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Medical Research: A National Bulwark

ADDRESS

OF

HON. JOHN E. FOGARTY

OF RHODE ISLAND

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Mr. McCORMACK. Mr. Speaker, under leave granted to extend my remarks in the RECORD, I include the following address by the Honorable JOHN E. FOGARTY, of Rhode Island, before the medical conference of the Muscular Dystrophy Associations of America, Inc., at Park-Sheraton Hotel, New York City, May 17, 1952:

MEDICAL RESEARCH: A NATIONAL BULWARK

(Address by Hon. JOHN E. FOGARTY, of Rhode Island)

I would like to tell you, this morning, something about the way in which one Congressman views the health of the American people and how you as members of the Muscular Dystrophy Association can help the Congress as a whole to marshal an effective attack on diseases which cause so much unnecessary suffering and disability.

I have been a Member of the House of Representatives for the past 12 years. For the last 6 of these years I have served on the Appropriations Subcommittee which has held hearings each year on the requests for funds for research and other programs of the Public Health Service of the United States.

I am now chairman of that subcommittee and in this position it has been my privilege and obligation to study and try to understand our health problems. It has been particularly important to analyze the relationship betwen medical research and the health of the Nation if I was to be able to render a sound legislative judgment on the statement of needs expressed to the committee by the Office of the Sugeon General.

At the present time, about $180,000,000 are spent annually on medical research. Since the war there has also been substantial growth in medical institutions and programs. Agencies such as yours have been set up as an expression of the public desire to contribute to the campaigns against specific diseases. Research, and training in research work, in the Nation's medical schools and universities have increased. More facilities for medical care and rehabilitation have been built; private foundations and industry have continued to make important contributions; States and municipalities have shown an increasing ability to meet their own health needs; and, through Congress, the people have placed upon the Federal Government the responsibility for supplementing and insuring the continuity of expansion in medical research.

These advances, significant though they are, cannot be viewed with complacency. They are an indication of the kind of progress that can be expected if we plan and act with wisdom and foresight, but we have a long way to go before we can claim victory.

For humanitarian reasons, we should bend our efforts toward the control or eradication of diseases which will eventually yield to scientific and public health attack. But, beyond that, we should be concerned with the health of our people from the point of view of our national economy. The Federal Government is giving some kind of direct medical care to more than one-sixth of the Nation—that is, about 24,000,000 people, most of them veterans. Our Federal medical services cost us nearly $2,000,000,000 a year. More than 85 percent of the total Federal medical expenditures is for direct medical care. It has been estimated by the American Medical Association that the total cost of illness in this country—and here we are talking about all costs, including loss of wages and loss of production—is nearly $27,000,000,000 a year. These are losses which we cannot afford and have no right to tolerate.

I am convinced that the basic answer to these staggering expenditures is more medical research—research which will have to be supported by both private groups and the Federal Government. As you know, the arm of our Government which is responsible for medical research is the Public Health Service, and more specifically, its component body, the Institutes of Health at Bethesda, Md. Soon after the war, this research center began to assume an organizational pattern calling for separate institutes dealing with the chronic diseases. So—by the time I had become chairman of the subcommittee in 1949—there was a National Cancer Institute, a National Heart Institute, a National Instiute of Dental Research, and a National Institute of Mental Health, as well as two institutes concerned with the communicable diseases and nutritional research.

During these years, we in Congress became increasingly aware of public support favoring the establishment of additional research institutes to deal with specifc disease entities such as multiple sclerosis, cerebral palsy, polio, and so on. There have been several bills before Congress calling for the establishment of perhaps 10 such institutes.

You can see the fundamental issues with which we were confronted. It was apparent that the American people wanted Government support for research programs dealing with several of the chronic and crippling diseases. Yet, could effective research really be so divided? Could so many institutes be established as a matter of organization and administration? What were the values to be derived from identifying each research program with a specific disease?

These bills and many other considerations led to what is known as Public Law 692. Under one of the provisions of this law, passed in 1950, two new Public Health research institutes were created—the National Institute of Neurological Diseases and Blindness, and the National Institute of Arthritis and Metabolic Diseases. These two institutes are responsible for investigations into such closely related neurological problems as cerebral palsy, epilepsy, and multiple sclerosis, and into such metabolic disorders as arthritis, rheumatism, and diabetes. Although muscular dystrophy is generally recognized as neurological in origin, the Arthritis Institute is conducting and supporting research on the metabolism and physiology of the muscle, which I understand is relevant to the problem.

The companion interest of the two new institutes on different aspects of the same disease is, I think, proof of the need for flexibility in a research program. For that rea-

son, Public Law 692 gave to the Surgeon General of the United States the authority to create new institutes if circumstances require them. It recognized, in other words, that we cannot always set up neat little boxes for research into specific diseases. In part, this integration is evident in the plan of the new Clinical Center, which is now being built at Bethesda, and which is designed to provide opportunities for a unified approach to clinical and basic research.

During the past 3 or 4 years, our committee has spent long hours discussing the plans for this center and how it could best serve our people. It was decided that all seven of the research institutes should have portions of their programs, including research patients, in the Clinical Center. Consequently, there will be a close-working relationship among the many complex disciplines which make up medical research today.

There are several other provisions of Public Law 692. I will take time to describe only one more.

Each major Public Health Service research program is guided by a National Advisory Council which reviews all programs and makes recommendations to the Su geon General. Each Council is composed of 12 non-Federal scientists and laymen. The key words here are, I think, "non-Federal scientists and laymen." They illustrate that these scientific programs are nonpartisan and that the layman not only has a stake in them, but also has much to contribute.

In telling you something of what it means to be a Congressman interested in public health, I want to point out that sometimes he must struggle with his conscience to reconcile the demands of his constituents with what he honestly believes is best for everyone. The difficult question is: What is the relative importance of long-range problems such as medical research, as compared with immediate issues? Can we recommend to the Congress that medical research is more important to the Nation than funds for defense? To get the answer one has to do some fairly elementary arithmetic—almost like a household budget:

The total Federal income is around $71,000,000,000. Of that, about fifty-one billion is earmarked for the military and for foreign aid. That leaves roughly twenty billion to use for nonmilitary spending. But the total budget for nonmilitary Federal activities comes to thirty-four billion two hundred million. That means a $14,400,000,000 deficit. Dare we cut back on defense spending, or do we, instead, cut civilian programs?

I will tell you how I stand on this issue. I agree 100 percent with that section of the Hoover Committee Report which said: "The Government can protect its financial position best by using every means to prevent disease rather than to treat it by unlimited hospitalization. This will also promote the national welfare in peace and a stronger manpower to preserve our security in war. The highest priority in Federal medical expenditures should, therefore, go to the research and public-health fields. We must, and to a large degree we can, if we will, control disease."

Fortunately, we have been able with a clear conscience to sustain budgets for the most important Federal health activities. It is a matter of pride to me, personally, that, since the war my subcommittee has not in any year reduced the executive budget for medical research, and the Congress itself has invariably followed its recommendations. Indeed, the committee and the Congress have often allocated more funds for basic research programs than the executive budget asked for. But even these gains have not been enough.

All of you realize, I am sure, that the decisions of Congress are prompted by what it knows the people want. In the matter of health needs, the public must make its wants known to the Congress. These wants can and should be forcefully presented through the joint efforts of both public and private groups. The cooperative programs of the National Heart Institute with the American Heart Association, of the National Cancer Institute with the American Cancer Society, and of the National Institute of Mental Health with the National Association for Mental Health are excellent examples of how different groups can effectively work together.

If all those interested in the neurological and muscular disorders could achieve unity in purpose and approach, their combined strength would go a long way toward realizing an effective program. Separately, their problems may seem dwarfed by the other diseases—heart disease with between 9,000,000 and 10,000,000 sufferers, cancer with 700,000, and nearly 500,000 mentally ill. In contrast with these, muscular dystrophy's 100,000 may seem very small. But muscular dystrophy, cerebral palsy, epilepsy, and multiple sclerosis—to name only four related diseases—together claim more than a million victims today. This is a figure to be reckoned with.

All of us here know that medical science has virtually no specific knowledge about muscular dystrophy and related diseases. But we know, too, that fundamental research cuts across all disease lines, so that a research project from another institute may yield the clue to the cause of muscular dystrophy. The all-important thing today is to get sound research done by competent researchers. History has proved that it pays off.

When I spoke of 100,000 cases of musular dystrophy as a relatively lesser problem, it was only on the basis of numerical comparison with heart disease and cancer. In our country it is the individual who counts. Resources are mobilized as quickly to save 1 person as 100. A recent example of that is the story of the airmen in Korea who jeopardized their own lives to permit a helicopter to land and pick up a fellow airman from the enemy's back yard. To us, the individual is important and that is why the programs of voluntary agencies such as this are significant. The victims of muscular dystrophy need our help now, not 10 years from now. At the same time, however, we must strengthen the Nation's research work on neurological diseases. There is evidence that fine progress is being made at the National Institute of Neurological Diseases and Blindness. Dr. Pearce Bailey, director of that program, will tell us about its activities in a few minutes. My hope is that all of you here today will not think of this Federal research program as something remote and abstract. Think of it rather as a unit of Government with which you will want to establish the close personal and organizational relationships which have been so successful in other fields.

For my part, I want every person suffering from muscular dystrophy to know that I, as a Member of Congress and as a fellow citizen, will do my utmost to further research which will cure them of this dread disease.

There must be an answer to the enigma of muscular dystrophy, and we must find it. Our scientists believe that, given the funds, the manpower, and the falities, they will in time find the answer. It is the job of the public to impress the Congress to provide the means needed if these men are to find the solution they seek.

Earlier I said that many decisions in Congress were the result of the desires of the people. I want to stress the need for even more public support for issues relating to the Nation's health. Members of Congress have to be convinced that funds for medical research are really needed. The convincing can only be done by groups such as yours and by the general public. I sincerely hope that all of you will use every means in your power to see that our research work is pursued until victory against disease has been achieved.

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