REMARKS OF THE HONORABLE JOHN E. FOGARTY, M. C., 2ND DISTRICT AT THE 50TH ANNIVERSARY DINNER OF THE VISITING NURSES ASSOCIATION OF PAWTUCKET HELD AT THE PAWTUCKET COUNTRY CLUB ON JANUARY 12, 1961.

Madam Chairman, distinguished Board Members, staff of the VNA and friends, it is a privilege to be here with you tonight on the anniversary of your founding fifty years ago.

Your history began at a time when there were indeed "giants in public health." The names of Lillian D. Wald and of our own Mary Sewall Gardner come instantly to mind -- not because they were in nursing but because they were among the giants, women with heroic sized minds and hearts, women with the determination to break through walls of opposition and bring about the kind of social change which had to take place to relieve suffering.

You can take special pride that Mary Gardner, who came here to train and then stayed on to work and retire here, not only pioneered in putting public health nursing on the map of Rhode Island but was the prime moving force behind formation of your first national professional association, the National Organization for Public Health Nursing. She and the other leaders of nursing of those days, women

right here in Pawtucket whom she inspired, had the power to "realize the future."

I was most interested to have called to my attention, while preparing this speech, something that Mary Gardner wrote in the Providence Medical Journal, way back in 1913. In her article she spelled out some of the public health problems, or perhaps we should call them social situations, which she believed the medical profession should know and do something about. Among them were: delinquency, the unmarried mother, the feeble-minded, boarding homes for babies, recreation, housing, the physically handicapped, sanitary food and milk supplies, and alcoholism. We are still coping with these problems today, plus a few more that go with our changing times. And I am quite certain that the only reason Mary Gardner did not mention medical assistance for the aged was the fact that life expectancy in the first decade of this century was only 47-plus years!

But history and tradition are best regarded as prologue to the future. From where I sit in Washington, keenly interested in the

health needs of this nation and trying to keep myself on top of new trends as they begin to develop, it seems to me that -- as we enter a new year -- we are entering another significant era for the health professions in general and yours in particular.

As you know, the needs for home nursing care of the sick are legion. I want to talk to you about where we are and what lies ahead, as I see it.

Your organization is one of only 700 visiting nurse associations* and combination agencies on whom our entire population must depend for its major portion of nursing care of the sick at home. In a country this size it is shocking to find that we haven't any more available home nursing services than that. What is even worse is that almost 200 United States cities of 25,000 population and over do not have this type of care available. In cities 25,000 and under, there are virtually no organized home nursing care programs whatsoever.

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*Visiting Nurse Associations and Combination Agencies in Cities with a population of 25,000 and over. Unpublished data. Division of Nursing, Public Health Service, DHEW 1959.

Yet, the National Health Survey tells us that 3½ million Americans are sick at home for more than 30 days each year and 13 million of us are bedfast at home for 30 days or less.* And the need is a lot more acute in many places than it is here in Providence and Pawtucket.

What are we going to do about it?

I think there is an important job here for the Federal government -- not just here in Rhode Island, but all over the country -- through financing community nursing demonstration projects which in due course of time the people of the States can take over themselves. If we can put home nursing services into some of the communities where they are most desperatly needed, I am sure that your type of service will win the citizen support necessary to expand your VNA budgets and staffs so that you could do a more complete job throughout the U. S.

I have been told a story about our distinguished and mutual friend, Miss Marion Sheehan, so properly being honored by her election recently as president of the American Public Health Association -- the only nurse to reach this high office.

When she was in New York State, back in the days of the WPA, there had been a policy in effect for some years of assigning a State-employed public health nurse to a county which had no nursing service to demonstrate the value of public health nursing. Some of these counties had populations of 20 to 30 thousand. After a year, the nurse was withdrawn and it was hoped that the county would employ its own nurse. Occasionally a county did, but only rarely, and so the Upstate New York nursing services were not growing appreciably.

Then, under the WPA funds, nurses were assigned to individual villages. After 2 or 3 years, this project was discontinued -- but the public health nursing services weren't! The villages, faced with losing "their nurse", refused. "We will raise the money ourselves," they said. And they did.

Miss Sheehan observed this, pondered it, and decided that the reason for local support was the fact that the service was being given to a small enough population to be <u>felt</u>.

So she prepared a totally new policy for assigning State nurses. She proposed placing enough nurses in one county -- all the State nurses, if necessary -- so that their service would be felt. "One nurse to 5,000, "she said, "and leave them for two years instead of one."

In some counties it meant putting two nurses, in some three. But in one county 12 were placed -- and at the end of the two years the county kept all twelve! They had become such a necessity to the county that the county invented ways of financing the service.

In Rhode Island, our ratio of public health nurses to population is already better than Miss Sheehan's one to 5,000*-- but I am sure that you will agree with me when I say I hope to see further improvement and that I believe our own State would benefit tremendously by federally stimulated community nursing services in areas where home nursing care is now scarce.

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*Facts About Nursing. A Statistical Summary. 1960 Edition. Published annually by the American Nurses' Association, New York. 239 pages.

The Public Health Service informs me that every State is ready to go ahead with at least two demonstration home nursing care projects and that it would take about $10 million for the first year to get the program launched. The home nursing services to be made available by these projects would provide essential support for all of our major health programs -- especially those which are major health problems in this State, such as heart disease, chronic illness, rehabilitation of the handicapped, and home care for accident victims. I believe that the money should be made available for this purpose in the near future. It is a small expenditure but it can do a powerful amount of good.

Once there was a time I don't look on as "the good old days" when the rich could have private duty nursing at home and the poor had nothing. Some of our great nurses like Mary Gardner saw the error in this and set about trying to make home nursing available to everybody.

By the time World War II came along the American public had been pretty well convinced that "the nurse in blue" with her little black bag was as much a part of the health picture as the family physician.

Something has been happening since the War, however. The image of the public health nurse is becoming more and more invisible, and you ought to do something about it. I'd like to see a national information program started to open people's eyes to the valuable services you people perform in those communities fortunate enough to have your services. I'd also like to see us as a nation move toward improving salaries and other aspects of public health nursing so that we will be able to recruit more women like yourselves into this increasingly important field.

I was disheartened to learn from the Public Health Service that in 20 years the ratio of public health nurses to population has increased only 1.1 per 100,000 people.* If, as I am told, we need 15,000 public health nurses right now, what -- may I ask -- are we going to do about getting the vastly larger numbers that will have to be employed to provide home nursing care under, for example, the medical assistance to the aged program alone?

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*Nurses in Public Health, January 1, 1960. Public Health Service Publication No. 785.

I think the entire field of public health nursing needs to be made more attractive to the individual if we are going to have enough of you to do the tremendous home nursing care program that lies ahead. And you are not going to be able to do a single thing to improve the status of the public health nurse until you tell the world how valuable you are.

It seems to me that we have a big job to do together -- you and the citizens in your communities, and your representatives in the Congress. We have lowered the incidence of disease and we have dramatically increased life expectancy from a healthier childhood to a less hazardous maturity. But by prolonging life and improving our chances for survival we have greatly increased our aging population so that a smaller proportion of productive people are now having the responsibility to provide for an increasing number of dependents. Our economy hasn't quite yet caught up with either our research or our hopes.

Stat.

Time was when most illnesses were acute. Nursing care was desperately needed. If the patient didn't get it, he probably died. In the rural areas the need was especially acute for treatment facilities were probably not within reach of the average family. When nursing care was available many lives were saved -- and you know far better than I that it was usually nursing care that saved the penumonia patient before the days of antibiotics. When nurses were not available the family tried to take care of the patient. The course of disease was quick and the patient either responded fast or soon died. Families seemed to be able to rise to the demands of a crisis for a week or two -- but they surely would have needed, or did need, help if the need for care lingered on and on.

Today, our high survival rate produces a concurrent ratio of chronic illness. Patients are able to live with a disability for years... and nursing needs increase proportionately. The needed services become more complicated, so that the family or friends who used to be able to manage may now get the patient into serious trouble.

Now, we cannot provide health services to meet present day needs by going about it without a totally fresh look at health.

We need to change public opinion from measuring health in terms of sickness and death to measurements in terms of the quality of life.

We have lowered death rates and think we are healthier. But the result is a higher incidence of disability and a population which may not be fully "alive." Unless we can keep the disabled self-reliant, encourage them, bring them the continuing medical and allied services they need to make some contribution to the society in which they live -- what price survival?

Stat

It is a cold, hard fact of life that people will not support programs unless they recognize a need and have been convinced that the program will satisfy that need. For instance, studies show that those

who do not fear T.B. will not go for chest X-rays. In the past 20 years most people have learned to think of the hospital as a place to get well, not to die in, a place where acute suffering is relieved. People readily accept hospital care as essential for recovery from many illnesses. So, communities all over the United States have raised billions of dollars for hospitals and have approved the appropriation of Federal funds for this purpose too.

Today, our hospitals employ more nurses than ever before -- and I understand with a higher ratio of nurses to patients than ever.* Yet the people complain about a shortage of nurses in hospitals.

With good preventive services, with home nursing care for certain illnesses, some people could avoid having to go to the hospital; many could come home faster if hospitalized. And we know that if we can relieve the burden of hospital services and costs, everybody saves grief and money.

So why is there no nationwide hue and cry about the shortage of health personnel -- nurses as well as doctors? I think it is because it is just too hard to feel the importance of the disease we never get --

to remember that our freedom from disease wasn't just good luck but the result of the efforts of many, many people.

You can see a hospital and what it does.

Now I think you nurses have got to get your county medical societies and private practitioners to get behind you and use your services for their patients who could be cared for at home, and in this way show our citizens why nursing care of the sick at home is important and may be essential to them.

Here is just one example:

Some of you may be familiar with a small study conducted in New York City a couple of years ago,* which has recently been called to my attention. A group of private practitioners got together with the Blue Cross and a variety of hospitals and visiting nurse associations to see what would happen if nursing service were made available to patients, through their physicians, as an extension of hospital nursing care to home nursing care. They got out a report on the first 500 patients, 78 percent of whom suffered from a long-term illness.

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*Associated Hospital Service of New York, Report of a Study Concerning the Feasibility of Providing Visiting Nurse Service Following Hospitalization for Blue Cross Subscribers. May 1, 1957. New York 67 pages.

The availability of home nursing, according to the doctors' own estimates, eliminated nearly 8,000 days of hospital care. This freed enough hospital beds for 700 new patients to be hospitalized for eleven-day average stays. Payments for hospital service, out of Blue Cross pockets, were reduced over $73,000; and the patients saved more than $70,000. According to the doctors, the patients cared for in their homes did not need to be hospitalized, so they weren't deprived of anything. On the contrary, they got something extra: Home nursing improved the overall picture of the patient's progress by getting the patient home to his own environment sooner. The doctors said they were very pleased with the evidence that significant improvement can be achieved when Blue Cross, hospitals, VNA's, and doctors all cooperate in behalf of the patient and the community.

Here in Rhode Island, 90 percent of our aged self-supporting population had hospital service insurance coverage under Blue Cross in 1959, despite its relatively high cost for older persons.* What a boon it would be to those old people if nursing care at home could be made available too.

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*Facts on Aging in Rhode Island. Published by the Rhode Island Division on Aging. Providence, 1960. 40 pages.

But, in ways, I am far more concerned for the plight of those in the over-65 age group -- 10 percent of our total population in the Pawtucket-Providence area -- those of our older citizens who are not self-supporting. The most recent figures show that by far the largest number of single people over 65 in our State have incomes of only $1,000 or less. Almost half of the persons over 64 in Rhode Island are either in poor health or handicapped. Cardiovascular diseases, as I do not have to tell you, are our Number One problem. Many of our aged are handicapped by arthritis, rheumatism, and serious defects in vision, hearing, or mobility. More than half the total accident fatalities in our State are among those 65 or older. I'll venture to guess that at least half of the deaths by falls could have been prevented if those people had had more contact with the teaching skills of a public health nurse.

These are rather sobering facts for all of us.

I would like to think that our Statewide goal of "A well rounded health program available to persons of all ages" -- including the necessary medical, dental, hospital, and nursing services -- might get off to

a start with a broad health program for the aged, a program using private as well as public health personnel, and a program which is not too timid to envisage Federal, State, community agencies -- the doctors especially - all working together, all dedicated to meeting the urgent health needs of older people.

As I am sure you know, the Rhode Island Council of Community Services has selected Chronic Illness as its major focus and we have made some strong recommendations just this week to the White House Conference on the Aging.* I hope out of it will come incentive throughout the nation to take a more positive stand on what we are going to do about medical assistance to the aged. I would like to see us come up with something stronger than weak tea, cambric tea, my grandmother used to call it, for this group of citizens for whom we have responsibility. For it is absurd to say we have Social Security in this country unless health is part of the security included.

The Social Security Amendments of 1960 are the only legislative authority we now have for medical assistance to the aged, but I hope

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* The Rhode Island Report of Recommendations to the White House Conference on Aging, 1961. Prepared by the Rhode Island Preparatory Conference for the White House Conference on Aging. Providence, 1960. 29 Pages.

we are going to get something better. As you may know, the amendments authorize increased funds to States for medical assistance for old-age assistance recipients and new funds for medical assistance for other people 65 and over who need help to pay for essential medical care. A State will decide who is eligible and must develop a plan which in turn has to be approved by the Secretary of Health, Education, and Welfare.

If the State plan includes home health care services, it is generally expected that nursing service to the sick at home can be provided too. If it is to be provided, many new home nursing programs will have to be developed, and I think we can anticipate considerable growth in home nursing here in Rhode Island.

In leaving you with the wish for fifty more years of making nursing history, I also want to leave with you this thought: that if anybody at all in the field of public health can inspire and enlist public support for the great work that has to be accomplished in this nation, you public health nurses are the ones who can do it. You go into the patient's home, you know his family, his problems, his needs -- and you know his resources for good in his community. As our new health programs emerge, I hope sincerely that each one of you will do your

part to interpret them to the public for whom they are designed -- and to spread by means of your own contagious good will an enthusiasm for better nursing care throughout Our land.