the social pressure of groups; and, third, drug therapy. In working with addicts, however, he is sharply limited with respect to the tools he can currently utilize. He can and does use interpersonal relationships on a 1-to-1 basis, but this approach has, in general, failed to produce the desired change in addicts. As for group approaches, the professional in and out of the hospital has seldom learned to harness for rehabilitative work the social pressures existing in the patient group on the ward and on the street, and in family, friendship, and organizational groups in the neighborhood and in the larger community. In contrast, the addict has been successful in utilizing the ward group and most neighborhood and community groups in which he participates to support his struggle against change. Even when he is struggling to change, these groups frequently apply pressures which prevent his progress.

Finally the question arises whether the most potent tool denied the physician is not medically indicated drug therapy. Unlike the situation in mental illness where the doctor may use his discretion in prescribing drugs he considers appropriate, the physician does not feel legally free to prescribe narcotics as he sees fit in the course of medically treating an addict. At the same time that the physician's hands are tied in treating the addict, the addict himself is able to utilize narcotics at will in defensive efforts to maintain his deviance and to resist change.

The proscription against flexible drug therapy appears on the surface to be accepted by staff members without question. It is seldom discussed except inferentially. Yet it is such a basic question that, regardless of what the answers might be, avoidance of the question is one of the more conspicuous features of staff reaction. There is an interesting contrast between the constant imaginative discussion among patients about drug use in addictive behavior and the constant avoidance of imaginative discussion among staff members about drug use for therapeutic purposes.

Despite the self-imposed restrictions on exploring alternative approaches to treating addicts, staff members have spent considerable time discussing both with patients and at staff meetings questions involving hospital medication. Such matters include methadone reduction procedures, proper sleeping medication, the effects of certain drugs administered on the ward, methods of administering drugs (i.e., parenterally or orally), manipulation of staff members by patients to get drugs, and the like. These are almost exclusively discussed as problems of management rather than of therapy.

The closest the staff has come to considering a broader view of the therapeutic use of drugs was in the establishment of a drug clinic in which nonnarcotic drugs were dispensed to outpatients. Although this clinic has been discontinued as such, medication of various sorts is sometimes prescribed by team leaders and after-care therapists to those awaiting admission and to outpatients. These procedures have been questioned and changed from time to time and remarks jocularly passed by staff members about doctors becoming pushers. The truth of the matter would seem to be that the staff is indeed trying hard to push the hospital, its service, and its various treatment views, but that the community has stacked the cards in favor of the nonmedical pusher on the street.

CONCLUSION

We have outlined a theoretical continuum for the treatment of narcotic addiction in a community-based program and elaborated some of the difficulties such a program faces from community attitudes patient attitudes and idiosyncrasies, professional attitudes, and legal limitations. How then, can addiction as a public health problem be approached under existing knowledge? We must repeat our original statement that, in the light of all these hindrances to therapeutic progress, the basic approach must be preventive. This does not preclude the simultaneous effort at development of a more successful treatment program for those already addicted, but it does recognize the reality that reshuffling or elaborating upon our present procedures in the management of this disease may continue to meet with the apparent failure that has characterized treatment efforts to such a degree in the past.

It must be recognized that the problems presented to the medical profession and, in fact, to our society as a whole by present-day narcotic addiction are essentially problems of social deviation and disorganization. Since those who are recruited into the ranks of the addict population are young people, mostly adolescents, this deviation can be seen primarily as a problem of youth. It has been found, incidentally, that a certain proportion of addicts do give up their use of drugs either with or without medical help, when they grow older—in their 30's or 40's. We do not know precisely why; perhaps some maturational factor is at work. Our concern must be with the prevention of those wasted 20 years or so in the lives of those who succumb to a chronic disease at the age of 15 or 16.

A new kind of environmental sanitation is called for. Those things which need to be eliminated from the narcotogenic environment are the breeders of frustration, alienation, rootlessness, and aimlessness. We cannot, unfortunately, isolate the disease-carrying bacillus or in the traditional way immunize the growing child in the environment to prevent his succumbing to addiction, but we can effect environmental changes that may provide a kind of psychiatric vaccination for those children we know will be exposed to the addiction-carrying agents. Two kinds of attack through environmental change are indicated: first, a general strengthening of population resistance to the disease of drug addiction, and, second, amelioration or elimination of the contributory environmental factors.

This brings us to a consideration of those environmental factors that are contributing to the present increase in addiction in the United States. What is there in the structure of our present-day society that drives young people into drug addiction or that makes addiction necessary as a way of life? We have been discussing narcotic—primarily heroin—addiction, but we must not lose sight of the fact that or present-day culture is characterized also by the tremendous problem of addiction to alcohol and that many professionals are concerned about cigarette smoking which is so universal and, in some senses, addictive. Smoking, gambling, particularly in the stock market, or Hi-Fi addiction are respectable forms of addictive behavior, but they suggest that the present structure of our society fosters the development of such activities as defenses against its assaults.

What is it that makes society so relentless and vindictive in its attitudes toward the narcotic addict as compared with the alcoholic? Actually persons under the influence of alcohol may cause more damage to themselves and to others than under the influence of narcotic drugs. However, the fact that alcohol is cheaply and legally available, while heroin is not, means that the average drug addict must turn to theft to support his habit. Does this threat to our property have some influence on our attitudes? Does the historical association of opium with Eastern cultures arouse hidden fears and prejudices?

Interesting but fruitless as such speculation may be, the fact remains that a necessary first step in the management of the narcotic addict as a patient is a fundamental change in the classification of his disease. Like other public health problems, addiction must be seen as a civil, not a criminal matter, and the criminal behavior that may result from the addiction must not be confused with the disease itself. With this fundamental change in approach, there must be a creative and industrious application to narcotic addiction of all that is presently known and applied to other public health problems about epidemiology, laboratory technics, and clinical medical management. It is to be hoped that such an attack on this "communicable disease" will yield some of the success that has resulted in the elimination of other major public health problems.

Mr. JAVITS. Mr. President, I pointed out that this question ties directly into the bill which was passed, and which is now law, providing for community mental health centers. This has opened a new era in the treatment of the mentally ill, and, with the fine cooperation of the Senator from Alabama [Mr. HILL], the chairman of our committee, it allows hospital treatment also for narcotics addicts who are mentally ill.

AFTER THE PARTIAL TEST BAN TREATY

Mr. JAVITS. Mr. President, a very interesting article appeared in the Bulletin of Atomic Scientists on what follows the test ban treaty and what openings it makes for further efforts in the same direction. Though I do not agree with some of the thesis involved in that article, it is nonetheless such a penetrating study that I think it should be made available to Senators.

The signing of a partial nuclear test ban treaty by the major powers last year was a notable advance along the road to effective disarmament. The recent agreement between the United States and the Soviet Union to freeze production of nuclear materials marks another step in this direction. However worthwhile these measures are, they should serve as a spur to more intensive efforts for agreements that will reduce the dangers to the world of general war. Continuing efforts must be made especially on verification and veto-free international machinery for inspection of compliance with disarmament agreements and peacekeeping.

Ways in which the partial test ban treaty can be followed up are discussed by Bernhard G. Bechhoefer, author of "Postwar Negotiations for Arms Control," who is a consultant on arms control at the Brookings Institution, a research associate at the Johns Hopkins University School of Advanced International Studies, and a former officer in the Department of State. There are certain aspects of this article with which I do not agree—as for example an effort to establish a modified republic plan in central Europe—but it is as a whole perceptive enough to be worth the attention of my colleagues.

I ask unanimous consent to have printed in the RECORD the article by Bernhard G. Bechhoefer entitled, "The Test Ban Treaty: Some Further Considerations," which appeared in the Bulletin of the Atomic Scientists, May 1964.

The airbase development, involving the purchase of costly equipment in France, was the latest reported effort to attain party with the Moroccans or better. During the fighting last October, the Algerian National People's Army was severely dealt with by the better equipped, better staffed Moroccan force.

About 110 Soviet-made tanks have come into Algeria from Egypt or Cuba since the frontier crisis. Cuban and Soviet instructors are operating a tank school for the Algerians at Bebeau, south of Sidi Bel Abbes, in western Algeria.

A total of 3,000 Egyptian technicians, instructors and other military personnel are in Algeria, according to reliable sources.

DRUG ADDICTION AS A HEALTH PROBLEM

Mr. JAVITS. Mr. President, for a very long time I have taken a great interest in the problem of drug addiction as a health problem and have sponsored proposed legislation to bring that about in respect of U.S. policy.

The enactment into law of the Community Mental Health Centers Act of 1963 opens up a new era in the treatment of the mentally ill and opportunities for new approaches to the treatment of narcotic addiction. This legislation is based on the belief that most mentally ill persons can be treated successfully in their own communities and restored to a useful role with their families without first being subject to prolonged custodial hospitalization. At my initiative, provision was made for the community health centers to treat drug addicts who are mentally ill, a problem which is especially concentrated in metropolitan areas. Three noted physicians have prepared an analysis showing how narcotic addiction could be approached if the condition were considered primarily a health problem rather than a criminal matter. The community health center has an essential function in this plan, which involves not only cure but environmental change, clinical medical management, and proper training of personnel.

I ask unanimous consent to have printed in the RECORD excerpts from the paper by Drs. Alfred M. Freedman, Richard E. Brotman, and Alan S. Meyer, all of the Department of Psychiatry, New York Medical College, entitled "A Model Continuum for a Community-Based Program for the Prevention and Treatment of Narcotic Addiction," which appeared in the American Journal of Public Health, May 1964.

There being no objection, the excerpts were ordered to be printed in the RECORD, as follows:

A MODEL CONTINUUM FOR A COMMUNITY-BASED PROGRAM FOR THE PREVENTION AND TREATMENT OF NARCOTIC ADDICTION

(By Alfred M. Freedman, M.D., F.A.P.H.A.; Richard E. Brotman, Ph. D.; and Alan S. Meyer, Ph. D.)

Drug addiction is now seen by many in the health professions as a chronic disease which must be approached preventively if any appreciable degree of success if its elimination is to be attained. The failure of individual treatment efforts and the rapidity and frequency of relapse to drug use after detoxification attest to the need for the preventive approach.

The primary difference between narcotic addiction and other public health problems is in the legal area, for no other disease is at the present time so enmeshed in a proliferation of laws which confuse disease with crime and illegal activity stemming from a disease with the illness itself.

A THEORETICAL CONTINUUM FOR TREATMENT

Narcotic addiction is recognized, at least by professionals concerned with its impact, as a social, medical, and psychiatric problem. The magnitude of the problem and of community concern with it stems not from the tremendous number of addicts (there are far fewer than the number of alcoholics in the United States) nor from the routine use of a particular drug by most addicts in this country, but from the extreme moral stigma and legal sanctions which have been attached to the use of the drug. As a consequence of such legal sanctions, addicted persons are forced into patterns of behavior characterized by covert, illegal, and harried attempts to obtain the outlawed and highly costly drug—a pattern of life which usually prevents them from contributing constructively to society.

Once narcotic addiction is understood in terms of these broad and basic considerations, the goals of efforts at social control of this disease can be clarified. The aims of efforts directed at those who are already addicted should be twofold: first, social and medical rehabilitation of those addicts who are noncontributing citizens of the community, and, second, social integration into the community of those addicts who are already contributing citizens, since there is some evidence that there are persons for whom this may be possible.

Achievement of such goals requires extensive public education of the community as to the nature of addiction as a social problem and the need for a modern public health approach to its amelioration. These goals differ in fundamental fashion from the goals of most current programs aimed at treating addicts in this country. Drug abstinence per se is implicitly or explicitly at or near the top of the list of goals of many conventional programs in this field. It is our belief that social and medical rehabilitation and social integration are more meaningful goals in the treatment of addicts and that, in a rational approach to the problem or addiction, drug abstinence becomes one method along with many others of achieving such goals. As with other problems characterized by psychopharmacological interaction (e.g., mental illness), medically prescribed drug use becomes an essential method along with withdrawal from drugs and absinence from drugs under supervision.

Against this background one can begin to formulate a continuum of treatment services which is geared to goals which are at the same time realistic and relevant to the control of a social, medical, and psychiatric problem. We propose that the basic principle underlying a model continuum be that the entire community participate in the treatment effort by supporting a series of services aimed at the long-term engagement of the narcotic addict in a rehabilitative and integrative program. Such a program would consist largely of neighborhood-based facilities and services and would include hospital-based services and health facilities as integral arms.

Specifically, the treatment continuum is seen as an action-research program which starts with the initial contact between the addict and the medical staff of the treatment center, which is within the department of psychiatry of a general hospital. Such contact might occur at the hospital to which the addict is applying for admission as an inpatient, or it might take place in a neighborhood agency which is serving as part of a coordinated narcotic addiction treatment service. The initial contact would begin the process of ambulatory care until there could be an effective referral to the inpatient facility for detoxification. This interim period between initial contact and admission interview would include whatever forms of ambulatory treatment are necessary to begin the patient along the road of continual engagement with the treatment personnel. The patient may be engaged in a sheltered workshop program, may be placed on a pharmacological regime, or may be engaged in a form of interview treatment prior to admission for detoxification.

Admission as an inpatient would be followed immediately by a period on the detoxification ward during which withdrawal from drugs is accomplished with the aid of Methadone. The program in the inpatient facility, which will be discussed in further detail later, would be followed in 2 weeks by admission to a Day-Night Center, located away from but near the hospital.

After an extended stay at the Day-Night Center, the patient would return in gradual stages to his neighborhood under the continued supervision of a clinic which would be jointly operated by the hospital and the neighborhood agency. It would be expected that this clinic would have continual contact with the family of the patient from the point of initial contact through ambulatory care and detoxification, through the stay in the Day-Night Center, and in the after-care program at the local neighborhood level. The patient would continue to be engaged in the process until rehabilitation and social integration were achieved. A key aspect of the Day-Night Center program would consist of a program of public health education. This would serve to increase the level of community understanding of narcotic addiction as well as the community's role in helping to effect rehabilitation of addicts and former addicts and in helping such persons achieve integration into community life.

Research into the continuum of treatment would be undertaken as a part of the proposal for a Day-Night Center under the rubric of a community mental health approach. The development of a Day-Night Center is thus viewed as an integral step in the development of a model continuum of community care for the narcotic addict.

Many elements of this model continuum, briefly outlined above and described in previous papers,[1-4] have been introduced in whole or in part in the Department of Psychiatry of the New York Medical College-Metropolitan Hospital Center during the past 3 years in the operation of a voluntary narcotic addiction treatment program, closely interwoven with an ongoing research program. The inpatient program at the present time provides a period of approximately 2 weeks on a detoxification ward followed by another 2 weeks on an advanced ward. Psychological testing, recreational and vocational services, group psychotherapy and, where indicated, preparation for individual psychotherapy in aftercare are provided by staff members organized into teams, each headed by a psychiatrists and including a social worker, psychologist, and vocational counselor.

A cooperative arrangement between the New York Medical College Department of Psychiatry and established neighborhood programs provides for a full interagency sharing of information on patients, joint staff meetings, and priority of admission for patients referred to the hospital by the neighborhood agency, utilizing that agency's knowledge of the patient's life history and family history to facilitate screening.

* * * * *

LEGAL OBSTRUCTIONS

Potentially, the professional worker in the field of mental health may draw on three sources in his attempts to help the patient effectuate change. These are, first, his own skills in interpersonal relationships; second,

There being no objection, the article was ordered to be printed in the RECORD, as follows:

THE TEST BAN TREATY: SOME FURTHER CONSIDERATIONS

(By Bernhard G. Bechhoefer)

During the debate in the Senate leading to the ratification of the nuclear test ban treaty, many statements were made minimizing its significance. It was pointed out that the test ban does not reduce any armaments whatever and therefore is hardly a disarmament measure; does not prevent the continuation of the nuclear arms race among the great powers; does not prevent transfer of weapons from the nuclear haves to the nuclear have nots, and that it does not even prevent nuclear testing just so long as it is underground.

Nevertheless, with all its limitations, the test ban agreement could be a turning point leading to at least a slowing of the arms race. Its significance can be seen simply by contrasting it with the negotiations for arms control and disarmament which have taken place ever since the end of the Second World War and which have seemed so futile and frustrating.

Let us go back to January 1946—the first meetings of the United Nations Security Council. During the negotiations which led to the organization of the United Nations, it was never anticipated that disarmament would be a major subject for discussion in its early years. The U.N. Charter mentions "disarmament" only three times and always in the context of a future ideal. One of the basic thoughts underlying the U.N. was that the five great powers, institutionalized as the permanent members of the Security Council—the United States, United Kingdom, Soviet Union, France, and China—should remain strong and should prevent the development of other military establishments. Their first task would be to disarm Germany and Japan, maintaining world peace during that period. The U.N. would then establish its own forces which, with the cooperation of the five great powers, would be used to prevent threats to the peace. Only then would the U.N. work out "the principles governing disarmament" and a "system for the regulation of armaments."

This concept was changed by three developments. First, the use of atomic weapons by the United States against Japan created a new dimension in weaponry (it was agreed at the first session of the Security Council to set up U.N. machinery to discuss the control of atomic energy).

Second, the United States unexpectedly and unilaterally disarmed under the slogan "bring the boys home." (We have learned, partly from Yugoslav sources, that as a result of this disarmament Soviet leaders felt free to pursue an aggressive course intended to lead to the immediate triumph of communism in Europe.)

This gave rise to the third factor which the founders of the U.N. had not foreseen—the cold war. The failure of the great powers to agree would not completely paralyze, but would indeed cripple, U.N. peacekeeping machinery. It was in this changed atmosphere that the first U.N. discussions of disarmament took place.

The initial proposals of the United States on the control of atomic energy centered on the Baruch plan. Its crux was an international authority which would have control over all phases of the production and use of nuclear materials except, of course, peaceful uses. It seems probable that the Baruch proposals were sincere, that U.S. leaders believed a complete system of accountability for fissionable materials to be the only way to eliminate the menace of nuclear war. But it was unrealistic ever to believe that the Soviet Union under Stalin would accept proposals requiring the immediate elimination of Soviet secrecy. It soon became apparent that the Soviet Union's response to the Baruch plan was twofold, to develop its own nuclear capability as rapidly as possible and to use all its propaganda resources to thwart any use of the Western nuclear capabilities.

It was not until after the death of Stalin and after the Soviet Union had achieved its own thermonuclear capability that this attitude began to change. By 1955, both the Soviet Union and the United States realized that a nuclear war would destroy all civilization. The United States began to move away from its strategic policy of massive retaliation, and the Soviets began to speak of peaceful coexistence. As a part of this change, the Soviet Union recognized that it was no longer possible to account for all past production of nuclear weapons, and, therefore, it would not be feasible to eliminate nuclear weapons in the early stages of a disarmament program. The emphasis in the negotiations during 1956 and 1957 changed from advocating all-inclusive disarmament to a discussion of specific, relatively small steps which would reduce tensions, limit the arms race, and, with the achievement of greater trust, make possible further steps to limit the arms race.

It seems fair to conclude that during 1956 and 1957 practically all the serious specific proposals of both the Soviet Union and the West concentrated on two areas where the self-interest of the Soviet Union seemed the same as that of the West: steps to prevent additional countries from obtaining nuclear weapons and steps to prevent accidents that might lead to nuclear war. In 1957, when Stassen was the U.S. representative in the U.N., it appeared that agreement might be reached with the Soviet Union on certain broad principles of arms control. Secretary Dulles, however, pointed out that the important breakthrough would not be in the development of agreed principles but in the detailed annexes to carry them out. In 1957, negotiations never even approached the stage of producing detailed annexes.

The initially promising 1957 negotiations were unsuccessful for a number of reasons, one of which was that the NATO allies did not support the U.S. positions. The United States at that time had no overall policy to take into account both NATO and disarmament. When conflict arose, the United States reaffirmed the NATO positions.

After 1957, the progress of disarmament negotiations seemed discouraging on the surface. The Soviet Union declined to participate unless either the negotiating group was enlarged to include all U.N. members or unless 50 percent of the group consisted of the Soviet Union and its satellites. Obviously, a commission consisting of all the U.N. members could not possibly conduct negotiations. Ultimately, the Soviet Union accepted a negotiating group constructed along the lines of the so-called troika principle, composed approximately one-third each of Soviet-oriented, Western, and uncommitted states. This group was to report to a disarmament commission consisting of all U.N. members.

Equally discouraging was the Soviet shift in 1959 from advocating a program calling for partial measures of disarmament to a program for "general and complete" disarmament. This shift had made it necessary to reshape all proposals for immediate measures into measures for the first stage of a program of general and complete disarmament. It is an awkward negotiating posture. However, perhaps the United States was partially responsible for causing the Soviet shift. The propaganda advantages of advocating general and complete disarmament are roughly similar to those of advocating motherhood. Only too often when the Soviet Union talked about partial measures, our so-called responsible leaders attempted to obtain propaganda advantages by saying that in fact we wanted more disarmament than the Soviets wanted. They would then compare U.S. proposals for ultimate comprehensive disarmament with the Soviet proposals for partial measures. This was like equating apples with lemons.

The one encouraging development after 1957 was the first Soviet willingness to discuss the detailed annexes of a disarmament program before agreeing on the general principles. In 1958, the Soviet Union consented to two specific negotiations even though no agreements had been reached on general principles, one on a test ban and another on "measures to avoid surprise attack." The negotiations on surprise attack lasted approximately 60 days and adjourned, never to be renewed. To the United States, measures to avoid surprise attack meant inspection to cover all strategic airbases and missile sites as well as large troop movements. To the Soviet Union, it meant specifically the so-called Rapacki plan, originally presented by the Foreign Minister of Poland, to establish an inspected nuclear-free zone in Central Europe.

The negotiations for a complete test ban continued for almost 5 years and broke down, according to the United States, largely because of Soviet unwillingness to allow adequate inspection for clandestine underground testing. Earlier, agreement had seemed close at hand.

In perspective, these test-ban negotiations were in fact less discouraging than they seemed on the surface. The Soviet Union on many occasions made it clear that its greatest interest in a test-ban treaty would be to limit the number of countries with nuclear weapons. Specifically, the Soviet Union always stressed that West Germany should not become a nuclear power. While this Soviet fear of the West Germans under existing world conditions may seem unjustifiable to us, it is nevertheless understandable in view of the Soviet sufferings during World War II.

Inherent in the Soviet proposals was that the same formula which would prevent Germany from becoming a nuclear power could also prevent China from becoming a nuclear power. A country may acquire a nuclear war potential either by testing or by obtaining weapons from another country. A test-cessation treaty would cover testing but would do nothing to prevent the United States from transferring weapons to Germany or the Soviet Union from transferring weapons to China. Until the fall of 1961, the United States had made no public disarmament proposal which would have prevented it from transferring nuclear weapons to the Germans. A nuclear-free zone in Central Europe as proposed by the Soviet Union would cover this question of transferring weapons to Germany and would justify a similar formula in Asia. The point is that it seems probable that the Soviet Union never intended to reach a final agreement on banning nuclear tests until a simultaneous agreement was achieved on the problem of transferring nuclear weapons, a problem which is today increasingly under serious discussion. The specific Soviet proposals, in contrast to the concept, have never been acceptable to the West.

As we know, early last year the Soviet Union agreed, to the surprise of most disarmament students, upon a partial test ban covering all nuclear tests which could be detected without elaborate monitoring machinery behind the Iron Curtain. In contrast with the previous Soviet position, which had insisted upon the banning of all nuclear tests with simultaneous progress toward solving the problem of transferring nuclear weapons, this represented a decided change.

Why was the Soviet Union willing to make such a change? The increasing conflict between the Soviet Union and China may have

been a factor. While the threat of China becoming an important nuclear power is certainly 25 years distant, ultimately the best way to prevent this may be through U.N. action supported jointly by the Soviet Union and the United States; it is none too early to begin the detente which could lead to such a result. It is also possible that the United States-Soviet confrontation over Cuba emphasized the urgent need of some progress toward less strained international relations.

More probably, an immediate reason for the Soviet change in position was the replacement of Adenauer by Erhard as head of the West German Government. Adenauer had consistently taken the stand that the West could not discuss any proposal involving inspection in West Germany until the reunification of Germany. Erhard's position on this subject is believed to be less rigid.

While in all probability neither the Soviet Union nor the United States has taken a step which greatly interferes with its freedom of action, nevertheless the Soviet Union has abandoned one of the propaganda positions which it pursued even up to 1960. The jurists of the Soviet Union had consistently taken the position that any nuclear explosion in weapon development is illegal, just as any use of nuclear weapons is illegal (even suggesting that to use nuclear weapons in retaliation against nuclear attack is illegal). The Soviet Union justified its own weapons tests on the ground that the United States began testing first and the Soviet Union was merely attempting to catch up. (At the time of the first Soviet tests, Vishinsky took the preposterous position that Communist nuclear explosions were peaceful and Western nuclear explosions were warlike. When President Eisenhower offered the Soviet Union a partial test ban in 1959, the Soviet Union rejected the offer on the ground that it would legalize something which was illegal.) In terms of popular propaganda, any East-West agreement would have destroyed the propaganda value of the public image the Soviets sought to create of a Soviet Union against the bomb and a United States for it. Thus, in the propaganda field at least, the Soviet Union had seriously restricted its freedom of action.

The Soviet leaders have stressed that the test ban should be the first step toward a further East-West detente. The second step might well be outside the field of arms control—a settlement on Berlin which almost inevitably would be accompanied by some agreement to create a nuclear-free zone in Central Europe. This is turn would establish the formula to prevent China from obtaining nuclear weapons.

The next step could also be in the field of arms control but probably will not be the extension of the test ban to cover underground tests. The recent exchange of correspondence between Premier Khrushchev and President Johnson seems to suggest other more fruitful fields for immediate agreements.

In short, the test-ban agreement is highly significant in three respects. It does lessen, though it does not eliminate, the possibility that additional countries will develop a nuclear weapon potential. It represents a forward movement in the slow shift of Soviet positions which should prevent the return to certain propaganda positions that have plagued the past negotiations. And most important, it establishes the groundwork for a further East-West detente, both on political problems in general and on arms control in particular.

NEW YORK LAWYERS TO HELP RIGHTS DRIVE IN THE SOUTH

Mr. RUSSELL. Mr. President, each day the metropolitan press discloses a new illustration of the hypocrisy of many advocates of the so-called but misnamed proposed civil rights legislation as well as the sectional bias and hate that prompt many of those who are connected with this movement to invade the South, humiliate its people, overturn its institutions, and bring the full force of the Federal power to bear upon the Southern people. We have enough difficulty with the Attorney General and his vast coterie of counsel in the civil rights division and all the lawyers in the Civil Rights Commission, as well as volunteers.

In the New York Times of May 21, 1964, I observed an article entitled, "Lawyers Corps Is Formed Here To Aid Rights Drive in the South." The article points out that the corps is to defend so-called civil rights demonstrators in the South. Seminars would be conducted in the laws and procedures in the Deep South this summer. The corps was formed by seven major civil rights groups. Among them is the National Association of Colored People, of which, Jack Greenberg, the local defense and education director, is a founding member, as are also Edwin J. Lukas, National Affairs Director, American Jewish Committee; Howard Moore, counsel, Student Nonviolent Coordinating Committee; Leo Pfeffer, general counsel, American Jewish Congress; John Pratt, counsel to the Commission on Race and Religion, National Council of Churches; Carl Rachin, general counsel, Congress of Racial Equality; Melvin L. Wulf, legal director, American Civil Liberties Union, and Father Robert F. Drinan of the Boston College Law School.

The article states that the 60 lawyers who have been mobilized are being prepared as a special task force for the Southern States. There will be a seminar on the laws and procedures of the States as well as the body of court decisions relating to civil rights. According to the article, the participants will not receive fees, but the expenses of the volunteer corps of lawyers will be paid by the committee. They are now undertaking to mobilize law students to go along and act as clerks for the voluntary lawyers.

I recognize that the people who organized this corps are within their legal rights. But it is rather remarkable that in New York State they would organize and prepare for an invasion of the South. One would think from that action that there were no downtrodden, put-upon citizens of that State who were deserving of their assistance. The members of the corps propose to act as good Samaritans only when they go below the Mason-Dixon line.

I have not observed anything to indicate that they have tendered their services to represent the poor Negroes who were beaten within an inch of their lives by the police to make sure there would be no interference with the World's Fair in New York City. That is beyond their ken. That might bring down the wrath of their own power structure. As was said by those citizens who witnessed but did nothing about those terrible crimes that have occurred in New York City, they "do not wish to became involved."

They are not interested in alleged police brutality and injustice in either New York, Cleveland or Chester, Pa.

Mr. President, it is rather remarkable that the vast compassion of these lawyers exists only for those who are supposed to be abused in the South. The bowels of their compassion are completely locked until they are south of the Mason-Dixon line. No amount of abuse, no amount of police brutality, no amount of imposition on widows and orphans and others unable to protect themselves, interests them in the slightest degree, unless it is reported from south of the Mason-Dixon line.

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

Mr. RUSSELL. I shall be glad to yield in a moment.

I noted with considerable interest last Sunday a number of articles about a poor widow who was trying to operate a little family grocery store in Newtonville, N.J., and who was being driven out of business by a boycott by the NAACP. That incident found its way into even the New York Times, so we may assume that the Times thought it was "news fit to print."

Sometimes the news that the Times finds fit to print is somewhat colored.

The article describing the boycott against the family store in Newtonville, N.J., states that Negroes are withholding their business because the widow operating the store has not hired a Negro clerk. The article states in part:

> This rural community's general store, the main supplier here of groceries, clothes, house furnishings, and gasoline has become involved in a civil rights dispute that may ultimately put it out of business.
>
> For 3 weeks, the Buena-Hammonton-Weymouth Chapter of the National Association for the Advancement of Colored People has been conducting a boycott against the store because of the owner's alleged refusal to hire a Negro clerk.
>
> The store, which also serves as the local post office, is patronized mainly by Negroes, who make up 90 percent of the community's population of 600.

Mr. President, I will not read all of the article, but I want to read this part:

> Mrs. Margaret Chamberlain, who has operated the store since the death of her husband last July, said yesterday that the boycott was "hurting her," but that greater damage was being done to her Negro friends in the community.
>
> "The people here know what I've done for them over the years," the 49-year-old widow said, "and they tell me that they don't like this thing but they're being told to stay away from the store or else."

Incidentally, the Philadelphia Bulletin, in its account of the boycott, stated that Mrs. Chamberlain was considered a heroine for her efforts during a forest fire in April 1963, that destroyed half of Newtonville. She stayed on the telephone in her store alerting residents of the community of the danger even though as many as 16 houses on her street were in flames. After the fire, her store served as a center for distributing clothing and furniture to white and colored victims of the fire.

The New York Times articles states that Mrs. Chamberlain is now heavily