

Cong. John E. Fogarty
The Heart Association of
Maryland
Baltimore, Jan. 31, 1962

Mr. Chairman, Ladies and Gentlemen, it is a pleasure to be here as you launch the 1962 Heart Fund drive, because you are embarking upon work that will mean the saving of lives from heart disease.

It is also a privilege to share my thoughts with you about this teamwork for health, because I count myself as one of you, helping to advance the fight against heart disease. In my home state of Rhode Island, I have long been a member of our heart association. I have followed the course and progress also of our parent body, the American Heart Association. Therefore, as a colleague, I know that you can take justifiable pride in your organization, its goals, and its performances.

Let me say here, emphatically, that I hold the heart association itself is essential to victory against heart disease. The job is not one that can otherwise be done. Government cannot do it alone, nor can the medical and health professions. But the partnership of the heart association, medicine, official agencies, research institutions, and other interests can conquer heart disease.

That we can move ahead to the virtual conquest of heart disease in our century is more than a vague hope. It is a strong probability. This is the opinion of authorities in science and medicine. But they base their optimism upon a sobering fact: we cannot win unless we continue and strengthen our endeavors until they represent the utmost in an all-out attack. This we have not yet done. Among many others, however, I am confident that we can do it.

Why do those of us who have closely engaged the enemy of disease for years feel that such success is possible?

It is because of the successes of recent years. Progress has been made on many fronts. Skirmishes and battles have been fought against heart disease and more and more are being won year by year.

Let us glance at these victories and see some of the fruits of the cooperative efforts against heart disease in which the heart association has played a vital role.

Advances have been made against the greatest of heart killers: hardening of the arteries, which leads to coronary attacks and strokes. Progress in the treatment and management of coronary disease is now resulting in the restoration of many thousands of its victims to rewarding economic and social employment. Surgery now can help relieve some kinds of coronary and arteriosclerotic heart disease; clot-blocked arteries can be cleared or replaced, for instance, and even a sizeable number of victims of deadly strokes can be saved by dramatic new operations. Drugs to strengthen the heart and prevent further blood clotting are helping many heart victims and are getting better all the time.

Hypertension--or high blood pressure--is also one of the major problems in the complex of diseases of the heart and blood vessels which we familiarly call heart disease. There was very little that could be done a few years ago to help the majority of high blood pressure sufferers. Although there is as yet no specific preventive or cure, progress in treatment to date has been heartening. Surgery, psychotherapy, and diets have been used with beneficial effects in certain patients. But the most striking advances have been in drug therapy. Today, scores of drugs of varying types and potencies

are available. While none is ideal, these drugs, singly or in combinations, can lessen the severity of hypertension in most patients and control it to some degree in others.

Rheumatic fever and rheumatic heart disease are another component of the heart disease complex against which practical advances have been made. The programs of heart associations working with others in rheumatic fever - rheumatic heart disease prevention and control are paying off. Our physicians have the techniques and the therapeutic agents, such as the antibiotics, to prevent the recurrent attacks of rheumatic fever which may eventuate in rheumatic heart disease. They also can prevent initial attacks by prompt, adequate treatment of the strep infections which precede first onslaughts of rheumatic fever. Even when rheumatic heart disease does result, modern surgery can often alleviate or correct the heart valve damage it does.

In congenital heart disease, great strides have also been made, as you well know here in Maryland where your physicians and scientists have been eminent in this field. The earliest heart operations were just coming into use only a few years ago. But since then one congenital heart defect after another has yielded to the diagnostician's and surgeon's skills. Now babies and children with malformations that would end their lives early, or limit them through life, can be saved and helped.

All of this work, against all the kinds of heart disease, in which you share, means that thousands of heart patients, once doomed to invalidism or early death, are today leading useful and productive lives. This has come about because of burgeoning research, the application of its new

knowledge, and education of people about heart disease--which the heart association and its partners have supported.

Now, what has made possible the nationwide record of heart progress? More progress has been won in the past decade and a half than in all previous history. What brought this about?

About fifteen years ago -- certainly a notable period in the history of the fight against heart disease -- the members of the American Heart Association, then a professional society of cardiologists, reorganized itself. As you know, they increased their professional functions to include research, education, and community services. They also brought into being a public and voluntary structure, with active, working members from all walks of life, that relied on the people for direct support and that began to help mobilize America's heart resources on a nationwide scale.

About the same time, in response to an overwhelming need and with the strong support of American Heart Association leaders, both political parties in Congress joined in unanimous passage of the "National Heart Act", a bill which created the National Heart Institute. The Institute was thus established as one of the Public Health Service's National Institutes of Health in Bethesda, Maryland -- and is, I think, an institution in which your State can take pride and in which many of your citizens work.

Over the years, as chairman of the House of Representatives committee in charge of appropriations for health, education, and welfare, I have watched, encouraged, and worked for the continued growth of these two splendid and complementary organizations -- the American Heart Association and National

Heart Institute. It has been a source of no little pleasure to me to observe that this partnership of a voluntary group and an agency of the federal government has been followed in practice and spirit ever since the beginning.

On the part of the Heart Association, I know, the relationship has been one of cooperation in the finest and fullest sense. The same is true on the part of the Heart Institute. The total heart program of the Public Health Service has always been administered, both in organization and operation, as the federal government's participation in a collaborative undertaking against heart disease, joining the partnership of all interests in the cardiovascular field.

We in Congress, who have shared and led in Congressional actions for health, are aware, you may be sure, of the essentiality of this partnership and of the significance of the heart association as well as of the official agency.

The participation of the heart association has been indispensable to progress -- and will continue to be so. The official agencies, on the other hand, are also essential -- just as are the medical and health professions. As I look toward the future, I visualize this strong combination of resources as absolutely necessary to maximum progress.

Now let me turn to other points that should also be emphasized. One is the need for the voluntary effort and the Heart Fund. Sometimes we hear questions, sincere but based on incomplete information, as to whether needs are not already being adequately met. Aren't there enough funds, someone may ask, from the federal heart appropriations? Why should I give to the Heart Association? Do people want to continue contributing?

Let me say that I believe people do want to support the fight against heart disease -- and all disease. They want an all-out attack by their government, the health and medical profession, and their voluntary agencies. I believe that people are willing to help the Heart Fund and eager to speed the conquest of heart disease.

Let me also say that funds put into the attack by either the Heart Association or the Heart Institute have not been too much, or even enough, to do the job that must be done.

Let me stress, furthermore, that the voluntary effort is both necessary and important. It provides maximum opportunity for the individual to give freely to the area of his choice. It obviates the hazards that lie in complete dependency upon programs derived from tax funds. It encourages and helps guide the endeavors of others. It is an effective partner for other groups, both public and private, lay and professional, which comprise our resources for health.

The heart association holds the chance for individual participation, for service in a very direct and personal sense. Those who work on behalf of the heart association and those who contribute do so of their own free will and so help maintain a characteristically American tradition that is a prime source of our national strength.

The heart association can adapt quickly to the changing needs and dimensions of the complex problem of heart disease. It can be rapidly responsive, for example, to new challenges for special kinds of community health services to help heart patients. Its whole history has been one of meeting just such challenges.

You will also, I feel sure, meet the challenge that brings you together today. It is no small challenge, in face of the job against heart disease that remains to be done.

When we consider what resources we must have to finish that job, there are two main points it is well to have in mind. One is the size and nature of the problem of heart disease. The other is the solid opportunities for greater progress and the substantial, unmet needs in research and education and community services.

The great strides we have made in recent years in mobilizing resources and support, both private and public, are large only when viewed in terms of our past neglect of this disease enemy. They do not appear nearly so large when we view them in terms of the host of unsolved problems and the opportunities we can and should seize.

The very nature and size of heart disease is perhaps overlooked at times. Yet the impact of heart disease is a challenge to every man, woman, and child. It forms a constant threat of death, disability, heavy economic loss, or disruption and ruin to families, homes, and careers.

...The No. 1 killer, heart disease causes well over half of all deaths in the United States each year.

...The total number of heart deaths is still increasing.

- In 1950 there were 745,000 deaths.
- In 1961 there were over 900,000 heart deaths.
- In 1940 there were 538,000 deaths from heart disease.

...At least 10,100,000 persons are afflicted with heart disease, according to the National Health Survey of the government. Over half of these persons are in the age group 25-64.

...The economic costs of heart disease are vast:
In 1960, compensation and pension payments to veterans disabled by heart disease amounted to \$464,000. The cost of lost productivity in 1958 of persons in the labor force disabled by heart disease has been estimated at \$1,210,000,000.

The costs and toll of heart disease will increase further unless we make greater progress toward its conquest. Are there real opportunities to achieve such progress? I hold that the answer is a resounding, "Yes!"

This is true in research. We have won no really major victory, for example, against hardening of the arteries nor high blood pressure. We have won skirmishes and battles. We have not yet won the war. Thousands have been helped, but hundreds of thousands have not -- and cannot be on the basis of today's knowledge. Many scientists feel, however, that there are so many research areas of opportunity today in hardening of the arteries that, given adequate manpower, facilities, and funds, the answers needed for victory can be uncovered.

In the field of education, both for the public and for research scientists, physicians, and health workers, much remains to be done. The area of training shows needs, for example, to increase research manpower and that of the health professions. Ways and means also need to be developed to improve the transmission of knowledge among scientists and to those who apply useful knowledge as it comes from research. Much more can be done in public education, too. The heart story has not yet been fully told to everyone.

The area of community services also provides challenging opportunities. Far more can be done in this field. Here alone lies more than sufficient evidence of the need for heart funds and new and increased activities. Services to patients in cooperation with their physicians, as in the provision of home care and home nursing programs, are an opportunity of great challenge and need.

As you take stock of the size and nature of the enemy, heart disease, then, and the needs and opportunities for progress against it, you will find solid ground for the conviction that you are embarking upon a most important endeavor for a truly worthwhile cause.

In closing, let me wish you every success and say again that I view the future as one bright with promise for progress. I could not hold this view without an equally strong feeling that the combined forces of the heart association, the medical and health professions, research institutions, and the official agencies will continue and grow as the essential partnership which will win victory over heart disease.

--end--