

DRAFT OF REMARKS - 9/8/60

Congressman John E. Fogarty

In the sweep of human history, 50 years may be a very short time indeed. But the world has moved with giant strides since the first decade of this century. Our 1910 annual census--just completed when The Town Criers were organized--revealed a U. S. population of 91 million--half of what it is today. We were a growing Nation. Industries were springing up across the land, and more and more people were leaving the farms for the towns and cities. Among other nations, we were on the way toward becoming a world power.

Exciting things were happening in 1910. Henry Ford was beginning to go into mass production with his Model A's. Only seven years after the first successful heavier-than-air flight at Kitty Hawk, aviators like Louis Bleriot were flying across the English Channel, and Glenn H. Curtiss made the first continuous flight from Albany to New York in the fabulous time of 152 minutes. The Nation was pulling out of the disastrous financial panic of 1907, and far off in the Balkans, little brush-fire wars were beginning to erupt.

And what about science and health in those days? The average life span in this country was about 50 years. Diseases that are now conquered were taking a heavy toll. Influenza and pneumonia were the leading causes of death, followed closely by tuberculosis. But the world of medicine was also in a period of great advancement. The era of modern scientific investigation had just begun.

Scientists of 1909 found that the crippling and often fatal disease of poliomyelitis was caused by a virus--a tiny organism that hides from all

*Town Criers
SEF didn't
use - affair
concluded*

but the most powerful microscopes. The following year, the Public Health Service, then just beginning its modest laboratory, made its classic study of polio which revealed much of all that was to be learned about the disease for the next forty years.

In that year of 1910 when the population of Rhode Island was slightly less than 543,000, our State reported 231 cases of poliomyelitis.

Rhode Island--and particularly Providence--had more than its share of polio over the next half century. Here, as in other parts of the Nation, new theories as to how the disease was contracted and spread were developed and discarded. Measures for control came and went. We in Providence can be proud of our Dr. Charles V. Chapin, for many years our city health officer, who was mainly responsible for modernizing communicable disease control procedures, particularly those concerned with isolation and useless fumigation.

Over the years, we improved sanitation facilities in our cities and in our homes. We stressed personal cleanliness. Parents were advised each year to keep their children out of crowds during warm weather. All of these measures were known to be helpful, yet waves of polio continued to plague us without warning and with no pattern that could be identified. No one could explain, for example, why we had twice as much polio in Rhode Island in 1935 as we had in 1931. Nor could anyone figure out why the number of polio cases in our State jumped to an all time high of 421 in 1955.

Meanwhile, through the years a number of scientists in various parts of the country were quietly searching for a way to prevent polio. My scientist friends tell me that while these investigators did learn a great deal about viruses--the ones that cause polio as well as some that might

possibly be the cause of other diseases--their research so far as a polio preventive was concerned, was quite frustrating until our fellow New Englander, Dr. John Enders, of Harvard, developed a new scientific weapon called the tissue culture. The years of polio research paid off when Dr. Jonas Salk, using this new weapon five years ago, developed the first specific means for preventing polio.

Now, in 1955, we felt we had the means to hold the reins on polio. The aim was to get as many people vaccinated as fast as possible, and, I am proud to say, that as Chairman of the House Appropriations Committee on Health, I was able to play a vigorous role in making Federal funds available to the States for the purchase of vaccine. From August 1955 through June 1957, my Committee recommended and the Congress approved the spending of \$53.6 millions for polio vaccinations. Rhode Island, along with other States, embarked on wide-scale vaccination programs. Thanks to enlightened political leadership and the whole-hearted efforts of numerous civic and service groups such as The Town Criers, vaccinations were pushed ahead here until now Rhode Island is one of the best vaccinated areas of the country.

With our comparatively high record among the States, there was a tendency among many of our people to feel complacent and, even possibly, a little smug--until the spring of this year.

Earlier in the year--in late February to be exact--on the basis of information I had obtained from the Public Health Service, I issued a special press release urging that vaccinations against polio be pushed ahead at full speed. Surgeon General Leroy E. Burney was pointing out

repeatedly that there were still 40,000,000 unvaccinated individuals in the country, and was pleading that these people get fully vaccinated as rapidly as possible.

At the time I issued my press release, there was not a single case of polio in Rhode Island, but there was also good evidence that almost one-third of our people were either not vaccinated at all or were not fully vaccinated. I called attention to a survey which had been conducted in Providence the year before to find the unvaccinated. That survey had shown that almost all children and 80 percent of adults over 40 years and in the upper income groups had been vaccinated, but that in the middle and lower income groups, about a fifth of the small children and over half the young adults were still unvaccinated. I urged that other communities in the State make similar surveys so that the unvaccinated could be located, and that all the unvaccinated everywhere in the State be persuaded to get fully protected before the summer polio season arrived.

Subsequent events proved the validity of that warning. Early in June came our first inkling of trouble. Seven cases of polio, all of them paralytic, were reported by the State Health Department to the Public Health Service. The number continued to mount in the following weeks until the peak of the epidemic was reached in the third week of July. Since that time, there has been a decline in the number of new cases. The 1960 polio toll for Rhode Island now stands at 93 cases, of which 73 are paralytic. There have been 4 deaths.

More than 75% of all polio in Rhode Island this year has occurred in the Providence metropolitan area, with the remainder scattered throughout the State.

During June and early July, the disease seemed to concentrate among small children under five years of age, and some families had two or more small polio sufferers. Then, in late July, the disease jumped to the 5 to 9 age groups, and in the past few weeks we have had some cases among people 20 years or more.

According to the best estimates of the health authorities, about 85% of those persons who contracted polio were not vaccinated at all or were not fully vaccinated. Our health people point out, for example, that a large number of persons had one vaccine shot after the epidemic was underway--probably after they had already been infected.

Heaven alone knows how far the epidemic would have gone if so many of our people had not been fully vaccinated before polio broke out, or if we had not taken the measures and received the support we did. Probably none of us will ever know how much suffering has been spared and how many lives saved by the combined and all-out efforts of the health and medical professions, religious, civic and service groups and the public media of the Providence area.

The Public Health Service has given us every possible assistance. We have had the services of eight Public Health Service officers, in addition to the full consultative services of the Public Health Service Washington headquarters, from its Communicable Disease Center in Atlanta, Georgia, and from its Regional Office in New York City. At the peak of the epidemic, Surgeon General Burney came personally to Providence to give our health authorities the benefit of his counsel, and since early June,

Dr. Harold Graning, the Public Health Service Regional Medical Director in New York, has been practically commuting to Providence.

Also at the height of the epidemic, Captain Edward Anderson, Chief Medical Officer at the Quonset Naval Air Station, brought four hypo spray jet injectors down to Providence. Through these injectors upwards of 120,000 polio shots were administered. We shall have an opportunity later this week to express our gratitude to Captain Anderson during the ceremonies at which Governor Del Sesto will present him with a medal in recognition of his services.

I want to emphasize that while the polio epidemic in Rhode Island seems to be abating, we dare not forget that just in the past few days our State Health Department has received reports of 2 new cases. Polio is still with us. I know you agree with me that we cannot relax our efforts until we are absolutely sure that not a single person dies of polio or a single child goes through life in braces.

Many of us like to believe that with the end of summer the polio season ends. Our health advisors tell us this simply isn't so. To be sure, there is more polio in the warm than in the cold months of the year; yet in the first two months of 1960, 148 cases of paralytic polio were reported to the Public Health Service.

Medical people tell us that the months during which polio is at its lowest incidence are the very times when we should be pushing hardest on vaccination programs so that full protection--the three shots that are full vaccination plus, possibly, a booster shot--may become effective before the next warm season.

Public health authorities repeatedly warn that full protection is not possible otherwise. They say frankly that while one or two shots are helpful in an epidemic situation, these are only a poor substitute for the full, properly spaced series of injections.

On the basis of our own experience here in Rhode Island this summer and on the advice of medical and public health professions, I earnestly recommend for your consideration that The Town Criers undertake an all-out war against polio as one of its major public service programs for the coming year.

It was good news to all of us last week when we learned that we probably will soon have another weapon with which to fight polio. The promise of a new vaccine that can be swallowed rather than injected should make easier the job of persuading needle-shy individuals to get vaccinated. There also is some indication that the new vaccine may be cheaper. Surgeon General Burney has stressed that the oral vaccine, which will not be available before the middle of next year, will not replace the Salk vaccine, but rather will be used in conjunction with the present vaccine.

The development of two types of vaccines against polio is, in itself, a remarkable scientific accomplishment. Yet the byproducts of this research may hold even greater promise than the eradication of polio. Medical knowledge does not materialize through magic but by conscientious research, painstakingly performed by dedicated men and women. Sensational life-saving discoveries are not made in a matter of days. They frequently take years of time representing the combined efforts of many men. This is why, as Chairman of the Health Appropriations Sub-Committee of the House

of Representatives I continue to insist that the Federal government increase its support of medical research. Money cannot buy scientific progress but dollars can help research effort move forward.

The years of work that went into the development of the polio vaccines are an excellent case in point. Scientific knowledge was turned up on viruses; the tissue culture technique was perfected. Scientists began to search for a viral relationship in those diseases that for centuries have stumped the ingenuity of the world's best scientific minds.

Today, thousands of scientists in hundreds of laboratories stretched across the country are following new leads into the causes and cures of the great killers and cripplers of our time--cancer, heart disease, arthritis, as well as into a host of other conditions on which present scientific knowledge is still pretty blank. The work of these scientists is often supported through Federal funds, sometimes it is supported through great foundations, and sometimes through private philanthropy.

Take cancer research, for example. The scientific community of 60 years ago refused to accept that idea that any relationship could exist between cancer and viruses. Sufficient evidence has now been accumulated, however, to convince even the most skeptical investigators that this is a real possibility. Scientists already are certain that viruses can cause many forms of cancer in animals, and I am told that the first great task immediately ahead is to develop the laboratory techniques for testing the cancer-causing effects of viruses on man. Intensive studies in this area are going on now. In the current year, the National Cancer Institute of the Public Health Service is supporting 59 such

investigations for which the Federal government has allotted funds in excess of \$2,000,000.

The new knowledge of viruses and how to handle them in a laboratory likewise is speeding up research into such widely separated diseases as measles and arthritis. Some day, not too far off, we may have a vaccine against measles. And we all look forward to the day when a simple pill or injection will prevent the crippling from arthritis or ~~the pains of~~^{from} high blood pressure. That is why the National Institutes of Health is supporting an increasing number of viral investigations in all fields. In addition, the NIH, in order to strengthen its own viral research, recently established a new Laboratory of Virology and Rickettsiology under the direction of Dr. Joseph Smadel, one of the country's outstanding virologists.

Such is the history of medical progress. As I pointed out in my opening remarks, 50 years ago when The Town Criers were founded, a new baby could be expected to have 50 years of life. Today's new baby has a life expectancy of 70 years. Fifty years ago, the greatest threats to life were influenza, pneumonia and tuberculosis. Today, they are heart disease and cancer.

Medical accomplishments in conquering the diseases of childhood have made it possible for more people to live into maturity. The task now is to extend the years of productive maturity into healthy old age. This is what medical science is striving to do. It is only sensible that we give all conceivable support to this endeavor for our own benefit as well as that of our children and grandchildren.