

SPEECH OF HONORABLE JOHN E. FOGARTY, M. C. 2ND DISTRICT RHODE ISLAND AT THE MEETING OF R. I. NURSING HOMES ASSOCIATION AT THE BILTMORE HOTEL, THURSDAY, OCTOBER 2, 1958.

For a number of reasons, it is indeed a pleasure for me to join with you who operate nursing homes and you who are interested in their operations.

The first reason has to do with my desire to help in any way I can to further the efforts of those who are here to discuss problems vitally affecting the health and welfare of their fellow man.

Second, as a part of my duties as Representative from the 2nd District of Rhode Island to the Congress of the United States, I am and for many years have been chairman of the subcommittee which is responsible for the appropriations of the Department of Health, Education, and Welfare. Therefore, I feel it is not only my responsibility but also my privilege to keep in close touch with people who are intimately concerned with the most human and most pressing questions that must be answered if we are to improve the health and well-being of our people.

Third, as one who has become increasingly conscious of our growing and aging population, I have developed a specific interest in the tremendous contributions that nursing homes can make in the years that lie ahead. As a member of the Board of Directors of the new Hattie I. Chaffee Nursing Home, I have seen what can be done to improve the status of the nursing home. Consequently I am convinced that in this field bicycle methods and facilities will not suffice in a jet and rocket age.

Not too many years ago in this fast-moving century, it was traditional and often most feasible to care for the chronically ill and the infirm in their own homes and in the homes of their relatives. The social and

scientific revolution we have been passing through in recent years, however, has made home care increasingly difficult for most families. The three-way pressure brought about by construction of smaller homes, urbanization of our population, and the tendency to have larger families practically rule out the possibility of taking an older invalid for long-term care in the home of his children or other relatives.

These changes, coupled with the wide advances against the so-called infectious diseases through medical research, focus rather sharply on today's problem and provide a sound basis for estimating the scope of tomorrow's problem as well. Let me state it.

In 1900, there were some 3 million people in this country over the age of 65--about 4 percent of the total population. In 1955 there were 15 million people over 65, and they constituted 8.8 percent of our population. The actuarial experts tell us that by 1975, this number will have grown to more than 20 million persons and that 1 out of every 10 will be over 65.

Today there are some 25,000 nursing homes in the United States. They provide about 450,000 beds, of which only 180,000 are in homes which provide continuous skilled nursing care. Despite the fact that each year many homes are forced to close their doors because they are unable to attract and retain qualified personnel, because they are unable to meet the necessary standards, or because of soaring costs of operations, by 1970 this Nation will require about 300,000 additional beds to meet the demands for domiciliary and nursing care.

These statistics, somewhat startling in themselves, do not imply

that we must simply rush out and build facilities for a third of a million more nursing home beds. The situation facing us in meeting our responsibility to our older and chronically ill citizens implies many factors, some of which I would like to discuss briefly with you under two general headings: individual needs, and facilities needs.

Several steps need to be taken to improve the social, health, and economic status of nursing home patients.

Although, as I said before, the number of persons over 65 is less than 9 percent of the population, this group accounts for 40 percent of the chronically ill, for 22 percent of the long-term hospital beds, and for about 90 percent of nursing home beds. It is gratifying to note that the American Medical Association, the American Dental Association and the American Heart Association are meeting this year in an all-out effort to cope with the increasing cost of medical care. Another step in the right direction is a study now under way by the Department of Health, Education, and Welfare on hospitalization and nursing home care insurance for social security beneficiaries. I sincerely hope that it will bring out new facts, suggest ideas, and new avenues for solving this portion of the insurance problem for our aging population.

Old age, survivors, and disability insurance payments under the Social Security Act should be raised to keep them in line with the cost of living, and long-term provision should be made for periodic

re-evaluations and readjustments based on fluctuations in the economy. Our older citizens feel the strain of upward trends in the cost of living more than any other group. They are completely defenseless against spiraling costs that melt away needed dollars for rent, for medicines, for food, and for clothing.

For those chronically ill who prefer to remain and can be maintained in the private home, it will be necessary to expand the support of visiting nurse service. This would vastly improve the patient's chances for early and complete recovery by preserving the familiar environment and by integrating the patient into family activities as he recovers.

I would also plead for additional attention to the problems of chronic disease control in the older age groups. Last year less than a million dollars was spent on the control of chronic disease in our aging population. By way of contrast, I could cite the \$8 million spent last year for the control of disease among cattle, pigs, horses, and other animals of the farm. I feel that we must devote more of our support and effort to the human side of this important and growing problem.

Finally, and still under the heading of individual needs, this country should make an all-out attack on the problems of aging. In the very recent years I have seen increasing attention given to this important problem--in the form of increased appropriations for study of the chronic diseases which plague our older people, in the form of specifically ear-marked funds for study of the aging process itself, and in the form of especially planned conferences and discussions concerned with one or another part of the problem.

Such steps, taken on a random basis in response to special needs, are not enough. Consequently, I have proposed a course of action and a means to implement it. In the Congressional session just concluded, I introduced into the House of Representatives a bill calling for a White House Conference on Aging. I am happy to report that the Congress, reflecting the will of the people, enacted this proposal into law.

The new legislation calls upon the President to convene a White House Conference on Aging to consider and make recommendations concerning significant and pressing problems in the field of aging. The law makes available support to the Secretary of the Department of Health, Education, and Welfare for the purpose. Each State will receive funds to bring together, prior to the White House Conference on Aging, interested citizens and agencies to make recommendations for appropriate action at local, State, and Federal levels.

Following the State gatherings, representatives of all the States will be brought together in Washington for a national conference, which would use the results of the State meetings in its considerations and recommendations for a comprehensive course of action. I am very happy that our own Rhode Island Committee on Aging already has a running start on the problem and are already making progress in their mission to provide opportunities "for aging persons to continue as fully participating members of the community, to enable families, communities, and society to adjust to the aging population under modern conditions."

In another legislative area, however, the news that I have to report

is less than good. In the 85th Congress there was so much public interest in providing special housing provisions for elderly persons in the low income brackets that five pieces of legislation were introduced in the House and one proposal was made in the Senate to amend the National Housing Act of 1937 in favor of our older people. All of this legislation was designed to make it just a little easier to obtain mortgage loans for the housing of elderly people. Yet not only because of apathy, but because of resistance by the Administration, not one of these beneficial proposals was passed.

In discussing the current problems and challenges for the future confronting the nursing home and its operator, I feel somewhat limited as to specific contributions I can make and I am indeed in awe at the wide variety and number of talents required in your respective jobs. You must plan, organize, and budget your services. You must organize your staff and facilities. You must direct, supervise, and coordinate your services; and you must budget and report to your clients, the public, and your board. In addition to these duties and qualifications that might well be taken from the book, I am sure that each of you finds it necessary to be a good listener, wise advisor and counsellor, friend and confidante, general handyman, fire marshal, and many other figures as well.

In regard to facilities, I think we can all agree that our needs for the future can pretty well be staked out in two distinct areas: that we must seek to improve at every opportunity the level and quality of nursing home care and that we must meet the challenges created by our improved standard of living and medical research accomplishments to provide additional facilities in the future.

I am certain that in any discussion of either of the two broad objectives I have just mentioned, we could spark endless debate--probably with little resolution--as to the specific actions that could be taken to bring about accomplishment of those objectives. I do believe, however, that much good can emerge from discussions of some of the smaller questions they suggest. If I may, I would like to ask some of these questions from the standpoint of the general public, because we--you, I, and "that other fellow"--all of us depend upon the general public for our support, for an understanding of our views and general objectives, and for ultimate accomplishment of our tasks.

My first two questions have to do with what you might call "outside advice and assistance." First, does the home have an advisory committee or governing board to advise on its operations and act as a catalyst with the community? If so, is it being used to the fullest extent to accomplish the most with available resources? Has any thought been given to the possibility of using one advisory committee for two or more nearby nursing homes? Second, does the nursing home have a medical advisor or medical advisory group? If not, is there adequate liaison with the local medical society?

Then I would ask these questions based on the one I'm sure all of us asked ourselves in boy-girl dating days: "Is this a girl I would be proud to bring home to mother?" Now we must ask a new question: "Is this the kind of nursing home care I would like my mother to have if I were not here?" This is a deep and trying question, but regardless of the standards

for maintenance and operation that appear on pieces of paper, this is to my mind the only truly valid standard for operation of a humane institution. It therefore becomes, it seems to me, a matter not so much as to what we can do to stay within the minimum standard, but what we can do to raise our standards of operation at every opportunity.

Finally, and again my question from the general public, I would ask "Do we really understand the problems, the goals, and the achievements of today's nursing home?" The public wants to know more about these activities, and I am convinced that a more fully informed public will provide you with the continuing enlightened support you seek.

You, as individuals, as an organization, and as members of your communities bear a great responsibility, not only for the present but also for challenging problems that lie ahead. I am confident that you will continue to take advantage of the latest knowledge being gained, that you will cooperate fully with sister groups with similar problems and consequently develop care programs that will make Rhode Island an inspiration to the entire Nation.