

**REMARKS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND REPORTING ON HIS ATTENDANCE AT WORLD HEALTH ASSEMBLY IN GENEVA AS CONGRESSIONAL ADVISOR REPRESENTING THE UNITED STATES, IN THE HOUSE OF REPRESENTATIVES 6/23/59**

This is a time at which public attention the world over is focused on the efforts of nations to find ways to work together in common purpose.

Some of these undertakings seem fated to fail even before they are well begun -- to fail, that is, in the sense that the goals set for the cooperative effort seem even more remote during and after negotiation than they were at the beginning. But we must not let ourselves be disheartened by the appearance of failure. The basic issues between nations and peoples are grave indeed: they are matters not of convenience or preference, not simply of poverty and prosperity, but of survival itself. No negotiation is a failure if it keeps such questions open for discussion. So if no agreement can be reached, for example, during present discussions

of the unification of Germany or atomic disarmament, let us nonetheless believe in and support the meetings of the representatives of state, and work and pray for their ultimate success, recognizing that seemingly fruitless negotiation and endless discussion are preferable to hostile silence and uneasy truce.

Fortunately, there are areas of mutual interest in which the success of international activity can be measured in more concrete terms. If they are carefully nurtured and wisely expanded, these areas of international agreement may well pave the way to accord in the matters of survival.

One of these areas of understanding and effective joint action is medicine, medical research, and public health. Time and again it has been demonstrated that the goal of better health has the capacity to demolish geographic and political boundaries and to enter the hearts and minds of men, women, and children in the four

corners of the earth. It is an issue which serves as a forceful reminder of the oneness, the essential brotherhood of man. For pestilence and prolonged disability and premature death, wherever they may occur, are tragedies which strike a responsive chord in man and his governments. There is sympathy for suffering in human terms. There is recognition of the interdependence of nations in terms of the transmissibility of disease. There is concern for the burden disease places on a nation's social and economic strength. And there is widespread belief that the nations of the world can and must share their knowledge and other resources so that people everywhere may have the blessing of better health and, through health, may move forward to new levels of peaceful productivity.

The concept of world health and of co-operation to achieve better world health finds expression in many national and international organizations and activities. One of the most prominent and widely supported of these is the

World Health Organization, an independent agency within the general framework of the United Nations. The WHO has been in existence for a little over ten years. Today, ninety nations are joined together in this concerted effort to help each other achieve victories in the battle against disease.

I have just returned from Switzerland, where -- at the request of the President, and in company with my distinguished and able colleague, Congressman Melvin R. Laird of Wisconsin -- I represented the Congress of the United States to the 12th World Health Assembly, the annual meeting of delegates from member nations in the World Health Organization. The foreign ministers of what the newspapers refer to as the "Big Four" nations were meeting at the same time and place -- the Palais des Nations in Geneva. The atomic disarmament conference, also held in Geneva, had just recessed and was scheduled to resume in a few days. So it was a perfect setting for observation and reflection

on the relative effectiveness of health as a basis for international understanding and cooperation.

The daily meetings of the foreign ministers were conducted in a climate of tension. Heavy guards surrounded the area. Protocol was of the utmost importance. The discussions were cloaked in secrecy. Reports from the conference were necessarily vague and often misleading because of the high strategy and the sensitivity of governments and the heavy emphasis placed upon the interpretation of words -- which are, after all, important only insofar as they are indices of intention and forerunners of action. That conference, at this writing, is still going on. And it is anybody's guess whether it will lead to a "summit" conference -- and anybody's guess whether that meeting of the chiefs of state will in any tangible sense move us closer to world peace.

I do not mean to question the validity of such diplomatic sorties. Certainly we must take every possible step toward the alleviation of international tensions, and the conference table is a necessary part of this process.

At the same time as the foreign ministers were meeting, however, those whom you might call our ministers of health were going about their business of practicing good international relations by working together to improve the world's health. They worked through an agenda crowded with items that were routine to the delegates -- routine in the sense that every item represented a familiar problem and that for most items there was at least a partial solution in sight. Some of the problems that are most acute in other lands are for the most part unfamiliar in the United States: malaria eradication, cholera prevention, yaws, schistosomiasis, leprosy, clean water supplies, basic sanitation, adequate nutrition. Other problems had a more familiar ring: cancer, heart disease, mental illness, radiation hazards. As I observed the World Health Assembly working out new programs and extending existing programs to combat all of these problems, I was deeply impressed by the understanding, good will, and feeling of dedication that characterized the proceedings. There was even an apologetic note that crept into every voice when the context of his remarks made

him refer to the "underdeveloped" countries or the "more privileged" countries. It was perfectly apparent that national differences in the health field were perceived not as marks of superiority or inferiority. Rather they were accepted at face value for what they were -- the products of time, geography, culture, economy, and other factors which have shaped the evolution of man on earth. And it was perfectly apparent that this health assembly and the programs it developed had a sound base, not only in the programs themselves, but in the recognition that in health, every nation has something to contribute to every other nation, and something to learn from every other nation.

This is a point to be emphasized. So much of our overseas and offshore activity is predicated on the concept of our doing something for others. It places us in the position of being merely beneficent, with the assumption that we are beneficent for an ulterior purpose

of our own. In the health field, our international programs more properly can be characterized as enlightened self-interest, since it can be amply demonstrated that we receive as well as give.

Thus there are four major reasons for the expansion and strengthening of our international health activities. The first reason is humanitarian: as a nation, we are deeply committed to recognizing the dignity of the individual and to doing everything we can to enhance his rights and opportunities for a happy and productive life. The second reason is economic: in terms of our investments abroad and our purchase of the products of other nations, better health among the peoples of the world has a direct bearing on our own national economy. The third reason is political: Health programs provide an unparalleled opportunity for education in the true meaning of the democratic way of life. The fourth reason is, if you will, selfish: we have much to learn from other nations and much to gain from both the exchange of health knowledge and the participation of all nations, according to their



capacities, in collaborative effort to acquire new medical knowledge and to increase our ability to apply that knowledge in medical and public health practice.

These affirmative observations about international health reflect my personal faith and conviction that the United States should press forward with its own unilateral health efforts that are international in character; should strengthen its ties with regional health groups, particularly the Pan American Health Organization and its fine new director, Doctor Horwitz of Chile; and should contribute actively, in both fiscal and substantive terms, to the programs of the World Health Organization.

It is my belief that not enough is being done in any of these respects for us to realize the full potential that is inherent in international health.

For our own part, we see impediments that foreshadow an unnecessary delay in the enactment

of legislation which would give substance and direction to U. S. international medical research efforts. My reference is to legislation sponsored by myself in the House of Representatives and in the Senate by that champion of health measures, Senator Lister Hill. A total of 63 Senators from both sides of the aisle joined in co-sponsoring the measure. This legislation, S.J. Res 41, which passed in the Senate by a vote of 63 to 17, would create a National Institute of International Research within the Public Health Service and authorize an annual expenditure of up to \$50 million for its programs and activities. The Senate testimony on this bill was overwhelmingly supportive, and the record of that testimony is a dramatic and moving document that should be read by every American.

The Senate action in itself bespeaks a sincere tribute to Senator Hill. It recognizes his outstanding leadership in the field of health and medical research and serves as an accolade to his persistent, continuous and realistic contribu-

tions to the better health of all the nation. Yet the Administration saw fit to oppose the legislation on jurisdictional and organizational grounds although, at the same time, seeking to give the appearance of favoring the bill. The opportunities for leadership and for productive interchange are knocking at our door, but some of us appear afraid to open it.

The United States is not alone in its conservative approach to international health matters. The World Health Organization itself, during the meetings in Geneva from which I have recently returned, demonstrated what I consider to be an unfortunate reluctance to seize certain opportunities to move confidently ahead in pursuit of the goals to which the member nations are dedicated.

Although the concept of a positive role for WHO in fostering health research had been enthusiastically endorsed by the World Health Assembly last year in Minneapolis, this year -- when the time came to support that concept with funds -- only a token amount of \$500,000 was

voted into the 1960 budget, as contrasted with the \$2.2 million requested by the Director-General, Dr. Candau, after a year of intensive study and planning. I found it hard to understand this hesitant action when I recalled that 90 nations contribute to the WHO activities under a formula established by the pattern of United Nations assessment, in which some 30 percent is provided by the United States. The record of medical and health research in the acquisition of new knowledge and the unique research opportunities afforded through the WHO mechanism seemed to me to argue strongly for more courageous action on this item of the WHO program and budget.

I was distressed, too, that the Assembly saw fit to defer a proposal that WHO give leadership and direction to an International Health and Medical Research Year. Throughout the Assembly, the delegates spoke often and with evident feeling about the shortage of funds to do what the medical and public health authorities know how to do in the prevention and control of disease. Frequently, too, there were

statements decrying the lack of public awareness of the work of WHO and the absence of public support for its activities. It seemed to me that by focusing attention on the record of successful collaboration in the health field under WHO auspices, with a major public education effort that would begin with national world health congresses and culminate in an international congress in Geneva, it would be possible to achieve greater public understanding -- which as we well know in this country, is a prerequisite for public support.

I was taken aback, too, by the failure of member nations to contribute to a special account of the WHO for purposes of malaria eradication. This is a program to which the WHO is deeply committed. A major disease can be wiped from the face of the earth with sustained effort and a relatively moderate investment. Heretofore the primary, almost the total financing of this activity had been United States dollars. Yet when this year we stepped back to give other nations an opportunity to demonstrate their

interest by sharing the financing, the volunteers were conspicuous by their absence.

The preceding are single instances which in no wise characterize the total WHO operation, which is a splendid and productive one. They do suggest, however, that as it grows and matures, the WHO -- and the member nations in terms of their participation in WHO and their own independent efforts -- may find it necessary to diversify the programs that are conducted and supported, to broaden representation at international health policy-making councils, and to give more active support to the work which the WHO does and represents.

For my own part, I know of few places where modest sums can be more wisely invested or do more immediate good.

One of the characteristics of the WHO -- one which distinguishes it from most other international groups -- is that it is a "give and receive" operation rather than merely a "give" operation. It is of the utmost importance that

this quality be maintained. Thus the programs of WHO must be balanced, containing activities of direct interest to all member nations. It would be easy for the program to fall into the trap of giving almost exclusive attention to the basic health problems of the less well developed countries -- water supplies, sanitation, communicable disease control. But the WHO must also have the vision and capacity to encompass programs which have direct bearing on the health status of the further-developed countries -- cancer, heart disease, mental illness. Only thus can it be truly a world health organization. This was a point that needed to be made to a delegate who, when medical research was being discussed, said, "If there is any money to spare, let's use it for leprosy and cholera and tuberculosis control, and not make an uncertain investment in research against diseases that are of no immediate concern to us."

Finally, I am happy to report that I was tremendously impressed with the caliber and dedication

of the delegates to the WHO. Our own U. S. delegation, headed by Surgeon General Leroy E. Burney of the Public Health Service, together with Dr. Leonard Larson of the American Medical Association and Dr. Lowell Coggeshall of the University of Chicago, did an outstanding job of presenting our position and winning others to the U. S. point of view. They and others who represented us in Geneva were truly our ambassadors, and I found myself feeling that they should be accorded all of the courtesies and have the prerogatives extended by the State Department to diplomats in other fields. I hope to see that such arrangements can be made prior to the 13th World Health Assembly in Geneva next year.

This is a health forum, not a political forum. But it has direct and very marked impact on the views other nations have of the United States. The positions we take, the way we conduct our business, the regard we show for the points of view of others -- these are the kind of elements of which diplomacy in action is comprised. They were



all in play during the 12th World Health Assembly in Geneva. And as the Assembly drew to a close, it was abundantly evident not only that the cause of world health was being advanced, but also that the cause of free nations was moving ahead. Time after time it happened that we found ourselves in alliance with the bulk of the nations in Southeast Asia, Afráca, and the Middle East. This is not to say that they followed our lead. More important, we were seeing eye to eye on questions of substance and of strategy. In this, it seems to me, lies the primary test when one seeks to measure the relative strength of freedom. How many nations choose for themselves, on the basis of conviction, and without influence from beyond their boundaries, the course of action which leads to further recognition of the dignity of man and of the independence and integrity of nations?

At this Health Assembly, many of the young and growing nations were making this choice for freedom.

This was my second opportunity to observe and participate in a World Health Assembly. I feel that it was a rewarding and stimulating experience. And I shall do everything in my power to see that the government of the United States -- both in its unilateral efforts and in its cooperative activities -- will move ahead with affirmative action to strengthen our international health activities in ways that are consistent with sound administration, good international relations, effective health programming, and the aspirations of the nations of the world for better health for all of the people.