

REMARKS OF U.S. REPRESENTATIVE JOHN E. FOGARTY, SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT DINNER MEETING OF BOSTON UNIVERSITY SCHOOL OF NURSING ALUMNAE ASSOCIATION, HOTEL KENMORE MONDAY APRIL 30, 1962

NEW IDEAS FOR HEALTH

Thomas Jefferson wanted to be remembered not as President of an already unusual though still young Nation--not as the holder of other high offices--but as the founder of a State University. As wise men have known throughout the ages, Jefferson well knew that, to exist, the "illimitable freedom of the human mind" must be purposefully nurtured and encouraged through learning. To leave freedom of the mind to accident is to court disastrous consequences for our whole society. For our future literally hinges on the new ideas which emerge most readily when minds are educated and free.

For more years than any of us have lived, Boston University--your university--has been dedicated to precisely that freedom of the mind in which Jefferson believed so intensely. Your stated purpose here is to prepare individuals to be "competent members of the professions, leaders in society, and persons at home among ideas." Thousands of men and women have gone out from this institution and fulfilled this purpose.

Your School of Nursing is younger by three-quarters of a century than the University's oldest unit. Yet the University's traditions are equally yours--and your youth can be a source of vigor and inspiration to others. For it is characteristic of the young in age or spirit to refuse to accept ideas and ways simply because they exist and once worked well.

The new ideas which open up vast new vistas are in fact to be found everywhere. To find them, we often have only to be "at home among ideas," as you are encouraged to be here in this renowned center of learning.

The need for new ideas in the Nation today is perhaps nowhere greater than in the field of health. We need to discover new ways to cure and prevent disease. Then we must go beyond the laboratory and make surer than we have in the past that new knowledge finds its way to as many people as possible as quickly as we can. The health services we now have are already taxed to the utmost, and our needs for more trained health manpower grow greater every day. Not only do we need more health workers; there must be better utilization of those already trained and on the job.

These are some of our pressing needs today and in the foreseeable future. We cannot in this fast moving world pretend that the problems will in time handle themselves or that our old ways are sufficient to cope with them. These are not trivial matters we are talking about. They are what the President referred to in his recent health message to the Congress as the needs which must be met if we are to preserve the very strength of the Nation.

Nor are these problems which exist in some States and communities, and not in others. From ocean to ocean East to West, from border to border, North to South wherever I have been I found no State and few if any communities which could boast of having adequate health and medical resources. With urgency, I suggest not a new thought but one which still has not been given enough stress and emphasis--the problems I have mentioned and some others are national in scope.

A disease is no respecter of persons or boundaries. Chronic illness afflicts and disables people whether or not they happen to live where the resources exist to help them.

National health problems like other national affairs have to be handled at the national level. Obviously, under our system of government, neither your State nor mine can take action which will be applicable to or binding on other States.

The President in his health message reiterated that the basic responsibility for health remains, as it always has, with individuals and families, communities, voluntary agencies, and State and local governments. At the same time, he spelled out the Federal responsibility to provide leadership, guidance, and support in areas of national concern. And he wisely reminded us all that "measured against our capacity and capability in the fields of health and medical care, measured against the scope of the problems that remain and the opportunities to be seized, this Nation still falls far short of its responsibility."

We in the Congress share the Federal responsibility for health matters with the executive branch of the Government. Neither we as legislators nor the administrators in the executive departments could hope to devise solutions and

carry on health programs without the advice and assistance of many individuals and groups throughout the Nation. We must have your views and your ideas before and sometimes after we pass laws and initiate programs if these are to be truly in the national interest.

There has probably never been a more favorable time than now for us to take action on our health problems. Interest in health has grown dramatically all through the Nation especially in the last two decades. To try and find a daily newspaper or a national magazine without a health article would be like trying to find the proverbial needle in the haystack.

This interest has of course been felt in Washington, and Federal appropriations for health have increased proportionately. As Chairman or as ranking member of the Subcommittee for Health, Education, and Welfare of the House Committee on Appropriations for the past 15 years, I have had the opportunity to watch this concern for health grow. And I take pride in what I have been able to do in translating this public interest into legislation and health programs.

Hope for health progress also lies in the present general attitude and approach to be found in Washington. There is more of the feeling that no problem is too old, too large, or too complex to be at least tackled. Our successful ventures into space seem to have combined with a lot of other factors to renew our vitality and harness our energies.

Last year we in the Congress were able to pass some much needed new legislation and increase appropriations for health. The Community Health Service and Facilities Act of 1961 was a major accomplishment. This law provides for increased grants to States to permit them to develop and expand programs and facilities for the chronically ill and aged. As a result, better care in and out of the hospital and nursing home will be available for this group. The law also provides funds for the award of project grants to public and non-profit agencies for the development of new or improved methods to deliver services

to the chronically ill and aged.

The Public Health Service moved quickly to implement this new law, and the President could report in his health message that after only four months, the States also have responded quickly and "with impressive vigor to the invitation to cooperative action...."

What is the significance of this law? I think it will help us begin to solve some of our long-standing health problems. A national health insurance program for the aged is to me an unquestioned need, however the present argument over methods is eventually resolved. Yet an insurance policy would hardly be worth the price of its weight in paper if the insured can collect no benefits. Services for the chronically ill and aged must be more widely available if health insurance for the aged is to have any real meaning. The new health law will help to ensure that more of these services are to be had when and where they are needed.

The project grants provision of the law holds out the promise of reducing the time lag in applying health knowledge. How heartened we all are when a scientist reports an important new discovery to prevent or cure disease, as in the case of the Salk vaccine. We are even more glad when we know a means has been found to quickly translate the discovery into the saving of lives. But our hopes can be dashed when we realize that the discovery and the means to apply it cannot be or are not used because the health machinery for delivering it to the people either does not exist at all or else the machinery is far too inadequate for new demands to be placed upon it. I suggest to you that in our rush to discover we have perhaps neglected the equal need to deliver--to purposefully plan to use the new knowledge we gain. We will be attempting to close the circle with project grants, to make sure that we also turn our efforts to the ends for which we seek health knowledge.

It was precisely this kind of need which led us last year to add some money for training to the appropriation for the Division of Nursing in the Public Health Service. Federal support for basic training in the health professions is recognized as an urgent requirement, and I have introduced

legislation for aid to medical and dental education. But as important as basic training is, we must not overlook other kinds of training needs.

When Margaret Arnstein, Chief of the Division of Nursing, appeared before our subcommittee in behalf of the budget request for that program of the Public Health Service, she explained the need of seasoned staff public health nurses for training in the techniques of restorative and rehabilitative nursing. Well-trained nurses in health agencies throughout the country simply have not been able to do their assigned jobs and at the same time keep up with new developments which would permit them to give better care. I therefore saw to it that some funds were added to the nursing budget for this purpose. As a result, in the few months intervening, some nurses already have received some intensive training and thus are able to give better care to the patients they serve. This development of course is not a surprise to some of you because it is through these additional funds that two training courses for about 50 nurses will be held here in your school under a contract only recently negotiated between yourselves and the Division of Nursing.

A very good example of the way we can work together for better health is the Professional Nurse Traineeship Program which, as you know, is operated by the Division of Nursing. We in the Congress wrote into the law itself a requirement for a citizens' advisory committee composed of specialists in nursing education and service, and other health fields. We further spelled out in the law that a national evaluation conference should be held after the program had been underway a few years. This conference was held in August 1958, and a similar conference is planned for the summer of 1963. As a result, arrangements were made to also provide traineeships for nurses to obtain short-term intensive training. In the years since 1956 when this program began, thousands of nurses have received advanced long-term training in nursing administration, supervision, and teaching, many of them right here in Boston University.

Under a new policy first recommended by the Expert Advisory Committee and only recently announced, a professional nurse will now be able to obtain traineeship aid for as long as 24 months instead of the old limit of 12 months. All along the way, the nursing profession has had and continues to have an important voice in this needed training program, and this is the way it should be.

As for comprehensive needs in nursing, the President in his health messages both last year and this has focussed attention on their severity and complexity. Last year he announced the intention to determine the national requirements for nurses and nursing services. Determination of total needs, which has already been completed for medicine and dentistry, is a prerequisite to sound, realistic planning and action. The 24-member advisory committee which was established as the President promised is called the Surgeon General's Consultant Group on Nursing. It is broadly representative of nursing, the other health professions, and the informed public. I am sure you have^{read} about the appointment of the Group.

This Consultant Group is, I think, a good example of the Federal, State, and local partnership for health. There is in the Group's discussions a pooling of considerable knowledge about nursing from people who see the situation from different vantage points. The executive branch in effect and in this way is taking soundings from many listening posts in the Nation.

A report from the Group is expected to be made before the summer ends. It will contain their considered recommendations for action by the Federal government as well as by States and communities. We can safely predict that many minds and hands will still be required to achieve solutions.

Their work is a fitting prelude to Congressional proposals for laws. As you know, several of my colleagues in the House and Senate have already introduced bills to provide aid to nursing education. While I am not holding the reins in these cases, I am always keenly interested in all health legislation, and in nursing. One set of companion bills introduced last session would provide aid only for collegiate nursing schools like yours. Another set of bills would

provide aid for all nursing schools which are approved by the States in which they operate.

When we remember that we have about 200 collegiate schools and more than 1,100 nursing schools of all kinds, I think you can quickly see the difficulty this immediately causes for us in the Congress. These bills represent the differences in opinion which must somehow be resolved before we can come up with legislation and programs which the majority can live with and carry out. The concentrated attention which the Consultant Group has brought to bear on the whole nursing problem should help to resolve some differences. And when new nursing legislation is proposed, we will hold our usual Congressional hearings to obtain additional facts and opinions as well as to try to resolve any major differences that remain.

Laws and programs of the best design drawn up with the noblest intentions may be destined to disuse and failure without the support of the people. We in the Congress as well as the Departments in the Executive Branch must have your views and your cooperation. In health, the public needs to give the professions an audience. It has seemed to me that the public is usually willing to do this. The health professions, including nursing, in their turn must fulfill their responsibilities for leadership in keeping the people informed.

Some things we know, but we need you to tell us what we can do about them. As the President said in his health message, there is no longer any reason why American children should suffer from polio, diphtheria, whooping cough, and tetanus. How true this is, and yet, a few years ago a polio epidemic brought disability, sadness, and heartache to many victims and their families in my own State. It was only a few years ago, but the saddest part of all was the fact that wider use of the polio vaccine might have prevented the whole unfortunate affair.

You and I know that the President's list could have been longer. We know that the form of mental retardation which the scientists called phenylketonuria, or PKU for short, can now be spotted with a relatively simple diaper test soon after a baby's birth and prevented through a special correction diet. This test

has been known for a few years now, but we know that it is still not being widely used and PKU still occurs. Fortunately, the test will become more widely adapted as a new program in the Public Health Service for the control of neurologic and sensory diseases becomes more operational.

What don't we know that we need to be informed about in nursing? I can think of two or three items which to me are important but which I daresay many other usually well-informed people in health do not know. First, 206 or about 30 percent of the cities which had a population of 25,000 and over/ⁱⁿ1960 do not have programs to give nursing care to the sick and disabled in their homes. This is one finding of a study just published by the Division of Nursing of the Public Health Service. Thousands of smaller communities except here in New England do not have this essential service, but they do have their share of sick and disabled people. As gloomy as this picture is, it is far brighter than that revealed by the first such study back in 1959 when about a third of the larger cities did not have this kind of service.

Many nursing schools have not been able to incorporate rehabilitation nursing into their regular curriculum. You of course are aware of this if only because of the recent conference to discuss this problem which you held here at your school in cooperation with the U. S. Department of Health, Education, and Welfare. But more people also need to know this, for the facts about lacks in professional nursing education should be everybody's business.

The people intend to have leadership for their health. I firmly believe they would prefer to have it come from you in the health professions, from nurses, doctors, dentists, and others. And I believe you will see the need to give this leadership.

*S.1353, Collegiate Nursing Education Act (87th Congress, 1st Session), Introduced by, Mr. Hubert Humphrey (Minn.), Companion bill in the House (H.R. 5682) by Mr. Staggers, (W.Va).

** S.645, 87th Congress, 1st session by, Mr. Hill (Ala.), Companion bill in the House, H. R. 2445, by, Mr. Roberts (Ala.).