imports of steel products. Our domestic steel and iron industry is not only one of the most vital to our Nation's economy, but it is essential to our national defense and security.

It must continue necessary research and development to meet the technological advancements of today's world, and it is essential that this industry can expand through fair competition on the domestic market. This will be possible only if imports are subject to adequate quota control.

I cannot too strongly urge the committee to give favorable consideration to the establishment of a system of quota control for the protection of vitally important domestic industry.

I thank the committee for this time.

The CHAIRMAN. We thank you very much for coming.

Any questions?

Thank you.

Mr. BUCHANAN. Thank you.

The CHAIRMAN. Is Mr. Blackburn here? Yes, I see Mr. Blackburn, our colleague from Georgia, Hon. Benjamin B. Blackburn.

Mr. Blackburn, we appreciate having you with us this morning and you are recognized, sir.

STATEMENT OF HON. BENJAMIN B. BLACKBURN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA, ACCOMPANIED BY DR. JOHN H. SADLER, DISTRICT DIRECTOR, ATLANTA KIDNEY CENTER

Mr. BLACKBURN. Mr. Chairman, I want to say in the beginning that I do appreciate your giving me this opportunity to appear and explain my purpose.

The CHAIRMAN. We are glad to have you.

Mr. BLACKBURN. I am appearing before your committee today to discuss H.R. 13419, a bill to amend the tariff schedules of the United States to permit the free entry of a certain cellophane membrane—Cuprophane, the substance that has been distributed to you.

Accompanying me today is Dr. John H. Sadler, director of the Atlanta Artificial Kidney Center which is under the direction of Emory University School of Medicine. It was Dr. Sadler who first brought this matter to my attention and has greatly aided me in my investigation of the whole area of kidney disease.

There are two methods now employed in the United States to meet the problem of chronic kidney disease. One is treatment by artificial kidney machine (hemodialysis) and the other is transplantation of kidneys obtained from living or dead donors (renal hemotransplantation). Although neither means is fully developed, both chronic hemodialysis and renal homotransplantation are capable of prolonging life. Unfortunately, many patients whose lives might be maintained for a significant number of years are now dying because these treatment forms are not generally available. One out of five patients dying from chronic kidney failure (uremia) are medically suitable candidates for treatment by dialysis and transplantation.

Nationally, there will be 7,000 new patients in fiscal year 1968, with chronic uremia who will be medically suitable for treatment by transplantation or hemodialysis. Many of these will die because treatment