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REMARKS OF U.S. REPRESENTATIVE JOHN E. FOGARTY IN SUPPORT OF
LEGISLATION TO AMEND THE PUBLIC HEALTH SERVICE ACT TO ASSIST
IN COMBATING HEART DISEASE, CANCER, STROKE AND OTHER MAJOR
DISEASES BEFORE HOUSE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

Mr. Chairman and Members of the Committee:

JULY 20, 1965

Last March I had the honor to introduce into the Congress a bill - H.R. 5999 - to amend the Public Health Service Act to assist in combating heart disease, cancer, and stroke, and other major diseases.

As members of this Committee know, and indeed, as all members of the Congress know, I have spent the major part of my legislative life in efforts to support medical research and research training because I believed, and still believe, that such research is necessary to bring better health to all my countrymen. It has been heartening to me to see these efforts bear fruit and to see this research lead to discoveries of better ways of fighting disease.

Yet the discoveries by themselves are not enough. They must be put into practice and actually applied to saving life, relieving suffering, and preventing disability. To some extent, I am happy to say, the accomplishments of our great national program of medical research have been applied in practice. But when we consider the terrible and rising toll of deaths, suffering and disability from heart disease, cancer, and stroke, we know that more must be done. We must continue, as a Nation, to support medical and health research. We must, at the same time, find means to apply more fully and widely the results of research.

I am sure this Committee and the Congress knows that there are in this Nation centers of excellence in medical practice, training and research, where patients can have defective and worn hearts repaired surgically; where they can have clogged parts of blood vessels removed and replaced with smooth-bored vessels through which

blood can flow again; where stroke victims can be treated and retrained to overcome their disability. I am happy about this, and I am proud that I have had some part in it through my efforts to see that there was support for the research which led to these accomplishments.

But I am not happy when I consider the fact that these brilliant achievements in modern medicine, resulting from our modern research are available only to the fortunate few -- those lucky ones who happen to live near one of these centers or to have the means to travel to them for treatment. And even those with the means for the necessary travel and other expense cannot always benefit from the resources of the few big centers. Too often, they cannot survive long enough to reach and be admitted to these centers, whereas if the resources were available in their own communities, their lives could be spared.

The resources for our most modern, sophisticated diagnostic and treatment methods, however, involve very costly equipment, such as heart-lung machines for open heart surgery; tissue banks for supplies of bits of arteries and veins for grafting; special blood-banking facilities; many kinds of costly diagnostic reagents and machines. In addition, there are required large numbers of specially trained and skilled personnel - surgeons, anesthetists, radiologists, nurses, and technicians. All of this is well beyond the current capacity of most community hospitals and medical centers.

It was a review of this situation -- the great advances of recent years in ability to save lives threatened by heart disease, cancer and stroke and to reduce disability from these causes -- and the need to bring these advances to people everywhere -- that led the President's Commission to recommend establishment of regional complexes for research and treatment in these three major diseases.

The bill now before you, H.R. 5999, like the counterpart S. 596 which has just passed the Senate, is intended to help toward establishment of these regional complexes through Federal grants.

I understand that the Nation's physicians, as represented in the American Medical Association, while in accord with the overall aims of the bill, are again seeking that spectre, that ghost, they so often raise, namely state medicine and Federal control of medical practice. If they will read the bill carefully, they will see that one of its purposes is to accomplish its noble ends, "without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospital practice."

For my part, it was heartening to learn through hearings before my subcommittee on appropriations on the supplemental appropriation for the first fiscal year on heart, cancer and stroke, that the National Institutes of Health will administer the program this bill calls for. I can remember that this same ghost of Federal control was raised when the NIH was first given authority to administer grants for support of research, training and facilities -- primarily in our medical schools. Over the years, the cries of Federal control of

medical education have changed to approbation of the NIH for its superior ability to administer Federal funds without controlling or directing research or the scientists conducting this research.

I also remember -- when the Clinical Center was opened at the NIH -- there was raised the same alarmed cry of Federal encroachment on the private practice of medicine. Yet ever since its opening, patients have been referred there by the thousands by the practicing physicians of the country, and the only criticism I hear from these physicians who originally feared Federal control is that the Clinical Center cannot handle all the research patients they would like to refer.

There has been no criticism by the scientific community of Federal control of funds administered by the NIH and quite recently a committee of distinguished scientists appointed by the President to study the NIH and its operations reported that its funds were spent "wisely and well" and that "few if any, one-billion-dollar segments of the Federal budget are buying more valuable services for the American people than that administered by the NIH."

I understand, also, that some critics of the bill fear that it seeks to go too far too fast. Again, careful reading will make clear that, while its aim is to speed the benefits of the most modern knowledge of patient care to all people, there is provision for wise and careful planning at both the community and national level, so that haste will be made without waste and with due regard for the needs of the medical profession and the patients it serves.

In conclusion, I would only like to say that the matter of urgency develops real meaning when this national concern is reduced to the individual instance: of the breadwinner who is suddenly the victim of a paralyzing stroke; of the youngster who is diagnosed as having cancer; or of the mother who requires immediate and extensive cardiovascular repair -- and when the individual is a relative or a dear friend. Thus, I urge this Committee's early and favorable consideration of this bill which holds the potential for improving the health, happiness, and productivity of the people of our country.