

April

Diamond Jubilee Convocation - 1957

University Hospital 1.

Waldorf Astoria, N.Y.

The Hon. John E. Fogarty
Congressman from Rhode Island

Our last speaker is Congressman John E. Fogarty, who serves and has served the Second District of Rhode Island since 1940.

As Chairman of the Appropriations Subcommittee on Labor, Health, Education and Welfare, he has consistently supported the growth of medical research.

In the eleven years since 1946, Congressman Fogarty has been in the forefront of enlightened legislation toward ever increasing appropriations of the National Institutes of Health from 1 and one-half to 184 million dollars. Through his dedication to this view, we have seen the National Institutes of Health develop a comprehensive and impressive research program devoted to studies of cancer, heart disease, mental illness and other chronic diseases.

Congressman Fogarty has received many awards and citations for his constructive and outstanding accomplishments. I would guess he values them all but he must have been particularly moved on being publicly commended by the leaders of both parties and hailed as the Champion of Better Health for the Nation.

Congressman Fogarty will speak on "The Role of Government in Health." Congressman Fogarty (Applause)

THE HON. JOHN E. FOGARTY: Dr. Seegal, Distinguished members of our Panel, Ladies and Gentlemen. After listening to your senior statesman for modern medical education, Dr. Abraham Flexner, at the age of 90, and having had the privilege of sitting on this same dais

last evening and listening to my senior Senator from the State of Rhode Island, Theodore Francis Green, who is also in his 90th year, who did not get elected to the United States Senate until he was 69, now serving his 20th year as a United States Senator, and also serving as the Chairman of the great Committee on Foreign Relations of our United States Senate, I am beginning to wonder why we are up here this morning discussing the problems of the aged. (laughter)

As a member of Congress with some responsibilities for the major civilian health programs of the Federal Government, I think I can and I should reflect the majority views of Congress toward the conquest of disease.

The Congressional viewpoint is, of course, both an extension of the public view and vocally an interpretation of it as well.

My remarks this morning are addressed to what I always think of as a single profession, the Health profession. You who are its members are identified in terms of specialties, disciplines, institutional and professional affiliations and other of the countless ways in which the complex world of medicine, medical science and public health is structured.

But I think I can assure you that to the people healing and health-giving professions are as one; even to those people who are fully aware of your separate identities; you are seen in a single image. This image is not a precise one, conceived in fear of disease and hope for its alleviation.

It has been crystalized by experience in which that fear has often been allayed and that hope often met by the members of your profession.

It is small wonder that you have come to assume an image both authoritative and kind and more ~~than~~ life-sized. This image, I think, would be almost impossible to shatter, even if on occasion you must feel that it may be useful to do so.

The expectations of the people, and in good part those of the Congress, are inherent in that image. There is, of course, a difference. The people's expectations are highly generalized and highly charged with feeling. If the people focus on a specific problem of health, they generally do so when personally affected by those specific problems, and their interest may be only temporary.

It is the duty of Congress, however, to interpret and to act on behalf of the diverse needs of the millions of individuals who constitute our total society, and our expectations, however, must be as specific and as objective as possible.

Our objectivity, moreover, has a special meaning in a democratic society. This is to say that while we wish and hope to meet the needs of all persons through our legislative acts, we cannot do so at any given time, and the majority needs, therefore, must have priority.

In determining those needs and the order of those needs, the Congress must look to experts, to members of this audience, for example, and to your colleagues everywhere in the United States.

While the people do not look to you directly for similar information, I think they too must be informed by you on a voluntary basis.

The viewing sometimes of the medical man as an heroic image and the same heroic image of the medical scientist contains elements which could be damaging to their support of your mission, for while the people's direct expectations of you may be relatively reasonable -- that you will use every weapon at your command in order that they and their loved ones may be protected against disease -- their hopes sometimes are not.

They hope for miracles, and indeed since so many miracles in medical and public health practice have come to pass since the beginning of the century, hope has tended to become anticipation.

Whether such anticipation is warranted or not today as we look down the maze of intersecting avenues which we believe somehow leads to the conquest of chronic illness, I am not qualified to say, but it does seem clear that some problems of disease are less likely of resolution in the near future than others, and that public expectations may be realized later rather than sooner.

The further possibility of public disillusionment and withdrawal of public support from the medical sciences could, in short, become very real.

As I see it, one of your obligations to the people then, it seems clear to me, is to keep the people informed concerning your cur-

rent activities, your progress, and especially your problems. To do so will not, I think radically modify the public image of the health professions. Rather, it will bring the health profession into sharper focus and, hopefully, the public will come to see a more realistic relationship between their destinies and your own.

The problem of the communication between the Congress and the health profession is less difficult in one sense, in that its channels for communication are well-established. Over the past decade, the Congress, with your cooperation, has been able to call on you directly for your advice, your recommendations and to clarify issues and conflicts bearing on the Nation's health.

These meetings between us occur a number of times each year. On those occasions when you offer your testimony at hearings on appropriations for the various federal agencies concerned with the matter of health, on other occasions when the Congress is considering proposals for new health legislation, and again on those less formal occasions when there is an interchange between us of that kind.

That is the essence of a representative Government. The Congress also benefits indirectly in so far as many federal agencies concerned with health make extensive use of your knowledge and abilities as individual advisors or as members of advisory groups.

This relationship, more direct and specific than most communications you may have with the people as a whole, is a good and necessary one, which can place special burdens on you.

I have said that the Congress sees you much as the people do. We must, for the Congress is subject to disease, and we owe much to your labors. So it is, however, that we may expect from you a great subordination of gain, position, convenience, professional and institutional rivalry than from any other group of individuals.

We do so, however, I am afraid, even on those problems which not only allow a wide range of honest disagreement but which may also allow a wide range of personal interest, but there is no alternative.

We must have your advice and recommendations. You are, in fact, the experts, and the essential voices on which a whole host of decisions must fully depend.

While in some instances they may seem to place you in an equivocal or difficult position, you should know that the Congress is well aware when your interests are involved, and that the Congress acts to balance your interests with all the other interests, as its function with all the people.

There is another more common responsibility which the health profession is called upon to meet. We sometimes ask you to look ahead with us, to exercise on occasion, if you will, your powers of prophecy.

It is projected, for example, that our population will increase to 190 million people by 1965. Among the 20 million people added to the nation's population, 8 million will be in the age bracket of 5 to 13 years. By 1965, more than 17 million of our people will be at least 65 years old.

What are the health implications in our growing and aging population? What in fact are the problems we face in the next decade?

For example, can a way be found to reduce the mounting toll of chronic illness in our population, particularly among those in productive age groups? What specialized knowledge, techniques and facilities are needed in order to provide for the health needs of the aged?

Are there increasing health hazards implicit in our changing environment?

Can safe levels of exposures to the products and by-products of nuclear energy be established with certainty so that the potential danger of radiation injury can be kept under control?

Will we provide new ways to prevent mental illness and its companion illness manifest by alcoholism from beginning?

By 1965 will mental retardation, cerebral palsy and related problems be reduced because sustained studies have provided new insights into their underlying causes?

Will we be significantly further along the road toward control of heart disease?

In Cancer, will we be approaching prevention or cure?

Will the full range of essential health services for the individual and his community be more widely available to our larger population?

Will a way ever be found to relieve the strain on already hard-pressed medical schools, universities, and other teaching centers which hold the key to progress because they train the members

of the health profession?

Federal money, however, must not be taken as a measure of federal control. Let me say, first, that the amount of federal money spent for health and welfare is a measure of the articulated needs of the people as expressed through state and local governments, through universities, medical schools and other institutions, through voluntary health organizations and through professional societies.

Moreover, most of the health money appropriated by your Government is expended within the local communities and its administration, likewise, is in local hands. Only in two major areas does the Government assume a full directional control. It has assumed direct medical responsibility for a number of special groups to which the Government traditionally owes such care.

Thus, for example, the Federal Government directly provides medical care for members of our Armed Forces, veterans and other beneficiaries.

The Federal Government also assumes a direct role in health affairs where centralized authority is the only way to assure the protection of the public health.

Thus, for example, the establishment and maintenance of standards governing drugs, antibiotics, biological products; the establishment and maintenance of regulations governing health aspects of coroners, the rabbinate and control of foreign quarantine. These, too, are under direct Federal control.

Where, however, centralized control is not warranted, the Government does not exercise it. By traditional principle, the Government has placed control of Federal funds within the hands of those closest to the people, and therefore most capable of understanding them and meeting their needs.

This principle is a simple one. It is pragmatic and it is also democratic, for while there must be obviously regulations governing the distribution of Federal funds, these regulations have been forged in accordance with local needs as expressed by the voices of those localities.

On this pragmatic democratic principle, for example, Federal Government provides assistance to states for prevention and control of the disease; assistance to states for the care of the sick and disabled, and for their special training if such training can render them independent, useful citizens.

It is this principle which governs Federal assistance for the development of health resources, for the training of medical and medical research personnel, and for the building of hospital and medical research facilities.

It is under this principle, too, that almost half of the medical research conducted in the Nation's universities and medical schools is supported by Federal grants.