

REMARKS

by

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House of Representatives, U. S. Congress

One year ago today I spoke at the dedication of the new Communicable Disease Center Laboratory in Kansas City. Last November, I participated in the dedication of the new dental research laboratory in the Public Health Service Hospital in San Francisco. Over the past ten years I have visited most of the Public Health Service hospitals, and many other installations. Every day in the week my office is concerned with something involving the Public Health Service.

Some of my colleagues in Congress have gone so far as to accuse me of lobbying for the Public Health Service. I am happy to confirm their accusations. In fact, I take great pleasure in bragging about your accomplishments.

It is more than a decade since I became chairman of the subcommittee in the House of Representatives which reviews budget requests of the Public Health Service. When I took over this responsibility I was deeply concerned about what I could do as a layman to help the Service achieve its objectives.

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I didn't know anything about public health or medical care or medical research. I was born and raised in the midst of the fear of illness that comes from lack of understanding and the constant lack of money to pay for medical care.

I had come to Congress burning with the ambition to serve my constituents in the State of Rhode Island. In the Public Health Service I found an agency that holds great significance for the well-being of the people of my own Congressional District and for all the Nation.

As one of your best friends--and one of your most demanding critics--I'd like to tell you about some of my "great expectations" for the Public Health Service in the years ahead.

It is especially appropriate to discuss them with you, since the membership of the Clinical Society represents medical activities which are the foundation of the Service.

But you represent far more than doctoring seamen, Federal prisoners, Indians of all ages, the Coast Guardsman and his family. Ever since the Marine Hospitals were first established, the physicians of the Service have been directly concerned with both the treatment of illness and the prevention. Today prevention and research have outgrown treatment. But only in size of budget. Not in importance. I am firmly convinced that the hospitals of the Service are an essential, inherent part of the agency for several reasons.

The government is required by law to provide medical care for its beneficiaries. That medical care must be the best.

The hospitals are essential for the training of medical personnel. And this medical training must be patterned to prepare physicians and other professional health workers for the special responsibilities of the Service.

But here is the most important fact about these hospitals. Out of them have come many of the men and women who have been, and are today, the leaders of the Service. They have brought with them the quality of thinking and action which has made this the world's leading health agency. Dr. Kinyoun's research in a makeshift laboratory in the Staten Island Hospital was the beginning of the National Institutes of Health. Many of the programs of the Bureau of State Services had their origin in the hospitals. Out of the hospitals came the concept for the highly successful Hospital Survey and Construction Act--the Hill-Burton program. It is one of the most successful pieces of health legislation ever put into action. It has proven conclusively that health legislation can be enacted without in any way endangering or impinging upon the freedom of the physician in the care of his patient.

My first expectation for the Service and for the Clinical Society is the establishment of a comprehensive research program in the hospitals.

My committee took great interest in the legislation that made it possible for Public Health Service personnel to obtain research funds from NIH. We are following with keen interest the progress of the clinical investigations now under way. For example, the three-year study of drugs for treating essential hypertension being conducted in several hospitals simultaneously. This type of project makes excellent use of the unique resources of the Public Health Service hospital system.

The research program at the New Orleans Hospital is an outstanding achievement in several respects. The research in cancer perfusion techniques and in the enlarged heart appear to be paying off handsomely. The association with the medical school of Tulane University has brought the hospital in close working association with outstanding members of the medical school staff, some with accomplishments of worldwide recognition. The research program is providing excellent training for medical and para-medical students. As Dr. Maxwell Lapham, Dean of the Medical school has said, both the hospital and the medical school profit from this kind of working arrangement.

My second expectation is in the field of training. The Public Health Service has a great range of responsibilities--from the care of patients to epidemiology; from research on the effects of radiation to the battle against air pollution. The training of doctors, nurses, dentists, pharmacists, engineers and others to take on these assignments cannot be a catch-as-catch-can operation. It cannot be left to the random interests of the individual.

I appreciate the fact that there are several training programs now in operation. I know about the successful training program for dental assistants. These are good beginnings. The Clinical Society would make a major contribution to the Service--and to the health of the Nation--if it were to promote training activities.

A progressive, heads-up training program would also help to solve some of the chronic recruitment problems that bedevil the Service. Many of the young men and women in medical schools today are not content with the limitations of private practice. They want opportunities to develop new skills, to grow within their professions. The Public Health Service offers them the greatest possible range of opportunities. And careers limited only by their individual talents.

But let me call to your attention the simple fact that medical students and interns and residents and nurses and others must know what the Public Health Service offers them, if they are to take up a career with the Service.

I was astounded to hear, some months ago, the report of one of your Assistant Surgeons General about the lack of knowledge of the Service among young doctors. On a trip to Alaska he talked with a dozen or more young men who had entered the Indian health program to fulfill their military obligations. Only one of them had ever heard of the Public Health Service before he signed up.

Industry has developed recruitment to a science. Their information programs begin with children in the elementary schools. I would suggest that you study their work and develop techniques to fit the special needs of the Service.

This leads to my next "great expectation" of the Service--the communication of health information.

A few years ago, the late Dr. Alan Gregg wrote these words:

"The great task of medicine today is to make use of the immense store of knowledge accumulated in the past eight decades, and particularly in the past two or three. So much more might be done than is being done."

The Clinical Society is dedicated to the exchange of clinical information, and to the encouragement of members to acquire skill in presenting their findings. But let me ask this: How far do you intend to carry this exchange? Is this a one-shot deal, which begins and ends with this meeting? Are the findings to be published? Will other physicians see them?

And what about the public? My constituents and yours?

I appreciate the necessity for the publication of new clinical findings and other medical research in professional journals. I honor the need for testing new knowledge in the fire of professional examination. But is it necessary--or even permissible in this day of rapid communications--to cling to the haphazard, trickle-down process of medical and health information?

Most of you men and women see patients every day and night. You know from your own personal experience how many lives could be saved by using information we already have.

I have spoken about this subject time after time, as many of you know. Let me give you a few examples from your own statistics:

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, we have had the technical power to stamp out syphilis, yet 200,000 children and youths under 20 contracted venereal disease last year and the number is increasing every year.

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 heart disease and every year some 20,000 of the unlucky, untreated ones die of rheumatic fever or rheumatic heart disease.

I could go on with this sorry tale of needless death, crippling and suffering, but what interests us more is how can it be stopped?

You know as well as I do that it won't be stopped by simply wagging a finger at the public and accusing them of apathy, stupidity or perverseness. I have been dealing with the public for a good many years and I haven't found them apathetic about health. If there are people so dumb or so cussed that they want to be crippled or killed, I've never met them and I've met a lot of people. Whenever the budget for health research comes up, and whenever it looks like it might be trimmed, my mail is flooded. Those letters come from parents who have lost a child with a crippling disease. They come from families who have lost someone from an incurable disease. They come from friends, neighbors, relatives of those who are suffering from a disease we do not yet understand. The American people want life-saving answers, no matter what it costs to get them. If they want the answers that bad, it stands to reason they want those answers used once they are found.

So let's drop this phony excuse of public apathy and get down to the job of communicating health information to the people who need...the people who are paying for...the people who make it possible for this knowledge to be discovered.

Let's use the same imagination and the same relentless curiosity in the search for effective communication that we use in the search for new knowledge of disease.

You have done this with great success in the campaigns against venereal disease, polio and the Asian flu. The mental health information clearing house at NIH is off to a good start. But we need campaign techniques and sustained information programs for many health problems.

The exchange of clinical information through this Society is important. The exchange of data between nations is a must. Medical data processing by an electronic brain that delivers selected information to the physician within minutes will be a giant stride forward.

But is it necessary for the public to refer to the Ladies Home Journal for its health information? Is the Readers Digest to be the Home Medical Almanac of today?

The only agency in this Nation charged by law with the responsibility for transmitting health information to our citizens is the United States Public Health Service.

New health services and techniques must be explained to the public. Sometimes they must be sold--not once, but many times. People forget that they need booster shots for polio. Or they think the danger of polio is over just because a successful vaccine has been developed.

We cannot depend upon the press--nor even upon the voluntary health agencies--to carry sustained health information programs. The Public Health Service --not the popular magazines--should be known as the best source of public information on health.

My final expectation is contained in the words of Dr. William Henry Welch, first Dean of Johns Hopkins Medical School. This is what he said to the graduating class of 1893:

"It is not only--or chiefly--the quantity of knowledge which the student takes with him from the school which will help him in his future work; it is also the quality of mind, the methods of work, the disciplined habit of correct reasoning, the way of looking at medical problems."

I take personal pride in the achievements of the Service because I have had the privilege of working with you. But these achievements would not have been possible without the penetrating quality of mind, the habits of work and action, the progressive way of looking at medical problems which are the hallmark of the Service.

We have gathered abundant knowledge about the prevention and treatment of disease.

We are adding new knowledge every day.

But our capacity to apply what we know creeps painfully behind the needs and the demands of the public.

In the future we will be confronted with more and more major changes in the pattern of medical services, in the coordination of health agencies, in research. More than ever we will need the leadership of the Public Health Service. And I have abiding faith that those qualities which have made the Service great today will guide us safely through the years ahead.