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American Podiatry Association
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First, may I express my deep appreciation for this recognition of my efforts in behalf of health and medical research in this country. It is, in truth, an award that should be shared by my colleagues in the Congress who have consistently supported our Nation's health programs. The part that I have been privileged to play in the formation of these health programs during the past ²⁰19 years has afforded me considerable personal satisfaction. I am gratified that you share my concern that the health problems of the people of this country and of millions of people throughout the world be solved.

I want to congratulate you as members of Region One of your national organization for the contributions you are making to the health and well-being of our Nation. The American Podiatry Association can be proud indeed of its progress in the 48 years since its establishment. Your special committees for attention to foot surgery, roentgenology, foot orthopedics, pharmaceuticals, shoes, and children's foot health; your organization of State professional groups; your monthly professional journal; and your list of members that now numbers almost 5,000 are in themselves evidence that the American Podiatry Association is vital, moving forward, and in tune with the times. You are to be commended for your initiative in taking these forward strides.

Because your actions and interests indicate that you are keenly concerned with progress, I would like to talk to you today about progress that is being made in the larger field of health and medicine.

As chairman of the House Subcommittee with responsibility for Federal appropriations for ^{the Dept of HEW} ~~most of the Nation's health and medical agencies~~, I have the privilege of reviewing detailed reports on the progress being made in medical research. During the past decade I have also seen the dramatic progress we are making in applying the discoveries of research to the treatment of human disease and disability.

This progress is not the result of mere happenstance. At the end of World War II this country had two paths from which to choose. It could either return to the prewar levels of medical research or, as a group of far-sighted men proposed, it could use the resources developed during the war years to support efforts to extend man's knowledge in the life sciences and to provide better health for the Nation's people. The choice was made in the end by the people as a groundswell of popular opinion from all parts of the Nation clearly demonstrated that the majority favored increased Federal support for research.

As a result, Congress began to make an increased amount of Federal funds available, through the U. S. Public Health Service's National Institutes of Health, for the support of medical research in private laboratories in universities, medical schools, hospitals and research institutions across the country.

Many of you here know that one of my particular interests has been the research programs of the National Institutes of Health. The seven Institutes, the Divisions, and the Clinical Center which make up NIH have become one of the world's largest medical research centers. The appropriations for the Department of Health, Education, and Welfare, for which my

Committee has responsibility, comprise approximately four-fifths of the annual Federal expenditure for medical research. Of this amount, about 85 percent is invested in grants programs of the National Institutes of Health -- a truly significant part of this Nation's total investment in medical research.

In fiscal year 1946, the appropriations for the National Institutes of Health, including its own operations, grants for research projects, and awards for fellowships and training, amounted to less than \$3.5 million. The bill appropriating funds for NIH for fiscal year 1961 which was signed by the President on September 2, allotted a total of \$590 million for this purpose. This amount is almost \$160 million more than the original administration request -- which was a foot-dragging figure less than the appropriation for the previous year.

This progressive expansion is producing very substantial results. Each and every year, from 1946 right up to the present, Congress has received convincing evidence of the accomplishments and potential value of current research projects, and the existence of promising new and needed projects, before the appropriations have been increased.

The results of this accelerated program of medical research have been inspiring. I refer particularly to such advances as the discovery and development of synthetic hormones and related drugs for the treatment of rheumatic arthritis.

. . Advances in heart surgery, aided by heart-lung machines and improvements in diagnosis of heart defects.

- . . Tranquilizers, and drugs for the treatment of mental depression.
- . . The development of the Salk polio vaccine.
- . . The new oral antidiabetic drugs.
- . . Development of chemical agents to control high blood pressure.
- . . Improved protection against rheumatic fever and resulting heart damage.
- . . New tests for the early detection of cancer.
- . . And, the development of drugs and chemical agents for the treatment of tuberculosis.

Of the \$590 million appropriated for the National Institutes of Health this year, approximately 76 percent has been designated for research project grants. By far the largest proportion of these funds will be in turn awarded for research projects being conducted in non-Government institutions throughout the United States--in colleges, universities, hospitals, and private research institutions.

The rapid expansion in medical research occurring after World War II soon made it obvious that an accompanying expansion in the number of trained men capable of conducting such research was essential if the increased pace of research was to be maintained. To insure that sufficient trained researchers would be available in the various medical disciplines and allied fields, Congress made Federal funds available for research fellowships and traineeships. Through training grants, institutions all across the country have been able to establish and improve their research and special training programs. And thousands of outstanding individuals at all levels have improved their skills and increased their knowledge.

By the mid-1950's, it had become clear that more well-equipped laboratories and research facilities were needed in which to conduct medical research. Individual institutions lacked sufficient funds to construct the needed facilities without outside assistance.

In the four years following the passage of the Health Research Facilities Act of 1956, making grants for this purpose possible, hundreds of institutions in almost every State have benefited from this legislation. In fiscal year 1960 alone, 17 institutions in the six New England States received health facility construction grants totaling more than \$3.8 million.

It is not easy to keep these three important elements of medical research -- funds, manpower, and facilities -- in proper balance. But, with the cooperation of Public Health Service administrators, educators, and the scientific community at large, we are achieving this goal.

Still another research need has been brought to the attention of my Subcommittee in the past two years. During the last decade and a half, hundreds of new discoveries have been made in laboratories throughout the United States. Many of these have demonstrated considerable potential value in the laboratory for treating disease. Yet the clinical research necessary to determine the value of these methods in human patients has lagged far behind, due largely to the lack of facilities and funds.

Seven years of experience with the research being done in the Clinical Center of the National Institutes of Health has suggested that much can be done to solve this problem by the establishment of similar but smaller clinical research centers in selected locations all over the country.

In such a facility, basic laboratory, preclinical, and clinical specialties combine their ideas and skills to determine the causes of illness, and to develop better methods of diagnosis, prevention, and treatment. As is the case in the Clinical Center, patients would be admitted only if their condition fit into a particular study under way.

Testimony before my Committee indicated that such clinical research facilities could be established in the form of small units in existing research institutions. These units would bring the benefits of laboratory research to patients much more rapidly, and would increase the quality of research being applied to these patients.

Most independent institutions lack the necessary funds to maintain research beds and to construct the required research laboratories. In order to permit the development of a clinical research center program, Congress provided \$3 million in the fiscal year 1960 appropriations for the National Institutes of Health. From this initial appropriation, grants were awarded to establish clinical research centers at eight university medical schools. These schools were already involved in extensive laboratory research and, to a lesser degree, in clinical research. The grants will pay for renovation and equipping of facilities during the first year. In subsequent years, grants will pay for total support of the units, including bed costs, immediately supporting laboratories, and salaries for specially trained professional and auxiliary personnel.

This description of the growth of Federal support for medical research might make it appear that the Federal government is moving in and taking over in this field. That this is not the case has been demonstrated by the fact that Federal expenditures in medical research have

actually stimulated private giving in this area. Funds for medical research from private sources have increased in approximately the same ratio as have Federal expenditures for this purpose in the past few years.

We therefore have every reason to believe that Federal support for medical research has expanded in an orderly system to meet needs as they have arisen. And I believe that if we are to meet the needs of the future -- needs which are a product of our own society -- then this support must continue to keep pace.

I have told you something about the needed expansion that has been taking place. Now let me mention some of the specific gains that have been made during the same period. Since World War II, statistics show that the death rate from influenza has been reduced over 90 percent. Once-great killers like acute rheumatic fever, tuberculosis, appendicitis, and diseases that cause maternal deaths have been reduced over 70 percent. The death rate from syphilis has been brought down more than 60 percent; from pneumonia, over 40 percent; and infant death rates, over 30 percent. Deaths from paralytic polio, a disease about which much is still unknown, have been reduced dramatically since the introduction of the Salk polio vaccine.

Where do we stand today? It is evident that we have made tremendous strides, particularly against infectious and viral diseases. There are indications that we may be approaching major breakthroughs against some of the chronic disease killers and cripplers such as heart disease, cancer, arthritis, and disorders of the brain and nervous system.

The coming years may prove to be even more fruitful in terms of health progress than the past five years, which have brought so many advances.

I would like to describe briefly some of the outstanding achievements, the promising new leads, and the new programs that have been developing which my Committee studied in considering the health appropriations for the coming year.

Although cancer continues to be the second leading cause of death in the United States, research is making steady progress. One of the most provocative areas of the National Cancer Institute's program is research on the possible relationship of viruses to human cancer.

As yet there is no direct evidence to associate viruses with cancer in humans. But evidence that viruses are associated with some forms of cancer in animals has made experts in this field more optimistic than ever that they can trace some forms of human cancer to a viral infection.

Better methods of diagnosis in the early stages of cancer are making it possible to save more lives through surgery and radiation. In 1938, it was possible to save the life of 1 out of every 4 persons diagnosed as having cancer. Today the ratio of lives saved has increased to 1 in 3. This means that thousands of people are alive today who might have died of cancer had the former rate continued.

For some time it has been recognized that neurological and sensory disorders are the primary cause of permanent crippling in the United States, and the third cause of deaths resulting from disease. One of the outstanding projects now being conducted by the National Institute

of Neurological Diseases and Blindness is a collaborative perinatal study in cooperation with 15 other institutions all over the country. These include Boston Lying-In Hospital and Children's Medical Center in Massachusetts, Yale University in Connecticut, and Brown University in my own State of Rhode Island. In this project, 50,000 expectant mothers will be interviewed and examined to correlate cerebral palsy, mental retardation, and other brain damage to events preceding and occurring at birth. Conclusive findings are not expected to emerge from the study for at least 5 years, but the program is already providing new knowledge of use to the medical profession.

Other advances have made it possible to control several conditions which formerly caused mental retardation. Surgical methods for relief of involuntary movements have been refined. Techniques for locating brain tumors have been simplified. New medical and surgical treatment now makes it possible to control the seizures of more than half of all epileptics. And many who formerly would have faced years in darkness now have sight because of corneal transplants, increasing skill in cataract surgery, and new drug therapy for glaucoma.

Although the fundamental causes of high blood pressure, a condition which contributes to a large percentage of all deaths from heart disease yearly, remain unknown, the development of drugs for alleviating this condition and aiding patients again advanced during the past year. Collaborative research studies on drugs that may be effective in treating high blood pressure are now being conducted by industry, universities, medical schools, and the Public Health Service.

The development of better forms of treatment have made it possible to prevent much of the crippling due to arthritis and to restore many crippled persons to active lives. A considerable amount of research is now being done on hypersensitivity as a possible cause of rheumatoid arthritis. This implies that individuals may develop this disease because they become overly sensitive to a substance within their own bodies. Although scientists still have no positive assurance that such is the case, the research is showing increasing promise and we are told may eventually lead to the basic cause of this particular crippling disease.

Medical victories which have resulted in extending the length of life have also increased the problems posed by the growing proportion of elder citizens in our society. It was to help set in motion a comprehensive, nationwide effort to understand and to contribute to the needs of the aging in our population that I sponsored legislation establishing the first White House Conference on Aging, to be held in January, 1961. This bill also made it possible for each State to call its own conference prior to the national conference to determine what its needs are, and to bring its conclusions and recommendations to the White House Conference in January.

I feel that this conference will have special implications and promises to offer possibilities for independent living for today's and tomorrow's retirement-age population. As we progress in our knowledge of all diseases, we shall be able to contribute more and more to

the independence and capacity for living of the aging citizens of this Nation.

The programs I have mentioned here are only examples of the dozens of outstanding accomplishments and promising programs that are coming to fruition all across our country. But they are solid proof, I believe, of the progress we have made in the fight against disease and disability.

Many problems, of course, remain. They cannot be solved by the scientist at the laboratory bench...or by the research clinician... or by any professional group responsible for a portion of the health services for the patient...or by the Government or any other single organization or group. The solutions to these problems will come only through the joint efforts of all our people -- working through community civic and voluntary organizations, professional groups, and local and national governments -- and I know that the American Podiatry Association and all its members will continue to be an important part of that effort.