

REMARKS OF HONORABLE JOHN E. FOGARTY, REPRESENTATIVE, SECOND
CONGRESSIONAL DISTRICT OF RHODE ISLAND AT DEDICATION OF
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY
DIAGNOSTIC CLINIC & REHABILITATION CENTER, ROCHESTER, NEW
YORK ON FRIDAY MORNING, APRIL 13, 1962

I am honored by Dean Anderson's kind invitation to join the faculty, students and friends of the University of Rochester School of Medicine and Dentistry today on this auspicious occasion. This new Diagnostic Clinic and Rehabilitation Center which we are dedicating today is, to me, a fine example of the results that can be obtained from a united effort of the Federal government and locally supported institutions in order to bring to the American people better facilities for the care of the diseased and the handicapped.

I have long been impressed with the University of Rochester medical complex. The proximity of the Strong Memorial Hospital and the Rochester Municipal Hospital has been used by the School so wisely that the two institutions function as a single institution, the additional clinical material providing a major source of strength to the School's teaching program.

When it was decided to construct a new unit--the facility we are dedicating today--the unit was physically connected with the Strong Memorial and Rochester Municipal Hospitals, thus extending the advantages of proximity.

I am equally impressed with the effort you are making here to coordinate your activities and facilities with those provided by various community health groups in the Rochester area. I am thinking of your joint efforts with the United Cerebral Palsy Association of Rochester, and the Community Chest of Rochester and Monroe County, in supplying a successful three-part diagnostic, treatment and rehabilitation service for cerebral palsy children. I also understand that you are not content with simply supplying these facilities but that plans are now being made to centralize operations, thus making facilities available less expensively and more conveniently for citizens of the Rochester region.

The theme of our thoughts today is comprehensive medical care. Let me say that the obstacles to such care are so formidable that only all our united determination can remove them.

From my vantage point as chairman of the House Appropriations Committee on health matters, I have witnessed and participated in the continuing and increasing effort on the part of legislators and medical leaders to increase the availability of funds for the medical research and service facilities-- a prerequisite for a comprehensive medical care program. However much we have done, much remains to be done to apply the sum of our knowledge to the sum of our needs.

There are, I believe, a number of weaknesses in research and service facilities. First, existing facilities and services do not reach all that need them. This inadequacy of present facilities, in fact, is considered by many to be one of the primary impediments to more rapid progress in the treatment of many disorders. Second, this inadequacy prevents even those who are reached from receiving the full range of prevention, restoration and curative services. Third, there is a need for a more integrated effort and cooperation among health services to solve health problems with a maximum utilization of minimum

resources. Fourth, there is a critical shortage of trained professional manpower, which is going to become worse before it gets better. And finally, there is a great need for more research to find answers to those problems which lie at the root of many disorders.

Now, Federal support of research alone--not including research training or construction of facilities--has undergone a tremendous expansion in the past 20 years. It has risen from about \$3 million in 1940, to more than \$500 million in the current Fiscal Year. The results of this explosion in research have been more than could be anticipated. A new measles vaccine is just emerging from successful trials, and we can expect production for general use to begin soon. A major step has been taken toward the development of a vaccine which promises to ward off a high proportion of the acute respiratory diseases now suffered by young children. New drugs are easing the pains of arthritis and arresting the scourge of staphylococcal infections.

I am keenly aware that Federal support of research has not been paralleled by equally dynamic support of new research facilities. This is a matter of great concern to me, and I am determined--along with many others--that the future progress of medical research shall not be hampered by the lack of physical facilities.

I myself introduced into the House a bill--HR 27--which would encourage the construction of new facilities. The general feature of that bill--and two other bills I had introduced--are consolidated in a single bill--HR 4999--introduced by Mr. Harris of Arkansas and sponsored by the Administration.

In February I testified in Congress in behalf of this bill, one part of which is designed to extend, expand and improve the existing program of research facilities.

The original health research facilities construction program of 1956 resulted from a general recognition of the need for Federal assistance to the scientific and educational community. The need for assistance

had been demonstrated and reiterated by such eminent groups as the Association of American Colleges, the Council on Medical Education of the American Medical Association, the Committee on Consultants to the Secretary of Health, Education, and Welfare, and the House of the Congress of the United States. No one presumed that matching grants for construction purposes would meet all of the future needs of the medical schools. These institutions themselves, and we in Congress who were supporting a construction program, were unable to see the issues as clearly in 1956 as we can today.

Today we can see that the types of facilities we must have must serve three interrelated activities -- teaching, medical service and research. For new medical schools alone, this represents a tremendous investment -- construction costs for schools of medicine now average \$10 million for laboratories, classrooms, offices and library facilities with another \$12 to \$15 million for the construction of a teaching hospital.

The teaching hospital is, as you well know, as essential and integral part of a medical school. About half the medical schools of the country make use of several facilities -- just as you utilize the Strong Memorial Hospital, Rochester Municipal Hospital and the Edith Hartwell Clinic.

A teaching hospital must have many facilities not required by a community hospital that does no teaching, and, in the past, some teaching hospitals have received assistance through the provisions of the Hill-Burton program. But the Hill-Burton program emphasizes the establishment of hospitals in areas that do not have sufficient hospital beds, the amount of Hill-Burton funds going to teaching hospitals is severely limited.

Since the beginning of the Hill-Burton program, nearly 6,000 projects have been approved at a total cost -- Federal and non-Federal -- in excess of \$5 billion, but the actual number of beds in hospitals throughout the land is only 7.5 per thousand people. Thus, even with the increased amounts of funds available for hospital construction, the rapidly

increasing population has caused a national shortage of well over a million beds. Because of the continued rise in cost of hospital construction, and the steadily increasing population, the need to solve the problem of hospitals, teaching hospitals and medical facilities is both vital and urgent.

As with the Hill-Burton program, so with the Health Research Facilities Act. As you will recall, it was developed to assist in the construction of facilities for the conduct of research in the sciences related to health by providing grants-in-aid on a matching basis to public and nonprofit institutions.

Within its scope, the Health Research Facilities program has been remarkably successful. As of last Fall, it had resulted in capital expenditures of more than \$600 million for health research and related facilities, and had assisted more than 300 academic institutions in every State in the Union in construction or renovation of approximately 20 million square feet of space.

I am sure that many of you here today realize the value of this program. The grant of nearly \$250,000 in 1957 helped the University of Rochester build three additional floors of medical and dental research laboratories. The subsequent modernization-- including the addition of 40 new beds at the Strong Memorial Hospital -- further advanced the capacity of the university and the hospital to do research and provide medical service as a team.

And, more pertinent still, you are all aware that two Federal grants totaling more than half a million dollars were awarded for the construction of this one-and-a-half million dollar Diagnostic Clinic and Rehabilitation Center which we are dedicating today.

As a Federal legislator, I am humble before the realization that I have had a role to play in the creation of such a facility as this. I am told that this addition will do many desirable things. It will permit the centralization of ambulatory diagnosis and treatment for both clinical and private

patients, and will permit the Medical Center to consolidate and improve its present programs of rehabilitation. It will allow the extension of these programs to social and vocational assistance. It will foster more extensive and more adequate teaching of the techniques and disciplines of rehabilitation and provide facilities for research into rehabilitation problems.

Such health facilities as this are literally keys to a better life. To those who are victims of cerebral vascular accidents, congenital abnormalities, polio, degenerative problems, muscular dystrophy, multiple sclerosis and other such problems, this Center will provide rehabilitation. It will be a House of Hope for those who may be almost without hope. It will provide the best that modern science can give, in the way of treatment.

Your ideal of "comprehensive rehabilitation" is one of the noblest I have encountered. This, as I understand it, means a multitude of activities, including psychological approaches, and, always, it implies an effective liaison with the community and its resources.

With such resources as this Center we move one step closer to a full acceptance of the challenge for better health for all Americans. And we move one step closer to the ideal expressed long ago by Samuel Johnson, when he said: "To preserve health is a moral and religious duty, for health is the basis of all social virtues."

I have chosen today to emphasize the medical facilities aspect of better health care for all. Perhaps I may say a word about another aspect of better health care which is causing me grave concern, and which I feel I cannot fail to mention here.

This is the estimated national requirement for medical research manpower in 1970--a report on this has just been submitted by the National Institutes of Health to the Appropriations Committee which I head. On the basis of assessments of the expected growth in both public and private medical research efforts, the Report concludes that the number of professional investigators we must train by 1970 is almost double the number (about 40,000) at work today.

This task will clearly require a major national training effort of which the medical and other health-related professional schools and the universities must bear the major burden, but which also demands that the Federal government have a broad and vigorous training support policy. In the view of my Committee, the programs of NIH are a suitable mechanism for implementing such a policy in the areas with which the Institutes are concerned. What is required is funds commensurate with the magnitude of the task, and to this end the Committee has included in the appropriations \$142.8 million for training grants and \$32.8 million for fellowships.

In glancing over the Bulletin of the University of Rochester, I was interested to note the number of faculty members in the various departments who were designated as receiving Public Health Service aid under fellowship programs. This support must be expanded, and extended. Our need for researchers is no less pressing than our need for more physicians.

Ever since Dr. Frank Bane wrote his Physicians for a Growing America it has been recognized that the number of doctors is falling behind the rate of increase in our population. Each year the prospect grows grimmer, and the wellbeing of the American people less secure; we will indeed be fortunate as a Nation if the standards of medical care do not deteriorate.

And now I come back to my central theme: health facilities. As with the related questions of the need for more researchers and physicians, the question of financing arises.

Where is the money coming from to build and operate the equivalent of 20 medical schools to provide the physicians we need? Where is the money coming from to provide the researchers with the facilities in which to work? Where is the money coming from to provide us with the diagnostic and rehabilitation centers and the hospital facilities we need?

I believe that the answer is the same in all three instances. Either ample Federal funds will be provided, or the job will not be done. There is no

possibility of these three problems being solved without extensive and increased Federal aid.

I am not underestimating the responsibility, determination, and financial capacity of the States, municipalities and private foundations, and individuals. Each must play a part, but not all of them combined can possibly produce the funds we must have for a growing America. This is my view, and it is, I believe, increasingly shared by my colleagues, in response to an informed public.

Working together, the Federal and the local resources of this great Nation will prove themselves able to meet the challenge. The building we are dedicating today to the service of humanity is a product of such cooperation.

I hope that your actions will stimulate and inspire other communities and institutions throughout the country to undertake similar enterprises. Only in this way will the opportunity for care and rehabilitation be brought to every ill and handicapped man, woman and child in our country, when and where they may need it.

Working in well-equipped, modern facilities such as this Center, you will work day-by-day with rehabilitation problems, and will apply the latest research findings in caring for the disorders of our citizens.

It was with pleasure that I read, in your University Bulletin, the Provocative sentence, "In fulfilling its primary responsibility, the education of medical students, a medical school is necessarily a center for research, of graduate education in the basic and clinical sciences, a center for the preparation of other health personnel and a source of medical leadership and service to the community." I believe that you have stated your mission well, and that you are actively pursuing it, and that your efforts are truly outstanding.

This expanded and improved research and service facility represents a vital addition to the community's health resources, and will do much to help meet the large, growing and ever-more complex needs of today and tomorrow. This, in a great tradition extending back through time to Hippocrates, is medical leadership

and service. Those of you who are privileged to render this leadership and service, may be assured that by such acts you will indeed "gain forever reputation among all men for your life and for your art."