

**DEPARTMENTS OF LABOR, HEALTH AND HUMAN  
SERVICES, EDUCATION AND RELATED AGENCIES  
APPROPRIATIONS FOR FISCAL YEAR 1990**

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**HEARINGS**  
BEFORE A  
SUBCOMMITTEE OF THE  
COMMITTEE ON APPROPRIATIONS  
UNITED STATES SENATE  
ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

**H.R. 2990/H.R. 3566**

AN ACT MAKING APPROPRIATIONS FOR THE DEPARTMENTS OF LABOR,  
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED  
AGENCIES, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 1990, AND  
FOR OTHER PURPOSES

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**Part 3 (Pages 1-717)**

Nondepartmental witnesses

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SUMMARY

Despite serious administration attempts over the past eight years to undermine it, the successes of the national Title X family planning program cannot be ignored. They speak forcefully for the reauthorization of Title X for three years and for NFPFRA's request that this subcommittee and Congress approve an appropriation for Title X of \$177,515,000 for fiscal year 1990. Adequate funding of family planning and contraceptive research programs will send a strong message that Congress and this committee hold reproductive health care as a high priority, even in these times of fiscal constraint.

Thank you very much for your consideration of NFPFRA's requests. I would be happy to answer any questions you may have.

Senator HARKIN [presiding]. Thank you very much for testifying on behalf of the National Family Planning and Reproductive Health Association.

About \$177.5 million is what you are asking for, and I assume no block grants; correct?

Mr. SWIRLING. Absolutely not.

Senator HARKIN. Thank you very much, Mr. Swirling.

Mr. SWIRLING. Thank you, Mr. Harkin.

**STATEMENT OF MORGAN DOWNEY, DIRECTOR, GOVERNMENTAL AND LEGISLATIVE AFFAIRS DEPARTMENT, AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION**

Senator HARKIN. I would like to go back now and call Mr. Morgan Downey.

It is not Morton Downey, is it? [Laughter.]

Director of Governmental and Legislative Affairs Department of the American Speech-Language Hearing Association.

Good to see you again, Morgan.

Mr. DOWNEY. Thank you, Senator. It is nice to see you again. Thank you for the privilege of testifying before the subcommittee.

It is not Morton Downey.

Senator HARKIN. I know. I see that. I am just kidding you.

Mr. DOWNEY. That has come up.

Senator, if I may I would just like to summarize our statement on behalf of appropriations for the National Institute on Deafness and Other Communication Disorders. As you know, you had a leadership role in enacting this institute last year. It is going to serve more than 24 million Americans who have various communication disorders. A lot of those receive services under other Federal programs, and this is the institute that is going to be the flagship for research in this area.

We think that there are three particular reasons why this is an historic opportunity for Congress to significantly increase funding for communication disorders research.

First, there is a whole cadre of students in training programs in otolaryngology, speech language pathology, audiology, and other disciplines that is excited about this new institute and are enthused by the direction of research activity in this area. We want those people to decide to make careers of research in deafness and communication disorders, and we want their interest sparked by this legislation to continue.

Second, under the leadership of the acting director, Jay Moskowitz, with the support of Dr. Wyngaarden, there is a high degree of excitement and cooperation among the numerous groups of professionals and consumers which are part of the constituency of this institute.

I have had the privilege of representing ASHA for some 11 years, and I have never seen the community so committed to an entity like this. They are enthused by the leadership and direction it has taken so far. I think it bespeaks of many opportunities for a great deal of collaborative work in research and education that is the goal of the institute.

Third, the institute is going to provide a vehicle for tackling some particularly troublesome problems that have been avoided in the past many years. One of those is the area of multicultural research needs both in terms of the multicultural populations that have various distinguishing communication disorder problems, but also we are hoping that this institute starts with a very firm commitment to the training of minority researchers in the field of communication disorders. That is an urgent need.

Second, as you know, the authorizing legislation called for the establishment of data banks and an information clearinghouse. The need for accurate demographic information in these areas is a critical one that we think the institute is particularly well positioned to affect; therefore, the association would like to ask Congress for an appropriation of \$130 million. We think Congress built the ship last year. It is a seaworthy vessel, and the time has come to launch it on the right course with full wind in its sails and get this whole area of research moving along.

With that, I would like to conclude my remarks, Senator.

Senator HARKIN. Thank you very much for your testimony. I have had a close working relationship with ASHA, and we had NIH up last week. Dr. Moskowitz was there, and I think things are going reasonably well with the institute. They have a number of projects that they have embarked upon right now.

So I do not know what funding level we will be able to give to them, but it will certainly be no less than last year. Beyond that, I do not know. We will have to see.

Mr. DOWNEY. I appreciate that, Senator, very much. Thank you.

**STATEMENT OF LORRAINE JORDAN, CRNA, MS, AMERICAN ASSOCIATION OF NURSE ANESTHETISTS**

Senator HARKIN. Our next witness on our agenda today is Lorraine Jordan, who is representing the American Association of Nurse Anesthetists.

Welcome to the committee, Ms. Jordan.

Ms. JORDAN. Thank you. It is a pleasure to have an opportunity to address you this morning.

For Alcohol, Drug Abuse and Mental Health research, we believe the \$1 million suggested would provide a far more realistic support level than \$792 million proposed by the Administration.

We also recommend increases in ADAMHA research project grants, training centers and research career awards, among other matters. There would be particular emphasis on schizophrenia and brain research while providing stabilizing amounts for drug abuse and alcoholism research programs.

Mr. Chairman and Subcommittee members, we recognize the difficult problem you face in choosing among the many worthy programs under your jurisdiction. But we believe that biomedical research holds out so much hope for saving lengthening and improving life that it merits the continuation of the extraordinary support you have given it. We urge the adoption of our recommendations. Thank you and I will be pleased to answer any questions.

Senator HARKIN. Doctor, thank you. Basically we have \$706 million in this research program this year.

The 1990 budget from the administration calls for \$657 million, and you are testifying on behalf of the professional budget of \$933 million.

Why is there a cut in it this year? Does this include AIDS?

Dr. SCHACHMAN. Yes; that includes AIDS.

Senator HARKIN. So, it does go up a little bit if you include AIDS.

Dr. SCHACHMAN. Our request would be about 5.3 percent above current services.

Senator HARKIN. Thank you very much, Dr. Schachman. We appreciate your being here.

**STATEMENT OF DR. FRANK BOWE, PROFESSOR, HOFSTRA UNIVERSITY,  
CHAIRPERSON, U.S. CONGRESS COMMISSION ON EDUCATION FOR  
THE DEAF, HEMPSTEAD, NY**

Senator HARKIN. Next is Professor Frank Bowe of Hofstra University.

Is Dr. Bowe here from Hofstra?

There he is. Good morning.

Dr. BOWE. I was out in the hall, sir.

Senator HARKIN. Were you talking to Patty Duke?

Dr. BOWE. No; I do not work on that level, sir.

Thank you, sir. It is a pleasure, it really is.

I wanted to be able to testify to a few things that are very important to people who are deaf and have other disabilities.

We have been making some progress, as you know, since my commission completed its work, and several things have begun to move forward that we need appropriations for. The first I would

like to talk about would be severely handicapped, multiply disabled low achieving deaf adults. There is little or nothing out there for them, and we really do need as Dr. Castle testified April 4 some funds for that population. It is desperately needed, and I would like to support his recommendation for \$1.8 million for a one-time appropriation that would demonstrate those kinds of services.

We have also, as you know, in the commission identified some very serious needs in postsecondary education, particularly the four regional postsecondary programs, and my commission asked them to do more than they were previously doing. They have agreed to do that, but their funding has not been increased.

There was a danger that the traditional work which had been excellent might have to be sacrificed because they were doing additional responsibility with no more funds. Further, I strongly want to recommend that their funding be increased.

We had two other things I wanted to point to this morning as urgent needs that I feel are of tremendous importance. The first is the development and testing of chips that would be in every television set.

What the Department of Education has done is to issue another contract to provide some money to help pay for separate boxes, separate decoders. Our commission believed that is definitely now what is needed.

What we need now is money to develop and test a chip that would cost about \$5 maybe \$10. That is the direction in which we should be moving and, if necessary, I believe that the existing contract which has not yet been awarded should be canceled and those funds should be used to support the development of a chip. If that is not done this year, then I do believe very strongly that about \$1 million should be appropriated to support the development and testing of a chip. That would mean that it would be able to be used with any television set because the testimony would make it compatible.

My last point is the need for interpreters for people who can use sign language, we started that at Gallaudet last June, a tremendous growth in the willingness and the ability of people who are deaf to go out into the mainstream where I have spent most of my life, and they are discovering, as I have, that you cannot really do that without interpreters. We simply do not have anything close to the number of interpreters we need, and we do not have anything near the number of people who have taken basic sign language courses. I am talking about bank tellers. I am talking about stockbrokers. I am talking about sales clerks learning some basic signs so they can communicate. Like if I go to a restaurant, a waiter would at least be able to say the special of today is and that kind of thing. And you see them doing that in Spanish, but you almost never see it in sign language.

#### PREPARED STATEMENT

I have recommended in my written testimony some specific places where you can find the funds for this. I just want to personally express my very deep conviction that as we move forward with the Americans With Disabilities Act which will vastly expand

demand for both sign language schools and interpreters, we are going to need those people out there, and if we do not have them, then the Americans with Disabilities Act would be effectively meaningless for those who are deaf.

I see that the light is on, so I had better shut up. I want to thank you for the opportunity to testify, sir.

[The statement follows:]

## STATEMENT OF DR. FRANK G. BOWE

Good morning. It is a genuine pleasure for me to testify today before this Subcommittee and its distinguished Chairman, Senator Tom Harkin of Iowa. I am testifying today for increased funding of several severely under-funded programs benefiting people who are deaf, many of whom have additional handicaps.

I wish to express my support for the testimony presented to this Subcommittee on April 4 by Dr. William Castle of NTID for \$1,800,000 to demonstrate services for severely handicapped deaf youth and adults. As Chairperson of the US Congress Commission on Education of the Deaf 1986-1988, I learned first-hand of the urgent and immediate need for such services. The statistics Dr. Castle presented mirror those reported by my Commission and they are, Mr. Chairman, truly shocking figures: we have failed this population. There is no more gentle way to put it.

The four Regional Postsecondary Programs for Education of the Deaf [RPEPDs] already are assuming the additional roles the Commission recommended they be given, yet their funding has not increased to reflect that extra work. It is urgent that they be funded at a level sufficient to permit them to perform: [1] the work they traditionally have done pursuant to Part C, section 625(a)(1) of the Education of the Handicapped Act [EHA], as amended; [2] the new responsibilities they have accepted; and [3] the work proposed in Dr. Castle's testimony. I recommend that authorizations under section 625(a)(1) be increased from just over \$2 million to \$3.0 million [exclusive of the \$1.8 million one-time appropriation for severely disabled deaf persons] to accommodate the additional roles the RPEPDs are playing pursuant to the Commission's recommendations. This would provide to each RPEPD about \$200,000 additional dollars, which is what they need. Each now receives, on average, about \$500,000.

The Commission identified a solution to a decade-long problem in closed captioning. We recommended that a decoder chip be placed into commercial television sets. You, Mr. Chairman, have been kind enough to state that you plan to introduce legislation for

this purpose. What is needed now, through the appropriations process, is to provide \$1,000,000 for development and testing of such chips. The chips must be designed and then they must be made to fit in with the hardware and software of different manufacturers' television sets. These two tasks would produce, within 12 to 18 months of provision of funding, the capability in the television industry to equip future generations of TV sets with built-in decoder capabilities. Current work on decoders is funded through contracts administered by the Department of Education's Media Services and Captioned Films Branch in OSEP; that is an appropriate vehicle for chip development and testing, although the work may also be funded under SBIR [small business innovative research] contracts.

My Commission also identified a nationwide shortage of interpreters at all levels. There is authority under Part D of the EHA which could be, but to date has not been, used to support interpreter training. I am testifying in support of this Subcommittee earmarking \$5,000,000 for section 531(a)(1)(B) for training educational interpreters as persons who provide "related services to handicapped children and youth in educational settings", and more generally in support of the Council for Exceptional Children's testimony requesting \$150-million for Part D to resolve urgent personnel shortages. I would respectfully request that the former figure be earmarked specifically for interpreter training, to ensure that it is used for this purpose.

Section 304 of the Rehabilitation Act of 1973, as amended, is the only current source of federal money to train interpreters. Funding for these programs has been minimal. Just ten (10) centers are supported, at an annual level of \$90,000 each. That clearly is far from sufficient. In New York City alone, more than 10,000 hours of interpreter services were denied last year due to a shortage of interpreters. The need for interpreters in the New York-New Jersey area is severe. Hofstra University, on Long Island, is prepared to inaugurate an interpreter training program and to compete for funds to support it; but section 304 appropriations for this purpose are so minimal that our gain

would be other regions' losses absent more funds. It is urgent that section 304 interpreter funds be at least doubled to \$2,000,000 to enlarge the capacity of existing programs and to support several new ones, pursuant to COED Recommendation #37.

Section 315 of the Rehabilitation Act of 1973, as amended, offers specific authority for the Department of Education's RSA to provide grants to States for establishing interpreter services. It has never been funded. That section also authorizes the RSA Commissioner to establish standards for interpreters in rehabilitation; such standards never have appeared due to the zero-funding of this section. COED Recommendation #38 specifically asked Congress to fund section 315 and to require the Department to issue the standards called for therein. I am testifying in support \$5,500,000 to implement this recommendation, which would provide an average of \$100,000 per State to support rehabilitation-related interpreting services, and \$500,000 to the Department to develop and form nationwide consensus around rehabilitation interpreter standards. The Department should be permitted to let a contract under competition for the consensus-building and standards-developing work.

In Recommendations #34 (on preparation of educators to work with deaf children) and #39 (on preparation of rehabilitation personnel to work with deaf youth and adults), the Commission pointed to an urgent need for something else -- for qualified personnel who are able to communicate with deaf people. Additionally, in Recommendation #15, the Commission recognized American Sign Language as a legitimate language on a par with French, German, and English. Appropriations of funds earmarked to support beginning and intermediate sign-language instruction in inservice training for public schools personnel, in teacher training undergraduate and graduate programs, and in rehabilitation counselor undergraduate and graduate programs and in programs preparing job coaches for work in supported employment settings urgently is needed. I am testifying in support of \$1,000,000 to demonstrate sign-language instructional

programs under Part D of EHA and an additional \$1,000,000 to demonstrate sign-language instructional programs under Title III of the Rehabilitation Act, as amended. These monies are for sign-language instruction; that is distinct and apart from interpreter training.

The Commission recommended [#15] that the Bilingual Education Act certify American Sign Language as an approved "native language". This is especially important because the EHA defines "native language" by referencing that approved list. I respectfully request that this Subcommittee work with the authorizing committees involved to make the necessary arrangements so that American Sign Language becomes an approved language for which appropriations may be made in future years.

Mr. Chairman, with appropriations this year on interpreter training and sign language instruction, deaf people will be able fully to enjoy the nondiscrimination protections afforded by section 504 and those envisioned by the draft Americans with Disabilities Act. People able to communicate with us -- tellers, sales clerks, nurses and lawyers possessing basic skills -- and interpreters who work with us are our ramps and elevators. We need them in order to gain access to the American dream.

Thank you.

Senator HARKIN. Thank you very much, Professor Bell-Frank, as I know you. This is obviously an area that you know I have a specific and special interest in. All I can tell you is that we will do everything we can to meet the needs. I am going to do everything I can to get the chip moving forward and to provide as much as we can for interpreter training.

Many times, not only just in the things that you have mentioned, in restaurants and any other place, but especially in our justice system, people are brought into court and do not really understand what is going on because it is hard to get an interpreter and I want to make sure that we meet those needs too. We will do our best.

Dr. BOWE. Thank you sir, I appreciate it.

Senator HARKIN. Thank you very much.

**STATEMENT OF DR. O. ROSS McINTYRE, PRESIDENT, ASSOCIATION OF AMERICAN CANCER INSTITUTES**

Senator HARKIN. Next, we will go to Dr. Ross McIntyre, president of the Association of American Cancer Institutes.