

*Aldredge Auditorium
Howard University*

Draft material for
Cong. John E. Fogarty
Commencement Exercises
Freedmen's Hospital
Washington, D. C.
June 12, 1961 4:00 pm

Dr. Burbridge, Dr. Jones, members of the Faculty, and members of the graduating classes of the Schools of Nursing, Dietetics and X-ray Technology:

I deeply appreciate the honor of being your guest speaker. It is always a privilege for me to discuss health and medical problems with those who are connected professionally with those problems, particularly here in the District of Columbia, and most particularly on the occasion of the commencement exercises of a Federal hospital.

During its 90 years of dedication to humanity Freedmen's Hospital has rendered outstanding service in the treatment of illness. An equally valuable contribution of this institution is the internship and clinical experience it has provided to many hundreds of medical students and graduates of Howard University.

Also during the years it has sent out into the world its graduates in Nursing, in Dietetics, and in X-ray Technology. You young people gathered here this afternoon for your Commencement are the latest products of Freedmen's Hospital's educational system, and I know that your alma mater has imparted to each of you the professional knowledge that will enable you to enhance the prestige of its name as you go about your work of alleviating the suffering of mankind.

Progress in nursing science and in the medical technologies helps all the medical disciplines to glimpse a world where mankind can live life in its fullest measure. Whether our accomplishment matches our understanding depends upon our capacity to make maximum use of our present knowledge and, moreover, to have the flexibility and creativity to envision new ways to use ourselves toward the ultimate goal of man's well-being.

Most of you, henceforth, will measure your professional life in terms of service to man -- the number of patients you are privileged to care for and the quality of the care you can give them. There is no more noble work to which you might dedicate yourselves. You have also the role of responsible citizens to fulfil. This role has especially pertinent implications at a time when our country is faced with many problems, including problems of how to achieve the highest possible degree of health, strength, and productivity for the largest possible number of our people.

During all the years I have represented the State of Rhode Island in the Congress of the United States, the health of the Nation has been one of my major interests and the focus of much of my activity. 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, public and private funds for health programs have increased proportionately. I take pride in having helped secure a substantial increase in Federal funds available for the support of medical and biological research, hospital construction, and a number of other measures which directly or indirectly affect the nursing and other medically related professions.

In today's highly competitive society, there are many contending 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 continually remind ourselves and our neighbors overseas that as part of the democratic way of life we respect the worth and the rights 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 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!

Making people healthy and keeping them healthy will be your life work. The trends of today will aid you in ways previous generations of health workers never dreamed of. I refer to the strides taken during the post-war years by your country in helping set the world's pace and standard in medical research. I am proud that the work of my Subcommittee has had a direct impact upon the scope and direction of Federal, State, and local

public health programs, and the very important research programs of the Public Health Service. Less well known is the fact that the actions of my Subcommittee have had, cumulatively, an indirect but far-reaching impact on medical and related professional education.

Through all its years the Congress has been concerned with the health needs of the country. This concern has become of prime interest during the past two decades. During World War II the Congress instituted a thorough study of national health needs which has continued without interruption since then. Much of this study has been conducted by Appropriation Subcommittees in the House and Senate responsible for reviewing the annual appropriations requests for the Department of Health, Education, and Welfare.

After prolonged consultation with the Nation's leading medical hospital and public health authorities, it was decided soon after the war ended that our health position needed strengthening on these major fronts:

1. More medical and related research
2. More personnel trained for careers in research
3. Expanded research facilities
4. More hospitals and hospital beds

This postwar start was made by increasing the scope of the mission of the National Institutes of Health. Because it is the principal research arm of the Public Health Service, its mission is to assist in promoting the health of the Nation through medical and biological research. It both conducts and supports research and training for research. In recent years, about 85 per cent of the funds appropriated to the National Institutes of Health by the Congress is for grants to universities, medical schools, hospitals and other non-Federal institutions in support of their research and training activities. Nearly half of the medical research in the United States is now being helped in this manner.

New medical knowledge is not enough, however. There must be the facilities for applying both old and new knowledge for the benefit of individual human beings. With the intricacies of modern medicine, this application must take place primarily in community hospitals.

Under the provisions of the Hospital Survey and Construction Act of 1946, the Congress gave the Public Health Service responsibility for administering a large-scale program of assisting the States and communities in supplying their citizens with adequate hospital and related facilities.

Eligible for assistance under this program were all types of hospitals and kindred institutions such as public health, diagnostic and treatment centers, rehabilitation facilities, nursing homes, and nurses' training facilities.

Known widely as the Hill-Burton Program, it consists of two phases: the survey or planning stage, and the actual construction. A local body, such as a Department of Health, administers the program. When it approves a project, based on a study of community need and development of a State-wide plan for such facilities, the institution concerned may apply for Federal funds on a matching basis in support of its construction project. Federal funds may be given as an outright grant or as a long-term loan, depending upon the requirements of the institution requesting them.

When this program began, our needs were great and our problems many, and they still are. However, a great deal has been accomplished. At the close of 1960, projects approved since the program's beginning totaled 5,390, at an aggregate estimated cost of \$4,673,159,000. The Federal share of this was \$1,448,138,000 -- about one-fourth. Bought for this money were 226,842 hospital beds in public and non-profit institutions; 1,496 health centers for outpatient care, and several hundred nursing homes, rehabilitation centers and diagnostic and treatment facilities. Where the United States had 938,000 hospital beds in 1948, it now has well over a million and one half beds for civilian use, a percentage of about 7.5 beds per thousand population.

All that has been built is in accordance with State plans which indicate what kind of facilities are needed and where. These State plans blue-print the fact that while good progress has been made in multiplying general hospital beds and facilities, particularly in rural areas, we have barely begun to meet the special hospital needs of the chronically ill, the tuberculosis and mental patients. And they show that the ever-advancing deterioration of general hospitals in metropolitan areas demands prompt attention.

Without Federal assistance our hospitals could not have expanded as they have during the past few years. Much of the need for this expansion is due to the fact that nowadays the whole community, both the well and the sick, are prepaying for hospitalization -- ^{pg. 14-} which provides a sounder financial base. Medical specialization, new medical technology, and health insurance are some of the new elements in today's picture. More and more people are demanding the best in medical and hospital care. In the aggregate, we are paying much more for health service today than in the past -- but we are getting infinitely more for our money!

The most striking answer to the question "Can we afford the higher cost of medical care?" is the fact that national individual and family income in our country have increased beyond the highest expectations and beyond anything the world has ever known. Average family income in 1929 was \$2,340. In 1958 it was \$6,220. In 1970 it is expected to be nearly \$10,000. Obviously, as a Nation we can well afford the marvelous increase in health provided by medical care today.

Today a very large proportion of our people, regardless of social or economic status, are receiving a quality of hospital and medical care that was not available to Henry Ford or John D. Rockefeller for all their millions. Fifty years ago there were no heart-lung machines, no antibiotics, no polio vaccines, to name only a fraction of the advances that are now in common use.

For another measure of the progress that has been made, let's look back only to 1950. In that year, America's hospital plant was valued at about eight billion dollars. It's about thirteen billion today. Then, hospitals employed about 900,000 people. Today's figure is about a million and a half. Yet we do not consider 1950 as the "old days." It's just that we are moving at a very rapid pace.

I believe the time for hospitals to operate as strictly separate and totally independent units has passed. What we need today is a hospital system wherein the medical skills and facilities of an entire region are so closely coordinated that each strengthens the other. Elimination of duplicated effort, improved training programs and full utilization of medical manpower is one of the answers to this decade's needs. A system of hospital coordination that really functions is an absolute necessity for the 1960's.

This will bring closer the dream of having the very best medical care for all of our people. It is an old dream and a worthy one, equally shared by physicians, medical educators, hospital workers, and all men of good will.

As our population expands and as more and more specialized care is needed, we will not be able to do as well as we are doing today unless we modify our present hospital systems. We must coordinate in order to permit the most economical utilization of our resources. The most effective way to accomplish this is on a regional basis, while still retaining all the advantages of local enterprise and responsibility.

This is not a new concept. It has been applied to public health activities for many years. Think of it as a plan for the mobilization and coordination of regional hospitals and health services that will vastly improve the efficiency, availability and quality of care.

Think of its economy in collaborative planning of hospital building and expansion. Think of our gains from the joint use of such special facilities as premature nurseries, blood banks, rehabilitation centers, nursing homes, and home nursing programs.

Picture the good we can do all patients by pooling clinical and technical skills for a vast extension of specialized diagnostic and treatment services, and consultations. Consider the end results of a system wherein there is provision for the continuation education of physicians, nurses and technicians; including greatly expanded opportunities for residency training and visiting specialists.

The concept of regionalization for a coordinated hospital system was written into the Hospital Survey and Construction Act of 1946 as a fundamental principle. It was included on the recommendation of the American Hospital Association, the United States Public Health Service, and various public advisory groups. It was recognized, even 15 years ago, that the small hospitals of rural areas should have the benefit of active affiliation with larger hospitals in order to improve their effectiveness.

This plan for hospital regions is very sound. Consider how important the teaching hospital, such as yours, is with regard to the recent avalanche of new medical knowledge. Until now the university or medical college has been regarded as having the obligation for the preparation of physicians. Today they can meet only a portion of that duty. A substantial part of the clinical education of undergraduate students frequently is provided in other than university hospitals. Over three-quarters of the approved internships and over one-half of the residencies are in such hospitals.

A large part of medical education in the United States is actually under hospital supervision and guidance. This makes the hospital a vital part of the whole educational system of medicine, and a vehicle of great value in research efforts and the community application of new knowledge regarding health and disease prevention.

Since 1950 our population has increased by about 23 million people. Each day there are 11,000 babies born in this country. Each day the number of our aging citizens grows larger. Thirty years ago average life expectancy in this country at birth was 59. Today it is 69.5. Three decades ago five per cent of our people were 65 years of age. Today the number is 8.6 per cent. The prediction is that in view of all presently known facts, these trends will continue. The implications of this prediction are numerous and intriguing.

It has long been known that illness is greatest among those who can least afford it -- the aged and the poor. People are not just statistics -- they are precious individuals created in the image of God. They have individual health problems. Regionalization of our hospital facilities will go a long way to helping solve their problems. One great measure of medical economy would be to provide less expensive facilities for the chronically ill and the convalescents. They do not need the amount of care provided by the general hospital, but they do need the bridge between hospital and home that can be provided by adequate nursing homes.

I believe the time has come for all of us to evaluate these matters realistically and to say frankly those things that need to be said to help responsible citizens in our towns and cities and our State capitals as well as here in Washington to make the decisions which will have to be made.

To do the job facing us we all have to have proper motivation. This motivation must stem from the same desire for better social values that has brought us to today's high level of health care and service. These values evolve from the basic idea that all of our people, and our older people in particular, have a right to the health services that the miracles of medical science have made possible.

It is certainly not beyond our ability to devise something better than today's frequently haphazard and all too often ineffective methods of providing during our productive years for the medical costs that almost inevitably accompany old age. Most of the health needs of older people are not too greatly different from those of the population as a whole. They need good nutrition, acceptable housing, and chances for appropriate social, intellectual and physical activity.

But our senior citizens do have one need that becomes increasingly important the older they get. That is the need for taking care of the costs of long-term illness. For those whose retirement income is just enough to meet ordinary living costs, the expense of long-term hospitalization and medical care are tragic. The disability benefits of their working years, Blue Cross insurance and other prepaid medical plans are not generally available to these people at the time they need them most.

Certainly, the best place for our older people to stay is in their own homes; but when this isn't possible there should be home-like places for them in their own communities. A little medical attention, some home nursing service, dietary consultation, home-maker services, and suitable recreation programs would keep many of the older people happy and healthy right in their own homes at far less cost to themselves, their relatives, and their communities than keeping them in hospitals and nursing homes. This all fits into the regional plan I have outlined for you. It is an essential part of the community health and welfare services.

These are just a few of the gains we have made toward really adequate health goals. And these have been just a few of the problems we still face.

There are many other very real advances and very real problems which time does not permit more than a mention on this occasion.

In medical research and research training we have made giant strides. In meeting national needs for more physicians, dentists, nurses, and supporting health workers we are far from where we should be.

I promise you that this Congress and this administration will defend and expand the gains.

I pledge to you and members of your profession throughout the Nation that we will take a very hard look at the deficit areas in our national health needs.

My many years of close study of health problems and close association with professional health people have caused me to feel that I am one of you.

Thus, as a fellow-worker for health, I personally challenge each of you to carry on an educational process that has just begun, until you attain your own personal goals of professional competency. In so doing you will attain also the rich reward that can come only from unselfish service to your God, your country and your fellow man.

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