ADDRESS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT THE FIRST NATIONAL CONFERENCE LUNCHEON OF JOINT COUNCIL TO IMPROVE THE HEALTH CARE OF THE AGED AT THE SHERATON-PARK HOTEL, WASHINGTON, D. C. ON FRIDAY, JUNE 12, 1959 at 12 NOON.

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In considering the general problem of caring for our older people, there is no question that one of the most important aspects of our concern is the health care of older persons.

Concurrent with our efforts to make them more comfortable and happier, we must extend and enlarge our health and medical efforts for preventing or treating effectively the diseases which so often characterize old age. To be able to do this, we must seek -- through research -- the basic reasons for these diseases so that they can be prevented, so that they can be detected early, and so that they may be cured.

In all of our concerns for the aging population -- housing and income maintenance as well as health and medical care -- we find ourselves sternly challenged by the demands of the present, in 1959, when there are more than 14 million persons in the United States over 65. We cannot consider the bad health of many of

these people, their low income and sometimes almost desperate conditions under which they live, without realizing that we are compelled to take efficient and fast action.

They need more medical care, more short-term hospitalization, more long-term hospitalization, and more care in nursing homes and personal care homes. It is not clear at this time whether a comprehensive solution of the problem of health care can be achieved without the participation of the Federal Government.

Some fears have been expressed over the use of the federal government mechanism for this purpose. These fears include such questions as these:

Would the government, in buying hospital care, be able to use the power of its money in various ways not necessarily to the best interest of hospital patients?

Would there be misuse of the government's prepaid hospital benefits so that costs would get out of control with disastrous results to hospitals and the public?

Would it be an acceptance of health insurance for one group of the population, thus encouraging its extension to other needy groups, leading ultimately to hospital insurance for our entire population? These are questions which must be considered.

On the other hand the use of the federal government mechanism to provide health care would offer great advantages -- and I have particularly in mind the breadth and immediacy of coverage and of equity and adequacy of financing, that probably cannot be matched nationwide by any other system, public or private. This analysis does suggest that unless some better method for handling the health problems of the aged is developed, and developed promptly, the advantages of the federal government approach may appear to our fellow citizens to be overwhelming.

There is a tremendous problem in meeting the health needs of our older citizens, and the problem is rapidly growing. The one thing that becomes increasingly more evident is the urgent need for some responsible solution to this over-all matter of health care for the aged.

On that we are all agreed. The need is there and something should and must be done about it. We must find some way to meet the challenge.

If we are challenged by the problems of the present, however, we are staggered by the future potential problems of the aging population. Let us look ahead just eleven years, to 1970, when the number of persons over 65 will have increased to nearly 19 million -- and then, if you will, to 1975, when there will be 21 million persons over 65 in the United States, an increase over the present of one-third.

Is it reasonable for us to assume that our <u>problems</u> also will be increased by one half? Does this mean that we will have a one-half greater number of older persons in the very low income brackets? Does it mean that we will have a one-half greater number of older persons in inadequate housing? Does it mean that we will have a one-half greater number of older persons in bad health?

Does it, in turn, mean

That is a key question....

For it is obvious that if we can -- through research --

find ways for older people to remain healthier for a longer period, they then also will be more productive, more prosperous and certainly happier. Can you imagine, for example, what a wonderful thing it would be if our advances in medical science in the next five or ten years were to be such as to change the idea that a man must be <u>made</u> to retire at an arbitrary age? Why not a new attitude which would let us work until <u>we wanted</u> to quit, be it age 65, 70, 75 or even 80, depending on his type of work.

Can you imagine a day when we no longer "accepted" the scourge of heart disease among our older people, when cancer and arthritis were defeated, when our population could look forward to a healthful, dignified, active old age?

We would then see our aging population not as a problem, or not as a series of problems, but as a magnificent asset. Our older people would become substantial contributors to our expanding

economy, a benefit to the entire nation.

Our research scientists already have told us that much better health for our older people is not only possible but probable, provided we press forward with increasingly larger programs of research on every level, from studies of persons who already are old and ill, to very fundamental studies of the aging process itself in man and in lower forms of animal life.

We have made a sizable beginning in our Federal and state agencies, in our universities and in private research institutions. As an example let us take the National Institutes of Health, which is a principal focal point for medical and biological research in aging. In 1955, expenditures at NIH for research in aging as such totaled less than $500,000. By January 31, 1958, the total had reached $2,600,000 for research related primarily to aging and about $2,600,000 for projects secondarily related to aging -- a total of something over $5 million. Today, a year later, NIH

expenditures in aging total nearly $10 million, involving all the different Institutes and the newly-established Division of General Medical Sciences which directs its attention principally toward basic research in medicine, medical care, biology and research training.

In considering these figures, it is significant that more than 95 percent of this money is being spent in monetary grants to non-Federal research agencies -- such as the medical schools and other private research institutions. The total number of outside or extramural research and training projects is approximately 400. Various groups in nearly every state in the nation are applying this money in diligent efforts to help solve the medical and biological problems in aging. The overall program derives much of its strength from the great diversity of research institutions and scientific minds directed toward the problem.

In two instances, there are very large projects located in universities. In such settings, the programs are able to draw

on many different types of scientific disciplines and personnel, all concentrated on different facets of the aging problem. Then, periodically, the different departments hold seminars in which their respective findings are discussed and correlated with other findings. It makes for improved communication between the different fields of medical and biological research and thus speeds the process of finding the answers we need.

I confess that I am impressed by the great variety of research projects pertaining to aging. We have scientists studying various edible leaves, for example, to help determine the part that vegetable oils play in arteriosclerosis. Other scientists are carrying out very basic studies on the changes in tissue that occur with age. Others are studying longevity in rats and monkeys and such small animals as the rotifer. They are studying the relationship between the various glands of the body and aging, the possible effects of radiation and genetics. They are studying the sociological problem as a cause, and as a result of aging. I could go on here

for some time listing the scores of research areas.

But what I want to emphasize is what we do not know....

Despite our great start on research in aging, it is as yet only a start. We have made great progress, but our scientists will tell you very quickly that the best of their work so far has been to determine that they know much less than they probably thought they did. As a result of their work they now have just begun to realize how big the task really is.

It may not come as a surprise to most of this group to realize that scientists are still debating, for example, just what aging is, and when, exactly, it starts. Some say it starts with conception. Others say it starts after maturity. Nor are they quite sure how it begins or why it may manifest in one individual in one respect and in quite a different manner in another individual.

Recently I was told of the kind of mystery they are tackling. We have two men, and let us say they are both 60 years old. They are

both in about the same level of health. Both have led about the same kind of life. They are very similar, in other words, and the same age. Yet one feels fine while the other feels very, very old. One still has vigor and vitality and a great interest in life. The other is tired and has only a passing interest in life. Why? Why the difference?

Let's take another type of problem. We have two similar men of the same age who are retiring. One of them immediately gets interested in things he's always wanted to do, like boating or photography or gardening, or maybe even going into business for himself. The other man, by contrast, is overcome with a feeling of being washed up. His productiveness is ended. He feels that he is of no further use and he actually gets sick. There are records of hundreds of such cases, of men who actually get sick after retirement when actually they were quite well before retirement. But why are a few able to make the best of retirement and continue to lead productive, happy lives?

In their efforts to understand just what aging is, scientists are assuming for a number of sound reasons that aging, not unlike disease, involves alterations in the normal behavior of cells and tissues. The cells and tissues change and we must know what makes them change, when and to what extent. It is obvious, therefore, that we must increase our very basic investigations into cellular biology.

There are tremendous social and economic implications in this work. Simply stated, it can help determine whether we will ever be able to suspend or delay the biological process of aging. Most scientists now seem to be doubtful. But imagine, if you will, what it would mean to this nation and to the world if ever we <u>were</u> able to delay the aging process.

Assuming we will not be able to do this, the basic biological research remains of critical importance in helping our older people to overcome those many afflictions which tend to limit their

physical and mental capacities. It will help to cure their ailments or help them to live with their infirmities more comfortably and effectively.

To help point up the need for increased basic investigations into cellular biology, I would like to quote Dr. Paul Weiss of the Rockefeller Institute of Medical Research: "We do not know the physical basis of intracellular organization, the principles that sort biochemical processes and diverse molecular realms without . . . rigid mechanical frameworks. We do not know what causes orderly substance transport within cells . . . . We do not know how cells recognize each other, their foods, their enemies . . . . We still have no more than shrewd guesses about the mechanism of protoplasmic reproduction that we call growth . . . nor do we know what activates and checks and reawakens the powers for such growth in development, disease and aging . . . ."

But as vast as this is, it is certainly not the entire problem. Earlier I mentioned genetics. Scientists are giving

more and more attention to the genetic influences in the manifestations of disease and in aging. It may well be that the genetic constitution of an individual is the primary determinant of his potential longevity. One scientist has observed that human beings finally may die from some "defect or weak spot that was present at birth." So that the genetic factor in aging -- hardly explored at this point -- is due great consideration.

But this isn't all either, of course. In studies of aging, as in our studies of disease, we must give great consideration to the level of sanitation in the living and working conditions; the organic and mineral content of the soil in which food crops are grown; the effects of weather, altitude and air pollution; and the differences in occupations, religions and cultural habits.

So, in general, if we are really going to define and defeat the biological and medical problems in aging, we must seek to understand the most basic processes of the body and the effects of

heredity, and then we must understand the effects of the environment in which the child is reared and then, as a man, works and lives.

If these are the challenges we have accepted, however, we are woefully lacking in one critical respect. And that is that at present nearly all -- and I mean more than 95 percent -- nearly all of our research in aging is concentrated within the continental limits of the United States. The Federal government is supporting virtually no grants in foreign nations for research in aging. There is some exchange of information through research literature and visits by scientists -- some -- but this serves only to indicate more clearly the magnitude of the problem.

All of the research work I have been discussing can have its greatest meaning when it is projected onto an international level. Theories and findings about the genetic, biological, physiological, mental and social aspects of aging, and about the

methods of applied medicine for giving aged persons more dignified and healthier lives, will have firm bases only when they have been evaluated and tested under the many variables in different cultures.

As if we didn't already have enough mysteries in the matter of aging, we could find some more by looking overseas. Why, for example, do the Norwegians live longer than we do in the United States?

The answer to this kind of question, and to the hundreds of other questions plaguing our scientists, can come only when we have continued to press forward diligently in a broad program of research which includes expanded efforts in each of these three areas:

(1) The basic sciences, such as the biological, wherein our scientists are studying age changes in matter and energy at the most basic levels, where the origins of the aging process probably begin.

(2) The clinical sciences, wherein our scientists are continuing their battle against chronic diseases and seeking means to prevent the development of these diseases as the handmaidens of aging. It is also in the clinical sciences that we must improve our methods for caring for older people and for rehabilitating them. We can improve our procedures and certainly we can find ways of caring for our older people with more grace and dignity.

(3) And the last of these three areas of research effort is the behavioral and social sciences. How many times have we heard our older citizens say, "Gosh the world has changed!" Or "When I was a boy, things were different." The world <u>is</u> changing. And there's a question of whether it's changing too fast for our older people; and there's a question of their ability to

adjust to a fast-changing world. What kind of real problems does this cause for the older person? And is this fast-changing world one of the things that makes younger men old? I feel that we must probe deeply into the significance of this. This nation has made marvelous accomplishments in the use of its natural resources in minerals, lumber, oil and water power. We have not, however, previously made the most advantageous use of our people, who are our greatest resource, and we are not doing so today. In a sense, our older persons can represent a tremendous reservoir of trained, experienced, mature personnel that can help this nation to even greater accomplishments. Research is again the answer, research into sociology and psychology to aid in the proper utilization of these people.

In the law which I sponsored for the White House Conference on Aging, in January 1961, there is a 5-point Declaration of Policy. I would like to quote Point Five, which calls for a " ... stepping up of research designed to relieve old age of its burdens of sickness, mental breakdown and social ostracism." This will be one of the most important focal points of the White House Conference, one to which I shall endeavor to draw all possible Federal, State and private attention.

The job before us is very clear. In this talk, I have given considerable attention to the work of the National Institutes of Health. But the task obviously is not one that the Federal government can support by itself -- though its support must be increased. The fine work being carried out by State and private institutions must continue to expand greatly, not only with strengthened Federal support, but also with development of State and community resources.

Even this will not be enough, however. For emphasis I want to repeat that all this research will have its greatest meaning and value when it is projected onto an international level. The entire world already is deeply concerned with the aging problem. Other nations have seen that as they make further progress against

infectious diseases they are going to have more and more people living longer lives.

Some nations may already be ahead of us in research in aging. In Sweden, for example, they were carrying out farsighted programs to aid their older persons some years before aging attracted great interest in this country.

Nearly every civilized nation today is conducting research in aging, including Central and South America, Europe, Scandinavia and the Far East.

Research in aging, like many other national programs, can become a two-way street when we seek a cooperative interchange of effort and information with other countries. It would be to our own benefit to learn more of what other nations are doing in aging work, and to carry out research on the effects, in the aging process, of different environments overseas. It certainly seems reasonable to believe that we thus could make faster and more certain progress in research.

Let us, in turn, make available to the other nations of the world our findings and our programs in aging. Let us help them with funds for training scientist and for research projects and for research facilities.

I can think of no more noble contribution toward the benefit of all mankind -- including our own population.

In specific reference again to the immediate challenge of this Council, we have tremendous problems in this nation, which must be met, now. The question I would like to leave with you is whether we are going to simply accept a multiplication of these problems in number and size in the future -- 10 or 20 years from now -- or whether we are going to redouble our efforts in medical and biological research to help ease the magnitude of our future tasks and give our nation, on the whole, a more healthful, more productive, more prosperous population? This, obviously and unavoidably, is what we must do. We must consider the present generation and meet its problems fully; but concurrently we must provide for the future generations of the nation. Otherwise we will be failing in the real meaning of our responsibility.