

Cong. John E. Fogarty
John J. McLaughlin
Annual Citizenship Award
Northern R. I. Comm. for
1961 March of Dimes
March 1961

Members of the Northern Rhode Island Committee for the 1961 March of Dimes, guests, and friends -- I am deeply honored to join in a tribute to one who has devoted so much of his time and talents to the successful accomplishment of the goals of the March of Dimes campaign and its related activities, Mr. John J. McLaughlin. Mr. McLaughlin deserves all of the honor and tribute that is being accorded him on this occasion; and, if I might say so, I am sure that he is also -- to a degree at least -- to be envied. For the significance of the Annual Citizenship Award is such that we should all be inspired -- inspired to give that extra measure of service to our neighbors that has always been one of the main tenets of the American way of life.

Service to our neighbors. This is really the key to the voluntary health organization in this country that is so amply typified by the March of Dimes and the activities it supports. Whether it is community service, education and training, or research, the March of Dimes and its activities embodies optimism for the future that is unsurpassed in any other endeavor and equaled only by the research scientist at his laboratory bench.

I have but one reason for drawing the parallel between the work of the voluntary health agency on the one hand and the work of the research scientist on the other. It is this: For many years I have had a deep interest in the activities of both, and I have been singularly impressed by the unquenching optimism of both the voluntary health worker and the research scientist who persistently seeks the answers to problems that will lead the way to better health for all.

To develop this thought, let me go back almost 30 years. In 1933, President Franklin D. Roosevelt began the concerted movement of the March of Dimes. No one expected a panacea to replace the polio problem in the next year or two or five or ten. But in a fairly consistent pattern -- as the interest in and support of the March of Dimes movement gained momentum -- we saw an increase in care for polio victims, the development and extension of use of the iron lung, new and improved educational campaigns, and, of course, we saw an all-out research effort aimed at mass prevention. In the 20 years that followed, there was steady progress; and eventually, in 1953, the first significant step in preventing polio was achieved. And today, the promise of an equally effective preventive and applicable on an even broader scale is approaching reality.

I cite this chronology -- not because you are unaware of the developments in the fight against polio -- but because I believe there is a principle to be derived from this experience that is being applied and can be applied in even greater force against the major chronic and disabling diseases that threaten us today. In this connection, I have only two

points that I wish to make. They are: (1) We must not -- we cannot -- expect over-night answers to health problems that have plagued mankind for centuries, and (2) we must continue to build and strengthen the manifold approach to conquering today's killing and crippling diseases.

On the first point, there is every evidence that ours is a patient and optimistic population. Again, let me go back a few years and trace the movement toward new knowledge through medical research. At the close of World War II, one question seemed to rank in importance with any of the other great issues of our time. It was this: If a nation's scientific effort could produce so well under the stress of war, could it not flourish and provide an opportunity for better health in peace? The answer, of course, was an optimistic "Yes." As a Representative from Rhode Island and as chairman of the House Subcommittee on Appropriations for the Department of Health, Education, and Welfare for those years, I feel particularly privileged to have had a voice in that affirmative answer.

Let me give you a brief summary of what has happened. In 1947, the Congress began to increase appropriations for Federal funds to stimulate medical research in private laboratories throughout the country -- in universities and medical schools, in hospitals, and in other research centers. Appropriations also were steadily increased for the principal medical research facility of the Federal government -- the National Institutes of Health. This is the research program in which I have

been most keenly interested; my committee has had responsibility for its appropriations, which have become a significant part of the nation's investment in medical research.

The appropriations for NIH, including its own operations and grants for research projects and awards for fellowships and training, amounted to less than \$3.5 million in Fiscal Year 1946. For 1961, our current fiscal year, their appropriation stands at \$590 million.

In this span of time, as I have said before, we have lived in an era of high hope and optimism that has been tempered by patience. Heart disease is still our No. 1 disease killer, but today we have better agents for the control of high blood pressure, new techniques for heart surgery, and improved protection against rheumatic fever and resulting heart damage. Cancer kills one American every 2 minutes; but we have new tests for the early detection of cancer, and the survival rate is improving. I need only touch for moment, of course, on the tremendous progress that has been made against a number of once-great killers just since World War II. To cite a few:

the death rate from influenza -- down 90%

tuberculosis, diseases that cause maternal deaths, and

appendicitis -- down 70%

kidney disorders -- down 60%

pneumonia -- down 40%

These few facts are convincing evidence that our medical research machinery got on the right track following World War II and further, that the people of this country are willing to make the long term investment to get the answers, bit by bit, that will eventually bring today's great killers under control.

How long must we make the investment? No one knows. But on one point, all the experts in the field seem to be agreed -- which brings me to my second point: that the sources of support for medical research and its related activities must remain diverse. One of the important such sources, of course, is the voluntary health agency and the people whose efforts -- like Mr. McLaughlin's -- make it such a success.

In fact, the voluntary health worker, as a community leader and shaper of public opinion, and through cooperation with State, local, and federal health agencies, has been largely responsible for our present favorable position in the attack on diseases that have been a scourge from the beginning of recorded time.

Through rich relationships with the people -- by means of special knowledge, insight, and perseverance -- the voluntary health worker builds, in a real and vital sense, a portion of the health structure of tomorrow. He clearly perceives what must be done, day in and day out, to bring about better health. He has the vision to see problems that require immediate action and to devise programs that will be uniquely suitable for his community to undertake.

Above all others, the voluntary health worker, because of his closeness to the people, is most keenly aware of the feasibility and practicability of plans for public health action. No one from Washington or anywhere else can tell him what the people are ready for and what methods he must use to achieve his goals.

Indeed, the pattern of future action in the control of tuberculosis, as well as the course of total public health activity, depends in large part on the understanding, the community acceptance, and the foresight of the local voluntary health worker. His effectiveness, in turn, is determined by the degree of his identification with the people of his community.

As one who is privileged to serve in the House of Representatives, I have frequently had occasion to witness, to participate in, and to reflect on the fundamental meaning of the democratic process, especially as it applies to the health and welfare of the American people.

Throughout the hearings on Federal health and welfare appropriations over which I preside, I am always impressed by the deep humane concern of the men and women who serve the people's purposes through the instrumentalities of government. Repeatedly, it is made clear to me that if there is one characteristic of American life that sets us apart from other nations, it is the way in which our people give expression to their will and desire.

As a result of concerted citizen action, we have achieved in our nation a proud record in public health and welfare. Our strong federal, State, and local official agencies could not have come into being and could not have grown to their present stature without the united forces of citizen opinion and action. Our American willingness to cooperate toward the achievement of desirable goals, our people's generosity with money, time, and energy, have enabled us to make great progress in the control of a devastating disease like polio as they have permitted us to prosper as a nation.

And so I join in tribute to the man who most richly deserves the Annual Citizenship Award, Mr. John J. McLaughlin. Your activities in this area will serve as an inspiration and a constant reminder to all citizens here of the fundamental principle of man's humanity to man. Thank you.