

Cong. John E. Fogarty
American Nurses Association
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*Wednesday,
Sheraton Park Hotel, 1:30pm*

Congressional Responsibility in the Budgetary Process

Mrs. Jones, Miss Scheuer, members of the American Nurses Association, and distinguished guests: Because of my deep interest in health matters I welcome the many invitations I receive to speak before responsible groups such as yours. I was therefore especially pleased that your Committee on Legislation unanimously chose me as your speaker for this meeting.

Your mission in Washington this week is a vital one and I wish you great success, for in seeking legislation beneficial to your profession and in trying to ensure that more nurses are properly trained you are acting in the best interests of everyone. Your dual role of nurse and responsible citizen has especially pertinent implications at a time when the Nation is just beginning a massive new effort to strengthen our health and medical structure.

From my vantage point as Chairman, or as ranking member, of the Subcommittee for Health, Education, and Welfare of the House Committee on Appropriations for the past fifteen years, I have had an opportunity to watch the interest in health grow in this country. And with this growing interest, the appropriations for health programs have increased proportionately. I take pride in the measure of success I have had in helping to translate this public interest into the legislation that

would move forward to completion programs which professional groups such as yours feel are necessary in order to attain our national health goals.

In today's highly competitive society, there are many competing demands for the funds in the national treasury, a contest that is sharpened by pressures from many interests and organizations. The importance of adequate financial support for health programs must be weighed against these other pressing demands. You and I know that health must not be crowded out by more dramatic considerations. One of our continuing tasks is to make certain that our facts and beliefs are made known to the public as a whole.

For example, we must let it be known that health is one of the areas where we must win in the competition among nations and ideologies. We must point out that human resources are the most important reservoir of a nation's strength. We must constantly remind ourselves and our neighbors overseas that as a part of the democratic way of life we respect the worth of the individual; that we are irrevocably committed to do what we can to prevent sickness and disability; to bring the ill back to good health; to assuage fear and alleviate pain wherever we can. But, thinking momentarily of the physical and moral strength of our Nation, we must recognize also that healthy humans are a better national resource than are the incapacitated, the weak, and the infirm!

In a democracy like ours, Congressional willingness to devote a larger portion of the tax dollar to the cause of public health depends largely on the advice of professional people and organizations outside as well as inside the government. This advice is routinely obtained at regular and special hearings where professional people and informed lay leaders bring members of Congress up-to-date on the needs in various special areas of health. This is in addition to the testimony of the different governmental organizations, who present their forthcoming budget needs and answer questions about what has been accomplished with previously appropriated funds as well as how the money they are now requesting will be spent. More than just the needs of Government programs is involved. We in Congress depend upon your spokesmen, for example, to help keep us informed not only on requirements of governmental programs in nursing but on the total nursing requirements of the Nation.

Last year, Miss Margaret G. Arnstein, Chief of the Division of Public Health Nursing of the Public Health Service, testified before the Subcommittee on some of the requirements of nurses and the nursing profession. She was extremely helpful in pointing out the shortage of bedside nurses and the need for scholarships and more teachers to instruct the growing number of students. Miss Arnstein reported, for example, the great demand for additional academic preparation for the work of the nursing administrator or supervisory head nurse. Her point was that in order to make the

most effective use of our inadequate resources of professionally trained nurses, it is imperative that more licensed nurses receive additional preparation in administration and in specialties.

Miss Arnstein cited a study in which, among other aspects, the leadership role of the nursing administrator or supervisory or head nurse was explored. The study pointed out the complexity of the job of the head nurse, the things she is responsible for, the number of departments in the hospital with which she deals: her relationships with the patient, his family, the doctor, the pharmacy, and so on. It was found that the average head nurse is poorly prepared for a complex job of this sort.

The investigators also recommended more traineeships in public health nursing to help remedy a situation where only a third of the staff nurses working in public health have had any formal preparation beyond their hospital nurse training. From studies and recommendations such as these the Subcommittee obtains information that it needs in order to determine what funds shall be appropriated for health purposes each year.

I shall not dwell further upon how final budget figures are reached. However, I hope you realize that increased appropriations in the health area are possible only by hard facts and figures being presented to us by many people on many fronts.

I am glad that during the past 15 years appropriations for the National Institutes of Health, the research arm of the Public Health Service, have increased from less than 3.5 million dollars in 1946 to the current budget of 590 million dollars for 1961. We know that

the strength of our Nation is represented in large measure by what its Government chooses to do about the health of the people.

And in large measure the approval of such tax spending for training, for hospital construction, for research and for other health programs is in your hands. In fact, the very philosophy as well as specific requirements and direction of Federal health programs begins with professional people such as yourselves. You may be sure that Congress will continue to rely upon you who are intimately concerned with our Nation's health to furnish the information which we must have in order to make sound legislative judgments.

Today we as a Nation are seeking new knowledge on many fronts to the tune of about 9.1 billion dollars a year. Thus, although our budget for health is increasing, it is still only half a billion compared with a total of over nine billion for research in all fields of science. New knowledge is expensive in any area, and the more we learn, the more we realize that still more can be learned. We in the Congress are anxious that the funds really needed for health research are made available. We are equally anxious that the money is spent wisely.

Whenever new knowledge is gained, the chances are that it is the product of extensive teamwork. An example of cooperative work between doctors, nurses, parents, and many others is found in a long-range research project being conducted under the guidance of the National Institute of Neurological Diseases and Blindness. In this collaborative project, 40,000 mothers and prospective mothers have

volunteered to cooperate with 15 medical centers throughout the land to try to find the causes of cerebral palsy and other types of brain damage in infants and children.

A similar collaborative project resulted in finding the cause of retrolental fibroplasia in premature babies. Prior to the discovery that the improper use of oxygen was severely damaging their retinas, 3000 babies a year were being blinded. We should all rejoice and believe that the money was well spent if through the perinatal study, we could learn to prevent some of the other damaging conditions among babies and children.

Now, I should like to talk briefly about some projects of particular interest to nurses, especially the two-thirds of your total number who are engaged in hospital nursing. New hospitals, nursing homes, and rehabilitation centers have mushroomed in our country since the passing of the Hospital and Construction Act of 1946, popularly known as the Hill-Burton Act. As of the 31st of last December, 5,3⁹0 projects had been undertaken and the estimated cost of these new facilities or improvements in existing structures amounted to more than four and a half billion dollars. The Federal share of these funds includes a little more than one-third of the total. These improvements and additions supplied 226,842 beds in 1,496 units; however, even though there is a total of more than a million available hospital beds, this number is one million short of the need.

That more of us are living longer and reaching the age when we face the problem of chronic illnesses is really a mark of progress, an indication of victory over the infectious diseases. The reduction of deaths from infectious diseases has come about partly because people engaged in the health professions and in movements for progressive health legislation held ideals before them, many years ago. It also came about because people were willing to pay for the necessary research, for the sanitation measures, and for widespread use of vaccines and other preventives. For example, the death rate from tuberculosis dropped from 45.9 per 100,000 in 1940 to 8.4 per 100,000 in 1956. During the same time, the death rate from influenza dropped from 70.3 to 28.2. And deaths from typhoid have been reduced from 1.1 per 100,000 to none. I mention these only as examples of many achievements of the past two decades.

Encouraging beginnings have been made toward similar progress against chronic diseases. Among the more recent achievements in National Institutes of Health supported research projects are new blood-pressure lowering drugs.

Improvements have been made in methods for diagnosis of heart defects. Heart-lung machines and many 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.

Chemotherapy is offering considerable hope for better treatment of some forms of cancer.

Even more promise seems attached to the growing use of chemicals in treatment of the mentally ill.

Successful and rewarding medical research projects such as these accent the fact that this is an exciting era in which to be alive.

Each measure of progress throws out a challenge to raise our sights and shoot for higher goals in the future.

One of the newer concepts in our medical research planning is to enlarge clinical research through financial support of such programs in hospitals and medical centers in various parts of the country. I believe that you will welcome, as I do, the opportunities this will provide for speeding up the process of bringing new basic knowledge to the point where it can be applied widely in daily medical practice. Grants for clinical research programs have already been approved for 19 separate institutions throughout the country.

I feel that you and I are fortunate to be able to devote our talents to the improvements of the Nation's health. And since one of the purposes of your great organization is to work for legislation in the interest of nurses I know you will forgive me if I display a certain pride in legislation recently introduced.

On last January 25 I introduced ~~House Resolution~~ 3276 -- a bill to amend the Public Health Service Act to provide a 10-year program of grants for education in the fields of medicine and dentistry,

and for other related purposes; this has been referred to the Committee on Interstate and Foreign Commerce for study.

In discussing this new proposal, I have urged the House to move in three directions: to provide Federal financial assistance in expansion of existing professional schools, to construct needed new schools, and to provide medical and dental scholarships.

I am also gratified with the many sound recommendations the recent White House Conference on Aging produced--a conference that grew out of a bill I introduced two years ago. While the Aging Conference was in session I introduced a bill in the House to establish a Federal Commission on Aging....a bill which I hope will result in even more specific and definite aids for aging care. One recommendation that is high on the list made at the White House Conference is that the number of nursing home beds be increased greatly. This recommendation, when carried out, will help not only our growing number of senior citizens, but by releasing some of the space in hospitals now being occupied by less seriously ill older patients, there will be some relief in the shortage of hospital beds.

These are some of the directions our medical programs are taking today, with special attention to both the younger and the older members of our society, groups that will require more and more of your services as time goes on.

We will come close to achieving our common health goals only if we remember that people in every community, in every group, and in every family must have full opportunity to learn the facts of health and disease. No other group in the country is in a better position

to accomplish this than the nurses. Through your work as individual professionals, as leaders and teachers, and as members of the community, your job is to make the facts known.

Remember, this one point: In the final analysis, the Congress represents the people; and the average man in the street is the holder of the purse strings. What he wants, he usually gets!