

DRAFT

Representative John E. Fogarty
Rhode Island Speech and
Hearing Association
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It is a pleasure for me to be here this evening, and I appreciate your kind invitation.

Your careers are dedicated to minimizing the handicaps of impaired speech and hearing faculties. No one knows better than this organization the toll that hearing disorders and speech impairments take in the lives of those who are affected.

I doubt whether it is possible to exaggerate the importance of person-to-person communication. I am sure that I, like most persons, take the primary faculties of speech and hearing for granted. But how important they are!

I obtain information on national and international affairs from many sources, in and out of Congress. To a great extent I hear this information on the floor of the House of Representatives, in the Committee Rooms, in my office, in conferences, at meetings. In reporting this information to you and to Congress, and in discussing it with scientists, administrators, and experts, I am speaking. It is sobering to wonder whether I could perform my job at all if my hearing or speech were impaired.

There is no question -- a world of silence can be lonely and frustrating for the one who cannot hear or speak.

I have been informed that on a nationwide basis, an estimated 8 to 9 million Americans have significant speech and hearing impairments.

Of these, 2 million are school children. Pre-school children under 5 years of age and individuals 18 years of age and older make up at least another 6 to 7 million persons with speech and hearing disorders. Some experts believe many more of our citizens might be found to have speech and hearing defects if they were tested for such disorders.

You must be well aware of the handicaps that all these people encounter in attempting to acquire a normal education, in achieving economic security, and in making a comfortable social adjustment. The more I think of how many aspects of day-to-day living depend on speech and hearing, the more I admire and appreciate your work to free the afflicted from the barriers against communication.

Unless I am very mistaken, I believe the average American shares with me the desire to do everything possible to assure the best medical care, treatment, and rehabilitation for all our citizens who may be physically or mentally afflicted. By so doing, we help avert some of the annual loss in human productivity as it contributes to the mainstream of our economy.

Our obligation, however, is not only to promote our Nation's economic well being but to uphold our American heritage of humanitarian concern for the handicapped. This is a hallmark of our society.

I know that you are most concerned with the Government's programs with which you are intimately familiar. Let me ask you to consider for a moment the other disabilities with which public health planners and administrators must also be concerned so that you will visualize the enormity of the over-all problem.

Multiply the disabilities that you see everyday in the course of your practice by others associated with systemic diseases, with chronic and malignant diseases, with obscure genetic disorders and accidents at birth, with neurological and mental disorders. Consider the research involved in each area--bearing in mind how complex are the problems and how illusive have been the answers. Consider the research in chemistry, the mechanical ingenuity, the adaptation of the new discoveries in electronics, radiology and atomic energy that are marshalled in the battle for better health.

These factors represent, in part, the ^dbreath of the health and medical problems with which we in Congress must cope. Not that we do so alone--we do our best to plan on this broad front in close cooperation with the many able physicians, scientists, educators, technicians, and administrators in the Executive Branch, especially those in the Department of Health, Education, and Welfare. We also have the advice of experts who are not in Government service.

In my 21 years as a member of Congress I have had the privilege for 14 years of serving on the committee, and as chairman of the subcommittee, that plans appropriations for the Administration's health programs. These have been the most satisfying years of my life. It is nothing short of thrilling to observe the programs evolve in depth and in increasing number from year to year.

While we have seen few completed medical solutions or cures, we have achieved stirring progress in many fields. Expansion in medical services and some amazing discoveries in medical research in recent decades have given a phenomenal spurt to health levels in the United States.

Scientific techniques have been improved, drugs have been made more effective, diagnostic tests are more certain. Promising leads have been uncovered in the search for cause and cure of some of man's oldest afflictions. To recall only a few: Better diagnostic tests for certain kinds of cancer have been developed, permitting early treatment and cure. Some forms of mental retardation resulting from an inborn metabolic error can now be prevented. A variety of disorders of vision, some causing blindness, including cataract and glaucoma, can be effectively treated and controlled. Retrolental fibroplasia, which once blinded newborn babies, has been almost completely stamped out. A vaccine has been found to cope with one of the oldest scourges, infantile paralysis. Anti-coagulant drugs supply techniques for the control of coronary attacks and cerebrovascular accidents or strokes. Epilepsy is yielding to drugs and, in some cases, surgery.

These and many other discoveries and improvements spell progress. What was responsible for this progress? One thing primarily: the growth in research programs of the National Institutes of Health, of other health agencies, and of research and training activities supported in hundreds of institutions throughout the country. As I have noted, research already has paved the way for many conquests of chronic disorders. It remains our key to future progress. New medical knowledge of a revolutionary sort cannot be predicted. Not even ~~the~~ the most brilliant of our scientists know when the breakthrough which they long for will occur. It could happen to any investigator, in any laboratory or hospital or clinic, at some unexpected moment. No one can say just when or how,

because research progress is a slow and difficult road.

But the greater the number of competent investigators we encourage and the more funds we wisely expend for medical research, the better become our chances to find more solutions that are sorely needed for many of the major chronic ailments.

How then can we afford a slow-down in the research momentum so carefully and painstakingly built up over the years? We cannot. That is why I urge you to join me in telling the people of this State and other states how important it is that nothing interfere with the levels of medical progress already achieved.

We in Congress have been working hard to get these levels raised meaningfully. We have been grasping the opportunities and we feel we have been meeting the needs. But now, today, there is a move on in Washington to cut these funds by \$60 million. From what I can determine, this will mean that at least \$25 million will have to be cut from research projects and that the program to develop clinical research centers will suffer to the extent of \$15 million. Over \$10 million will be held back from the training of research scientists for tomorrow, and more than \$7 million will be cut from the National Institutes of Health's own direct operations. This is not progress.

If the \$60 million cut in the National Institutes of Health's appropriation is not restored, almost \$8 million dollars alone will be stripped from the budget of the National Institute of Neurological Diseases and Blindness, which has some of the most baffling and complex ills to grapple with, including those affecting speech and hearing. I

understand that if the cut is not restored, it will affect the Institute in this way: Five million dollars will be taken from research grants in neurological and sensory disorders, including speech and hearing. Under the ordered slash, almost \$60,000 will be trimmed from the Institute's funds for training fellowships and one million will have to be cut from its general training programs. Even the Institute's own laboratories in Bethesda will lose almost a quarter of a million (\$232,000), to say nothing of a million-and-a-half dollars which the Institute would lose from its new professional and technical assistance program which was to give emphasis to speech and hearing.

To take away funds from the professional and technical assistance program will limit our ability to go out into the States and set up important demonstration projects. Rhode Islanders are well acquainted with the effectiveness of these public health projects. One of the very first, in diagnostic methods for rheumatic fever, was set up in our State.

I ask you to consider what may be the far-reaching consequences if the Neurology Institute is deprived of its full appropriation and must therefore curtail its support of research and research training, and the implementation of its technical and professional assistance program. Ultimately, it might prove tremendously important to our friends or relatives, to our children, or to ourselves if the cut should hinder the rate of progress in medical research or its application.

So I do not think we should complacently accept the announced plan to spend less for medical research. I want the people of my home State

to know that I vigorously protested this proposal when I spoke recently at the Second National Cancer Chemotherapy Conference in Washington. Moreover I sent telegrams of protest to the President and to the Secretary of the Department of Health, Education, and Welfare, Abraham Ribicoff.

It is gratifying to know of the President's deep personal interest in health and medical research, and I believe he is most serious in his efforts to increase the amount of work being done in biomedical research. I am confident that when the President has full knowledge of the facts, he will take steps to make sure that these funds--which were voted by the Congress only after the most critical appraisal of the needs--will be made available for the benefit of people throughout the Nation.

These are some of my reactions to any proposals for cuts in our expenditures for medical research and health-related activities. I am sure you have some of your own, and I urge you to write to your Congressmen and Senators. I will be very glad to hear from any of you, as will Congressman St Germain. Senators Pell and Pastore will welcome an expression of opinion. I think President Kennedy will also be most receptive to your feelings in the matter.

It is clear that the American people insist on an all-out attack on the major disease problems. They have demonstrated this by their vigorous support of public health programs, especially those of the National Institutes of Health, and by their unstinting contributions to voluntary health agencies. The Congress has recognized this desire of the

people by appropriating more funds that will lead to better preventive, diagnostic, and therapeutic measures. It is this will of the people that I feel compelled to serve.

The expansion of medical research is helping in the ultimate conquest of many other major diseases. But with gains in knowledge and improvements in techniques come new and challenging problems of public health to solve. I am considering your field, for example: Some of the once-fatal illnesses that our citizens are now surviving still leave devastating effects that account for serious handicaps in speech and hearing for a large segment of our population. Some infections that medical science can now curb with antibiotics and other drug agents often take their toll in other ways, including deafness. More people are surviving certain forms of stroke, but are robbed of their ability to speak. A reduction in infant mortality has produced an increasing number of children suffering with communication defects.

As in every other branch of public health, we experience the gratification of achievement and the acceptance of new challenge in our programs relating to speech and hearing disorders. Everyone wants to provide the research, treatment, education, training and rehabilitation that is necessary to give an afflicted person the maximum function of which he is capable. Yet we have not mobilized sufficient resources to widen opportunity for the disabled and the handicapped to the degree needed.

I understand that about 80 percent of those with significant speech or hearing disabilities can be fully educated and rehabilitated.

What is needed is the necessary number of qualified specialists. They consist of clinicians, therapists, audiologists and teachers. We are engaged in developing a legislative program that will supply these specialists as soon as practicable. Moreover, we want to be sure that we shall have an adequate supply of these specialists to take care of any increased number of disabled.

A study undertaken by the American Speech and Hearing Association in cooperation with Federal agencies disclosed that very few schools provide courses for specialists in speech and hearing disorders. Only 239 of the 1800 colleges and universities queried offer such a program. We now need at least 20,000 speech pathologists and audiologists to effectively diagnose, train and aid in rehabilitating the handicapped. We now have about 10 percent of this number. We must provide the needed personnel.

In the world in which we live, we can afford to leave no child uneducated, no adult vocationally untrained. We must develop and utilize our full human potential right down the line. Our national welfare and our personal good depend on this. We realize, however, that not everyone can be educated or rehabilitated in the same way. Each child, each adult is a different person from every other child or adult. Each has varying abilities; many have disabilities. We Americans recognize, more and more, the right of every individual--no matter what his handicap--to achieve as normal, satisfying, and self-sufficient a way of life as possible. This attitude is reflected in our gradually growing programs and activities for those with handicaps, including disturbances of communication.

In this connection, I am glad to report that in this last session of Congress Public Law 87-276 was enacted which will provide scholarships for persons qualified to train as teachers of the deaf. The scholarships will be made possible by grants-in-aid to nonprofit institutions of higher education whose programs are approved by the Commissioner of Education. Applications for such grants are to be first reviewed by an Advisory Committee of twelve educators to be appointed by the Secretary of HEW. Congress has made available \$1,500,000 a year for two years for this program.

It took several years to achieve this much-needed legislation, and I had the honor of sponsoring it originally in the House. The law may not contain everything that could be desired, but it constitutes a very significant beginning of our efforts to obtain adequate educational opportunities for those qualified to be teachers of the deaf. At least it marks another critical point in Federal recognition of the great need for trained teachers in areas of special education.

We know that proper training of the handicapped can produce remarkable benefits. For example, the Veterans Administration adopted a speech and audiology program six years ago. The appreciable improvement in speech and hearing among handicapped veterans has resulted in reduction of compensation payments by about \$3 million annually.

The new teachers-of-the-deaf bill does not, I am sorry to say, provide specifically for speech correctionists and audiologists. However, the Office of Vocational Rehabilitation and the Children's Bureau have existing training programs for this purpose.

I am vitally interested in the progress of these programs. If they do not show signs of turning out enough trained personnel, I shall sponsor legislation which will accomplish this. True, the need is urgent for specially trained people in many professional health services. But perhaps there is even a more acute need to accelerate the training of specialists who can extend and improve service for children and adults with speech and hearing disorders.

I am aware of differences of opinion among professionals as to whether the emphasis should be put upon developing teachers, or whether we should concentrate first upon developing clinicians. Whatever the merits of each view, I shall do my best to see to it that the means is made available to provide whatever personnel is needed to help speech-and-hearing-handicapped children and adults.

One of my aims is to help break the bottleneck in the clinical application of fruitful results of all medical research. As swiftly as new frontiers of knowledge in diagnosis and treatment open up, the people should benefit. Prompt and exacting diagnosis and treatment of infants and children with disturbances of communication must follow on the heels of basic research progress. The right diagnosis and treatment at the right time by trained correctionists might enable many a handicapped child to take his rightful place in a world of sound and hearing.

In the field of speech and hearing, your Government seeks the best ways to detect and treat disability, conduct and support research, publicize knowledge derived from research, train teachers and practitioners

in putting new knowledge to work, and establish clinical services that will deliver the benefits of this knowledge to the handicapped person. It would take hours to mention the details of the many programs to accomplish these goals. What I want particularly to emphasize is our responsibility to safeguard against any possible slow-down in these programs, or in the progress of health research generally.

Tonight I have stressed the pride we should feel in the tremendous progress that our Government is making in promoting the health of all the people. Medical research activities are responsible for prolonging life and bringing new hope for millions. Federal support and encouragement of medical research is proving to be one of the Nation's soundest investments, with continuous dividends in better health and economic welfare.

As some problems are solved, new problems are generated, but this is the inevitable outgrowth of progress. There is no end to progress--only new beginnings. We must constantly move ahead.

Speech and hearing disorders are beginning to come into their own as vital health problems which deserve attention and action. We know we must augment our reservoir of educators and other highly skilled professionals such as yourselves. Without them, we can never hope to strengthen our services to the handicapped millions.

To sustain our gains in health research, to make needed new discoveries possible, and to assure the training of professional talent in many needed areas--these are responsibilities of public trust. Therefore, I am particularly concerned about the reduction of \$60 million in

the NIH operating funds. It may be rather difficult for the Government budgeteers to explain to those suffering from chronic disabilities such as cancer, heart disease, and neurological and sensory disorders, and to those near and dear to them, why the Government can plan 20-billion-dollar space adventures while it cannot afford a relatively small amount for research that may save millions of lives.

When Congress reconvenes in January, I shall do all that I can to see that these funds are used as Congress intended--to make the maximum effort to find solutions to our serious health problems.

With Federal and State leadership, and with the undaunted support of people who form associations such as the Rhode Island Speech and Hearing Association, I am confident we will utilize the opportunities that exist to help the disabled assume their rightful roles in their communities.

All the people in this great land justly aspire to good health. If we are to fulfill their aspirations, we must mobilize our fullest resources in strengthening the nation's total health effort. Government legislators and administrators, and you as creative, independent groups, share in this obligation. Together, we can succeed.

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