

Congressman John E. Fogarty
National Association for
Retarded Children Research
Fund (Progress Report Luncheon)
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I was very pleased to accept the kind invitation of your chairman, Mr. Lee Marino, to speak to you about the relationship of the government to private voluntary organizations. Today this relationship is a closer and more cooperative one than has ever existed before. I am confident in years to come it will become even broader, closer, and more effective.

Your organization is to be highly commended on your efforts in advising, assisting, cooperating with, and encouraging the government to improve the effectiveness of existing mental retardation programs, to inaugurate new programs, and to increase medical research in mental retardation. Such efforts have done much to create the cordial and productive relationship that now exists.

The closeness of this relationship was illustrated just a few months ago, when President Kennedy appointed a panel of 27 experts--scientists, physicians, psychologists, social workers and others--to formulate a national plan for a comprehensive and coordinated attack on the problems of mental retardation. You should be proud that you are represented on that panel by Dr. Elizabeth Boggs, a member of your board of trustees. She will confirm that President Kennedy, when he outlined the many problems created by mental retardation and the action he was asking this panel to make, specifically requested that this group review and make recommendations with regard to the relationship of the Federal Government and the States and private organizations in their common efforts to eliminate those disorders which cause mental retardation.

Still another example of this relationship can be found in reports by groups of outstanding researchers, representatives of organizations such as your own, administrators and others interested in medical research, which have been made to Congress in the past few years that stress the opportunities for cooperation. I am thinking not only of the reports made by the Bo Jones and Bayne-Jones committees, but also of the testimony from dedicated individuals such as the four you are honoring today--Lewis Cuyler, William Kaufman, George Mooney, and Mrs. William Paley--both as taxpayers and as members of voluntary health organizations, emphasizes the closeness of this relationship.

In the short time I have here today, I can not go into great detail regarding the many productive programs currently going forward under joint sponsorship of voluntary health organizations and government organizations at all levels. But there are some general observations that I would like to make.

One of the most striking aspects of the growth and support of medical research in the past ten years has been a gradual blurring of the distinctions between public and private efforts. The actions of great voluntary foundations and voluntary health organizations like your own are so significant that they have major implications for the public interest. At the same time, many government agencies--and I know that this is true of the National Institutes of Health--are beginning to assume many characteristics popularly associated with private voluntary organizations.

A private organizations supporting a large volume of research does so with a sense of obligation to the public, from which it draws its support. It must publish its income and expenditures. It must be guided by individuals and staff members who are receptive to advice from the scientific community. It must always consider the relationship of its activities to the activities of the government and other private agencies in the same field.

Many of these characteristics are just as true of governmental agencies medical research agencies such as the National Institutes of Health, which I'll use an an example. The National Institutes of Health, of course, draws its support from and is ultimately obligated to the public. Decisions as to the direction its research activities will take are made with the assistance of about 500 persons from the scientific community. Its programs have been characterized by a purposeful adaption to changing circumstances, and both the changing paces of its objectives and working methods and the increase in the size of its budget have been very rapid.

It is also true that NIH, to an increasing degree, has had to take into account the effects of its programs on the capacity of universities and other research institutions to carry on medical research, not only today, but ten, twenty, or thirty years from now.

But even with this blurring of distinctions between private and governmental agencies--or perhaps even because of it--maintenance of a strong private effort is a matter of vital concern to all of us who are concerned with the support of health and medical research in this country.

I've mentioned some of the similarities between governmental and private support of medical research. What are some of the individual responsibilities?

First of all, the time span over which the government must view its responsibilities is necessarily longer than that for a voluntary organization. Because of this longer perspective, the government must focus its attention on development of broadly trained investigators who are capable of shifting from one field to another as scientific advances occur, areas of emphasis change radically, new research approaches evolve, and new combinations of disciplines prove productive.

But, as a consequence of this approach, sharp gaps may be left where individuals trained in specific, categorical areas are needed. Private agencies can often act to meet such needs where it is not feasible for the government to do so.

The entrance of the Federal government into areas where private, voluntary health organizations are also active has not resulted in a lessening of private effort. On the contrary, the increase in Federal support of research has only served to encourage private effort. For example, the federal program for assistance in the construction of research facilities made \$30 million a year in matching funds available during the last five years. These federal grants are made on the condition that local sources provide a dollar for each Federal dollar, but local sources have actually provided more than three dollars--and sometimes as much as five dollars--for every one from the Federal government.

In order to provide stability of support to investigators, a prime goal of the NIH, funds must be committed over a period of several years, which has had a tendency to "freeze" Federal funds for long periods. It is only because the budget for the National Institutes of Health has increased steadily that it has been able to provide any significant amount of funds for new investigators. It is obvious, I think, that strong, sustained support from private sources such as the voluntary health organizations is essential, complementary adjunct to Federal support in this area.

It should be recognized too, that the programs of the National Institutes of Health are not directly concerned for the most part in the final application of research findings--the care of those afflicted with a disease, prevention of illness, rehabilitation, or the provision of services to stricken children and adults--but are primarily restricted to research and research training.

Of course, other components of the Public Health Service and the Department of Health, Education and Welfare are interested in and have many responsibilities in the application of research findings. But there are many aspects of the development of practical health measures from basic research findings which provide a particularly important opportunity for voluntary organizations.

It is one of the administrative facts of life that large organizations are more complicated, and move more slowly, than smaller ones. And the very size of the NIH budget, and the tremendous scope of its many programs, which have grown so rapidly in the past decade, has introduced certain procedural and administrative problems that are complicated and time consuming. The flexibility of private agencies is therefore much needed to offset the less flexible characteristics of government programs.

The point of all this is that diversity of support for medical research is essential. It is not that support from either government or private sources is in any way superior to the other--but simply that they are complementary. Each has inherent benefits, both tangible and intangible. Variety of viewpoint, advisers, and differences in objectives are constructive. And from the standpoint of those organizations and individuals actually involved in research, it would be most unfortunate if not hazardous, to have all support come from a single source.

I think that it is most significant that private support is proportionately greater in the field of medicine and biology than in any other field of science in the United States. It is also heartening to note that total philanthropic giving continues to rise. I feel strongly that the continued growth of such private giving is one of the cornerstones of a fully productive national effort in medical research.

As I said at the beginning of my remarks, the relationship between the government and private voluntary health organizations today is closer and more cooperative than ever before. I look forward to an even closer relationship in the future, for I am confident that collaboration between the voluntary organizations and the government--both of whom represent and serve the public in the truest sense of the word--is entering a new era that will produce immeasurable benefits to children yet unborn, and hopefully to some of the 126,000 babies born each year who are mentally retarded.

I certainly pledge my own continued support and efforts in this direction.