

THE FEDERAL STAKE IN MEDICAL RESEARCH--ACCOMPLISHMENTS AND AIMS*

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I am grateful for this opportunity to address a group of physicians whose professional ties are made stronger by their common adherence to the Catholic faith.

The existence of a Catholic Physicians' Guild is a testimonial to the close kinship between Christian religion and medicine. Both are deeply grounded in ethics. Both treasure and attempt to preserve human life. Both recognize that within man there exists an intangible force of the spirit which cannot be explained in physical terms.

Physicians and philosophers of other Christian faiths recognize this kinship between religion and medicine. They recognize also the leadership role of the Catholic Church and Catholic physicians in attempting to understand and develop this relationship. An outstanding example of this leadership is provided by the National Federation of Catholic Physicians' Guilds.

This recognition came to my attention when a member of my staff showed me a copy of a book entitled, "Morals and Medicine," written by an eminent clergyman and educator, Joseph Fletcher, who is a member of the Protestant Episcopal Church.

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Let me read a passage from this book which impressed me:

"There is urgent reason for trying to develop our understanding of medicine and morals, and for deepening our ethical insights. Were medical workers and non-Catholics to expend the care and concern we have seen in the studies of the Roman theologians, how much might be gained for man's moral stature and for the claims of mercy and well-being! With the one stellar exception of Catholic moralists there is a strange blindspot about the ethics of health and medicine in almost all ethical literature."

I am proud of this evidence that Catholics have exercised leadership in recognizing the kinship between medicine and Christian ethics. However, a recognition of this kinship, an appreciation of life's preciousness, and a desire to better the human condition are not enough. The Nation needs the unremitting toil of all professional and voluntary health workers, of the National Federation of Catholic Physicians' Guilds, of its servants in the Congress and in State legislatures, of its research workers and clinicians, of its channels of professional and lay communication, and of each of its citizens, if the great blessing of good health is to be extended to everyone. This is implied in the concept of a Christian democracy. And it is this that I would like to speak about tonight.

As chairman of a House subcommittee which concerns itself with the annual appropriations of the Public Health Service, I am proud to have had a small share in the development of Federal programs which have a substantial effect on the health of the Nation and, for that matter, of the world.

To date this Federal participation in health work has emphasized medical research and research training. I believe this has been a wise emphasis because before we can act we must certainly know how to act. And since the urgent health problem of our Nation in the past decades has been the problem of chronic disease, our main research effort has been directed to finding out more about these diseases.

When we began in the middle 40's to study the chronic diseases, we decided that our wisest step would be to expand the research activities of the universities and medical schools of the country -- an expansion which was clearly beyond the resources of private groups. Thus, in concurrence with the advice of experts both in and out of the Government, we determined that a gradual year-by-year buildup of a Federal grants-in-aid program would be required. The mechanism to be used was the National Institutes of Health of the Public Health Service -- an organization with experience in the field of grants and possessing a tradition of excellence in medical and biological research.

So much for philosophy and background. Now let us look at what has happened. The simplest and quickest measurement is in terms of the dollars that have brought about a research effort in medical and biological science that transcends anything the world has ever seen in its scope, intensity, and vitality. Taking as our baseline the last pre-war year, the total national investment in this work has risen from about \$45 million a year in 1940 to around \$715 million in 1960. In 1940 Federal support of such research was 7 percent, or \$3 million. In 1960 the Federal share was 53 percent or about \$380 million, most of which was provided through the National Institutes of Health.

Here I should like to point out that although the percentage of non-Federal funds has greatly decreased in relation to Federal funds, there has, nevertheless, been a remarkable increase in the actual amount of non-Federal assistance to medical research -- from \$42 million in 1940 to an estimated \$335 million in 1960. It seems to me this affords clear proof that Federal funds have stimulated rather than suppressed private expenditures in medical research.

Most of the Federal funds have been appropriated for research and research training related to specific diseases such as cancer, arthritis, neurological disorders, cardiovascular diseases, and the like. However, very sizable amounts have, of necessity, gone into study of basic medical and biological questions. Overall, the great bulk of the research up until now has been oriented toward laboratory rather than clinical phases.

The very scope and vigor of our national research effort, not only in biology and medicine, but in many other scientific fields, has created, intensified, important developments and has opened the door to myriad challenging problems.

I do not intend to discuss with you here that part of our problem which affects areas outside of medicine such as the other research interests of the Nation and the Federal Government which are not directly related to health, the internal problems of the universities and the relationship between fundamental and applied research. These are very real problems but they are beyond the scope of my evening's discussion.

However, I should like to talk about a problem which relates directly to the mounting of our health program: that of relating the present emphasis on laboratory research and research training to the need for more activity in four other areas: those of clinical research, the training of physicians, dentists, nurses and other health workers in the paramedical field, the development of means which will reduce the time lag between new discoveries and mass application, and finally the control of health hazards in the environment.

Let me give you some examples of the need for activity in fields outside of research: examples such as the 75,000 cancer victims who die each year but who could survive if we applied all we know about cancer; the hundreds of thousands of persons who are needlessly crippled from fractures, strokes, and arthritis; the 200,000 youngsters who contracted a venereal disease last year; or the 20,000 unlucky, untreated persons who die each year because of rheumatic fever or rheumatic heart disease.

Your Federal Congress has been working to assist in the expansion of the national program in these fields.

First, in the area of clinical research, a facilities grants program has been established by the National Institutes of Health to provide support for a variety of clinical research efforts on a broad variety of problems. Funds will be available with which scientists can carry on coordinated clinical investigations so that patients of physicians in private practice throughout the country may soon begin to benefit from the useful knowledge that will come from this program.

The second serious problem which faces us is the financing of medical education. Not only is the number of physicians falling behind our population growth, but the very school buildings which have been responsible for training these physicians in many cases are becoming out of date and in others are overcrowded to the breaking point. The situation is such that it will be impossible to increase our output of physicians beyond 1962 without some form of direct Federal assistance to the schools.

Studies made by my Committee and by other responsible groups over the past few years indicate further that our medical schools are losing ground in the competition for superior college students.

In spite of the fact that the annual number of college graduates is increasing, there is disturbing evidence that the quality of medical school applicants is on the downgrade.

Another important factor is the great length and cost of medical training and a significant rise in other satisfying and stimulating scientific careers with high prestige and adequate financial rewards.

One recent study found the average cost of four years of medical school to be approximately \$11,600 for those graduating in 1959. Since scholarship support has been meager, many students hesitate to shoulder a large loan. And the course of study has become so demanding that few students can carry even a part-time job without considerable sacrifice of time needed for their studies.

Thus the choice of medicine as a career has been to a considerable extent influenced by financial factors, and many promising college graduates who would have liked to study medicine have been discouraged.

To help remedy the impending shortage of physicians it has become apparent to me that the Federal Government should:

- (1) Provide direct assistance to the teaching functions of medical schools and schools related to the total health care of the nation
- (2) Supplement private, industrial, and State sources in providing scholarship, fellowship, and loan assistance to medical and dental students as it now does to Ph.D. candidates in the basic sciences
- (3) Help relieve the serious financial and administrative imbalances between the research and teaching functions of the medical schools.

I have recently submitted bills to the Congress which would assist medical schools to meet the cost of new or expanded construction program and also to provide Federal funds supplementing other funds available for scholarships to medical and dental students.

I believe the needs for strengthening the medical schools in their teaching function are so clearly apparent that this Congress will take affirmative action of some kind. Whatever that action may be, I will do all in my power to make certain that it does not lead to Federal control.

I believe we can all agree that teaching at every level and in every field of science must remain free of central domination. It must retain flexibility to meet rapidly changing scientific patterns and the special needs of diverse geographical areas. Also, it must truly reflect the needs of medical practice as well as the wishes of the scientific and academic community. All of these conditions are served best when governmental financial responsibility is shared by non-governmental funds and interests, and is guided by non-governmental advice. My bills stress this factor, and I believe, reflect the wishes of all who know the importance of maintaining freedom in the teaching of medicine and science.

A third problem which concerns us all is one I have already mentioned: the tremendous amount of disability and illness which exists only because we have not applied the knowledge we already have. This is a tremendous burden and cost to both the individual sufferer and to the Nation's strength.

The size of this burden is clearly revealed to us in data obtained by the National Health Survey -- another activity which the Federal Government has launched in recent years. By way of illustrating what the findings of the Survey's studies are, let me just mention one figure: an estimated 10 million persons in the population with either a heart condition or high blood pressure -- or about 6 percent of the total population. When you think of all the other ills to which our human flesh is heir, you begin to realize the size of the Nation's burden of ill health.

Much of this ill health could be prevented if its causes were found in time. I have been told by competent medical authorities that early non-invasive cancer of the cervix, the preliminary symptoms of glaucoma and diabetes, the end results of rheumatic fever can, if discovered in time, be so cared for as to prevent even the onset of illness and disability. In the case of other diseases such as rheumatism, early case finding can limit disability. In still a third group of diseases, such as heart disease and cancer, early case finding means higher hopes for survival as well as the promise of continued and fruitful existence for the individual.

Our knowledge must be applied if we are to realize its benefits of life and health. Every doctor, every health worker, every community, and each State as well as the Federal Government, has a continuing responsibility for seeing to it that this application is speedy and effective.

The fourth and final matter with which doctors and other health workers of the future will be most deeply concerned is the control of the health hazards in our daily life. The increasing hazards in the environment which has come upon us as a result of our great population growth, our industrial expansion, and our developments in the field of atomic energy are not yet fully understood! But there is no doubt that the battle for the control of these hazards is already severe and will become one of the principal preoccupations of the medical men of the future.

We are going to have to pay a substantial price for our increasingly urban life either in protective controls or in damage to our health. This, whether we like it or not! If we are to have industrialization without contamination we are going to have to pay for it and we will have to pay for it soon or it will be too late. The cost of this program too will have both a research and application component.

One thing we can do right now is to use the knowledge that we have in the control of all kinds of pollution and to use our specialists and give them a chance to apply what they already know in making our environment safer.

But there is much that we don't know. To get the research that is required under way, I have proposed that a national Environmental Health Center be established where the problems and the health risks of our daily living can be looked into as thoroughly as the problems of chronic disease are being investigated now by the National Institutes of Health. This Environmental Health Center could be the hub for an expanding national research program similar to the National Institutes of Health. It would provide grants to universities and other research centers, serve as a clearing house to prevent duplication of effort and see that every clue is followed as well as make sure that the needed applications are made.

President Kennedy in his messages on natural resources has already pointed out the danger of neglect. Our health leaders are in agreement with me that we are right now at a turning point in the management of our national resources! We have, in effect, created a Frankenstein which if not controlled will turn upon us and do irreparable damage to the health of our present and future generations. As members of the Catholic Physicians' Guilds, as representatives of the kinship between the Christian religion and medicine, I ask your support for this new venture, your aid in meeting this new need.

Now let me summarize. I have talked about five areas in our national health program which are of concern to the Federal Government. One of these areas, laboratory research, has already scored tremendous accomplishments. The four other areas are areas of need: the area of clinical research which attempts in a specific way to bridge the gap between laboratory findings and clinical application; medical education where the purpose is to provide the required staff of persons who can practice the healing arts; more speedy application of known knowledge; and the development and application of controls against health hazards in the environment.

It is obvious that the resources of the Federal Government cannot begin to meet the problems of these four need areas. It is also clear to me that these problems cannot be met by the official health agencies of the State and local governments in our American communities without the active cooperation of every member of the health professions as well as all of those who are responsible for the planning of their communities. This in its broadest sense includes every person in the community.

The need for broad participation is demonstrated on every side. Whether we think of the support of medical education or the control of harmful byproducts of community and industrial waste, it is obvious that each of our programs must be supported by the active interest of every citizen.

But I think for the most part the nucleus of the health interest for our community can most effectively be vested in the medical profession. And in fact I know of many communities where the interested local medical society has been the moving force in giving a city or a county most effective health services. And since your membership represents so well

not only the skills of a profession but also the concerns of the Greatest Healer of all time who Himself gladly suffered, loved the sick and cured their ills, I think the Catholic Physicians' Guilds might well consider it their mission to function as the inner core of that nucleus which can again effect a revolution in the health of the Nation -- even as their predecessors rooted out the communicable diseases which were the major causes of death in the first decades of our century.

The Old Testament has provided us a striking example of a man who led the people even though he knew that he would never see the Promised Land: Moses who led the children of Israel through a difficult and dangerous 40 years in which they effected a transformation from slavery in Egypt to the conquest of a proud kingdom. It has also given us the tragic story of King Belshazzar who, surrounded by every trapping of regal splendor, yet found on his wall the judgment that he had been weighed in the balance and found wanting. It is my earnest hope that when the season of each of our individual labors toward better health has come to an end you and I may have the sense of accomplishment of a Moses rather than the cheerless judgment pronounced on Belshazzar.

May Christ, the greatest of healers, bless our efforts.