderly change. Through such men Medicare has become one of the most successful Civil Rights programs in the USA.

Only the indication that medical fees have escalated beyond what one would have expected has emerged as a potentially serious problem. But I am sure this can be controlled.

Every effort was made in this legislation to leave the practice and administration of medicine in the hands of local officials, and this is as it should be. I feel that local groups will be willing and able to deal with any abuses in the system.

Many of the serious concerns voiced over the years against government medicine have not materialized: Doctors have not lost their independence; control of

medicine has stayed in the local communities; medical facilities, though overloaded, have not been flooded by malingerers--in fact the admissions to hospitals as of August 31st were precisely what the HEW had predicted it would be. The sacred relationship between the doctor and his patient seems no less intact than before; red-tape has stayed at a minimum--in fact, the forms are a model of simplicity. In short, the quality of medical practice has not declined. This happy state of affairs unquestionably results from the high professional ethics of American doctors. I am gratified by the strong and sportsmanly support which the American Medical Association has given to Medicare even though opposed to its passage. This augers well for this legislation, and suggests that medicine and government may be more closely allied in the future.

As to new areas of legislation, I cannot predict other than that they would follow the pattern of developing medical need. Proposals currently before Congress touch a number of such areas. For instance, the Allied Health Professions Personnel Training Act of 1966 (HR 13196) would provide more generous loans not only for medical and dental students but also for students in allied medical fields such as nursing, pharmacy, optometry. This country faces tremendous needs for medical personnel. We need 5,500 more dental hygienists each year than we now have graduating; 1,200 more medical librarians a year; 3,500 more medical technologists; 66,000 more nurses each year, and so the list goes. Dr. William H. Stewart, Surgeon General of the Public Health Service, reports that by 1975 we will need around one million more people in the allied health fields. I expect this legislation to pass this session; so long as such shortages exist, legislation is bound to follow.

The Hospital and Medical Facilities Modernization Amendments of 1966 (S. 3009) would assist urban hospitals through deferred-payment grants and government loans. Hospital officials have criticized this legislation because its federal assistance is not generous enough to permit sufficiently low rates to patients. Yet this is extremely vital legislation and although it will not pass this session, it will no doubt be resubmitted in the next session of Congress, probably with more generous provisions.

Another bill, the Comprehensive Health Planning and Public Health Services Amendments of 1966 (S. 3008) would establish a State health planning council to coordinate the grants and programs now coming into the states from the Federal government. This would enable the States to undertake important broad-based planning in all aspects of medical care: manpower, construction, and treatment. At present, States are not always able to make the most efficient use of available medical dollars. This legislation has a good chance of enactment.

Also, with a view to a more efficient utilization of existing medical resources, HR 11631 would permit the sharing of Veterans Hospital facilities with other hospitals and with non-profit institutions in order to train and educate health services personnel--in medicine, dentistry, nursing, osteopathy. This bill will no doubt also be passed this session.

Some attention has been given to bills such as S. 3614, which would require drugs used in Medicare to be called by their generic, rather than by trade names in an effort to reduce costs of medicare where possible. It has little chance of passage this session.

As to the future, I would expect to see measures which relate to child health. At present, the U.S. infant mortality rate is 25 deaths per 1,000 births; 12 western nations have moved ahead of us. Something must be done to lower this rate. Moreover, since 1/4 of our children have teeth and jaws so poorly aligned they suffer facial disfigurement and the inability to chew properly. I would expect that efforts would be made to extend the Medicare concept into the areas of dental care for children. Incidentally, in this session, we already have extended medicare type benefits to families of retired members of the Armed Forces and to military dependents. This bill, HR 14088, is now in conference.

I would also expect more detailed guidelines for Title 19 of the Social Security Act guidelines--to narrow the provisions somewhat respecting its child health and its welfare clauses.

In addition, I hear talk of measures to insure that the medical research dollar will be distributed on a more regional basis than now. The already well developed medical centers such as Harvard, or the University of California, now enjoy the lion's share of research allocations while less developed areas stand most in need of the stimulation and development such funds contribute.

In conclusion, it seems to me these proposals indicate that Congress will not turn its back on the health problems of this nation, and will continue to provide such services as the nation can afford. I believe that both American medicine and the American public have profited from past government participation. But to achieve the greatest future profit, we must establish the fullest cooperation between the government and the medical profession. It is to you that Congress must turn for constructive criticism, and for imaginative innovation. Only inefficiencies and delays will result if government and medicine quarrel and pull in separate directions. Our partnership need not always be peaceful, but it can remain stable and productive.

I believe a new day of cooperative effort is upon us, and that together, your profession and mine will seize the opportunity to fulfill our sacred responsibilities to the American people.

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Many of the serious concerns voiced over the years against government medicine have not materialized: Doctors have not lost their independence; control of

medicine has stayed in the local communities; medical facilities, though overloaded, have not been flooded by malingerers--in fact the admissions to hospitals as of August 31st were precisely what the HEW had predicted it would be. The sacred relationship between the doctor and his patient seems no less intact than before; red-tape has stayed at a minimum--in fact, the forms are a model of simplicity. In short, the quality of medical practice has not declined. This happy state of affairs unquestionably results from the high professional ethics of American doctors. I am gratified by the strong and sportsmanly support which the American Medical Association has given to Medicare even though opposed to its passage. This augers well for this legislation, and suggests that medicine and government may be more closely allied in the future.

As to new areas of legislation, I cannot predict other than that they would follow the pattern of developing medical need. Proposals currently before Congress touch a number of such areas. For instance, the Allied Health Professions Personnel Training Act of 1966 (HR 13196) would provide more generous loans not only for medical and dental students but also for students in allied medical fields such as nursing, pharmacy, optometry. This country faces tremendous needs for medical personnel. We need 5,500 more dental hygienists each year than we now have graduating; 1,200 more medical librarians a year; 3,500 more medical technologists; 66,000 more nurses each year, and so the list goes. Dr. William H. Stewart, Surgeon General of the Public Health Service, reports that by 1975 we will need around one million more people in the allied health fields. I expect this legislation to pass this session; so long as such shortages exist, legislation is bound to follow.

The Hospital and Medical Facilities Modernization Amendments of 1966 (S. 3009) would assist urban hospitals through deferred-payment grants and government loans. Hospital officials have criticized this legislation because its federal assistance is not generous enough to permit sufficiently low rates to patients. Yet this is extremely vital legislation and although it will not pass this session, it will no doubt be resubmitted in the next session of Congress, probably with more generous provisions.

Another bill, the Comprehensive Health Planning and Public Health Services Amendments of 1966 (S. 3008) would establish a State health planning council to coordinate the grants and programs now coming into the states from the Federal government. This would enable the States to undertake important broad-based planning in all aspects of medical care: manpower, construction, and treatment. At present, States are not always able to make the most efficient use of available medical dollars. This legislation has a good chance of enactment.

Also, with a view to a more efficient utilization of existing medical resources, HR 11631 would permit the sharing of Veterans Hospital facilities with other hospitals and with non-profit institutions in order to train and educate health services personnel--in medicine, dentistry, nursing, osteopathy. This bill will no doubt also be passed this session.

Some attention has been given to bills such as S. 3614, which would require drugs used in Medicare to be called by their generic, rather than by trade names in an effort to reduce costs of medicare where possible. It has little chance of passage this session.

As to the future, I would expect to see measures which relate to child health. At present, the U.S. infant mortality rate is 25 deaths per 1,000 births; 12 western nations have moved ahead of us. Something must be done to lower this rate. Moreover, since 1/4 of our children have teeth and jaws so poorly aligned they suffer facial disfigurement and the inability to chew properly. I would expect that efforts would be made to extend the Medicare concept into the areas of dental care for children. Incidentally, in this session, we already have extended medicare type benefits to families of retired members of the Armed Forces and to military dependents. This bill, HR 14088, is now in conference.

I would also expect more detailed guidelines for Title 19 of the Social Security Act guidelines--to narrow the provisions somewhat respecting its child health and its welfare clauses.

In addition, I hear talk of measures to insure that the medical research dollar will be distributed on a more regional basis than now. The already well developed medical centers such as Harvard, or the University of California, now enjoy the lion's share of research allocations while less developed areas stand most in need of the stimulation and development such funds contribute.

In conclusion, it seems to me these proposals indicate that Congress will not turn its back on the health problems of this nation, and will continue to provide such services as the nation can afford. I believe that both American medicine and the American public have profited from past government participation. But to achieve the greatest future profit, we must establish the fullest cooperation between the government and the medical profession. It is to you that Congress must turn for constructive criticism, and for imaginative innovation. Only inefficiencies and delays will result if government and medicine quarrel and pull in separate directions. Our partnership need not always be peaceful, but it can remain stable and productive.

I believe a new day of cooperative effort is upon us, and that together, your profession and mine will seize the opportunity to fulfill our sacred responsibilities to the American people.

	DATE	TIME
UPI	9/22/66	P.M.
AP	"	"
	"	"

*mailed*

NEWS FROM SENATOR DANIEL K. INOUE HEWLETT  
 22, September 1966

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The University of Hawaii today received a \$25,500 National Science Foundation grant for life history and functional anatomical studies of the Drepaniidae, according to Senator Daniel K. Inouye.

Professor Andrew J. Berger will be in charge of the project.

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UPI - 12.21 phone  
12:31

NEWS FROM SENATOR DANIEL K. INOUE  
23, September 1966

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Kentron-Hawaii, Ltd. today received a \$5.1 million Army contract for the operation and maintenance of technical facilities at the Kwajalein Test Site, Marshall Islands, according to Senator Daniel K. Inouye.

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	DATE	TIME
UPI	9/26/66	A.M.
AP	"	"
HEWLETT	"	"

*Mailed*

NEWS FROM SENATOR DANIEL K. INOUYE  
 26, September 1966

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Dr. Norman Meller of the University of Hawaii has been awarded a Fulbright-Hays Act grant to conduct research on the development of the legislative process in Papua-New Guinea, according to Senator Daniel K. Inouye.

Dr. Meller will work with the New Guinea Research Unit, Australian National University, Canberra, Australia.

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	DATE	TIME
UPI	9/26/66	4:47
AP	"	12:37
NEWS FROM SENATOR DANIEL K. INOUE	"	11:40

} Phone

NEWS FROM SENATOR DANIEL K. INOUE  
 26, September 1966

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The General Services Administration will announce tomorrow that bids are being solicited for about ten (10) acres of unimproved land on the island of Hawaii, Senator Daniel K. Inouye said.

The land is approximately 30 miles southeast of the city of Hilo, District of Puna, near the easterly shore of the island.

Bids will be opened in San Francisco on October 27.

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	DATE	TIME
UPI	9/26/66	P.M.
AP	"	"
HEWLETT	"	"

*Filed*

NEWS FROM SENATOR DANIEL K. INOUE  
 26, September 1966

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Two National Science Foundation grants for the University of Hawaii and the Bernice P. Bishop Museum in Honolulu were announced today by Senator Daniel K. Inouye.

The University of Hawaii received a \$4,600 grant for a study of the analytical theory of numbers. V. V. Rao will be the investigator.

J. Linsley Gressitt of the Bishop Museum staff received a \$4,350 grant to study insects of New Guinea and adjacent areas.

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	DATE	TIME
UPI	9/27/66	P.M.
AP	"	"
HEWLETT	"	"

*Mailed*

NEWS FROM SENATOR DANIEL K. INOUYE  
 27, September 1966

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U. S. Office of Education funds will be allotted to the University of Hawaii for the partial support of instruction in the Indonesian, Thai, and Vietnamese languages, Senator Daniel K. Inouye said today.

A total of \$480,000 was allocated to 19 universities for the summer programs in 1967 which are authorized by the National Defense Education Act.

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	DATE	TIME
UPI	<u>9/28/66</u>	<u>3:20.</u> Phone
AP	<u>"</u>	<u>did not return call</u>
	<u>"</u>	<u>4:09</u> phone

NEWS FROM SENATOR DANIEL K. INOUE HEWLETT  
 28, September 1966

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The University of Hawaii today received a \$206,800 National Science Foundation grant for the operational support of oceanographic research vessels, Senator Daniel K. Inouye said.

Dr. George P. Woollard will be in charge of the project.

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(Dr. Woollard is head of Hawaii Institute of Geophysics)

	DATE	TIME	
UPI	9/29/66	P.M.	} Page
AP	"	"	
HEWLETT	"	12:25	

NEWS FROM SENATOR DANIEL K. INOUE  
 29, September 1966

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The Department of Housing and Urban Development has recertified the City and County of Honolulu's Workable Program for Community Improvement, Senator Daniel K. Inouye said today.

The action keeps Honolulu eligible for several types of Federal assistance, such as loans and grants for urban renewal programs and for Federally-aided low-rent housing.

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	DATE	TIME	
UPI	9/29/66	4:23 P.M.	} <i>Mailed</i>
AP	"	"	
HEWLETT	"	"	

*Green*  
*Person*

NEWS FROM SENATOR DANIEL K. INOUYE  
29, September 1966

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The Army's Kapahulu Water Pumping Station site on Oahu which once served Fort Ruger and Fort DeRussy has been declared surplus to the needs of the Department of Defense, Senator Daniel K. Inouye said today.

The 0.23 acres site is located approximately 3.5 miles southeast of downtown Honolulu. Improvements include a pumping station building with 993 square feet of floor area.

The property will be disposed of by the General Services Administration.

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DEPARTMENT OF THE ARMY  
SUBMITTED BY OFFICE, CHIEF OF ENGINEERS  
REAL ESTATE  
DISPOSAL REPORT NO. 244

80 SEP 1966

Submitted pursuant to Title 10, United States Code, Section 2662.

Name of Installation: Kapahulu Pumping Station Site, Hawaii

Using Service: United States Army, Pacific

Former Use: Water Pumping Station

Interest: Fee

Area: 0.23 Acres

Original Cost: Land: \$ 666  
Improvements: 22,041  
Total: \$22,707

Acquisition Date: 1910

Proposed Action: Report to General Services Administration  
as excess real property

Authority: Federal Property and Administrative Services  
Act of 1949 (63 Stat. 377)

1. This statement is submitted for the purpose of reporting to the Committees on Armed Services of the Senate and House of Representatives the facts concerning the proposed reporting of Kapahulu Pumping Station Site, Hawaii, to the General Services Administration as excess real property.

2. The Kapahulu Pumping Station Site, located on the Island of Oahu approximately 3.5 miles southeast of downtown Honolulu, was established in 1911 as a site for an artesian well and pumping station for the water supply of Forts Ruger and DeRussy Military Reservations, located approximately 1.2 miles southeast and 1.5 miles east of the pumping station, respectively. The installation originally consisted of an 0.28 acre acquired in fee by the United States under condemnation proceedings in 1910 at a cost of \$810, and 1.95 acres of appurtenant pipe line rights of way. In 1934 the Territory of Hawaii was granted permission to extend a roadway across the reservation. The installation was reduced through disposal in 1957 of an 0.05-acre area to the then Territory of Hawaii. Also, an easement for the pipe line right-of-way which served Fort DeRussy has since been quitclaimed to the City and County of Honolulu. The installation currently consists of the remaining 0.23-acre parcel of fee land acquired at a prorated cost of \$666 and 0.67 of an acre of pipe line right-of-way to Fort Ruger which is covered under a license agreement with the City and County of Honolulu. Improvements on the installation consist of a pumping station building containing 993 square feet of floor area, constructed in 1912, a transformer vault, a valve pit and 448 linear feet of chain-link perimeter fencing on rubble masonry wall. Also

there is a 7,200 linear foot, 8-inch cast iron water distribution line located in the right-of-way extending to Fort Ruger. The total cost of these improvements was \$22,041.

3. As a result of expansion and improvement of the municipal water distribution system since the Kapahulu Pumping Station Site was established in 1911, and the high cost of maintenance of the Army's distribution line due to its deteriorated condition, water service to Fort Ruger from this installation was completely terminated in the latter part of 1965. For the same reason, service to Fort DeRussy, which is located in the district of Waikiki, was terminated in 1952. Water is now being furnished to both reservations through the municipal water system, which has proved to be more convenient and economical. The Department of the Army has no other requirement for the Kapahulu Pumping Station Site and the appurtenant pipe line right-of-way. Since the property has been screened with the Departments of the Navy and Air Force and the Coast Guard with negative results, it is excess to foreseeable needs of the Department of Defense. The Department of the Army plans no acquisition of similar property in the vicinity of the excess land. It is estimated that \$1,300 will be saved annually in operation and maintenance costs as a result of the proposed action.

4. It is proposed to report the 0.23-acre parcel of fee-owned land, together with the improvements located thereon, to the General Services Administration as excess real property for disposition in accordance with existing legislation. The pipe line in the right-of-way has no salvage value due to its deteriorated condition and the high cost of recovery. Accordingly, it is proposed to transfer the 7,200 linear feet of pipe line to the City and County of Honolulu when terminating the license, in lieu of restoring the property.

5. This disposal action has been approved by the Assistant Secretary of Defense (Installations and Logistics).

	DATE	TIME	Phone
UPI	9/30/66	2:52	Had
AP	_____	_____	did not return calls
HEWLETT	_____	_____	

NEWS FROM SENATOR DANIEL K. INOUE  
 30, September 1966

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The University of Hawaii today received a \$170,851 research grant from the Public Health Service, Division of Environmental Engineering and Food Protection, the office of Senator Daniel K. Inouye said.

This \$170,851 grant is for the first year of a three-year research project entitled "Marine Toxins of the Tropical Pacific."

Albert H. Banner of the Hawaii Institute of Marine Biology will be in charge of the project.

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