

Mr. Fogarty
Rhode Island Fuel Oil Dealers
June 4, 1960
Providence, R. I. - 6:00 p.m.

THE DECISIVE YEARS

Chairman Lancia, Ladies and Gentlemen:

Because of my fervent interest in the physical and mental well-being of the American people and my initiation of a considerable number of health measures in the Congress, I receive many invitations each month to speak before alert, participating groups such as yours. But no invitation can mean more to me than one coming from my fellow Rhode Islanders; and I would like to thank your new president, Mr. Maisano, for inviting me to this annual meeting of the Rhode Island Fuel Oil Dealers. As you exchange ideas and experiences and plan your activities, may I add my wishes to each of you for a successful and healthy year.

When I say successful and healthy, I am well aware of the vitality of your contribution to the comfort of the public at large. One hundred years ago, our New England essayist, Emerson, said: "Coal is a portable climate." Today, we would say: "Fuel oil is our portable climate." And in homes, hospitals, schools, factories, and aboard ships, fuel oil means greater ease of living, recuperating, studying, working, and contributing to the National economy. Also, the link between comfort, consistent temperature, and less arduously produced heat on the one hand and overall health on the other is becoming more widely established in many of our medical research goals.

In our presently dynamic public health programs, our doctors are saving lives today that couldn't be saved a decade ago, and they are prolonging lives so that the average life span in the United States is now 70 years. It was 47 years at the beginning of this century. It then becomes the obligation of many of us who are outside the field of medicine to do everything in our power to see that the added years are truly worth living--that they are rich and full. We should be pleased with the challenge of our growing community of citizens in the over-65 age group. For this group we must not only develop programs that will sustain the additional potential in our Nation's strength but also develop the necessary means of inducing independent living for this older group.

As you may know, I was privileged to carry the Congressional ball in this concept of enriching these prolonged lives; in 1958, I presented legislation which made possible the White House Conference on the Problems of the Aging, to be held in early 1961. In legislation aimed toward independent living for our older citizens, I should like to think that we are moving beyond that point where we think only of the problems of the aging. I am interested in the great potential that these older citizens represent in any measurement of our Nation's strength. In sustaining their health, happiness, and productivity, I believe we are going to be able to put their wisdom to use in helping us solve many of the emotional and social problems faced by other age groups.

For example, in our growing concern about the increasing number of youths often labeled as delinquents, it well may be that these older, wiser, timetossed citizens have a role to play. Two weeks ago, one of the research doctors at the National Institutes of Health in Bethesda, Maryland, pointed up the interdependence of grandparents and teenagers. These two growing groups in our society have certain common needs which we in the middle-age, working group are likely to overlook: both grandparents and teenagers share a need to be needed and the need for assistance in today's highly competitive world. We have heard a lot about "togetherness" in recent years, and we are going to hear a lot more about it as we recognize the advantages for all of us if we can get our generations together, working on the same team. In helping the young and the old to help each other, we in the middle age groups will be freeing ourselves of some of the grave responsibilities that now lie upon our shoulders.

You and I, who are in the middle-aged and working group, necessarily bear the major responsibility at this time, not only to our own productive generation but also to the very young and the very old who participate to a lesser degree in the big operation of keeping the wheels turning. The poet, Cowper, said it neatly, "A business with an income at its heels furnishes always oil for its own wheels." Now you are in the oil furnishing business, but you are furnishing oil for others as well as for yourselves.

You are furnishing the wherewithal for oiling the wheels of many groups in addition to your own, and you are furnishing the fires to keep many people warm in addition to yourselves. In a broader sense, you are also furnishing fuel to keep fires of progress going in medical research,

which is designed to keep the babies and their mothers well and the grandmothers and grandfathers healthier than any of the generations that preceded them. This concern of yours, expressed in the concrete fact of dollar investment in taxes, is in the best democratic tradition, the tradition prompting us to cooperate for the greater good of all.

You and I are in the age group that makes the decisions, calls the turn, and incidentally picks up the bills. But our age group is also the one that has an unparalleled opportunity to observe and probe and to generate ideas from here to Capitol Hill; and it is in the genius of our democratic way of life that tomorrow's progressive legislation is based on what men and women, like you, have decided in what I am pleased to call your responsible participation. And I especially enjoy talking with you because you represent the age group responsible for the support of the health, education, welfare, prosperity, and productive living of this era.

I think our generation will be judged kindly one day, Ladies and Gentlemen, for we are seeing the good sense in spending a higher portion of our dollars on health and medical research than we have in the past; we are purposefully pursuing the conquest of disease and the higher quest for a happy productive life for all.

When we look back over the long history of medicine, with its periods of promising fitful starts followed by longer intervals of regression, suspicion, and superstition, one fact stands out: more progress was

made in medicine during the first sixty years of our own Twentieth Century than in all the years before.

The major medical effort during the first half of this century was aimed at controlling and wiping out infectious diseases; that our doctors were successful is apparent in the disparity between the life-span graphs at the beginning of the century and those existing today. The difference, as I mentioned earlier, is between 47 years and 70 years.

After 1946, as we expanded and created new health and medical research programs, it became apparent that medical discovery kept pace with our increased investments.

Our research scientists discovered and developed synthetic hormones and related agents for rheumatic disease, and the availability of penicillin and the development of other antibiotics led to even firmer control of the infectious killing and crippling diseases.

Our doctors registered the development of chemical agents for the control of high blood pressure and the discovery of chemical agents in the study and treatment of mental illnesses.

New tests for the detection of cancer were developed, and their application brought new hope for control of a disease our scientists still do not understand.

And the whole world reflected something of our gratitude and happiness when the discovery and application of a new vaccine against polio was realized.

The use of radioactive isotopes for studies of body chemistry and the development of drugs and chemical agents for the treatment of tuberculosis are other marvels of the past ten years.

Great discoveries such as these are not made in any one month or year; they grow as tiny acorns turn into giant oaks, or as somebody once said like the jigsaw puzzle to which you add little bits until you have the completed and identifiable picture. It takes a large corps of research workers with the best scientific capacity to bring forth the tiny facts that form the big puzzle and unveil another one of Nature's secrets. These medical research people are all over our Nation, in hospitals, universities, clinics, and laboratories.

The greatest single source of funds for the support of medical and related research in this country is the National Institutes of Health. From this bureau of the Public Health Service, dollars are awarded to universities such as Brown, to hospitals such as the Butler Health Center, to clinics, laboratories, and State health agencies so that research in this great medical quest can go forth on a national scale, and so that the facilities for research may be improved and expanded and so that the program will not suffer for lack of adequately trained scientific personnel. I would like to tell you about just a few of the projects underway here in Rhode Island that hold great promise of adding to our fund of knowledge about health and disease.

A recent grant was made by the National Institutes of Health to the Department of Biology, Brown University. The purpose of this project is to help remodel a building at 80 Waterman Street -- 100 yards from the Arnold Biological Laboratory -- the main Biology building where the library, stock room, and X-ray equipment are located. In addition to Brown University, many other institutions, including the University of Rhode Island, Providence College, and the Emma Pendleton Bradley Hospital, are carrying forward several projects with the help of the National Institutes of Health grants. Almost a million and a half dollars have been allocated to medical research programs for universities, hospitals, and individuals within the State of Rhode Island during fiscal year 1959.

In the national medical research program, I can assure you that Rhode Island's geographic size has no bearing on the magnitude of the scientific research now going on in our home State.

I was pleased when Rhode Island was selected as the subject of an educational film for national distribution. This film was made with funds from the United States Children's Bureau and was part of the study program for understanding and controlling rheumatic fever; it is called, "We see Them Through," and it is being used in public health education not only in Rhode Island but throughout the country. This kind of State and National cooperation is working to the mutual good of all of us.

During my 20 years as Representative in Congress from the Second District of Rhode Island, I can think of no experience that has been more rewarding than the satisfaction I have derived from seeing good research programs and facilities expanded and new ones started--not only here in Rhode Island, but in every single State of the Union. This great satisfaction and the knowledge that much remains to be done were primarily responsible for my decision not to run for the Senate seat that will be vacated by our beloved senior senator, the Honorable Theodore Francis Green, this fall.

Instead, I choose to seek re-election by the voters in the Second District of Rhode Island for an eleventh term in the House of Representatives in the belief that I can be of greatest service to my District, my State, and my Country in my present position.

I have initiated and am supporting several measures which I should like to see enacted into law. For example, the group of deaf and hard of hearing who have speech defects associated with their handicap are in great need of the trained teachers who could help them become less dependent upon the care of others, but there just are not enough trained specialists to instruct them. I am continuing to work for a scholarship program aimed especially at serving as an incentive to this most necessary type of career.

I am working for legislation to make scholarships possible for the doctors and dentists ~~needs~~ ^{needs} this Nation/so badly. I have made several efforts to elicit a positive approach to this problem from the Executive Branch, and

I will continue until we do indeed have programs that will provide this country with the doctors and dentists we need.

As I initiate and keep pressing for this type of legislation, I am always conscious of the great honor and privilege of representing the people of Rhode Island, a State that is alert to health needs and requirements. We in Rhode Island have taken the lead in a number of positive, pioneering, and profitable health measures. This State pioneered in providing free yearly examinations to detect uterine cancer in women over 20, a program that was inspired by the discoveries made in research that lives could be saved if uterine cancer was discovered early enough. Not one woman in Rhode Island is going to die purely because this condition was not detected.

One of the most heartening features about the immeasurable strides medicine has been making is the participation that is so general throughout the country. Our citizens aren't just talking about the greatest health/ and research program ever undertaken in history; they are demonstrating again and again by their support and their continuing interest that the nation's health programs are dear to their hearts. This overwhelming support and participation is accented in the Congressional appropriations I have sponsored during the past thirteen years, either as Chairman of the Sub-Committee on Health or as ranking minority member --appropriations desired by our alert, thinking and concerned citizenry. It is emphasized by similarly increasing amounts of money that are being provided by private industry and by humanitarian agencies and individuals.

I assure you that you can predicate my future performance in stirring up interest in health legislation on what I have been doing during most of my 20 years as Congressional Representative from Rhode Island's Second District. I stand by the premise that the health of the people is the greatest single resource of our Nation -- one absolutely vital to our welfare, economy, and security.

We must have health research that will go on attacking the problems of chronic illnesses and bring them as close to control as medicine has brought the infectious diseases. The magnitude of the problem of disease and disability is difficult for the layman to grasp.

We can chart such figures as 900,000 deaths per year in the United States from cardiovascular-renal disease, and 255,000 deaths each year from cancer, but these dread killers take on added significance when they strike down a loved one.

Mental and emotional disorders have disabled 16 million Americans; another 16 million are disabled by cardiovascular disease.

There are 11 million people in this country suffering from a crippling arthritis at this time. The cost of this illness amounts to a total of at least \$35 billion a year. This figure includes \$15 billion in private expenditure, \$5 billion in Government expenditures, and 15 billion in disability losses. Perhaps if we think of this huge figure as \$195 per year for every man, woman, and child in the United States, we can get a better idea of the awful costs.