

Address by Congressman John E. Fogarty
1960 Conference of Chapter Representatives MDAA
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Health is Everybody's Business

Mr. President, Members of the Conference of the Muscular
Dystrophy Associations of America, Inc. and Honored Guests:

First, I would like to thank Mr. William Mazer, your President, for asking me to be here today and to share this platform with these distinguished speakers. It is gratifying, indeed, to partake of the high optimism and enthusiasm of this group as you enter into a new phase of the battle against muscular dystrophy through research, treatment, and rehabilitation.

I cannot think of any place I'd rather be at this time, for not only do you and I share an ideal -- a hope that we can help to find some relief for our people so sorely afflicted by one of the dread crippers of our country's population -- but I happen to be one of those legislators who feel that what we as a people are doing about public health today, the medical research achievements we are sharing with all other peoples of the world, the strong resolve of our citizens to create and support extensive medical programs on all levels will count inestimably more than the antics of street demagogues, the international threats, and all the political and military soul-searching that is going on at this particularly difficult moment of history.

I am particularly pleased to note that your own organization has been among the forerunners in the support of research programs

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aimed at finding some of the answers to muscular dystrophy. The \$3½ million investment to establish the muscle research center is a giant step in the direction of new knowledge and hope for the victims of MD.

As you probably know, the National Institute of Neurological Diseases and Blindness of the U.S. Public Health Service has allocated more than \$1½ million for research in muscular dystrophy and -- through its support of research in the whole field of neuromuscular disorders -- is now investing more than \$3 million each year in research projects related to muscular dystrophy.

You may ask, what are some of the results of this particular effort? What hope can we offer the sufferers of this disease and members of their families who are constantly alert to each new development -- no matter how fragmentary -- that might possibly be the key to an understanding of this enemy of life?

In the hearings conducted earlier this spring by the Subcommittee which I am privileged to chair, we heard of many new developments -- findings that have the most meaning to scientists working directly in the field of muscle research but also findings, no matter how basic, that give renewed hope to MD patients and their families and friends. I would like to tell you briefly about some of these new developments.

The National Institute of Neurological Diseases and Blindness has published a muscle disease atlas, perhaps the most comprehensive of its kind -- considered to be an important aid in the diagnosis of muscular disorders. It has been published in both

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England and in this country, and has been widely acclaimed in medical journals all over the world.

One NIH scientist has proved that one particular muscular disorder previously thought to be a variant of what is known as Thomsen's Disease is actually a separate clinical entity. Although this is an extremely rare disease, these particular findings provide one more piece in the mammoth unknown puzzle of muscular disease.

In other subclinical research projects, scientists have contributed basic knowledge about neuromuscular disorders:

- ...The development of muscle fibers in live tissue can now be traced by use of fluorescent immuno-chemical staining techniques. These techniques are becoming increasingly important in muscle disease research.
- ...Animal experiments have extended previous knowledge about the relationship between neuromuscular blockage and the inhibition of enzymes in muscle and plasma.
- ...Grant supported scientists at the Harvard Medical School have observed changes in dystrophic muscle using a unique strain of mice with congenital degenerative muscle disease. The disorder closely resembles human progressive muscular dystrophy. Their experiments suggest that the dystrophic process continues in a dystrophic muscle that has been denervated (nerve removed), and leads to a degree of atrophy not seen in either the normal denervated or innervated dystrophic state.

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I believe it was Justice Oliver Wendell Holmes who once said, "The state of public health at any given time is a good gauge of a nation's culture and degree of civilization." Now you and I may be working from different angles on this problem of muscular dystrophy, but I believe that you and others in a number of ways are demonstrating -- by Justice ~~Holmes~~^{HOLMES}' yardstick -- that our nation's degree of civilization is at a high point and capable of going higher.

Never in our history as a nation have we been willing to spend so great a measure of our personal efforts and tax dollars on this matter of public health; and I believe that what we will achieve in health progress during the next decade will make this truly the Golden Age of Medicine. Our growing awareness of what we can achieve through this most logical of all investments is the pivot upon which we are living democracy for all the world to see; and I do not believe that any action of ours so strongly proclaims our belief in human beings as the type of work you are doing, Ladies and Gentlemen, as you meet in conference and share ideas, generate enthusiasm, and promote constructive and effective organization to cope with the problem of muscular dystrophy. For health, like sickness, is everybody's business. As people who believe in ruling yourselves, in government of, by, and for the people, you are demonstrating that responsibility is the keynote of popular

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government and that full acceptance of that responsibility is also the keynote of successful public health programs.

When I meet with groups such as this, who are taking the initiative in responsibility, I am not surprised that more progress has been made in research in the rheumatic diseases in the past ten years than in many previous centuries. It is inspiring, too, that we do not lose heart as the ultimate goals -- means of prevention and cure -- are sometimes slow to move into focus. As believing people, we merely step up the campaign, the battle, all along the line of endeavor and this includes private and community action as well as Federal legislation that will provide program framework and level of support required for the job.

I believe that you are going to arrive at some momentous conclusions at this conference, that you are going to set into motion some historic programs and effective ways of seeing that the campaign against muscular dystrophy never lags and I can assure you that in my particular role as a legislator, I will be concentrating on seeing that the progress our medical people have been making against this dread crippler is not neglected and that additional research may go forward to capitalize upon the gains made to date. In muscular dystrophy, as in many other ailments, darkness is being left behind; we face promise and the light in which we labor is becoming brighter. Indeed, a great glow of hope inspires us to step up our efforts so that the total light of

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knowledge may prevail.

Perhaps you would join me this morning in a look back over the past few decades; perhaps it will help us to know a bit about the future if we pause to examine a few of the things that have been done within our lifetime. We have begun to apply to everybody some of the magnificent findings that have come from our medical and biological sciences. I think you will agree that we are fortunate to be living at this time. Although I shall not try to go into detail on the triumphs of medical research, as a layman I appreciate the many developments that have been made -- antibiotics, heart surgery, and the improved methods of diagnosing, preventing, and treating diseases that have been discovered and developed during the past few decades.

As Chairman of the House Subcommittee receiving the testimony of medical scientists connected with the appropriations for the Department of Health, Education, and Welfare, I have the vantage point of seeing some of the types of progress that have resulted from our willingness to make health our business.

...We have made the matter of poliomyelitis our business, for example, and as a result of voluntary contributions and tax dollars in support of Federal grants for research, the miraculous Salk vaccine is making thousands of our children immune from a once dreadedcrippler and killer.

...We have been given powerful antibiotics that can prevent the recurrence of rheumatic fever in children. This will enable

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these children to live normal lives without the dread of having further heart damage to further cripple and damage.

...Our research people have discovered powerful drugs that are arresting the growth of cancer cells in human beings and have even caused them to stop growing altogether in animals.

...We have developed modern, advanced diagnostic methods for discovering cancer earlier and are today saving the lives of about one third of the people who formerly died of this dread malady.

...Newly discovered uses of x-ray and surgery are helping prevent the reoccurrence of cancer. As a result, we now have among us in our nation almost a million cured cancer patients.

...New cancer drugs now make it possible for children who have leukemia to live longer after the leukomia has been diagnosed.

...We are making progress in discovering the causes of cancer; certain carcinogenic factors in our environment have been identified and scientists are increasing their efforts to combat these enemies.

Ladies and Gentlemen, I mention to you the areas of achievement, of positive scores, if you will, in the contest for the alleviation of suffering, the cures that have been conscripted for healing not with the idea of boasting or giving ourselves bouquets. I mention these to you as examples of areas where some light has been shed. An old Chinese proverb states that it is better to light a candle than to curse the darkness. Now I cite

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these victories as symbols of candles which have been lighted and now brighten the lives of all of us here. Every bit of new knowledge--whether it is a finding on a basic life process or on an improved method of treatment--affects us all.

And so I say, health is everybody's business. We have a stake in this business and we are more and more cognizant of the fact that our brother's health has a bearing on our own. Malaria, for example, was once a great scourge of our people. A series of efforts including the use of quinine, atabrine, the large-scale drainage of swamps and the stamping out of mosquitoes with the use of DDT combined to deal malaria a powerful blow. With malaria still a major killer andcrippler on a world-wide scale, our scientists have continued to search for more effective drugs. After thousands of tests, extending over several years, two have been discovered: chloroquine for the suppression of the disease and primaquine, which cures the disease after an individual is no longer in the malarious area.

Just a few days ago, you may have read about the research scientists at the National Institutes of Health who have discovered that monkey malaria can be transmitted to man. Up until now scientists all over the world have believed that ^{MONKEY} malaria could not be transmitted to man by the bite of a mosquito. This new discovery may have tremendous possibilities in the world-wide battle against malaria.

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Other gains against killing and crippling diseases give us every reason to be optimistic about the future. For example, our scientists are pursuing answers on a number of fronts:

1. An answer to the question of whether some or many human cancers are caused by viruses.
2. Better, or perhaps complete, understanding of the artery disease called atherosclerosis. From an improved understanding there could come methods that doctors could advise for the prevention or treatment of this major cause of death.
3. Better drugs or other means for treating high blood pressure, resulting from an understanding of its cause and, with this understanding, development of a method of prevention.
4. More and better vaccines for the control or prevention of infectious diseases, including tuberculosis and the common cold.
5. New knowledge in the field of mental and emotional disease, not only of environmental factors concerning or causing mental illness, but also of the role of drugs and, most importantly, of the chemistry and physiology of the brain.

Now, if I may, I would like to turn for a moment to the economics of health.

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The economic potential for a family when its members are in good health is a matter to be measured in dollars and cents; but when a wage earner is ill his productive power is down and his ability to contribute is curtailed.

Just as the family pocketbook gets lighter when personal income is cut, national strength and national production suffer when large numbers of our citizens are ill and unable to do their work. When you add to this lack of production the cost of necessary additional workers to look after these ill persons, and when you add the distress caused by their not being able to enjoy life in its richest and fullest sense, you see the high cost of illness in dollars, distress, and deterioration. Whenever it is possible for us to help the blind to see, the deaf to hear, and the crippled to walk, to run, to work and to play, truly the rewards are gratifying.

Now we are moving ahead in our battle against some of the cripplers that cause distress. We are giving grants to scientists who are mapping out segments for concentrated research. These grants are being monitored and awarded by a carefully selected group of evaluators at the National Institutes of Health under the United States Public Health Service. In making the necessary money available, our Nation is setting up a favorable climate to encourage additional study; investigators are being stimulated and encouraged to delve into questions where the knowledge is un-

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available or incomplete. And I would hope that many more research scientists will be sufficiently intrigued by mysteries of muscular dystrophy to bend their efforts to the solution of this disease.

I have seen the happy, valuable results that come from efforts to stamp out disease and distress caused by the chronic cripples. I do not have to be told that the pay-off is worthwhile when we put dollars into research for health. And I know that you do not have to be told this, too; by your own efforts as a volunteer you are demonstrating your faith that an investment against disease is a wise one.

Just as there are various demands and pressures on the family pocketbook, you know that there are pressures on our national budget; our needs as a nation are complex and expensive just as our family and personal needs are relatively complex and expensive. But when a member of our family is ill, we do not spare him needed medical treatment because of the cost for physicians and drugs. We sacrifice in other areas for the significant gain of good health. We make health our business until that member of our family is well.

Ladies and Gentlemen, I believe that we are coming to this point of view as a nation, that health is everybody's business. I have seen a growing interest in health demonstrated in a willingness to appropriate greater amounts of money for medical research and for other aspects of public health. We are becoming more en-

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lightened as to our needs for doctors, nurses, and dentists and so as a nation, fortunately, we are going to be willing to spend more of our tax dollars to help assure that these medical people secure the training this nation requires.

A recognition that health is everybody's business is uniting us into a thoughtful team. We are no longer hugging areas to our chests, jealous of prerogatives of special groups. Volunteer agencies, medical personnel, public health servants, legislators, philanthropists, benefactors, are asking, "How can I do what will be of greatest help in the eternal search?" You and I must do everything we can to clarify this answer to that question.

Ladies and Gentlemen, many new thoughts, ideas, ideals, plans and new goals will emerge from this muscular dystrophy conference. As a lawmaker, I shall be interested in your deliberations and resolutions. I shall be eager to help, as I have been in the past to translate your findings and your needs to the type of action programs and support that will provide the necessary weapons to advance your attack against disease. And as we strengthen our attack against the disease itself, we shall be able to diminish our patchwork in laboring to rehabilitate the victims of disease. We cannot devote all of our effort to the prevention of fire while the house is burning down, but if we work with determination to prevent the occurrence of fires and if we work to make our homes fireproof we will one day reach a stage when we will not have to

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spend so much of our energy and effort in putting out fires.

As a member of the House of Representatives from Rhode Island for the past 20 years and one who is proud to have had the opportunity to work in the field of health, I should like to offer you my services, my appreciation, and my assurance that I am happy to be a member of your team. Health is our business; let us continue to keep it strong and vigorous. I congratulate you on your concentration of energy and effort. I wish you continued success.