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Congressman John E. Fogarty
House Floor
Introduction of HR _____, HR _____, HR _____

Mr. Speaker, I rise today to introduce three bills which, if approved by this Congress, will make a significant and enduring contribution to the health of the American people.

My distinguished colleague in the Senate -- Lister Hill -- has introduced identical measures with the same objective. That objective is to provide a concrete basis for the great aim of the President's Commission on Heart Disease, Cancer, and Stroke: to match medical research potential with public health achievement by merging the worlds of medical science and medical practice.

The first of these bills calls for aiding the establishment of regional medical complexes for research and treatment in heart disease, cancer, and stroke -- three diseases which together account for seven out of every ten deaths in the United States each year.

In the words of the President's Commission, "Each premature death from heart disease, cancer or stroke is a personal tragedy. But each preventable death is a national reproach...for the pace of science is bringing more within our reach, but the pace of application allows them to slip through our grasp."

The bill which I want to introduce at this time is a step to bring about a closer partnership of our health and medical resources. Its purpose is to enable the medical profession and medical institutions of the Nation -- through a grants program of the Federal government -- to make available to their patients the latest advances in the diagnosis and treatment of heart disease, cancer, and stroke, and other major diseases.

It calls for an appropriation of \$50 million for the first year, and additional sums for each of the next four fiscal years, for grants to assist public or non-profit medical schools, hospitals, and other research institutions to plan, establish, and operate regional medical complexes for research, training, and demonstration activities. Each complex would consist of one or more medical centers, one or more categorical research centers, and one or more diagnostic and treatment stations.

The centers could offer open-heart surgery, advanced and very high voltage radiation therapy, and advanced disease detection methods. Their regional nature would enable every patient requiring such procedures to have access to them. The centers will help the practicing physician keep in physical touch with the latest medical knowledge and techniques and the most efficient methods.

The bill also gives the Surgeon General the authority to appoint a National Advisory Council on Medical Complexes which will advise and assist him in making and administering grants.

President Johnson, in his Health Message to Congress on January 7 of this year, stated the case for these complexes in the following words: "When we consider that the economic cost of heart disease alone amounts to 540,000 lost man years annually -- worth some \$2.5 billion -- the urgency and value of effective action is unmistakable."

The second bill will serve to improve the educational quality of schools of medicine, dentistry, and osteopathy. It authorizes grants to these schools for the awarding of scholarships to needy students, provides for the extension of our student loan program and for continuation of aid in construction of teaching facilities.

As all of you well know, these are not new problems which we confront here for the first time. After consideration in two previous Congresses of bills to authorize grants for the construction and improvement of medical, dental, and public health facilities and to financially assist students attending such institutions, I was gratified in 1963 by the passage of these bills as the Health Professions Educational Assistance Act which authorized a three-year construction grants program and loans to students. The Act was only a beginning, for it authorized only part of what was needed then, and even less of what is needed today.

But the Act was a beginning, and it must not be permitted to lapse. One of the purposes of the bill I am introducing today is to extend the construction and student loan programs of that Act to July 1, 1971, with an extension to 1974 of the loan program to permit students to complete their education. The amount of the student loan may not exceed \$2,500 under provisions of this bill.

However, grants for construction and loans alone are not enough. As the President has said, "We must face the fact that high operating costs and shortage of operating funds are jeopardizing our health professions education system...Several underfinanced medical and dental schools are threatened with failure to meet educational standards. New schools are slow to start, even when construction funds are available due to lack of operating funds."

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Therefore, the present bill would also authorize a five-year program of grants to assist the schools of the health professions in improving the quality of their educational programs. To achieve this, it calls for an initial appropriation of \$20,000,000 for the fiscal year ending June, 1966 and such sums as may be needed for succeeding fiscal years. Under its provisions the Surgeon General shall approve the grants after consulting with a National Advisory Council on Medical and Dental Education, also established herein.

The bill further provides for a five-year grants program for establishing scholarship funds. These grants will be made to educational institutions on a formula basis, and will provide scholarships not to exceed \$2,500 for any school year. The inclusion of this section reflects the tremendous investment now required for pursuing a medical education. It is a sad instance of economic discrimination that half of last June's medical school graduates came from families with incomes of over \$10,000 a year. Surely, there are many young people from low and middle income families well qualified to become physicians and dentists, but who are blocked by lack of finances from realizing their abilities.

As the population rapidly grows, and as disease incidence increases proportionally, the doctor to patient ratio grows wider. Loans to students are not enough to encourage increased enrollment. The low salaries paid during the several years of required internship and residency are hardly enough to cover the living expenses of a young doctor and his family, much less to allow for repaying a sizeable loan. Only scholarships, such

as provided for in this bill, can effectively deal with this problem of finances. Scholarships, awarded to those medical and dental students who would otherwise not be able to undertake or complete their training, will for the first time offer broad opportunities for a medical education to young people from families of modest income.

In the past three Congresses I introduced bills to provide federal assistance to the states in awarding scholarships to students of medicine and dentistry. The scholarship provision was stricken from those bills. I ask this Congress to carefully consider this bill and not take similar action. The need for qualified, well-trained health personnel is growing increasingly grave. It is obvious that previous measures, though helpful, have not been enough. We must not fail this time.

The third bill which I introduce today is concerned with the important question of the accessibility of medical knowledge and its effective communication.

As I implied while discussing the regional medical complex bill, the war on disease cannot be launched and waged on one front while other fronts are disregarded. Specifically, research grants are wasted unless adequate facilities exist to apply the results of research. Medical centers will remain empty without qualified, well-trained personnel to staff them. The effectiveness of all of these is limited by the present inadequate system of medical libraries and medical information communication.

As the President's Commission on Heart Disease, Cancer, and Stroke noted, "The forward sweep of medical science has brought about a kind of 'instant obsolescence' in medical knowledge." Although recognizing the splendid work and potential of the National Library of Medicine, the Commission concluded that "the present state of most medical libraries in the United States is lamentable, largely because libraries have not received their due share of the greatly increased attention and funding for research." The Commission warned that "unless major attention is directed to improvement of our national medical library base, the continued and accelerated generation of scientific knowledge will become increasingly an exercise in futility."

The bill which I present to you today proposes specific action to assure that we do not stand idly by to see a worsening of this "exercise in futility." This bill, in its main features, provides for:

- (1) assisting the construction of new and the rehabilitation of existing medical library facilities, the costs not to exceed 75 per cent of the cost of construction;
- (2) assisting in the training of medical librarians, cost not to exceed \$1,000,000,000 for any fiscal year up to June 30, 1970;
- (3) Supporting fellowships for special scientific projects, the costs not to exceed \$500,000 for any fiscal year up to June 30, 1970;
- (4) assisting in the conduct of research and development in the field of medical library science, the costs not to exceed \$3,000,000 for any fiscal year up to June 30, 1970;
- (5) assisting in improving and expanding the basic resources of medical libraries, the costs not to exceed \$3,000,000 for any fiscal year up to June 30, 1970;

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- (6) assisting in the development of a national system of regional medical libraries, the costs not to exceed \$2,500,000 for any fiscal year up to June 30, 1970;
- (7) supporting of biomedical publication of a non-profit nature and for related purposes, the costs not to exceed \$1,500,000 for any fiscal year up to June 30, 1970;
- (8) authorizing the Surgeon General under certain circumstances to establish branches of the National Library of Medicine, the costs not to exceed \$2,000,000 for any fiscal year up to June 30, 1970.

I am certain that these provisions will greatly advance the orderly accumulation and dissemination of medical knowledge, a function essential to continued rapid medical progress. And I am also convinced that this legislation could best be administered by the National Library of Medicine -- an organization which is keenly aware of the library needs of medical schools, the practicing physician, and the scientific community in general.

In conclusion, I urge all of my colleagues to give much consideration to the details of these bills and to the national health needs which have prompted their drafting. As medical knowledge steadily accumulates -- as important research advances are being daily made -- we must now look with a critical eye at the whole health picture. It is no longer enough to consider research alone. Training and education, widespread clinical application of research findings, and effective communication of medical knowledge are vital cornerstones upon which a healthy nation must be built.

Action must be taken now, for needs are great, but the means of relief -- involving time-consuming construction, training, and expansion of facilities -- cannot be implemented overnight. Our goal is health for the millions -- it must not be less.

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