

REMARKS OF U. S. REPRESENTATIVE JOHN E. FOGARTY, SECOND  
CONGRESSIONAL DISTRICT OF RHODE ISLAND AT DINNER MEETING  
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It is an honor for me to have been asked to speak to you tonight. My great respect for the medical profession gives me, on such an occasion, a feeling of pride, and a feeling of humility, as well.

What message can I, a layman, bring to you about the nation's health? There is nothing I can say that will add to your knowledge of the state of the art of medicine. I am sure there are no facts in the realm of medical research that I can reveal that are not already available or known to you. What I can do is to give you the views of a Congressman whose major concern is the health of our citizens, and who has been privileged to have some responsibility in the tremendous growth of Government-supported biomedical research.

In terms of my own experience as a lawmaker, I have not only served with pride as a Congressman from the 2nd District of Rhode Island for the past 21 years, but for the major part of that time I have also had one of the most satisfying committee assignments that it is possible to draw in the House of Representatives. As Chairman of the Subcommittee of the House Committee on Appropriations



for the Department of Labor and the Department of Health, Education, and Welfare, I have had a part, each year, in the deliberations that determine the levels of the Federal medical research effort. It is my belief that the increasing amounts of money that have been allocated annually for these purposes have not only stimulated research primarily within the Public Health Service, but have quickened the pulse of medical research and medical education throughout the country.

During these years, I have been able to see the desires and the will of the people reflected in the actions of Congress. The citizens of this country have made it known clearly that they want the means to better health, and Congress has attempted to make these means available.

During these years, too, I have reflected often upon the responsibilities that Congress has to the people of the United States. Benjamin Disraeli, Britain's prime minister some 80 years ago, wrote, "I repeat...that all power is a trust; that we are accountable for its exercise; that from the people and for the people all springs, and all must exist." We in the government take this trust



seriously. We recognize that power is a mighty force; that its misuse can result in tragedy; that its proper use can bring the benefits and joys of peace, health, and prosperity. But, as Benjamin Disraeli said, (paraphrasing, no doubt, Lincoln's words at Gettysburg in 1863,) this government, and our power, comes from the people, and must be totally for the people. To forget that this government and this Congress were created by the will of the people is to forfeit their trust in us.

To be worthy of this trust in carrying out the will of the people is not always an easy task. Speaking from my own experience, and particularly that part of it concerned with the means to better health, we in Congress have some difficult decisions to make; but I am convinced that Congressional action in support of medical research has enabled this science to make great strides in developing new knowledge for the benefit of man.

Medical research has accomplished things that would astound the physician of a generation ago. Imagine your predecessors' reaction to the modern hospital, with its bewildering machinery overflowing the operating room, with its battery of indicators and tubes in the recovery room, with its awesome equipment for radiation therapy.



Think of some of the other benefits this boom in research has brought:

New vaccines, notably those for polio, provide the means for wiping out this killing and crippling disease. The new measles vaccine, just emerging from the trial stage, will save the lives and the health of many thousands of children. Open heart surgery for the repair of defective organs, unthought of a generation ago, has only begun to reach the height of its healing powers. New drugs are easing the pains of arthritis and arresting the scourge of staphylococcal infections. New studies are investigating the causes of mental retardation and cerebral palsy.

Expanded programs for fellowships and traineeships open the way for many more young people to enter the fields of medicine, nursing, and dentistry.

Through other programs, medical schools are able to expand their teaching faculties and their facilities, and many more established and promising biomedical scientists are able to enter or continue their chosen fields of research.

New hospitals are being erected. New centers for research are being planned.

These accomplishments are concrete. They reflect, at least in part, the will of the people as implemented by Congress.



But this is not the happy ending of the story, or even more than a segment of the story.

Why aren't the morbidity and mortality tables responding in a similarly dramatic fashion to these accomplishments of medical research? Why aren't all the people getting the benefits of the new vaccines, the new drugs, the new hospital facilities?

According to recent estimates released by the National Health Education Committee, a third of the American people are ill or handicapped. A third of this great, powerful, and prosperous nation....roughly 60 million people are suffering some form of illness or impairment. And yet there are existing avenues of prevention, treatment, or cure open to most of them.

Here are a few facts for you:

Two hundred and sixty thousand people die every year from cancer. Some 75,000 of them could survive if present knowledge about cancer were fully applied.

At least half of the crippling from fractures, strokes and arthritis is unnecessary.

For more than 20 years, the technical power to wipe out syphilis has been at hand, yet 200,000 children and youths



under 20 contracted a venereal disease last year and the number is apparently increasing.

Strep sore throat ranks second on the list of communicable diseases reported to the Public Health Service - tens of thousands of cases each year. Yet only a few lucky ones get the prolonged treatment that will protect them from rheumatic fever and heart disease. Every year about 20,000 of the unlucky, untreated ones die of rheumatic fever or rheumatic heart disease.

You, as physicians, and I, as a lawmaker, are not living up to our responsibilities by permitting such conditions to endure. I am not so fatuous as to think that everyone can be cured of disability or disease, or that humanity, in the next few decades, will achieve good health for all. But something must be done -- some reasonable approach must be made toward closing this gap between discovery and application.

Where does the trouble lie? I do not think anyone can give the answer to that in one simple, dogmatic sentence. The answer is complex because man himself is complex. The environment in which modern man finds himself is becoming



more intricate and more hazardous. Yet, paradoxically, man and his problems are products of his own environment and of the social and cultural structure that he has created.

In time recently past, illnesses were generally acute and had a specific cause. Many of today's illnesses are chronic or ill-defined. How many patients complain of fatigue, or an aching back, or migraine, or indigestion. And how are these ailments diagnosed?

Some medical men have concluded that stress is the contributing cause of many of these ailments. Stress of competition on the job, stress of economic difficulties, general stress that evolves from a number of sources. The housewife is fatigued from the demands of the children, the household, and the community. The aged are under strain because so few of them have a secure place in society. Even the young people show signs of the strain -- the problems of freedom of the adolescent, of dating, of job holding have assumed larger proportions in recent years....the problems of entering college, or keeping up with studies, of finding a good job after graduation. Many of these problems, you will say, have always been with us. I agree, they have. But have they ever loomed as large and as frightening as they do today?



Add to these social stresses those brought about through scientific and technological change. Noise imposes stress these days -- the roar of heavy traffic, construction machinery, jet planes. The air we breathe in any large city is a menace to some degree. Our food is subject to contamination by insecticides, pesticides, additives, preservatives. The water we drink is rarely free completely of industrial wastes and contamination. As for the threat -- the perhaps ultimate hazard -- of radiation fallout, who has been able to say with authority what the effects on man will be now, and in generations to come, and who can assess the psychological damage it has already done?

How can any one group of medical men possibly solve the problems and cure the ills of modern man? The average general practitioner, a medical graduate of some 20 years, overburdened, lacking time to keep up with the new drugs, the new treatments, methods, and diagnoses, does his best but is rarely able to cope with the multiplicity of factors that may bear on his patient's condition.

The medical specialists, then, what do they contribute to the cure of man's ills? They contribute, I would say, many valuable pieces. Many of today's medical specialists



have narrowed their fields down to a very specialized piece of man's anatomy. Contributions to knowledge and to individual cures prove valuable -- but all too often, treatment of a specialized area of the anatomy fails to cure the whole man.

Nineteenth century health methods don't fit a 20th century society. We cannot keep research, disease, and environment in separate compartments. We must view man, his society, and his living conditions as a whole, and treat him accordingly. To get at the basis of our problem, we must call on other groups beyond medicine--the political groups, the social workers, the voluntary agencies--in fact, the whole society. Not only must these scientific disciplines and these social groups be brought into the scheme, but their lines of study and their activities must be adequately coordinated to provide directives for action and an integrated, over-all view.

This, you might say, is the talk of a dreamer. It is. But it is the talk of a practical man, too. Early in my life I was a bricklayer. To build a wall you lay a brick at a time, but to know how high, how wide, and how fancy to build the wall, you have to be able to visualize the whole



structure. A simple analogy, but I think you see what I mean.

The time is approaching, but has not yet come, when we can visualize and treat man in his entirety -- as a physiological mechanism, a mind, and a unit of his environment.

C. P. Snow, the English scientist-author, said, "the intellectual life of the whole Western society is increasingly being split into two polar groups. At one pole we have the literary intellectuals; at the other pole the scientists, and as the most representative, the physical scientists. Between the two a gulf of mutual incomprehension -- sometimes, particularly among the young, hostility and dislike, but most of all lack of understanding."

Lack of understanding -- lack of communication. In this sense, modern society is indeed fragmented. And yet we have at our command a truly astonishing technology -- the mechanical means for reaching all but a handful of the world's isolated people. We have techniques for disseminating the printed and the spoken word everywhere. What is lacking is the intellect. So far, we have not used our technological



means to accomplish the only truly valid end -- the betterment of mankind.

In the development of medical care, we have fallen down sadly in communicating clear-cut patterns to follow. Studies a year or so ago showed that only one-sixth of the adults of the lowest social economic group susceptible to polio in New York City availed themselves of polio vaccine, even though this vaccine was offered free and was easily available. Among our highly-educated, wealthier citizens, there have been many instances of people who have delayed seeking treatment for a serious symptom until the time is past when a cure can be offered.

We cannot shrug our shoulders and blame public apathy for these omissions.

We must move beyond our old patterns and solutions of health problems. Let us look at the individual, first of all, as part of his environment and culture. Let us use the full range of sciences to bring their learning and their techniques to bear on his problems. Then let us develop our methods of communication among the scientific disciplines, and between the scientists and the laymen.

I was tremendously encouraged to learn, two years ago, that the Stanford University Medical Center has made



a fine start in this direction. The Center was relocated, you may recall, on the Stanford campus near Palo Alto. Let me quote a few words from the president of Stanford University: "Central to this new Stanford program is the concept that the future progress of the medical sciences is inextricably linked with progress in the social sciences. It followed that the Medical School should be so located and organized as to promote the closest possible relationship between teachers, investigators and students in all these fields. It followed also that opportunities for enriching the general education of the medical student would be greater if the Medical School became, physically and philosophically, an integral part of the University."..... "A university," he said, "must be responsive not only to changes in the realm of man's knowledge but also to changes in the society in which new and old knowledge may be applied."

I applaud this concept. Today's physician or even the physician of the future cannot solve all medical problems alone. The physicist, the biochemist, the virologist -- all these and many more research workers are uncovering new knowledge for his use. The psychologists are



adding quantities of knowledge about man's motivations and behavior. The sociologist contributes the results of his studies on the effects on man of the society and environment.

Coordinating and integrating knowledge in this manner will inevitably prove more of a burden than the individual physician can manage. But is he, necessarily, the only one who can control our health destiny? The familiar and long-standing doctor-patient relationship epitomized by the family physician is a comfortable and reassuring one; but, in these days of specialization among physicians and moves by families, how many of our citizens are able to maintain such a relationship?

I think we can find, and we are finding, additional and more complete ways to solve some of our health problems.... to find disease in the symptomless stage when it is still curable, to assure universal immunization, to treat chronic illness.

I realize that I may have drawn a picture of man as medical object being acted upon by numbers of learned men, who use quantities of knowledge and dozens of highly technical machines. If so, I believe it poses a question: Why should



not man, as medical patient or as potential patient, have a voice in these health issues himself? Not only should the experts use highly-developed communications systems to convey information to the individual, but the individual should be able to communicate his desires and ideas to the experts, as well. Certainly there is tremendous value in mingling the voices of the experts and the non-experts on such issues as mass screening clinics to find the people who need medical treatment but don't know it; nursing home standards; organized home care programs; environmental health plans, and many other areas. Let us have a truly integrated effort to solve our health problems.

Please do not think that I underestimate the dedication and the contributions of our physicians. Individually, and through their professional organizations, their accomplishments have been truly wonderful, in the best sense of that word.

Nevertheless, I think it is time that we recognized that changes in the makeup of our society and changes in the nature of its health problems call for public as well as professional action.



One positive and, I predict, far-reaching step in this direction was taken this year with the passage of the Community Health Services and Facilities Act, which authorizes the Surgeon General of the Public Health Service to make grants to public or nonprofit private agencies or organizations for the development of outside-the-hospital health services, particularly for the chronically ill and aged.

The purpose of this act is to support studies, experiments, and demonstrations that will lead to new or improved community health services outside the hospital, with particular emphasis on services needed by these two large groups. Grants can be made to any State or local public agency or any nonprofit private agency or organization, such as health departments, welfare agencies, social agencies, voluntary health associations, hospitals, or educational institutions.

The out-of-hospital services mentioned include nursing care and homemaker services, physiotherapy, and nutritional and social services for the sick at home; information and referral services, such as evaluation, placement, and counseling for the chronically ill and aged;



and medical, dental, laboratory, and other services aimed toward prevention and early detection of disease, and evaluation of health status.

The ultimate objective in this new effort is to devise many new, improved, and more economical methods of organizing and delivering out-of-hospital health services. Some examples of the types of projects the Public Health Service hopes to include are demonstrations of how to coordinate the resources of community agencies so as to include all elements of a comprehensive care program; demonstrations of ways to provide specialized services to patients in nursing homes and in home health programs from a central source; demonstrations of the feasibility of a community, diagnostic, detection, and preventative medicine program.

Notice that these last points are not confined to the chronically ill and the aged. The Public Health Service's description of the Health Services and Facilities Act carries this new plan far beyond these special groups in stating, "Particular emphasis will be given to the problem of services for the chronically ill or aged, but attention will be given



also to the potential for expansion to the health needs of the total community."

This, I am confident, will be a strong and meaningful start in the right direction to permit small groups, communities, counties, to pick up, carry on, improve upon and refine the health service ideas that germinate in the demonstration projects. Beyond that, here are many opportunities for developing and broadening the concept of the Health Services and Facilities Act. In considering what we might refer to as comprehensive health services, I am confident that there are many ways to prevent, alleviate, or cure a large number of man's ailments, but that one reason this existing knowledge is not fully used is that the necessary methods for applying it are not well understood by the key publics who must develop and support these methods. This, of course, is the problem of the lack of communication, as I pointed out earlier.

We might focus our attention to two major weaknesses in the present community patterns of health and medical care. First, the fact that existing services and facilities do not



reach all who need them. Second, inadequate services and facilities prevent even those who are reached from getting the full gamut of preventive, restorative, and curative services.

There is no clear cut definition yet of what kind of a comprehensive health pattern a modern community needs, nor is there a fully developed set of objectives and standards. However, there is general agreement on many of the basic elements of such a pattern.

Let us look, first, at the term "comprehensive." It can convey a dual meaning; no person is left out; no type of care is left out. It evokes the vision of a community health pattern that assures everyone the health and medical care he needs, when and where he needs it.

The term "services" is probably the best single word to describe the broad range of services and facilities that make up this ideal community health pattern. It is preferable to the word "care" both because it emphasizes the way care is achieved -- the means, not the end product -- and because the term "health care" has come to be associated with controversial measures for financing care.



While the Community Health Services and Facilities Act will certainly stimulate many States and communities to modernize some of their health activities, the more clearly the end goal can be visualized, the more constructive such action is likely to be. It is tremendously important that the public be shown how the separate pieces of the health programs can be fitted together to form a total pattern.

To communicate this concept to the general public, it would seem best to explain the theory it stands for in the simplest possible terms. So, at the outset, comprehensive health services might be considered to include only three basic health objectives:

- (1) Prevention - or preserving health
- (2) Secondary prevention - or slowing down disability
- (3) Treatment - or speeding recovery

While each of these objectives can be discussed in terms of almost any disease or disability, the initial discussion might be limited to a few which most concern the public and for which easily understood action can be taken.

Prevention, for example, may be discussed in terms of such obvious examples as immunization, fluoridation, rheumatic



fever and TB prophylaxis, and VD control. Secondary prevention might stress early diagnosis through periodic checkups and through screening programs for diabetes, glaucoma, and cervical cancer. Secondary prevention will also feature restorative services in terms of the best known examples: stroke and arthritis exercises, and cardiac diets. Treatment may be approached from the standpoint of providing ancillary services, such as nursing, homemaker, therapeutic, social services, in homes and nursing homes, and the progressive care concept in hospital treatment.

The first steps in combined community action might include the cooperation of such groups as health departments, to coordinate activity: medical societies, to reach patients for early diagnosis and obtaining non-medical services for long-term patients; voluntary agencies, whose own programs will be strengthened as the public gains a better understanding of the Comprehensive Health Services concept; welfare agencies, for reaching low income groups; hospitals, nursing homes, and other institutions offering restorative and other supplementary services; and finally, civic groups, including service clubs,



unions, church groups, and others, for additional help and cooperation--especially in furthering health education or health consciousness.

All of this effort can, of course, be supplemented by television programs, films, booklets, newspaper features, newsletters, and reminders through schools.

Public leaders and group leaders must certainly be brought into the development of this concept and its promotion.

Prominent among planners should be the government's health authorities, and the nation's leading physicians, scientists, and medical educators. This is an ambitious concept, and that is why I have taken this opportunity to discuss it with you.

In a group such as yours - one of the outstanding medical groups in this country -- are the men of vision who can help to implement these ideas. I have touched on some areas of discomfort, I am sure, but just a stirring of unease is sometimes necessary to produce action and what we need now is action. The time is certainly upon us when we must take bold steps to apply the sum of our knowledge to the sum of our needs.



The public has indicated its desires to Congress. Congress recognizes its responsibilities and has acted. A great medical center has shown what can be done in adapting its programs and courses of learning to meet new needs.

Gentlemen, we have the men, the intelligence, and the technology. The question is, do we have the wisdom and the courage to address ourselves to the emerging needs of our times. I think we do. You, leading physicians of this country have the ability to help in this move toward an application of our scientific knowledge to improve the health status of man.