REMARKS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT RHODE ISLAND CONFERENCE OF SOCIAL WORK, SHERATON BILTMORE HOTEL, PROVIDENCE ON THURSDAY, OCTOBER 5, 1961 AT 12:30

It is a pleasure and a privilege to be here with you today. I appreciate this opportunity to join with you who are dedicated to the proposition that this nation, this state, and we, as individuals and as members of families and larger groups, have a responsibility, which we must discharge, to assist those among us who need help.

Your forward-looking theme:-"Changing Times - Changing Problems - Changing Programs in Health, Education and Welfare" is a challenge to all of us who are in a position to contribute to the aims of your program.

The topic assigned to me, "The Nation's Responsibility for Health Care in Changing Times," is one about which I am happy to speak -- one which is, as you know, close to my heart, and with which I have been closely involved for more than 20 years as your representative in the Congress of the United States.

Almost everything about us reminds us of the rapidly changing times in which we live. ... jet planes

scream from coast to coast almost as fast as the sun; old landmarks disappear in the city and are replaced with tall and shiny new buildings; rockets push satellites into space, and men calmly contemplate visiting the moon.

Yes, the pace at which so-called modern life propels us toward the future on the jittery tobaggan we call civilization seems mighty fast to us; but if one pauses to reflect on it, we have adapted reasonably well to it all. Today, more people are living longer than ever before, thanks to the achievements of medical science.

One hundred and thirty years ago, when the pace of civilization had, as he termed it, "accelerated beyond a bearable state," an English doctor advised his patients to "take a vacation -- and get away from it all." That advice still is given. This physician was Dr. James Johnson, Fellow of the Royal College of Physicians, and Physician Extraordinary to the King of England. Nearly a century and a half ago this observant physician was among the first to diagnose and prescribe for the "wear and tear" syndrome of modern living. He recognized that the increasing pace of life in the London of 1831 was taking

its toll and creating tensions, that the stress of life was responsible for illnesses and complaints otherwise unexplainable.

Facts about this particular Dr. Johnson of London have been recently revealed by a professor of medical history at the University of Chicago and published in a book entitled Change of Air, or the Pursuit of Health. To. Dr. Johnson, the London of 1831 was the scene of evermounting tensions compared to the "good old days" prior to the industrial revolution. He mistakenly concluded that the condition he described as "wear and tear on the living machine" was a disease peculiar to the English when he wrote, "In London, business is almost the only pleasure -- in Paris, pleasure is almost the only business ....."

I mention this historical bit about Dr. Johnson primarily to bring home the fact that change is always with us, yet we can -- we must -- adapt ourselves and our activities to it to stay ahead of the game.

We, too, have a tendency to look back at the past through rose-colored glasses, as did the good doctor in 1831, bemoan our present-day situation, and yearn for the

"good old days" which, really, weren't so good, when you come to think of it.

Concerned as I am, and have been for many years, with the health of our people in this great country of ours, I think it is most important today to plan for a better tomorrow, and to take what action we can to insure that in the many tomorrows to come we continue to work for that most basic of human values -- health.

Without health we cannot be strong. Unless we as people are strong we cannot long survive. To improve health we must urgently seek knowledge of life -- we must, on a large scale, conduct health research. We must train more research scientists and more physicians. I see this responsibility as a <u>national</u> responsibility.

I realize that health programs and research have particular meaning to persons in the welfare field who are uniquely aware of how much poor health is a primary factor in the need for assistance and welfare services. Good health enables all of us to surmount problems that might otherwise overwhelm us.

This country has assumed unquestioned world leadership in the scientific aspects of medicine. We have built, in the midst of a world seemingly bent upon self-destruction, the greatest potential for life extension this mortal coil has ever seen. Facing up to forces in the world which seemingly have little regard for the value of human life, this country has strongly demonstrated its adherence to the moral principle that human lives are inherently precious. The moral and non-partisan support that the citizens of this country, through the Congress, have given to the development of our great, Federally-supported health research programs, is conclusive evidence that this country has high regard for the importance and dignity of human life, not only for American citizens, but for people all over the world who are suffering.

As chairman of the subcommittee of the House Appropriations Committee which includes among its responsibilities the annual appropriations for the U. S. Public Health Service, I am proud to have played a role in the development of many Federal programs which

cumulatively have had a far-reaching impact on the health and welfare of this ~~nation~~ and of the ~~world.~~ I have strong feelings about the nation's responsibility for the health of its people, and I am only too happy to dwell upon this subject for a while.

I would like to note that ~~this~~ our Appropriations Committee also carries responsibilities for welfare programs of special interest to many of you. I need only refer to Child Welfare and Health Programs of the Children's Bureau and grants to the States for public assistance. May I remind you further of my own interest in the area of mentally retarded children which cuts across the welfare and health fields, and ~~my sponsorship last year of~~ the White House Conference on Aging, in which health and welfare interests were closely joined.

When I first became a member of the Subcommittee, the research program of the National Institutes of Health, the research branch of the Public Health Service, was

small and limited principally to its own epidemiological and laboratory study of communicable diseases. Funds available for research and training in non-Federal situations were relatively insignificant. About that time, however, important changes were taking place in the shape of our population and its environment, creating new health problems and, therefore, the need for new research efforts. The most significant of these changes were the emergence of the problems of chronic disease and environmental health. Thus, from the very beginning of my service with the Subcommittee we have devoted more and more attention to the national research needs in these two areas.

To most people concerned with the problem--and who among us is not concerned with health?--the course seemed clear. If a Nation's scientific resources could produce so well under the stress of war, surely, directed toward the objective of better health for millions of people these same scientific resources could flourish and be productive in peace. It was a national problem that called for the application of national effort.

As a result of a consensus of opinion, both of laymen and scientists, the Congress in 1945 began to increase appropriations for Federal funds used by the Government to stimulate medical research, to capitalize on the opportunity to support man's effort to extend his horizons in the life sciences.

In concurrence with the advice and counsel of experts both in and out of Government, we in the Congress determined that a year-by-year build-up of the grants-in-aid mechanism developed at the National Institutes of Health was the method of choice. The National Institutes of Health was an organization with experience in the granting field and possessed a tradition of first-class medical and biological research.

Appropriations of Federal funds to be used for the stimulation and support of medical research in non-Federal institutions throughout the country were steadily increased. Universities, medical schools, hospital laboratories and other research centers began to develop and expand their activities. This is the research program in which I have been most deeply interested. My committee has had the

responsibility for its appropriations, which have become a significant part of the Nation's total investment in medical research.

Appropriations for the National Institutes of Health, including its own operations and grants for research projects and awards for fellowships and training, amounted to less than three and a half million dollars in Fiscal Year 1946. For 1962, the current fiscal year, that appropriation, recently authorized, stands at more than 738 million dollars. Although this is, indeed a substantial increase over a relatively short period of 15 years, it definitely is not a blind effort to BUY new knowledge ..... rather it has been a carefully developed year-by-year program designed to take advantage of new opportunities to meet growing national needs. Let me tell you, briefly, about some of its major elements.

The first major expansion was in the area of research project grants. In 1945 this appropriation totaled $85,000; this year the comparable figure stands at more than $433 million -- supporting about 12,000 research projects in virtually every non-profit research center in the country.

Let me assure you now that prior to each year's increase in funds for this purpose the Congress received convincing evidence of the accomplishments and potentialities of existing research projects as well as the existence of promising ideas and leads for new and necessary research projects or programs.

Those of us dealing with the total problem of medical research in the Congress ~~were also~~ are aware of two more vital elements of the program -- the availability of trained manpower to do the work and the necessary facilities in which the research must be conducted.

To keep these three elements of a large and rapidly developing program -- research projects, research manpower and research facilities -- in relative balance has been no easy task.

The needs and potentials of the stimulated research projects for trained manpower received attention early, and funds for research training, including fellowships, began their advance in 1947. In that year the appropriation for fellowships and training grants totaled $428,000 compared to $57,000 in 1945.

But as each year passed and as it became more and more evident that scientific manpower was the most important single factor limiting further progress in the life sciences, the program was expanded until today the annual investment in tomorrow's health research manpower stands at more than $147 million.

The third vital element in the Public Health Service's pattern for research support -- facilities -- received only emergency attention during 1949 and 1950 for heart and cancer research facilities, totalling about $22 million. More recently, again responding to an evident need for nationwide expansion of health research facilities and equipment, the Congress passed legislation authorizing $30 million to be made available each year for construction and equipment of facilities in all of the health fields. As of the completion of this fiscal year--1962--about $185 million will have been awarded to more than 321 nonprofit institutions for the construction and equipment of research facilities in virtually every State in the Union. Through matching funds, initial investment will result in the creation

of facilities having a value of more than a billion dollars. The great contributions of this program were recognized by Congress in the closing days of the current session, when it extended the authorization for one more year and increased the amount from $30 to $50 million.

The picture of meaningful growth in the Federal support of medical research amply demonstrates how seriously we regard the nation's responsibility for the health of the nation's people in these times. It is a fair assumption, I believe, that this great expansion of effort has played an important part in the progress that has taken place in the last decade.

At this point I would like to emphasize that I have been speaking only about Federal funds for research support made available through the mechanism of the National Institutes of Health. Much more modest amounts of Federal money are made available through other agencies for this purpose, but NIH is the primary and major source. As we have built up this mechanism, mounting the greatest medical research effort this world has ever seen, support for research from private sources

has also increased remarkably. Although the percentage of Federal funds devoted to research has increased as the percentage of private funds for this purpose has decreased, the actual dollar amount of non-Federal assistance to medical research has increased from $42 million in 1940 to an estimated $335 million in 1960. It seems to me that this affords clear proof that the increasing availability of Federal funds for research and training has stimulated rather than discouraged private expenditures for these same purposes.

I have already noted that we in the Congress who have been responsible for determining levels of appropriations for medical research were not unacquainted with the great potentials which were inherent in this activity. Consequently, we have made it our business to be kept informed concerning the accomplishments made and the new developments worth pursuing before voting on the funds for appropriation each year. We have a high regard for the taxpayers' money and we certainly take a good hard look at every major proposal before we approve it. Under this kind of stewardship, we have become convinced that medical research pays off.

Let me mention just a few accomplishments of medical research, and let me emphasize that I see them not just as scientific achievements but more in the light of their meaning to the public as a whole. I am thinking, for example, of the discovery and development of synthetic hormones and related agents for rheumatic diseases such as arthritis ... the widespread of availability of penicillin and the development of other antibiotics .. the development of chemical agents used in the student and treatment of mental illnesses - agents which have helped to reduce the length of stay in mental hospitals ... the improved protection against rheumatic fever and resultant heart damage in children ... new, effective tests for the detection of cancer ... surgery of the heart ... the discovery and application of new vaccines for polio ... the use of radioactive isotopes in studies of body chemistry and the action of drugs ... the development of new compounds providing effective treatment of tuberculosis ... and many, many others.

Although I am a layman, I am also a Congressman dealing daily with medical research, and I hear a great

deal of discussion of new and better chemical agents, new drugs, new treatments, and even the claim that 50 percent of today's prescriptions could not have been written ten years ago simply because the materials incorporated in them did not then exist. These things may be so, but I believe that the real demonstration of the effectiveness of today's medical treatment, incorporating the findings of medical research applied to practice, lies in the statistics which graphically show our progress toward better health in broad terms.

The most significant single index of health progress may be a comparison of over-all death rates. I am told that the decline in death rates since World War II for some of the major illnesses dramatically shows how over a million lives have been saved by modern medicine.

OK. Influenza, for example, has been reduced by 90 percent in its death rate. Once great killers like rheumatic fever, tuberculosis, diseases that cause maternal deaths, and appendicitis have all been reduced in rank as killers by more than 70 percent. The death rate due to syphilis has been brought down by over 60 percent;

pneumonia, over 40 percent; some kidney disorders, 60 percent; infant death rates, over 30 percent; and paralytic polio, the disease about which much is still unknown, has been reduced most dramatically over the past two years. Even high blood pressure, one of the greatest medical problems in terms of numbers afflicted, has seen some improvements in treatment and reduction in death rates in the past few years.

Most of these tremendous advances, of course, have been made against the infectious or communicable diseases, and the removal of many of these from the listing of great killers has brought into focus our present problems, upon which we are spending most of our effort today -- the chronic diseases, the disorders which face our aging population now that they are surviving to higher average age levels. The chronic diseases are forceful reminders that people who are now surviving or bypassing the acute infectious diseases and the rigors and hazards of infancy, childhood and young adulthood, live longer only to face the rising incidence of these long-term crippling and killing disorders.

Of course, this dramatic progress carries with it problems for the welfare field in the very fact that handicapped children survive and old people live longer. Thus there is placed upon our states and communities heavy responsibilities for providing assistance and help to these individuals to whom medical science has given extended life. This is as it should be for together our health and welfare program offer to them not only a healthier life but also a more secure and happier one.

Great progress is being made, and research into the chronic diseases is producing great gains. For example--although we cannot yet cure or prevent diabetes, we can control it. First, the discovery of insulin made it possible to control it with injections and proper diet. In recent years, the need for using a hypodermic needle has been obviated in many cases by the development of totally new types of antidiabetic drugs which can be taken in tablet form. This development may save no more lives, but it makes living much more pleasant for the diabetic who can use the tablets.

And, we have had great developments in the field of the rheumatic diseases - rheumatoid arthritis, for instance. We still cannot cure this disease, but thousands and thousands of arthritics who, a few years ago, would probably have been bedridden, are now active, productive and relatively healthy members of the working population, their pain dramatically reduced and their joints relatively free...there are many examples like these. Treatment of the various disorders of the heart and circulatory system have been

markedly improved, saving lives and extending the useful and productive spans of many, many others.

Yes, great progress has been and still is being made. Research has been and is paying off, and the accumulation of basic knowledge of the life processes is building up. Heartening breakthroughs are being made with great regularity .. momentum has been achieved and must be maintained.

The nation has seen its responsibility and has acted. The potential of medicine as far as the future is concerned is bursting at the seams with possibilities, but there are still many problems. Research has progressed, knowledge has increased, but the application of that knowledge in the practice of medicine has in some cases lagged too far behind.

This, my friends is one of the greatest challenges of our changing times. There is no alternative; if we are to capitalize on the great gains that have been emerging from the research laboratories; if we are to achieve the better health and fuller life that is desired and deserved in these changing times -- the we must also have a change -- a change in the rate at which we apply new health knowledge

for the benefit of people in this country and in every country of the world. This challenge, I am confident, will be met through the concerted efforts of organizations such as yours and through the individual effort of physicians, civic leaders, nurses, health educators, and enlightened citizens who are willing to make the effort to achieve the goal.

Together, we will bring about the changes to meet the needs of our changing times.