

REMARKS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE
SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT DEDICATION
OF SCANDINAVIAN HOME, CRANSTON, RHODE ISLAND ON SUNDAY,
OCTOBER 29, 1961 AT 3 PM

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Cranston Home
W.S.*

I am pleased and honored to be here with you today to share in the dedication of the new wing of the Scandinavian Home. I know this marks a significant step forward in the development of better facilities for the elderly citizens of Rhode Island, and New England, as a whole.

The Scandinavian Home has an honorable history. From its beginning over 30 years ago, it has grown steadily and now flourishes as a truly splendid example of the fine care that is presently being made available to some of our older people.

I say some of them, because unfortunately this same quality of care and attention is not yet generally available to all those who require and deserve it.

To put the problem in other words -- the Bureau of the Census tells us, that according to its latest figures, more than 16,500,000 persons in this country today are aged 65 or older. They represent nearly 10 percent of our total population. And their number has increased by nearly 35 percent since 1950. During the past decade, the 65 or older population rose, on the average, by more than 426,000 each year. In the next 40 years, we are told, the aging population can be expected to double, that is, to reach more than 30,000,000.

In Rhode Island today, we have more than 89,500 people, out of a total 859,500, who are 65 or older. So you can see that here, too, this group constitutes close to 10 percent of our State's total population.

The problem of the growth of the aging population is, then, a national one. And it is of equally vital importance to Rhode Island.

I am informed that today there are some 60 guests, men and women, living in the Scandinavian Home. They average 85 years of age, and include several who have passed the 90 year mark.

There is ample evidence that these residents of the Home live in comfort and dignity. They are provided with all the services and facilities it is possible for your devoted staff to render them. They enjoy all the conveniences of modern life and, to the limit of their abilities, can participate in a full round of social activities.

Certainly, institutions like yours do a service, not only to the community, but to the State and the Nation, by setting a pace for other communities to follow in providing the best of care for their senior citizens. And the manner in which this has been accomplished--through the efforts of dedicated

groups of individuals such as you, working in behalf of their fellow human beings, is an inspiration to us all.

As your representative in Congress for the past 20 years, I have been privileged to work toward the solution of certain problems close to my heart -- problems affecting the health and welfare of our Nation. It has been my good fortune to serve as Chairman of the Subcommittee that is responsible for reviewing, each year, the appropriations of the Department of Health, Education, and Welfare. In this capacity, I have been able to work hand-in-hand with those officials of the Federal government who are charged with planning, developing, and administering national programs aimed at safeguarding, improving, and expanding the Nation's health and welfare, including that of our older citizens.

With this background, I would like to talk for a moment about the role of the Federal government in providing these programs and services for older people. You may be interested to know that, currently, more than \$16 billion is being allocated annually for these purposes by ten Departments and agencies of the Federal government. These programs are, of course, only a part of the national picture. They serve merely to complement and support community action and the work

of innumerable public and private, local, State, and national organizations.

Before discussing in more detail the Department of Health, Education, and Welfare's program for older people -- programs with which I am proud to be so closely identified -- I would like to indicate briefly a few of the activities of other Federal agencies in this field of aging.

The Department of Agriculture, for example, maintains a program of research projects in nutrition and diet, as well as clothing, housing design, and home facilities. All of these subjects, I am sure, are of special interest to the aged and handicapped.

The Department of Labor provides counseling and job-placement services for middle-aged and older persons and carries out fact-finding studies in the field of employment of older men and women. In addition, job opportunities for older citizens are made available by the U. S. Civil Service Commission which also administers a program of retirement and disability benefits for Federal employees. I might add that currently, there are over 365,000 retired employees in the Civil Service Retirement System, and, incidentally, their

average age is 67.

In attempting to solve problems such as those involved with our aging population, we must first determine the size and extent of the problem. Fortunately we have a ready made instrument of this purpose in the Department of Commerce which, through its Bureau of the Census, provides extensive statistical data on population, housing, social characteristics, and various economic factors--including studies of the 65 and older population group.

In the matter of housing and facilities for the care of older persons, two Federal agencies contribute materially. I refer to the Housing and Home Finance Agency, and the Small Business Administration. The HHFA, as it is known in Washington, operates a program designed to make easier the purchase of housing by elderly persons. It also helps finance rental housing projects, both profit and nonprofit, specifically for the aged, and it helps facilitate the financing of privately owned nursing homes. Each of us who has had experience in the matter of buying a house can appreciate the importance of this program.

The Small Business Administration, on the other hand, provides information on the operation of small business suitable

for older persons. This, I feel, is an admirable undertaking, since, by helping make them self-supporting, it helps restore them to a self-respecting, independent way of life, free of the worry of becoming burdens to their families. The same agency makes loans to privately owned nursing homes, hospitals, and similar health facilities benefiting older people.

Veterans, who by now comprise a major segment of our population, are provided with health care and allied services, including insurance and other benefits. This, as you know, is the work of the Veterans Administration.

Finally, I would like to mention a source of real benefit to older persons that is frequently overlooked. I mean the income tax benefits available to older persons, whether single or married. As an illustration, the Treasury Department has reported that tax benefits in 1960 for persons aged 65 or over reached \$711 million.

And now we come to the programs of the Department of Health, Education, and Welfare with which I am especially and personally concerned. Since 1956, this Department has had a Special Staff on Aging, in the Office of the Secretary. Its job is to assure that positive, affirmative approaches are

used in the development of policies and programs in the field of aging. During the recent White House Conference on Aging--a national effort which I initiated and saw enacted by Congress--the Staff on Aging took a very active part by coordinating the work of local, State, and national organizations in bringing the Conference to fruition. The Special Staff continues to serve as the focal point for its Department's varied programs in aging.

You might well ask here: "But how has the White House Conference on Aging helped in solving our problems? Just what results did it have and how soon may we hope to benefit from it?" To which I would reply, the Conference itself represented only a beginning for what we all devoutly hope will become a nation-wide campaign of constructive, well-conceived programs designed to take us all toward the ultimate goal of maturity free of fear and want. The Conference, I believe, served to spotlight attention of the many facets of this problem of old age, and I am confident that in the days to come, when all the reports, findings, and recommendations have been studied and digested, we can look forward to the development of comprehensive measures leading to the solution

of this problem. But I am equally confident that many worthwhile projects -- such as these new facilities in Cranston -- are at least byproducts, if not direct results of people meeting together, discussing common problems, exchanging ideas and plans as a part of the White House Conference. Here, at the local level, is where the action takes place. Here is where the real payoff is made in terms of human values. This end result of joint effort is the only way to a solution of national problems through local, State and Federal cooperation.

I want to emphasize that we in Congress intend to see that this remains a joint enterprise, that is, between the States and their citizens in cooperation with the Federal government. And we must all take care to assure that there is no infringement in any way upon the rights of the individual-- that all persons are allowed to exercise free choice in determining their own courses of action for the future.

Having digressed this far, I would now like to turn once more to the programs of the Department of Health, Education, and Welfare, for here, I believe, we are collecting real dividends in the ledgerbooks. And I feel particularly well-qualified to present the matter for accounting.

HEW, as we call it, has five principal operating agencies. They are the Public Health Service, the Office of Education, the Social Security Administration, the Office of Vocational Rehabilitation, and the Food and Drug Administration.

Three of the major Bureaus of the Public Health Service operate programs that are of direct importance and concern to our aging population.

The Bureau of Medical Services conducts the Hill-Burton program which, by means of a system of grants-in-aid (on a matching basis with the States) and loans, assists in the construction of needed medical facilities, many of which are of immediate benefit to older persons. These facilities include general hospitals; mental, tuberculosis, and chronic disease hospitals; public health centers; and centers for diagnosis, treatment, and rehabilitation. In addition, the program covers nursing homes and similar institutions.

Since this program's establishment in 1946, Congress has appropriated millions of dollars each year for the construction, renovation, and expansion of institutions approved by the States and the Public Health Service. As of July 31 of this year, \$1,556,048,012 had been obligated from Federal funds. The balance -- \$3,390,414,137 -- came from the

States. Of the Federal funds, \$172,441,005 were invested in nursing homes, diagnostic treatment centers, rehabilitation facilities, and chronic disease hospitals to the benefit of thousands of our older people.

Another unit of the Public Health Service, called the Bureau of State Services, operates control programs for cancer, heart disease, and other chronic diseases which attack old age. You may be interested to learn that the newly created Office of Aging of the PHS is located in this Bureau. Its function is to develop policies, give consultation and guidance, and help in the existing efforts of the PHS in the broad field of health of the aging. This Office will also coordinate the activities of the Bureau of State Services in helping State and local health departments to make better use of the research findings of the National Institutes of Health relating to diseases afflicting the older-age population.

The National Institutes of Health, as many of you know, is an organization in which I have had a particularly deep interest. From the health standpoint, every man, woman, and child in this country is better off today because of the extensive programs of medical research conducted and supported

by NIH. Through the work of its own research scientists and by the allotment of millions of dollars in research grants to non-Federal scientific institutions, NIH wages a constant war, against dread illnesses such as cancer, heart diseases and mental disorders.

As you may have suspected from what I have just said, NIH is also the leader in aging research. Bearing in mind that all NIH's medical research investigations will produce information benefiting all age groups, I would like to describe two of its intramural programs, which are devoted exclusively to aging.

The Section on Aging of the National Institute of Mental Health, through its investigations of the behavior and physiology of animals and humans, seeks to achieve an understanding of aging as a natural life process. The Gerontology Branch of the National Heart Institute, one of the oldest research programs in the United States in the field of aging, conducts a broad range of studies in the areas of biology, physiology, psychology, and the diseases of old age.

Let me give a few examples of disease studies which bear directly upon older people. Many of these studies have

already resulted in important findings. Others are showing bright promise for the future.

One area of study is Parkinsonism-- a nervous disorder that, in general, afflicts older persons, causing palsy. Recent investigations have shown that this disease may in some way be related to the virus which caused an outbreak of sleeping sickness among children in 1918 and 1920 at the time of the great influenza epidemic. During the past few years, a new surgical technique has been used, with some success, to relieve Parkinsonism patients by blocking off the affected portions of the brain.

The role of cholesterol, a fatty substance which builds up in the arteries, blocking circulation, is a subject with wide implications in the onset of strokes and other kinds of heartdisease. New drugs have been developed that help lower blood pressure and control the cholesterol level in heart disease patients, thus minimizing the possibilities of heart attacks.

Periodontal disease, the leading cause of tooth loss in our middle-aged and older citizens, attacks the gum structure through deposits of tartar which damage healthy tissues, leading

to eventual loss of the teeth. Studies of various factors, including mouth bacteria, that may pave the way for gum destruction are currently underway at the National Institute of Dental Research.

A vaccine has been developed that will protect children and older persons, especially, from the danger of influenza. The National Institute of Allergy and Infectious Diseases is coordinating a broad and expanding program of research into the mysteries of virus-caused diseases such as pneumonia and other respiratory infections.

Recent studies of rheumatoid arthritis have indicated that certain rheumatic diseases may be caused by an over sensitivity to substances normally present in the body. Work is continuing on the improvement of treatment methods for arthritis; a whole range of drugs-- the corticosteroids, of which cortisone is but one--has been made available for the arthritic sufferer.

Glaucoma, a blinding disease that affects the aging person, is now being successfully treated with new drugs, newer, more broadly available tests are permitting earlier diagnosis.

These are just a few examples of how medical research is providing new knowledge of direct benefit to the older person.

If time permitted, I could tell you about other work of the HEW related to the field of aging that contribute significantly to the well-being of our older citizens; about how the Office of Vocational Rehabilitation helps through grants-in-aid and other means in the rehabilitation of disabled older people; about programs of adult education, with special emphasis on the training of older people for new careers and better jobs carried on by the Office of Education.

With this brief and thumbnail sketch of several Federal programs designed to answer some of the problems that increase in significance to the individual with each passing year, I would like to take a moment to summarize these programs in terms of what they mean to the older individual or the elderly couple on a fixed income.

The elderly home-maker, very likely a grandmother, can take advantage of the experienced counsel of the Agriculture Department in determining what foods are best for the various members of her family; how best to invest her house-hold money in clothing and furnishings for her home.

The retired worker who wishes to keep himself occupied and who may need to supplement his small retirement income, may turn to the Department of Labor for employment counseling

and help in job placement or he may get expert advice from the Small Business Administration on establishing a small business. And when it comes to buying a house, the older person can secure help from the Housing and Home Finance Agency in the form of loans.

Aged couples, seeking information on where to retire and how best to manage their income, can call upon the Department of Commerce whose statistical surveys of population, housing, and various economic factors may be of real value to helping them decide their future plans.

Veterans can turn to the Veterans Administration for advice and assistance on health care, insurance coverage, and other service benefits. And through the many programs in aging operated by the Department of Health, Education, and Welfare, our older citizens reap a harvest of benefits:

Hospitals and nursing homes are constructed, enlarged, and renovated providing sources of medical aid and comfort for the aged.

The disabled aged person, ill with a chronic disease, enjoys better medical care and treatment as a result of the intensive program of scientific research on the disease problems of the aging carried on by the National Institutes of Health.

Through rehabilitation services, aged persons, who formerly would have remained confined hopelessly to wheel chairs throughout their declining years, are now able to resume their places as useful, productive members of our society.

You have paid me a great honor by inviting me to take part in this dedication. Occasions such as this are a forceful reminder of what can be done when people work together, united in a common purpose. What you have accomplished here greatly encourages me to continue and intensify my efforts on behalf of new and improved health programs. I therefore welcome this opportunity to express my admiration for your enterprise in bringing this worthy project to completion. Cranston and all of Rhode Island can share your pride of accomplishment.

We know how long and hard you have labored, selflessly, to accomplish your appointed mission. The steel and bricks and mortar of your new building would be of little consequence were it not for the sound foundation of faith and hope and trust that have inspired you.

We in Washington, as do you at home, are striving hopefully toward the day when we achieve our common goal of ensuring that all our citizens, old and young, are given every opportunity to lead full and happy lives--free of health and economic worries--able to concentrate on serving our fellowmen

and advancing the cause of enlightened mankind toward
peace and security for all.