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THE ROLE OF THE FEDERAL GOVERNMENT
IN THE GROWTH OF THE INDEPENDENT COMMUNITY HOSPITAL

Mr. Sleight, Staff Members, and friends of the Roger Williams General Hospital, I appreciate the invitation to meet with you.

Interested as I am and have been in the health of our State and Nation for the past 20 years, there are no people that I would rather meet with than groups who are working for the growth and progress of hospitals, whether they be doctors, nurses, trustees, volunteer workers, or Government leaders. And as our hospitals move into what we know will be their most fruitful era, there is a great mushrooming of this effort on the scene, such as in the offices where you staff members deliberate, and often far from hospitals themselves, such as on Capitol Hill, U.S.A. where I share your hopes and in my legislative work try to secure appropriations that reflect the developing interest of all our citizens in the future of our hospitals.

Never before in our history as a Nation could your representative in Congress assure you so strongly that YOU ARE NOT ALONE. The people of the United States are more aware than ever of your role in contributing to their health and longevity. We have come a long way from the days when we thought of hospitals as places where we went to die graciously, or where we went merely to have an appendix removed. From interested parties in our Federal Government to hospital volunteer workers in our communities we have gained the true image of the hospital as the place where one goes at any age to live longer.....the place where some of our most vital research is being done

because in many instances there is no better place to make significant studies than in a carefully selected community hospital. But, more important, we have broken into the enlightening concept that the hospital is a center of man's hope for health and extended opportunities to continue his centuries-old struggle from the cave to the stars.

Forty-six years ago, at a dinner in honor of General W. C. Gorgas, that distinguished doctor who by stamping out the scourge of yellow fever made possible the building of the Panama Canal, James Bryce called medicine "the only profession that labors incessantly to destroy the reason for its existence." Yet that worthy aim, we know, is still far from being realized. For, as improved methods of treating and healing are found, patients are going to hospitals in greater number to take advantage of the new knowledge. And the work of today's men of medicine is expanding to include a large measure of research as well as the traditional treatment of patients for medicine is looking TO THE FUTURE as well as TO THE PRESENT AND TO THE PAST.

Also, with the forward-looking prepayment plans of financing medical expenses, which are becoming more and more popular as sound methods of assuring financial ability for adequate treatment, a greater number of people are entering hospitals at earlier stages of their illness and thus are enhancing their opportunities for complete recovery. It is no secret to the layman that these changes are being reflected in our national vital statistics.

Now, I am delighted to see that Roger Williams General Hospital has been keeping abreast of these increasing demands for hospital growth and is extending its usefulness by adding to its facilities. And I know that those of you here who have worked to secure these additions have been glad that Federal funds have been available for slightly more than a third of the expenses involved. You are to be heartily congratulated that since the passing of the Hospital and Construction Act of 1946 you as a community here have undertaken four new or additional construction projects at a total estimated cost of almost two and a half million dollars. I congratulate you also in your emerging addition of 50 new beds to your present capacity.

On a national scale, the total of projects undertaken under provision of the Hospital and Construction Act numbered some 4,847 as of December 31, 1959. The estimated cost of these new facilities amounted to more than four billion dollars, the Federal share of which was slightly less than one-third. Yet, even though our Nation has more than a million hospital beds available for civilian use, you can readily see how far this number falls short of the number needed by our growing population. The difference between what is needed and what is available -- you as hospital supporters have been grappling with for years. The novel innovation is that now your efforts and your requirements are being supported by Federal funds in addition to your own contributions; and these Federal funds reflect a growing interest on the part of our great body of tax-paying citizens.

Construction of new facilities represents one way to meet our Nation's rapidly increasing hospital needs, as do additions to, and expansions of, currently functioning hospitals and centers now bursting at the walls. But

there are also other practical solutions to the problem of making hospital treatment available to the people who need it.

At the Annual Meeting of the Hospital Association of Rhode Island in October, I suggested that the time for hospitals to operate as strictly separate units has passed. I recommended a hospital system where the medical skills and facilities of an entire region or area are so closely coordinated and integrated that each strengthens the other. Now this concept is neither original nor new: indeed, it was written into the Hospital Survey and Construction Act as a fundamental principle and was included on the recommendation of the American Hospital Association, the United States Public Health Service, and the public advisory groups helping to shape the program. Under this concept, the smaller hospitals will have the benefit of active affiliation with larger hospitals.

Closely associated with regionalization is the concept of specialization, designed to eliminate the duplication that can be wasteful of precious hospital resources. With the ever multiplying numbers of people who are opportunely covering their hospitalization needs under insurance plans or insurance contracts, there is a tendency to grab up the available hospital beds wherever hospitalization appears to be advisable. It is going to be more important than ever that valuable intensive care facilities be reserved for patients who are seriously ill and that adequate, comfortable quarters be provided for the recuperating and convalescent patients between the time of really serious illness and their complete cure. Nursing homes and rehabilitation centers can do much to relieve the hospital of its over-crowded

population by taking care of those patients who do not require all of the treatment the hospital supplies.

One of the greatest steps forward in the effort to enlarge hospitals and at the same time to bridge the gap between known medical information and its application to patients is found in the Federally supported clinical research centers spotted throughout the country. This clinical research center program, which was established last spring with the award of Federal grants to eight university medical schools, has now expanded to include eleven more. The concept has met with such widespread approval that plans are being made to set up additional centers during the coming year. In these modern, up-to-date clinics spread across our country from Boston to Seattle, doctors will apply to sick people the knowledge that has been learned in research institutions. Thus, the time will be shortened for the translation of research knowledge into procedures through which this knowledge will speed up cures for the ill.

There are other inadequacies, however, that remain after full use has been made of available facilities and duplication of effort has been eliminated. We shall still not have enough physicians, according to a special group of consultants on medical education, the Bane Committee, which was asked to report to the Surgeon General a year ago. This group of eminent advisors, including Father Robert J. Slavin, president of our Providence College, stated that the number of physicians graduated annually by schools of medicine and osteopathy must be increased from the present 7,400 a year to some 11,000 by 1975 -- an increase of 3,600 graduates.

I think you should know that three times during the last year I wrote a letter to the President of the United States, seeking to arouse interest and elicit support to meet this alarming shortage of physicians. Although these letters fell upon deaf ears I am glad that I wrote them and I am equally confident that in the coming Administration there will be a favorable response to current and future needs.

The Bane Committee pointed out that nine States have no medical schools, and you and I know that Rhode Island is one of those nine. Now I know that you are eager to have a medical school here and I, as your Representative, am just as eager. In fact, two years ago I published in the Congressional Record the observation that the time had come for Rhode Island to have a medical school, and expressed my wish to see such a school established. At that time I listed four qualities of a medical school which I feel are paramount, and I should like to reiterate these qualities here:

First, an institution for training of gifted young men and women to practice the greatest of all healing arts; second, a haven for community services related to and including the practice of medicine; third, a point of focus for medical research, both in the laboratory and in the clinic; and fourth, an extension of a university, expanding and strengthening the university's traditional role as an intellectual and cultural center for its community.

I should like to reemphasize my faith in Rhode Island as a progressive State and to say that I know we can have a medical school here. I do not know how, when, or where, for there are numbers of questions that will need

to be studied and answered, questions such as these: (1) Should Rhode Island's medical school be an added facility of our splendid Brown University, where it could complement the outstanding work being done in the Department of Biology by Dr. J. Walter Wilson and offer even greater strength to Dr. Glidden Brooks' research work? (2) Can an effective set of working relationships be developed with community hospitals like yours and with the physicians of the area? (3) How would the new construction be financed? These are only some of many considerations and many questions, but I anticipate positive, affirmative answers ... and I have faith that you can help provide some of these answers I promise that I shall apply my efforts to reinforce with supplementary Federal support the positive steps you take here in this community.

For it is in the democratic process that measures to meet specific needs arise out of the interest and the concerted efforts of the people ... and we have reached the stage of development when the Federal Government can and will assist the community in reaching its goals. Therefore I know that you in this alert and aware community are going to meet the medical needs of this region before the situation becomes critical. You have already exercised your right to make a choice of the Government leaders who are in favor of moving forward under full steam in these matters; and I believe that you will seek and find the ways and means for reinforcing your and our medical resources.

In retrospect, it has become increasingly evident with each passing year that it is possible for the Federal Government to meet national health needs without interposing irresponsible controls and direction. Our U. S. Public Health Service-sponsored research is producing an ever-increasing number of medical clues and keys to the causes and prevention of illness. And as this knowledge is ferreted out of our various research institutions, we the laymen are becoming more and more aware of the imperative need to close the gulf between knowledge derived from research and the pressing requirements of the sick and suffering in all the communities of our land the ill whose health can be improved by the application of this knowledge.

As I mentioned earlier the need for bringing new health knowledge closer to the treatment and cure stage through expanded clinical research, there is heartbreaking evidence that medical knowledge is not being fully used in the prevention of disease. I am thinking at the moment of the tragic polio outbreak we had earlier here, even though we possessed a 90 percent effective method of preventing polio five whole years ago. Now we feel hardest hit by this epidemic because it is close to home, but this epidemic is only one instance of failure to apply the knowledge that is known.

It is sad to contemplate that there are many other types of known medical knowledge that are not being fully used. My advisors in the U. S. Public Health Service have told me that of the 265,000 people who die yearly from cancer in communities throughout the land, some 75,000 could survive if extant knowledge about cancer were fully applied. Now, I am inordinately pleased that Rhode Island was one of the first States to set up an examination

program for women, a procedure designed to detect uterine cancer by the reliable cytology method, while there is yet time for a cure. Here is an instance where we are applying available medical knowledge. And I hope that Rhode Island's leadership will be followed throughout the Nation.

On the other hand, we know that persistent treatment is necessary for strep throat if victims of this malady are to avoid disabling rheumatic fever; and yet, 20,000 unfortunate, untreated strep victims die yearly of rheumatic fever or rheumatic heart disease that might have been prevented.

We know that much of the crippling and suffering caused by arthritis could be prevented if known medical information were applied, especially in the early stages. We have available greater knowledge of mental health problems than we are putting into practice. New discoveries in psychopharmacology are not being translated into actual use fast enough.

In the United States last year, 200,000 children and youths contracted syphilis, even though medicine some time ago achieved the technical power to stamp out this venereal disease.

And if we look outside our country, we are appalled by the millions of malaria victims in the world, although the drugs are known that could eradicate the illness completely. So, as we move into what I think of as medicine's immediate date with destiny, let our concern about this anachronistic discrepancy in our development become more creative so that we may break through this barrier between achieved knowledge and actual application.

For quite a number of decades, illness has been recognized as a great impediment to progress. I would like to recall for you Hotspur's words about illness in Shakespeare's Henry IV. When a messenger brought Hotspur letters from his father, Hotspur asked why his father had not come, himself. The messenger's reason was:

"He cannot come, my lord; he's grievous sick."

To this explanation, Hotspur said,

"Zounds! How has he the leisure to be sick

In such a justling time?"

Now I think Hotspur's question is appropriate for our Nation today. When satellites are orbiting in space, when the very foundations of our way of life are being challenged by those of opposing points of view and are being examined critically by people throughout the world who have not yet arrived at a philosophy for themselves, I question whether we, as a Nation, have the leisure to be sick?

I do not think anybody today questions our national goal of the best possible medical care for all of our people. This is a classic American goal. It involves all of our citizens. It is a dynamic goal, not new but newly shared not only by doctors and deans of medical schools and hospital staffs, but by interested people everywhere. It is shared by your legislators as never before in our history. Because we have an ever expanding population achieved partly by the very longevity which we sought, we must seek as never before the economic utilization of our medical resources -- so that the lives we are saving and extending will continue to be more useful and more livable.

I have told you some of the aspects of the Federal role in the growth of the independent community hospital. I should like to repeat three parts of the problem: the full use of our available medical resources; the cutting out of unnecessary duplication of effort; and the improving of our training program. Your Federal Government has an interest, a concern, and a voice in all three of these aspects ... just as you and I have an interest, a concern, and a voice for, in the final analysis, we are the Federal Government, we the citizens, the voters, the taxpayers of this benevolent democracy.

If these three provisions are carried out, then, as a Nation of many communities, we shall be able to bring to people the research knowledge that has been gleaned through projects such as those conducted by scientists at the National Institutes of Health and by independent investigators supported by Federal funds administered by these Institutes.

Among the more recent achievements in National Institutes of Health sponsored research projects are new blood-pressure lowering drugs. Improvements have been made in the diagnosis of heart defects. Heart-lung machines and other new aids have made heart surgery safer. Progress is being made in the use of oral antidiabetic drugs. Effective agents have been developed for the treatment of gout and for the prevention of acute attacks of this disease. Isoniazid has been found helpful in the treatment of tuberculosis.

Successful, rewarding medical research projects such as these accent the fact that this is truly an exciting time in which to live. A time when the American people are nearer the realization of their highest goal, the health goal that makes life, liberty, and the pursuit of happiness take on a genuine meaning in our daily experiences.

Now, my colleagues in this goal of good health for all, I wish you Godspeed in your efforts to destroy the reason for your professional existence and I assure you that in the months and years ahead I shall continue to do everything I can to help advance medical research and health programs in this country. May I wish each of you a very Merry Christmas -- And may the best of life's health and happiness be yours for the year ahead!