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NEWS ITEM

Senator DANIEL K. INOUE

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I believe it is vital to our national security that our nation's social scientists, and your profession in particular, become more politically active than you have been in the past.

During the past decade, I have been one of your strongest supporters on Capitol Hill. I have done so because I believe that you possess a wealth of scientific knowledge and professional expertise that is vital to our nation's well being. It is very much in our nation's best interest to fully utilize this expertise, whether we are talking about designing our nation's Head Start program, or in creating a new "Teaching Nursing Home" initiative. In my judgment, we have come a long way in establishing parity with the medical profession for your clinicians under most of our federal health programs.

Further, we have also made reasonable progress in establishing a higher priority for your research endeavors within the National Institute of Education, the National Science Foundation, and even the National Institutes of Health. In this regard, I was most pleased to recently read an editorial in the WASHINGTON POST noting that "The largest contributors to cancer deaths in the United States are now thought to be within the control of each individual, namely tobacco, diet, and a collection of behavioral and cultural factors often summarized as 'life style'". I was most pleased to finally see this type of positive publicity heralding the potential for Behavioral Medicine initiatives. Our Appropriations Committee for some time now has become increasingly aware of statistics such as those cited by the Surgeon General of the United States in his report "Healthy People"--statistics that emphasize that of the ten leading causes of death in our nation today, at least seven could be substantially reduced if persons at risk would improve just five habits: diet, smoking, lack of exercise, alcohol abuse, and the use of antihypertension medications. It was for exactly this reason that I had included in Public Law 97-12, the Supplemental Appropriations and Rescission Bill for the Department of Health and Human Services, express report language directing the National Heart, Lung and Blood Institute to give "high priority" in spending its \$550 million budget this year to behavioral medicine initiatives, especially those developed to address the possible modification of "bad habits" which have been demonstrated to be a causal factor in hypertension and heart attacks.

In my judgment, this is exactly the type of program that your profession has truly unique expertise in developing. But, as a profession, you have a long way to go in educating the public and especially our nation's health policy leaders of your true potential contribution.

For example, back in 1977, I had express report language included in the Department of Defense Appropriations Bill which stated that "biofeedback is a recognized part of the clinical psychologist's clinical regimen and, therefore, should be reimbursed under CHAMPUS." The Department of Defense Civilian Health and Medical Program of the Uniformed Services, commonly known as CHAMPUS, presently has an annual health care budget of approximately \$1 billion. 7.9 million dependents of retired, active duty, or deceased military personnel are eligible for CHAMPUS coverage. It is by no means a small or insignificant program. At that time, Medicare had declared that biofeedback was an "experimental modality" and therefore should not be reimbursed. CHAMPUS had readily accepted that determination. However, at least in my judgment, even at that time, there was considerable evidence available that under specified conditions -- such as for the treatment of essential hypertension, primary Reynaud's disease, and neuromuscular disorders requiring physical rehabilitation -- biofeedback could be highly successful and cost-effective. In fact, one of your past presidents, Dr. Nicholas Cummings, visited with me to provide me with information on the clinical methodology involved.

My recommendation to provide reimbursement for biofeedback services was accepted by the United States Senate. However, when we got to the House-Senate conference, it was an entirely different matter. Right about that time, one of Hollywood's Jet Set had just had his photograph published in the national media with all kinds of wires and electrodes hanging from his scalp. He looked just like an alien from the script of Star Wars. After that, there was no way that the conferees would agree to my amendment. The scientific evidence may have been impressive, but your public image was not. How, the conferees asked, could I seriously recommend that our military Health Care program pay for that type of nonsense? In 1978, 1979, and again last year, I had additional language included urging the Department to proceed expeditiously with reimbursement for biofeedback services. Each time that we were able to convince one of the medical experts within the Department, his superior would override him, stating that the technique was experimental, and asking how did we know it would work? This was in spite of the fact that the Department of Defense itself, and also the Veterans Administration, have been true leaders in utilizing this particular therapeutic technique within their own health care systems--where psychologists have been especially instrumental in utilizing biofeedback in pain clinics established by these two departments. You may have developed an excellent clinical technique, but you have not done the necessary work required to ensure that our nation's health policy experts really appreciate or even understand the true significance of your potential contribution.

In a similar vein, I would also like to take this opportunity to strongly urge you to take the time to meet personally with your own elected officials on behalf of your profession. In 1975, as a provision of Public Law 94-212, I was successful in amending the legislative restrictions that we had placed on the Department of Defense CHAMPUS program to ensure this time that those mental health services that were "psychologically necessary" and that were provided by clinical psychologists would be directly reimbursed. Since that time, I have been working closely with CHAMPUS to expand its definition of "clinical psychologist" to include as I had originally intended, all licensed and/or certified doctoral-level psychologists, and also to ensure that psychological inpatient services be fully covered. This past month, the Department assured me that appropriate modifications to their current regulations would be soon forthcoming. This is real progress, but I hasten to warn you of the very tenuous nature of your current legislative status, even under CHAMPUS. In 1975, when we had you included as independent providers, we spent more time in conference on that issue than we did on any piece of military hardware. It was painfully obvious to me that evening, that the conferees simply were not aware of how important your services can be to the military and their families. My colleagues did not perceive you as real people, as constituents who might vote for them, as neighbors who have children that attend the same schools as their own sons and daughters. In my judgment, it is very conceivable that under this particular Administration, the Department of Defense may well recommend that your profession be returned to para-professional status. They may come forth with the proposal that your practitioners function under the direct supervision of a physician, as in Medicare, regardless of whether he or she has any psychiatric training. And this I would suggest, would not be in the best interest of either your profession or our nation.

In my judgment, the key to your destiny is really in your own hands. Since the summer of 1978, I have had the most pleasurable experience of almost constantly having a nurse intern in my Washington, D.C. office. I understand that there are a number of public policy-oriented internships, or fellowships, which could provide your profession with an excellent opportunity to really educate those of us in the Congress as to what psychology can potentially do. In fact, I just recently hired a graduate from the Institute for Public Policy Studies, which I understand is conducted by Dr. William Bevin, your President-Elect. There are many ways to convince us -- I hate to use the word "influence". Telegrams, letters, resolutions, all have an impact. But the most effective approach is person-to-person, eye-to-eye, especially when you have the opportunity to really present your case in depth. This is what the nurses have done and that is why nurse-midwives are now both directly reimbursed under CHAMPUS and a mandated benefit under Medicaid, independent of physician supervision. That is the beauty of having a nurse intern or psychologist intern in a Congressional office. That is where your profession can be devastatingly effective. Having a psychologist on a Representative's or Senator's staff, in the long run will really pay off. A recent intern

in my office was a developmental psychologist, and she was especially effective in impressing upon me both the true importance of the psychosocial aspects of health care, and also the need for giving significantly higher priority to children's services. In fact, last year alone, we were able to ensure that a special report will be prepared by the Department of Health and Human Services on their efforts to ensure that reasonable Day Care standards are finally implemented and further that \$245 million were made available in Fiscal Year 1981 for the Administrations's brand-new Child Day Care and Child Welfare Service programs. In my judgment, by any objective standard, her fellowship was indeed a very cost-effective investment by the scientific community.

This particular Administration has made it very clear that it possesses a fundamental disagreement with the traditional democratic, people-oriented values and concerns that I, for one, have cherished all of my professional life. Seventy-five percent of the proposed Fiscal Year 1982 budgetary reductions sent to the Congress by the President would have directly and adversely affected those who could least afford it, our nation's poor. Fifty percent of the beneficiaries of the much-heralded "Safety Net" program already possess incomes of more than \$15,000 per year. In spite of the fact that the 1978 President's Commission on Mental Health reported that as many as 25 percent of our population are estimated to suffer from mild to moderate depression, anxiety, and other indicators of emotional disorders at any given time and that 10 or perhaps even 15 percent of our nation needs some form of mental health services, this Administration has recommended at least a 25 percent reduction in federal support for our nation's community mental health centers. At a time when we know that less than 10 percent of the children in this nation who need mental health care, actually receive it, and that equally shocking, that up to 25 percent of the elderly are believed to have significant mental health problems-- while I might add, only 2.7 percent of all psychological services delivered are for the elderly and only 0.4 percent of your doctoral level practitioners specialize in gerontology -- we have the Reagan Administration recommending a total phasing out of all clinical training programs by Fiscal Year 1983. Even though during last Congressional session, I was able to have Psychology expressly included in a number of aspects of the Senate Health Manpower Bill, and even though this year in the Omnibus Budget Reconciliation Act of 1981, the conferees finally agreed to include you in the Health professions Data section, as well as to provide for student assistance and National Health Service Corps eligibility for your students, I cannot help but think that unless each of you is willing to become considerably more politically active, your basic training programs are in grave danger. Further, with the Reagan proposal that all social research currently sponsored by the Alcohol, Drug Abuse, and Mental Health Administration be terminated, I am afraid that we have another uphill battle ahead of us. I would hasten to remind you at the same time that these important health and social programs are being so significantly reduced in scope, that the President has proposed that we should increase our defense spending from the current 27 percent of the total federal expenditures in Fiscal Year 1981 to a record high of 40 percent in Fiscal Year 1985 and then to an even higher 45 percent in Fiscal Year 1986. Although I am sure that everyone of us sincerely hopes that the President will be successful in controlling our ever-

escalating inflation rate, at the same time, we must make sure that our nation's children, elderly, handicapped, and minorities are not unduly taken advantage of. We must instead ensure that each one of us assumes his or her fair share of this truly national burden. As a nation, we cannot afford to turn our backs on those who are less fortunate.

In 1979, one of my psychology-nurse interns brought to my attention the fact that there apparently was a significantly higher incidence of child abuse and/or child neglect in areas of high military concentration, as compared with that of our civilian population. This chilling picture was subsequently borne out by three separate General Accounting Office (GAO) reports, one entitled quite graphically "Military Child Advocacy Programs--Victims of Neglect". The GAO, which is an independent investigating arm of the Congress, conducted a comprehensive review of the Army, Navy, and Air Force child advocacy programs and in their judgment, clearly felt that most of the individual services' child advocacy programs could be improved if greater priority and more resources (staff and funding) were provided at the local installation level. They expressly stated that "each program contained some elements of an effective child advocacy program; however, with the exception of providing medical care for physical injuries, all could be greatly improved". GAO also pointed out that one indicator of the Department's lack of attention to date, and subsequent scarce resource allotment, was the fact that none of the programs were directly funded and that they were generally staffed by individuals who had been assigned child advocacy responsibilities as a collateral duty. In short, we had a serious social and national security problem. For, I would remind you, that it was not military hardware and sophisticated weaponry that wins wars, it is people. Our nation depends upon individual soldiers, sailors, marines -- those men and women who must fly our planes, drive our tanks, and most importantly, take the crucial step to fire those awesome weapons. Somehow, we all-too-often tend to forget this simple fact.

That year and the following, I worked very closely with the Department of Defense to increase their internal attention to this pressing matter. I had included in their Fiscal Year 1980 Appropriations Bill, specific language highlighting the committee's concern and requesting further review by the GAO. Last year, I had included a special \$3 million line-item expressly for the purpose of initiating special pilot projects to develop ways of effectively addressing the problem of military child abuse and/or spousal abuse. I also asked that an additional 30 to 40 personnel be hired at the headquarters and field levels. I was able to convince my colleagues in the United States Senate of the true importance of such a commitment with little difficulty. However, once again, our subsequent House-Senate conference deliberations clearly pointed out the need for your increased political involvement, if only to educate our national leaders that one should not be ashamed of needing mental health care.

Although everyone of my colleagues in the conference was gravely concerned about the implications of the statistics that I presented, the vast majority of them strongly contended that child abuse was a social and not a medical problem, or more to the point, that this was not appropriately the Department of Defense's concern. My \$3 million child

abuse amendment was described as potentially jeopardizing the multi-million dollar defense bill; if the problem was so severe, why, it was asked, did not the Department of Health and Human Services or the various states do something about it? The intensity of the ensuing discussion was more pronounced than I ever thought possible, especially over a small \$3 million item.

Eventually, we compromised and the conferees directed the Department of Defense to increase its efforts in this area and to utilize CHAMPUS or Quality of Life resources wherever necessary. Since then, there have been some additional significant steps taken: a new Secretary-level directive on Family Advocacy has now been issued which is expected to establish for the first time a uniform Department-wide approach, including the establishment of a Military Family Resource Center with close cooperation from the Department of Health and Human Services. We have also received a detailed report from each of the services elaborating upon their efforts to date and spelling out their plans for the future.

I personally have every intention of pursuing this initiative through our Appropriations process. Yet, once again, I honestly feel that your profession has not really lived up to its societal responsibility to be an advocate for children and family issues. You have not truly educated your elected officials regarding the causes of child abuse and/or family violence; nor have you pointed out to them what in fact can be done. I remain gravely concerned that if you do not, we will continue to have a major problem within the services, and that, I can assure you, should be to no one's advantage, especially our nation's children. This Administration has not, to date, demonstrated the type of compassion and humane concern for our nation's children that has historically made us the great nation that we are; it is now up to us to ensure that they do. I am afraid that our recent experience with the military child abuse initiative clearly indicates that if the military is forced to cut back on its budgetary requests, under the present circumstances, it will not be the hardware or weaponry that will suffer, it will be the people-oriented or children-oriented programs.

Your profession has an especially important role to play during the next several years, which I am afraid that the majority of psychologists really do not appreciate. I strongly believe that psychologists and psychiatrists should be playing a significantly more active role within the military; that your talents and skills have by no means been yet fully realized. So far during our national debate regarding military preparedness, we have concentrated almost exclusively on issues such as the number of missiles each side reportedly has, where ultra-sophisticated hardware such as the MX-missile should be located -- i.e. should it be airborne, or buried in the vast desert of Utah or Wyoming. We have discussed in some depth the effectiveness of various chemical and biological warfare possibilities -- how many could be killed, how long this might take. But, even with all of our discussions to date, I honestly do not think that we have really begun to understand the "unthinkable". We are not really prepared to respond, God forbid, to the horrors that will be thrust upon our society if World War III ever broke out.

If the mental health related statistics that we have seen from the Vietnam War are in any way indicative of the psychological impact of modern day warfare, I shudder to think of the devastating impact of a nuclear war upon combatants and non combatants. It may well turn out to be that the most telling argument for sensible arms control will be the answers to the following questions: What would be the mental health of a civilization totally shattered by nuclear war? In my judgment, one of the reasons why we are not seriously pursuing an arms limitation agreement is that our nation's mental health professionals have not been involved in the dialogue that we have had to date. What research do you have on the effects of an international calamity? What are the needs of our civilization if World War III began today?

The next war may very well be ten or one hundred times more violent and psychologically stressful than anything that we have experienced before. It will be much more devastating on our mental health than Vietnam ever could be. We are entering into truly uncharted waters and I am personally distressed that no one really knows where we are heading.

You should now start making your presence and concerns known. All of the statistics that I have seen to date emphasize the number of buildings potentially destroyed, the number of civilian casualties. What would be the physical effect ten miles away, twenty miles away, etc.? For example, the Office of Technology Assessment (OTA) and the U.S. Arms Control and Disarmament Agency have now prepared formal reports for the Congress based on large scale computer war game simulations of general and specific nuclear war between the United States and the Soviet Union. Although in these scenarios the civilian population was considered generally not to have been a direct target, that really did not make any difference as most civilians are located within range of the effects of today's weapons, even if they are specifically aimed at purely military and industrial targets. If we had a general nuclear war, we estimate that approximately 60 warheads would strike within Moscow City limits even after an initial heavy Soviet first strike against the United States. Such an impact upon Moscow would represent about 1,400 times as much megatonnage as used against Hiroshima and Nagasaki in 1945. Peak over-pressures throughout the downtown Moscow area would be so severe that not a building or tree would remain standing. In both the United States and the Soviet Union, it is estimated that from 25 to 100 million or more would die within the first 30 days, many more would die from disease, starvation, and other causes later on. Our 200 largest cities would be destroyed and 80 percent of all cities with 25,000 people or more would be attacked by at least one nuclear weapon. Injured people would be an immense problem and many would die. Hospital and medical facilities would be very scarce; for example, 80 percent of the urban hospitals in the Soviet Union would be destroyed. Over 90 percent of our urban housing would be destroyed, as well as a substantial portion of our rural housing. Destruction of our transportation modes would delay redistribution of supplies including food and water by two months or more. Just to give you a flavor of the immensity of what I am talking about, keep in mind that most damage to cities from large weapons, say a one-megaton air burst, comes from the explosive blast.

Four miles away from the actual blast, the overpressure will be in excess of 5 pounds per square inch, which will exert a force of more than 180 tons on the wall of a typical two-story house. At the same place, there would be created a wind blast of 160 miles per hour. Winds associated with as little as 2 to 3 pounds per square inch could be expected to blow people out of typical modern office buildings. If a single one-megaton surface burst occurred in Detroit, it is estimated that there would be seventy square miles of property destruction, a quarter of a million fatalities, plus half a million injuries. And this is if only one warhead were dropped.

What realistic plans do we presently have for how to continue the day-to-day functions of our nation after the first shock waves? This, I believe is the proper field for Psychologists and Psychiatrists, not attorneys and economists. In the movie Patton, many of our fellow Americans, and especially those in the military, felt that the General was correct in slapping the young G.I. for having "an emotional problem". War brings out the Macho image in us. We cannot believe that one could be really "mentally ill". But, unless we now take the next step and truly involve our nation's mental health professionals in planning for the future, the long-term effects of your non involvement may be devastating. Could our minds really begin to comprehend or survive the emotional burden that would exist when all that we have worked for and all of our loved ones die or are destroyed in front of us? -- I personally believe that a nuclear war will mark the end of our civilization. We have no choice but to proceed today to fully utilize our best expertise -- and I sincerely hope that you will join with us.

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