Twelth Annual Dinner Meeting of the US Public Health Service Clinical Society at the National Naval Medical Center Bethesda, Md. 25 Apr 58

Pubbe Health Service

I am particularly pleased to have been invited to meet with you here at an annual dinner meeting of the Public Health Service Clinical society. First, it gives me an opportunity to congratulate you on your efforts to achieve better communication -- not only among yourselves, but with others as well. Second, it gives me an opportunity to relate to you some of my thoughts concerning the Public Health Service officer, both from the point of view of a Congressman who has a very special interest in the progress of public health on our national scene, and from the point of view of a private individual who benefits from the accomplishments of public health.

I understand that the Public Health Service Clinical Society was formed shortly after World War II by a small group of Public Health Service clinicians. When I first heard this, I immediately thought of an organization that would promote the sort of camaraderie that is peculiar to war-time and that provides an outlet for recounting experiences derived from interesting military assignments. Of course, it takes only a quick look at the program for these three days to disclose that what you have established is really a first-class postgraduate course in some of the key problem areas of medicine and clinical treatment.

I am sure you find both new information and new challenge in this special effort to keep up to date in your fields, to renew old acquaintances and make new ones, and to provide a sounding board for new ideas which will further enhance your value to the Public Health Service and the people of this nation.

As a private citizen I have long been interested in the present programs and the future directions of the Public Health Service. And I consider it one of the most fortunate developments of my life that I have had the opportunity to serve on, and for many years to chair, that Committee in the House of Representatives which is concerned, among other things, with the annual appropriations for the Federal Government's civilian health programs. In this capacity, I have had an opportunity to see, to understand, and to participate in the rapid growth and evolution of the Public Health Service's diverse and critically important activities in research, training, medical and public health services, and other traditional Public Health Service responsiblities.

Even though this growth, which accelerated at about the time the Clinical Society was born, has emphasized research, it has been evident to me during committee hearings and in my other contacts with public health that there has been an essential unity of purpose among all those of the Public Health Service who have discovered, developed, applied, and otherwise brought to the people the gains that have been made in conquering death and disease.

With the expansion of the nation's research effort, as you know, has come a wide variety of agents and procedures that were all but unknown in 1945. I need not detail for this group the impressive array of accomplishments in antibiotics, improved surgical techniques, new approaches to treatment of the mentally ill, and many, many others. In addition to improving the nation's health -- which, after all, is the basic objective of the Public Health Service -- such advances have demonstrated the validity of a premise that was set down several years ago: that research

must continue to find the answers to unsolved problems as a logical first step in a broadly based and sustained program to improve the health of the people in the country.

As that program has moved along and as research findings have emerged, we have become increasingly aware of a standing need for periodic appraisal of our facilities for application and further exploitation of new-found knowledge in health and medicine. Although it has retained its unofficial status, the Public Health Service Clinical Society and its individual members have been instrumental in this process of continuous appraisal and reappraisal. It is well for us to stop and look back on the past 13 years in order to see where we have been and what we have done. Only in the light of such careful reflection can well-conceived planning for the future be done. Within this period the Clinical Center has been planned, constructed and placed in operation. The 5 year life of the Clinical Center has shown that major contributions can be made in the field of clinical medicine when carefully selected scientists are given the physical facilities and other support necessary to pursue research leads in the field. But even at the NIH everything has not been a "bed of roses". If there have been "roses", one is quickly reminded that there are "thorns" intimately associated with them. I, personally, have been disturbed about the continual loss of promising young investigators, ~~whom we would like to keep on our staff~~ Hte. In making this remark I am not referring to the departure of young scientists who come there for a period of training. Nor do I regret that there is some continuous interchange of personnel between the NIH and other medical institutions in this country and abroad. Such cross-pollenation

is healthy and is to be sought. On the other hand, I do feel that the loss of promising, and even established, clinical investigators has been excessive. This fact must be faced, the causes must be identified, and the faults must be corrected.

Another clinical area of the Public Health Service which has come into prominence within the life of this Society is the Division of Indian Health. When this responsibility was taken over by the Service 3 years ago it was well recognized that a very sick patient had been added to the rolls. Since that time I feel that some progress has been made, but we still have a long way to go. The prognosis is better but this "case" is far from being in robust health. The challenge of this responsibility remains one of the large problems facing the entire Public Health Service.

Now, what about another large area of Clinical responsibility of the Service -- the Division of Hospitals. Have we made satisfactory progress in this area in the past 13 years? Frankly, I must say that the answer is No. This portion of the Public Health Service is backed by the tradition of a history dating to 1798 when Congress first provided for the care and relief of ill and injured seamen. Since that time this clinical responsibility has grown to include many other categories of beneficiaries, including your own officers and their dependents. There have been many bright lights in these 160 years of medical history. Have these past few years of the life of this Society shown a satisfactory continuation of this tradition? Realistically, I think any answer in the affirmative must be clearly qualified. Why are there now so many vacancies on the staffs of your hospitals? Why are you each year losing so many promising young clinicians whom you would like to keep? The service should be able

to retain the carefully selected ones with the most promising futures and release those who are less desirable from a career standpoint. Only when you have reached that point of highly selective retention of career officers will I be satisfied that the job is being well done.

This reminds me of an incident that was related to me recently by one of your members. He had been approached for his opinion on two assignments that had been held out as possibilities to a young physician about to be called to active duty. One was in a Public Health Service Hospital in a large metropolitan area; the other was on a large Indian reservation in the southwest. Perhaps the youngphysician initially wanted to be counselled toward the big city; but your member wisely explained that -- under similar circumstances -- he would choose the southwest assignment. He listed some of the best reasons a young man could hear in considering an assignment. He predicted that the young man would probably see more cases of many diseases on that reservation in one year than he would ordinarily see in a large city in his entire lifetime, that he would have a chance to integrate the practice of medicine into a strange culture -- always a real challenge -- and, finally, perhaps there more than in any other location in this country he could derive unequaled satisfaction from doing a good job.

In citing this particular instance I wish to emphasize the necessity of a worker deriving personal gratification from any assignment if he is going to be of real usefulness to the Service. Fortunately, all of you do not have identical emotional make-ups which would necessitate an identical assignment for every one of you. However, there is a common thread in most of us which serves as a basis of our own self appraisal.

The personal satisfaction of a worthwhile job well done is the spark which keeps most of us alive, alert and making progress. If the Service does not have that prospect to offer its young doctors it can not survive.

It is quite evident that the money paid you for your services is not the prime factor in any of you remaining in the Service. As paradoxical as it may sound, I would say that any of you who are now adequately paid, are not good enough to remain in the Service in my opinion -- I think the problem of adequate compensation will always be one of our problems. We shall never be able to compete money-wise with the private practitioner or with many of the positions offered in industry. Recently, the Service on occasion has found itself on the short-end in attempting to match salaries with medical schools and other similar institutions. In recognizing this fact I am the first to say that the present state of menial pay must be corrected. It is the responsibility of your leaders in the Service to propose to Congress corrective measures which would raise your pay to the level which would provide a comfortable living for you and your family. You must be able to send your children to college where their native ability merits it without throwing the family budget into bankruptcy. I think you are all aware that certain actions are now before the Congress which will help in this regard. However, I am not convinced that the present steps are adequate and certainly there is not evidence to satisfy me that sufficient long range planning has been done. I say again that I hope and expect that your responsible persons in the Service will give this problem their most serious study and evolve proposals which can be enacted to correct this inequity.

Since it is obvious that your financial compensation will not hold you in the Public Health Service, let us turn again to those factors

which will offer the job satisfaction which will make it attractive for the better ones of you to remain. How can all of the Bureaus and Divisions of the Service develop in such a way that they will approach, if not attain, this ideal. Being endowed with something less than the wisdom of Job, I do not profess to have all the answers to this question. I do, however, have some thoughts on the subject and have made some observations which seem worthwhile to discuss with you.

The present four Bureaus of the Service seem to present a basically sound organizational scheme for your group. On the other hand, I have been led to wonder if such a pattern rigidly applied does not work to the detriment of the Service as a whole. There are certainly many over-lapping areas of interest in this broad pattern of advancing medical science. I have noted with interest the partial recognition of this problem and some of the steps which have been taken to correct it. It has pleased me to see that some of the institutes have established working units within the Bureau of States Services where some of their problems could best be attacked. The collaboration between the Arctic Health Research Center and the Alaskan Native Health Service seems logical. There are other areas which could be mentioned in which such collaborative efforts are being practiced, but I wonder if this mechanism is being adequately utilized. Certainly there must be more areas of common interest between the investigators in the Division of Hospitals and the National Institutes of Health than has been evident thus far. Could not some of the epidemiological problems of various diseases be best pursued by NIH investigators working with and through the Bureau of States Services? Dr. Paul White, Dr. Ancel Keys and others run all

over the face of the globe seeking cultural and ethnic groups which may add to our information concerning the origin and course of various types of cardiovascular disease. Could not similar valuable information be obtained by collaborative studies of some of your own beneficiaries -- the American Indian and the Alaskan Eskimo?

I have been pleased to see the initial steps which have been taken by the Heart Institute in its use of training funds which were first appropriated by the Congress last year. In addition to supporting training of certain key personnel within the institute, 36 physicians from the Division of Hospitals have had the opportunity of spending a week each at the Clinical Center learning of the problems which are being attacked there and getting to know the persons who are performing these studies. Many of you were no doubt in one of those 2 groups and I am sure you will agree that it was a profitable venture. Four physicians from the Division of Hospitals are at present in training in research methodology with outstanding clinical investigators in medical institutions in the cities where their hospitals are located. Other physicians are being trained in areas of epidemiological studies and in heart disease control activities. Many other short-term training assignments have also been possible from these funds. You might be interested to know that the wonderful panel discussion you heard this afternoon on "The Clinical Management of Atherosclerosis" presented by an outstanding group of physicians from other cities was supported as a training activity for you by the Heart Institute.

In citing the above instances I wish to make it clear that I am aware of other similar collaborative efforts by other institutes. The

Cancer Institute and Mental Health have plans, some of which are already in operation, in this direction. Others will no doubt develop, but are we moving fast enough? That is a question which you must face and the answer can be critical.

The traditional triad of clinical medicine -- medical care, training and research -- must go hand-in-hand. It is obvious that a particular unit of the Service may stress one of these elements above the other two because of its basic purpose for existence. At the same time it is obvious that no one of the 3 can be ignored without facing the possibility of serious damage to your basic objectives. The Clinical Center can no more afford to furnish poor medical care as a part of its program of research than the Division of Hospitals can overlook the importance of research as a part of its program of medical care. Training naturally follows these two functions but must not be overlooked in concentrating on primary objectives. It is in this area of adequate attention to this triad that there is again real need for collaboration between various segments of the Public Health Service. Certain types of research can best be done at the NIH. On the other hand, the volume and types of clinical material may well make a study feasible in one or a group of your hospitals which could not be performed at the NIH. It is the obligation of the Service as a whole to appraise these potentialities in advance and through planning and cooperative effort get the job done in the most effective and expeditious manner.

In my opinion the Division of Hospitals and the Bureau of Medical Services face one of the most critical periods of your existence. As in all critical situations there are dangers and there are opportunities. Not only the personnel of those units must be alert to the situation but

it also requires strong well-planned leadership in all segments of the Public Health Service. The opportunities are sufficiently real, in my opinion, to encourage the forceful, visionary leaders. However, the dangers are there, too, and they must be recognized and dealt with in a forthright fashion. In addition to your primary responsibility for medical care, you must develop your proficiencies in training and you must foster and develop research in your hospitals and dispensaries. Whether this can best be done with other segments of the Public Health Service or with now governmental institutions no doubt will vary with each situation. I frankly expect that several types of collaborative and cooperative arrangements will be desirable and necessary. To say the least, you can not remain isolated without "withering on the vine". It is up to you as a group to appraise your needs and to take concrete and well-planned steps towards satisfying those needs.

I realized that I have rambled considerably in discussing some of my thoughts on the future of clinical medicine in the Public Health Service. Time has not permitted me to discuss many of the thoughts as much as I would like to have done. Also, there are other points which could have been raised for consideration. In closing, I would like to rapidly reiterate some of the principal points which deserve your most serious and immediate consideration.

1. Carefully considered, long range plans must be developed for the equitable compensation of clinicians in the Public Health Service.

2. The Service's responsibility for medical care can not stand alone -- training and research must go hand-in-hand if you are to attain stability and make your best contribution to the

field of medical science.

3. Training quite naturally follows in the wake of good medical care and research. However, this must not be taken for granted. Careful plans must be made in advance and the system must have sufficient flexibility to allow for changes and adaptations as the circumstances indicate.

4. Though research has been developed to a high level in certain areas of the Service, it has been ignored in others. Each area in the Service must carefully consider its potentialities in the field of medical research and must make concrete plans for developing these potentialities.

5. I am convinced that the Service has suffered from that most serious disease -- COMPARTMENTALIZATION -- Though this entity may allow for sharper administrative operation, it is a dangerous symptom for the Service as a whole. I have been happy to note some indications of recovery, but like the sick person who is recovering slowly, I would like to be sure that the present course continues and that everything possible is being done to hasten the process.

6. I suspect that some of your efforts in the field of medical research and medical care may be hampered by lack of knowledge of some of your members about what is going on elsewhere in the Service. Such obstacles often prevent the proper dissemination of information and may preclude the use of a person in the area where he would be most effective. I hesitate to use the word -- orientation -- because of the objectionable aspects

associated with its common misuse. At the same time, I would like to suggest that the proper acquaintance of your physicians with what goes on elsewhere in the Service is an obligation and a responsibility which can not be ignored by your leaders.

In recounting the above points I would like to give you my personal assurance of support in any thoughtful and carefully planned development. And, in doing so, I am certain that I speak for the majority of the members of Congress. The Public Health Service will get most enthusiastic consideration of any proposals which are aimed at preventing or curing the disease. One should expect less serious consideration of proposals which represent mere treatment of a symptom as it arises. I feel that Congress may expect such proper planning and I can assure you that we will be satisfied with nothing less.

Finally, let me explain that I have not intended to ignore your dental colleagues who are present here and are active in your Society. I am aware that your president who is sitting next to me is a dentist. Though I may have spoken of "physicians" and "medicine", those terms were used in the broadest sense and were intended to include the dentists and their scope of operation. The joint participation of dentists and physicians in an organization such as this is but another example of a break across some of those artificial barriers which impose themselves in the field of medical science.