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ADDRESS BY CONGRESSMAN JOHN E. FOGARTY AT ANNUAL MEETING OF STAFFS OF ST. JOSEPH'S AND OUR LADY OF FATIMA HOSPITALS, WEDNESDAY, SEPTEMBER 25, 1957, 7:30 p.m., at the METACOMET GOLF CLUB.

It is good to be at home and to be a guest at this reunion of so large a group from St. Joseph's and Our Lady of Fatima Hospitals.

In this past year, through my work in the Congress and because of the opportunity I had to attend the World Health Assembly in Switzerland, I have given a great deal of thought to the subject of hospitals and the changes that are taking place in our ideas about them. The theme of the world health conference was the role of the hospital in the public health program. I came back firmly convinced that the hospital is now playing a more important part than ever before in the extension of health services to our people.

The two big changes in our ideas about hospitals are: first, we are coming to realize that modern hospitals are enormously complex and expensive business enterprises as well as places of good will and healing and service to our fellow man; and second, hospitals

are becoming far more flexible and adaptable to present and future needs of people in their daily lives.

The concept of wanting to help people in need is the spirit and soul of hospital care in America. It was your first motivation when you decided to devote your lives to the care of the sick. It will always be first in your thinking.

This desire to help people is one of the reasons why there is such an overwhelming demand for hospital services today. The people want what you can give them. According to the American Hospital Association, 22 million people in the United States were admitted to hospitals in 1956. This was 132 people for every 1,000 in our population. It was a 5 percent increase over 1955 and an increase of 41 percent over the figure of 10 years earlier. As for babies born in hospitals, there were almost  $3\frac{1}{2}$  million of them in 1956. This was an increase of 64 percent since 1946.

You know better than I all the improvements that have been

possible during those years in medical and surgical procedures, new drugs and treatments, and measures to make the patients more comfortable.

All this improvement has called for expansion of hospital staffs. I note that both St. Joseph's and Our Lady of Fatima Hospitals have a good many more employees than two or three years ago. In all the 6,966 hospitals in the United States the number of full-time employees reached a record high of 1,374,000 last year, a 66 percent increase in 11 years. In 1946, for every 100 patients there were 73 staff members. In 1956, for every 100 patients there were 101 staff members.

I am glad to say that both working conditions and salaries for hospital employees have been improved. Nurses, for example, usually work 40 or 44 hours a week nowadays, and their salary scales have been raised, though not yet to the degree I would like to see.

It is perfectly natural that because of these rapid changes and the amazing growth and improvement of hospital services, hospitals are charging more per day than they did a few years ago. The patient pays more per day, yes. But the average patient stays in the hospital a much shorter time and receives far more for his money. He is not renting a hotel room -- he is receiving comprehensive, round-the-clock care of the finest type American hospitals have ever offered. Furthermore, hospital care, when essential to save a life, is worth any price.

I am told that for the family having a baby today, it is not only much safer for mother and child than it was 25 years ago, but measured in comparable dollars, the medical and hospital costs are about 18 percent lower.

I do believe that hospitals are aware of their obligation to prevent undue advances in costs to their patients. One reason I think so is that recently hospitals have undertaken a new kind

of research. A number of them are systematically searching for ways to improve their administration and their services, for greater efficiency and economy. The Federal Government is extending some financial aid in this research, as a new phase of the Hill-Burton program. Another proof of hospitals' efforts to keep costs reasonable is the movement toward better utilization of nursing personnel which is under way in many places. Just adding more and more nurses to the staffs, for example, is not enough. Better use must be made of their professional skills for which they are paid, and the simpler tasks such as making beds and carrying patients their dinner trays, can be handled by others.

The steady development of hospitalization insurance is another indication of awareness of the limits to the patient's pocketbook. The best insurance plans take into account not only the cost of room and nursing care but also the individual patient's needs for special services such as x-ray. And more consideration

is now being given to insurance that extends into a person's later years when he is most apt to be sick and to need hospital care.

There is one serious problem, however, that we have not solved. I have discussed it with many people in Washington and will discuss it with the people in Providence. It is a big problem, when, for example, the head of the house is stricken with cancer and he has four or five children to support. He spends all the money he has saved and mortgages his home and then dies after having lost his home. That happens too often, and it is a problem we should be solving in some way through insurance.

This brings me to the second phase of my remarks -- how hospitals and hospital planning are being adapted to the needs of the future.

In 1946 the Congress passed the Hospital Survey and Construction Act -- the Hill-Burton Act -- because there was an acute shortage of hospital beds and many communities, especially rural communities, did not have hospital facilities of any kind. After eight years of operation of this program, this situation was somewhat improved, but we began to see that since medical science is conquering the communicable diseases, more emphasis should be given to facilities for long-term patients and patients who are not confined to bed. In 1954 the cooperative Federal-State hospital construction program was broadened by the Congress to include assistance in the construction of chronic disease hospitals, diagnostic and treatment centers, nursing homes, and rehabilitation facilities.

Just progress has been achieved so far. In Rhode Island only four projects are under way in this new part of the program, in addition to the 15 projects in the original part of the program.

I do not think we have yet scratched the surface in meeting the needs, nationally or in this State, for the types of hospital and outpatient facilities that will be required in the future. Rehabilitation is an immense challenge; thousands of men, women, and children are lying in bed or confined to their wheelchairs who could be learning to walk again; thousands are not working who could be trained to the point that they can support themselves; thousands are in institutions who could be restored to the state of being able to go home to their own families and friends.

I am proud that you have already made a start in this direction with the wonderful work that is in operation now at the Our Lady of Fatima Hospital. As you all know, this special clinic was organized jointly by the Our Lady of Fatima Hospital, the State Committee on Aging and the Federal Office of Vocational Rehabilitation, at an annual cost of \$40,000 -- \$30,000 provided by Congress and \$10,000 by Our Lady of Fatima Hospital.

Its purpose is to demonstrate the extent to which vocational rehabilitation for older workers can be achieved through an intensive program of diagnostic, evaluation and rehabilitation services. These services are primarily for workers 45 to 65 years of age, who are eligible for the OASI "disability freeze" program and for other persons in the same age category identified by the State Rehabilitation Agency as persons whose readjustment can be only effected by the clinic's total, coordinated and intensive program of restorative services.

The operation of the clinic involves the participation of multiple professions including rehabilitation counselor, social worker, doctors, nurse, therapists and an employment specialist. The clinic got under way in the middle of 1956 and has since provided services for over 100 older disabled persons. These persons had a variety of handicaps including cerebral vascular accidents, arthritis, multiple sclerosis and other orthopedic involvements.

The last report of the clinic reveals that 21 of these persons had been rehabilitated into employment. National statistics indicate that less than 10% of this age group is restored by the official State Vocational Rehabilitation Agencies throughout the country. The 25% rate of rehabilitation in the Our Lady of Fatima Clinic documents the efficacy of this special program.

As a result of its accomplishment the Federal Office of Vocational Rehabilitation chose the Our Lady of Fatima Clinic as a selected demonstration project in Vocational Rehabilitation and recommended State Rehabilitation Agencies throughout the country to help in organizing similar clinics in their communities with federal grants coming from the demonstration appropriation.

The clinic is now in its second year of operation and will continue through a third year.

I am particularly concerned that everything possible be done to hasten the rehabilitation of children who are mentally retarded and those who have cerebral palsy.

Among the elderly and chronic patients in general hospitals there are large numbers who could be cared for at less expense, and in more sociable surroundings too, if suitable nursing homes were more plentiful. Modern nursing homes can be built and operated at less expense than general hospitals with their vast array of complex equipment and services. So this is one of the keys to preventing undue increases in hospital costs.

I hope more attention will be given to all the newer types of facilities. More imagination and foresight will be needed in designing and planning them. More funds will be required, from private and religious and philanthropic sources and also from public appropriations.

On occasions like this when I am with those who are directly engaged in the healing of the sick, ministering not only to the body but to the spirit, I realize keenly the limits of my own knowledge. As a layman I appeal for your cooperation that we may reach the goals I have mentioned as rapidly as possible. The health professions, the religious and civic groups, the members of Congress -- when all of us work together and combine our knowledge and practical judgment -- then the hospital, with its supporting cast of related health facilities, will completely fill its vital role in the extension of health services to our people.