

SPEECH OF HONORABLE JOHN E. FOGARTY, M. C. 2ND DISTRICT RHODE ISLAND AT
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I deeply appreciate this opportunity to discuss with you some of the progress we have made in recent years in the field of health, maternal and child health in particular. As one who has kept in close touch with the subject for well over a decade I can assure you that very substantial progress has been made in this as in virtually every other field of health. With equal assurance I can tell you that even greater achievements are within our grasp if you want them enough to demand their attainment.

Many of you know that I have served for quite a few years as Chairman of the House of Representatives Subcommittee which must recommend how much Federal money shall be spent each year for Public Health, medical research, aid to crippled children, vocational rehabilitation, and for maternal and child health. The Nation's leading medical, public health, research and social welfare experts advise our Committee and special studies are almost a continuous process. In these and other ways we keep ourselves informed of our country's health problems, needs and accomplishments.

After many years of this I have come to appreciate a few simple facts which I use as guidelines in judging between the many claims that are made for Federal funds and the need for spending public money only when and where we can expect adequate returns.

The most important single guideline I have established is that while the strength of a state or a nation depends on many things, none is more vital than the general health of the people. If your family is plagued with ill health, then strength, productivity, and happiness--all are threatened. A state or a nation is but the composite of millions of family units. Poor health can sap the strength and productivity of a nation, a region or a state just as certainly as it can ruin a family.

A second simple guideline I have developed is that many of our most important medical problems will never be solved until our medical scientists learn more about the basic laws of human health and illness. In other words, we must encourage more medical research.

A third guideline is the undisputed fact that we must have better, wider application of the medical knowledge that is already in our possession.

A fourth precept I have seen proved over and over again is that although good health for a state or a nation is priceless, it can, nevertheless be purchased. Since women are by nature and necessity always interested in bargains I will point out later on certain facts which prove that money wisely spent on health is the greatest dollars-and-cents bargain that can be found in our country today.

As a corollary let me add that I know of no field in which so much money both public and private can so easily be wasted unless its expenditure is confined to those areas and activities where the collective judgments of the best minds of the nation agree such expenditure is needed.

One good method of approaching any important question is to ask two questions: Where are we now; and where are we heading? To know where we are in maternal and child health today we must also take into account our position in previous years.

There can be no doubt that the health situation of mothers and children in the United States is very much better today, on the whole, than it was 20 years ago.

According to the National Office of Vital Statistics the maternal death rate for the country has dropped from nearly 50 in each 10,000 in 1937 to less than 4 per 10,000 in 1957. For Rhode Island, the improvement has been even more striking, our rates having dropped from about 38 to less than 2 per 10,000.

There has also been real progress in reducing our national and state death rates for infants. For the nation the rate has been reduced by 50 per cent--dropping from 54.4 per 1,000 births in 1937 to 26.3 in 1957. Our Rhode Island infant death rate was reduced from 47.6 to 22.8 during the same period.

These splendid achievements are due to a number of factors--the development of sulfa drugs and antibiotics to fight infections--more knowledge about and better use of blood transfusions--better prenatal and postnatal care and general improvements in obstetric practice--improved hospital care and more extensive use of hospitals--all of these have been contributing factors.

Behind the scenes a powerful influence for improved maternal and child health is the program of the Children's Bureau of the Federal Department of Health, Education and Welfare, working in the closest kind of cooperation with the several State Health Departments, welfare agencies and with the medical profession.

The financial sinews of this vital, nationwide program are provided by annual appropriations by the Congress, initiated in my Subcommittee. This maternal and child health appropriation is for the purpose of enabling each State to extend and improve its services for promoting the health of mothers and children, especially in rural areas. Such services are principally preventive health services, as well as for increasing the understanding of mothers of how to keep well during pregnancy and how to give good care to their children.

Over the past several years our Subcommittee has consistently insisted on adequate funds for this program. The appropriation for the fiscal year 1959 is \$16,500,000. Beginning with the fiscal year 1957, we

earmarked \$1,000,000 to be used only for special projects for mentally retarded children and recommended that an additional million dollars also be used for this purpose.

To receive Federal funds, each State Health Department submits a plan which, if it meets the requirements of the Social Security Act, is approved by the Children's Bureau.

Each State health department uses Federal maternal and child health funds together with State and local funds to carry out its plan. These funds are used partly for maternal and child health activities in the State health department and partly for distribution to local health departments for maternal and child health services.

States use the funds to pay for the costs of conducting prenatal clinics where mothers are examined by physicians and receive medical advice; for visits by public health nurses to homes before and after babies are born to help mothers care for their babies; for well-child clinics where mothers may bring their babies and young children for examination and immunizations and where they may secure competent advice on how to prevent illnesses and answers to many questions about caring for their babies. Such measures have been instrumental in the reduction of maternal and infant mortality, especially in rural areas. The funds are also used to make available doctors, dentists, and nurses to schools for health examinations of school children and advice to parents on where to get

medical or dental care if needed, and also for immunizations.

The States may have some special clinics also. More than one-half of the States now have demonstration mental retardation clinics where a diagnosis of mental retardation and an evaluation of a child's capacity for development can be made. Particular attention is being given to young children. Parents who wish to care for their children at home, as the great majority do, are helped by the clinic staff and through home visits of local public health nurses.

During 1956, 224,000 mothers attended medical prenatal clinics, and 430,000 mothers received maternity nursing services in clinics and in their own homes. There were 1,286,000 children who attended well-baby clinics. Dental treatment was provided 350,000 children by 38 States. About two and a quarter million school children were examined by physicians; 3½ million school children had their vision tested, and 2½ million school children had their hearing tested.

In addition to the above services, varying numbers of States may have special programs, such as those for premature babies (15 States provided care in 1956 for 6,789 babies in special hospital centers); pediatric consultation clinics (16 States); and hospital care for expectant mothers with complications (12 States provided such care for 35,000 mothers in 1956).

Another program vital to the health of the Nation's children is that

conducted for crippled children. My Subcommittee also has the responsibility for initiating the Federal appropriations which enable this program to function.

The appropriation for services for crippled children under Title V, Part 2 of the Social Security Act is for the purpose of enabling each State to extend and improve its services, especially in rural areas, for the location, diagnosis, medical and surgical treatment, hospital care and after-care of children who are crippled or who have conditions which may lead to crippling. The definition of crippling is decided by each State. In 1957, 313,000 children received medical services in this program; about one-half of the children were orthopedically handicapped. The others had cerebral palsy, rheumatic fever, hearing impairment, congenital heart disease, poliomyelitis, epilepsy, cleft palate, conditions requiring plastic surgery and various neurological disorders. Of the total, 25 per cent had congenital malformations.

The States use their Federal funds together with State and local funds to finance these services. The funds are used to pay medical specialists, to conduct diagnostic clinics, to which children may come for examinations, and to pay for hospital care, convalescent care and appliances for eligible children as determined by the State crippled children's agency. About 40 per cent of the funds are expended for hospital care.

The problems that bring children to the crippled children's programs are those characteristic of long-term illness and physical handicaps.

They affect physical, social, and emotional development of children during their periods of growth and they are complex in nature. They require the services of staff of several professions in addition to physicians, such as nursing, medical social work, physical therapy, speech and hearing therapy. The care these children need is prolonged and expensive. The costs of care for children with some kinds of congenital heart disease, for example, is \$2,500-\$3,000. These programs are making it possible for children in rural areas to receive the new highly specialized medical services that are made possible by advances in medical research.

I am proud to say that Rhode Island has not only benefitted generally under these and other joint Federal-State programs for the health of mothers and children, but has in several respects taken aggressive leadership. Our State was one of the first to set up a special program to combat mental retardation in cooperation with the Federal Children's Bureau. We have also established a leading position in the effort to curb rheumatic fever, which as most of us know, is one of the more serious problems in child health.

So much of public health work has focused on reducing mortality that other problems have received much less attention and the marked reduction in death rates has not been accompanied by a similar reduction in sickness. A recent health survey in a typical State showed that children aged 0-14 years experienced 17.80 days of disabling illness per year. The age group 15-44 years experienced somewhat less, 16.91 days,

and the number of days of disabling illness increased in older age groups. Of the illness in childhood, two-thirds was due to acute illness and one-third to chronic illness.

A recent study by the Public Health Service shows the frequency of illness in childhood is higher than any other period. While most of this is acute illness, the study also brings out that the chronic illness is shockingly prevalent in childhood.

The studies of these and related facts by my Subcommittee prove conclusively that while communicable diseases and other acute illnesses are now less significant than they were a generation ago there is a substantial increase in the problems of growth and development, adolescence, and the handicapping conditions of childhood.

We know that crippling conditions occur frequently among children and that many of these interfere with a child's growth and development and education. Most of these children can be educated as readily as other children, but many will need some modification of their educational programs. Much progress is being made in providing the community health and education services which make it possible for the more severely handicapped children to live at home instead of being sent to an institution. We must recognize, however, that many of these programs are not yet available to many children, especially those in rural areas.

In these brief moments it is obvious that I can mention only the

high lights of this vast and complex subject. There is one area, however, that is so important it must be mentioned. I speak of medical research.

The great advances that have been made in health generally and maternal and child health particularly would have been impossible without vaccines, antibiotics, the sulfa drugs, better use of blood and blood products, improved surgical techniques, better diagnostic methods.

Where did we get these life saving medical improvements?

We got them through research.

Where will we get the cures for cancer, for epilepsy, for cerebral palsy, for heart disease, for arthritis?

We will get them only through research.

Since the first year I served on the House Appropriations Subcommittee I have known this simple fact and, year in and year out have fought, often against widespread opposition, to insure that the Nation's medical scientists receive adequate financial support.

Our Subcommittee was largely instrumental in the development of a nationwide medical research program which is now the envy of the entire world. The focus of this program has been the National Institutes of Health, the medical research bureau of the Public Health Service. A magnificent program of research in cancer, heart disease, neurological diseases, arthritis, mental illness and other important problems is now

in progress in Government laboratories in Bethesda, Maryland. But this is only a fraction of the research effort our Committee has initiated.

Through the National Institutes of Health Federal funds are granted to dedicated medical scientists in universities, hospitals, and medical schools throughout the Nation.

In addition, we are helping the universities to train more medical scientists and we are helping to build and equip more laboratories on hundreds of campuses.

It has been a gratifying experience to observe the enthusiastic response of people throughout the Nation to increasing allocations for medical research in a major effort to find answers to unsolved medical problems. This year our efforts were unusually successful. I was able to bring to Congress a bill which provided an increase in the appropriations for the National Institutes of Health from \$221 million to \$294 million. This 40 per cent increase will make possible an enlarged program of research in cancer, heart disease, mental health, arthritis and metabolic diseases, dental health, allergies and infectious diseases, and neurological diseases and blindness.

Let me describe in detail just one of the hundreds of projects made possible under this program.

The new appropriations for the fiscal year 1959 provide almost \$30 million for neurological diseases and blindness. With these funds several

hundred research projects on diseases such as epilepsy, cerebral palsy, muscular dystrophy, glaucoma and multiple sclerosis are made possible.

Of all these projects, none is more promising than a huge collaborative study on cerebral palsy, mental retardation, and other neurological disorders. Universities and hospitals from Boston to San Francisco and from Minneapolis to New Orleans are participating in this long-term investigation into the causes of cerebral palsy and related disorders. Some 40,000 mothers will be studied over a five-year period and their offspring will be followed until they are six years of age.

I am very proud to report that Rhode Island is playing a key role in this project.

Our universities, hospitals, and schools are participating with those of many other States in the search for an answer to these problems. All unusual events during pregnancy of the mother such as infectious diseases, accidents, surgery, or exposure to irradiation; abnormal events at delivery; and illnesses in early childhood will be carefully documented. Should a neurological disorder develop later, an attempt will be made to correlate it with events of pregnancy, birth, or infancy which might possibly have caused brain damage. It is hoped that such disorders may be prevented when the causes are more fully understood.

The Rhode Island collaborative study involves the cooperation of Brown University's Department of Biology and Psychology through the

Institute for Research in the Health Sciences; Providence Lying-in Hospital; The Rhode Island Hospital; Miriam Hospital; Emma Pendleton Bradley Hospital; and the Meeting Street School.

In closing I want to say that none of what I have described could have been accomplished without the full support of women throughout the country. Your instinctive compassion for the ill, your realistic knowledge of the tragedy and waste of poor health has led you to give your enthusiastic cooperation with all that we have tried to do.

The road ahead to better health for women and children, for adults and for the aged is not an easy one. It will require persistence, knowledge, patience, and hard work. But with your continued support I promise you that the results will surpass your highest expectations.