

ADDRESS OF THE HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE, SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT DEDICATION OF NEW SURGICAL PAVILION AT OUR LADY OF FATIMA HOSPITAL, NORTH PROVIDENCE, R.I. 9/11/60

I want first to express my appreciation for having been given this opportunity to meet with you today to take part in the dedication of Our Lady of Fatima Hospital's new Bishop McVinney Surgical Pavilion. No more appropriate name could have been chosen, for the remarkable growth of this great hospital over the past six years has been in large part due to the vision and leadership of the Most Reverend Bishop.

Under his direction, the Diocese of Providence has annually broken new records in its Charities Fund Appeal, and numerous examples could be given of his success in the expansion and development of means and institutions to relieve the suffering and aid the unfortunate. Our Lady of Fatima Hospital is a particularly outstanding illustration of Bishop McVinney's deep concern for the physical, as well as the spiritual, welfare of the people of Rhode Island. In less than a year after its opening in 1954 as a hospital for the chronically ill, Our Lady of Fatima extended its scope to meet what the Bishop described as the need of the entire community for further general hospital facilities.

Speaking at the opening of the Catholic Charities Appeal in 1958, Bishop McVinney outlined his plan for an addition which would increase this hospital's bed capacity from 174 to 285 and add much needed surgical services. He said then that Our Lady of Fatima would become one of the finest hospitals in the country. Today we see his prophecy becoming a reality.

This new hospital addition represents the very latest developments in patient treatment and care facilities. By providing the utmost

in up-to-date operating room, laboratory, and pharmaceutical equipment and instrumentation, it will enable the professional staff of the hospital to take advantage of the most recent advances in surgical techniques and clinical procedures. Thus, this adds a new dimension to the range of services available to the sick and injured who seek aid at Our Lady of Fatima Hospital.

Many of you are familiar with my longtime, active interest in hospitals, medical research, and public health. Therefore, you will understand, I am sure, my keen pride in the part I have been privileged to play in promoting the growth of programs in the Federal government in support of the construction and expansion of hospital and medical facilities throughout the Nation.

As Chairman of the Subcommittee on Appropriations for the Departments of Labor, and Health, Education, and Welfare of the House of Representatives, and your Congressman for a score of years, I have had the responsibility of hearing evidence in connection with the annual budget requests for the Public Health Service and other agencies. The Public Health Service, under the provisions of the Hospital Survey and Construction Act of 1946, administers the Hill-Burton program, as it is popularly known. The purpose of the program, as you know, is to assist the States in supplying their residents with needed facilities for adequate hospital and medical services and to foster better utilization of available health facilities and services.

Among the facilities eligible for Federal assistance under the Hill-Burton program are general hospitals, mental hospitals, tuberculosis hospitals, chronic disease hospitals, public health centers, diagnostic

and treatment centers, rehabilitation facilities, nursing homes, State health laboratories, and nurses' training facilities.

The Hospital and Medical Facility Construction Program operates in two stages: the survey or planning state, and the actual construction. Following approval by the State agency which administers the program -- in Rhode Island, the Department of Health -- based on a study of the needs for health facilities and the development of a Statewide plan for construction of these facilities, the institution may then apply for Federal funds on a matching basis in support of the construction project. The Federal funds may be in the form of an outright grant or a long-term loan, depending on the requirements of the Institution.

As an example of the national backlog in needed facilities, the States now report a nationwide shortage of hospital beds totaling well over 1,000,000, including beds in nursing homes. Because of the continued rise in cost of hospital construction and the steadily increasing population, the need to solve the problem of hospital and medical facilities is most vital and urgent.

This is why I have constantly devoted my endeavors in the Congress to initiating and developing the proper kind of Federal assistance programs in the field of health and medical research -- programs which insure that the Federal government accepts its share of the responsibilities for our citizens and serves as a complementary and supplementary resource for those which we in Rhode Island provide.

The problems and the needs are so great, as we all know, that such programs as those for hospital construction, research laboratories construction, and medical research and training, must be strong and growing ones. This is why I have consistently worked for their health growth and sound development -- rather than adopting a stand-pat and do-as-little-as-possible attitude. My colleagues in Congress, and you, the people of Rhode Island whom I represent, have supported my beliefs and my leadership in this -- and we have always approached the problems of health and research programs with a positive attitude and with one guiding philosophy: to seek the maximum potential for positive action to improve health.

We cannot afford to slacken the growth and development of our hospitals and our health and research programs by stand-pat programs. We can and must move forward, and the recent Federal appropriations in the health and research field which I led the fight for in Congress will enable us to capitalize on many opportunities for maximum progress. These appropriations provide for strengthened programs in critical fields of health and health research and training.

Affirmative action to meet health needs is, of course, nowhere more splendidly demonstrated than by the occasion for which we are gathered today.

The expanded and improved hospital facilities and services which the new surgical pavillion of Our Lady of Fatima represents are a most vital addition to our community's health resources and will do much to help meet the large, growing, and complex needs of today and tomorrow for hospital care of our citizens.

Here, indeed, there will be seen the ever advancing frontiers of life-saving surgery -- and it challenges and stimulates the imagination to picture what will be done, tomorrow and in the future, in this excellent facility to save human life and ameliorate suffering and bring people back to useful, happy living. Through the magnificent skills of the surgeons, other physicians, nurses, technical people, and all of the team of dedicated workers, who will devote themselves to the ills of people coming to this citadel of hope and of help, great achievements will be made.

Of this there can be no doubt. Nor can there be any doubt that the record of Our Lady of Fatima Hospital will in all of its services to the community increasingly shine as time goes on.

Let me mention just one aspect of this shining record for a moment. We all know what a great human and economic burden the chronic diseases impose upon our community and Nation. The care and treatment

of the chronically ill is certainly one of the most serious problems with which today's hospitals must cope. The return of the hospital patient suffering from a chronic disease to useful, productive living is perhaps the most demanding and challenging aspect of the chronic disease problem for a hospital to attack, as it is indeed for its allies outside the hospital, such as the physician and public and private health and social agencies.

Our Lady of Fatima, as you well know, has attacked this problem. Its research and demonstration project, through the Rehabilitation Clinic, is, I understand, outstanding and is not only helping people here but is also producing information of value to communities elsewhere, tying in through the State and Federal vocational rehabilitation agencies to the nationwide endeavor in research and its application. This endeavor for rehabilitation, I need not tell you, is among the most heartening in the whole spectrum of America's mobilizing resources to advance health in which I have been privileged to participate and observe. I recently had the pleasure of addressing an international meeting in Washington in which the subject of rehabilitation was paramount. The progress made in this field in very recent years is amazing. But the progress that will be made in the future, I am confident, will be far, far greater.

As I addressed that meeting, the 3rd International Congress of Physical Medicine, I told them that I had thought much and long about the role of government in the rehabilitation of the handicapped as I

sought to secure legislation, reflecting the wishes of the people, that would advance this most important field of human endeavor. I said that I had been glad to see professional and public interest keeping abreast of new needs. I spoke of the role of the legislator as that of matching this interest with strong support and action programs for meeting the needs. That is how we move forward in a democratic society.

We are moving forward, waking up to what can be done for the unfortunate, handicapped people and, as new ways are discovered to help people return to happy, rewarding living, the benefits of our discoveries will reach around the world. We -- who are concerned with hospitals, health, and rehabilitation -- are aware that we must be interested in the whole man. So are we also aware that we must not forget the health and well-being of all mankind. The fullest sharing of progress is our wish, our desire, our dream, and our everlasting hope -- and the advancement of health internationally contributes indispensably to the advancement of peace around the world.

Since America's beginning, there has been interest in improving health. Happily, this interest has grown and we are fortunate that the combined efforts and energy of many people have brought us comparative victory over smallpox, typhoid fever, pneumonia, diphtheria, and other contagious and communicable diseases. These victories were made possible by the relentless searching and probing of research investigators,

followed up by the vigorous application of knowledge through concerted teamwork on the part of public and private health and medical agencies. It is this same sort of teamwork that is bringing great progress in rehabilitation and that will bring even more in the future.

Rhode Island, I am sure, will be among the very top ranks of the States in achieving this progress, and such work as that which is being done and will be done at Our Lady of Fatima Hospital will assuredly play an indispensable role in this advancing of health. Rhode Island is already, of course, among the leading states in the number of rehabilitated people per 100,000 population -- and is above the national average.

But, while our programs in rehabilitation are among the leading ones, we cannot, as I am sure you will agree, afford to be complacent. The programs will need to grow and develop because the numbers of our people who will be in need of both general and vocational rehabilitation will continue to grow -- as our population increases and as there are increasing numbers of citizens (from the very young to the senior citizen) who can and must be helped to continue in useful living or to be returned to it from an episode or attack of chronic illness.

Let me illustrate the potentials for this area of health rehabilitation by using the example of progress already gained through just one field -- that of heart surgery -- in which people here and in our other fine Rhode Island institutions have participated and to which they have contributed substantially.

Heart surgery faces two problems: abnormalities at birth and disease acquired during life. From 5 to 10 babies in every 1000 births have congenital heart defects; these cause some 9,000 deaths a year. Acquired heart disease (artery hardening, high blood pressure, rheumatic heart disease) causes the bulk of the 900,000 or so annual heart deaths.

The earliest heart operations were just coming into use a few years ago. But since then one heart defect after another has yielded to the surgeon's knife. Now babies born with malformations that would end their lives early can be saved. Rheumatic and coronary heart disease can be ameliorated. Now, too, people suffering strokes can sometimes be saved by surgery -- and there is promise that some individuals can be saved from having a stroke by preventive surgery.

While many dramatic operations were being perfected, researchers have accomplished many related things to make heart surgery an ever-growing boon. They were developing: new anesthetics; methods of lowering body temperatures; new drugs for fatal, faulty heart rhythms; heart and lung machines; and new ways of diagnosing heart conditions needing operations.

With the aid of these invaluable advances -- made possible through farsighted support provided by the Congresses in which I have represented you -- the heart can be opened, even brought to a temporary standstill, so that the surgeon can repair it under direct vision. Now, surgeons can correct or relieve most major types of heart defects, both congenital and acquired.

Tens of thousands of heart patients, once doomed to invalidism or early death, are today leading useful and productive lives because of new surgical developments from heart research.

Thus, you can see, the vistas opened by the dedication of a facility such as this surgical pavillion of Our Lady of Fatima Hospital encourage me to continued devotion on my own part to the tasks that lie ahead and which involve the further dedication on the part of all of us here and everywhere to increasing our efforts. The tasks that lie ahead are vast indeed.

The magnitude of the total problem of disease and disability is so large and complex that it is difficult to grasp. A few figures, however, suggest the stark outlines. Over a million and a half people die in the U.S. each year. Almost all of these die of disease. Accidents, of course, take large numbers, but they are inconsiderable when placed alongside the numbers dying of disease. Just two of the major diseases, cancer and heart disease, themselves account for some 1,155,000 deaths a year now. And the number of people disabled by disease runs into the 30 millions.

The only way we can hope to lessen this burden in the future is through progress in research and the practical application of research findings.

Medical research has already proved its value in both humanitarian and economic terms. The life expectancy of a child, for example, has been lengthened a full 20 years. That life is healthier and freer from

disease of many kinds. In economic terms, the values stand out when we realize that medical research has saved the lives of more than 1,800,000 persons in the last decade and a half. The annual earnings of those whose lives have been prolonged now amount to over \$3.6 billion and their tax contributions to the Federal government to \$263 million per year, according to studies.

Medical research has helped save and provide the manpower with which we have fought world wars and yet doubled our population at the same time. The comparatively small investments made in medical research have, therefore, paid extremely high dividends to the Nation in terms of increased numbers of healthy people -- this or any Nation's greatest asset.

In closing, let me again say that it is a pleasure to join with you today in the dedication of this new surgical pavillion. It is, moreover, a distinguished honor to be a participant in such a significant occasion and to have been asked to bring you some of my thoughts.

To dedicate, the dictionary says, is to set aside something for a particular purpose and for a definite use and service.

This dedication today is truly for a purpose and for a definite use and service -- in one of man's noblest endeavors -- the search for health. I would quarrel, however, with the dictionary's words in one respect: that this dedication is a "setting aside" in the sense of a

thing apart. For nothing here is being set apart. Rather, this new facility is being set into our community -- and becomes an integral part of a whole. It is not set aside or apart.

As the surgical pavillion takes its place among our health resources, it will, in days to come, bring benefits not only to our community and State, but also to others -- benefits that will, I am sure, grow and increase as we march ahead as partners along the road of progress toward the conquest of disease and untimely death and suffering.