

Congressman John E. Fogarty
25th Grand Lodge Convention
Vasa Order of America
Providence, Rhode Island
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I consider it a privilege to be here with you on this occasion--the 25th Grand Lodge Convention of the Vasa Order of America--and to take part in the program arranged for this banquet which concludes your week of sessions.

It is most impressive for me to see so many of you assembled here in Rhode Island and to know that you have come, not only from all over the United States and Canada, but also from Sweden. I would like to extend a special welcome to our visitors from across the border and from overseas. I hope you thoroughly enjoy your stay here.

And, to all of you, I offer my congratulations on the very real contribution the Swedish people have made toward the advancement of programs for health and social security both in Sweden and in the United States.

Sweden for many years has been in the forefront of those nations which have developed effective health and social security programs for their citizens. A generation ago when the United States embarked on the development of a social security program, it looked to Sweden for an example and learned much from studies of Sweden's experience.

We have also learned a great deal from the Swedish people who have come to the United States to make their homes. They have brought with them those qualities of sturdy self-reliance, combined with a talent for cooperative action, which bring benefits and security to all. Through such organizations as the Vasa Order, our citizens of Swedish ancestry have set an

example, and for more than 60 years have contributed not only to their own fraternal welfare, but also to the welfare and security of the rest of us.

I congratulate you on your aims and objectives and upon the notable success you have had in achieving your goals through cooperative effort. As a Rhode Island citizen I was glad to note that although the Vasa Order was organized in the neighboring state of Connecticut in 1896, it was only three years later that the Rhode Island district was organized.

As some of you may know, one of my major interests and the focus of much of my activity during the 21 years I have represented Rhode Island in the Congress of the United States has been the health and welfare of the American people. Over the years as chairman or as a member of the subcommittee of the Appropriations Committee which has responsibility for the annual appropriations for the Public Health Service, I have helped to persuade Congress to increase substantially Federal funds for the support of public health measures, medical and biological research, hospital construction, construction and equipment of research facilities, and the training of research scientists.

For the past 15 years, and more especially during the latter half of that period, this nation's great potential for the discovery and application of new knowledge has been rapidly brought toward full realization. We have built up a great and effective research attack, largely through the National Institutes of Health of the U.S. Public Health Service. I am proud to have played a part in bringing about the dramatic development of our national program for health and medical research.

The gains made in our lifetime are evident when I say that those of us here tonight who are past 50 years of age already have lived beyond the average life span predicted for us when we were born. At the time the Vasa Order was founded at the turn of the century the average life expectancy was just 47 years. Today it is close to 70 years.

When most of us were children, typhoid, smallpox, diphtheria, whooping cough, and various other infectious diseases, took heavy toll among the young. Today the situation with respect to these once fearsome diseases is much better. Some of them have been virtually eliminated. The damaging effects of many others can be reduced or prevented.

Clearly, the progress of medical science in bringing many of the infectious diseases under control has helped bring about a startling increase in the life span of the average person. Because more people are living longer, we are seeing the emergence of new problems. In the field of health the most pressing problems today are the chronic or degenerative diseases which, for the most part, afflict people in the upper age brackets.

This changing pattern is reflected in the fact that in 1900 only four percent of the U.S. population was 65 years of age or older. Today that percentage is 10 percent.

Because of the complex problems associated with aging, I have felt for some time that we were not doing enough to solve these problems. It is true that our broad research attack upon disease has placed increasingly heavy emphasis on the chronic diseases which afflict, particularly, our older citizens, and that we have had some success in this field. To strengthen this effort, I sponsored legislation, which was enacted by the Congress,

calling for a White House Conference on Aging. This Conference was held in January of last year. Its purpose was to stimulate thinking about the problems of aging, to discuss these problems and to focus attention on them by all segments of the population, in all the states and at all levels of government. In preparation, hundreds of local and state conferences were held which developed reports and recommendations. Nearly 3,000 delegates attended the conference and participated in it. It was successful in coming up with recommendations and reports which have stimulated action programs and crystallized the thinking of many people and organizations concerned with these problems. The Conference searched out, identified and defined problems. The action is being carried out by the communities, states and Federal agencies. I think it was worthwhile.

The medical research approach to the problems of aging is handled chiefly through the programs of the National Institutes of Health. NIH first established a laboratory for the study of aging at the Baltimore, Maryland, City Hospital in 1940 -- 22 years ago. This laboratory is now the Gerontology Branch of the National Heart Institute. Some very significant work has been done by this group of scientists and physicians, and it is now engaged in promising studies relating to the physiological changes found in older persons, using many volunteer patients who report regularly for examination and study. We are learning more every day about the nature of man and what happens to him as he ages, and more and more about what to do about it.

Through its Center for Aging Research, established in 1956, the National Institutes of Health plans, coordinates and fosters additional

aging research in institutions throughout the country. It stimulates and assists gerontology projects in universities, medical centers and medical research institutions. The Center works closely with other groups and organizations interested in aging research, and through its grants programs supports a rapidly growing number of aging research projects (now 353 in number in institutions throughout this country and abroad.)

Currently, there are 25 aging research projects sponsored by the National Institutes of Health in 14 foreign countries, including Sweden, Belgium, Canada, Chile, England, France, Italy, Israel, Japan, Puerto Rico, South Africa, Switzerland, the Netherlands, and Yugoslavia. The aging research project in Sweden is a five-year program, now in its fourth year. The grantee is Dr. Carl A. Gemzell of Konung Gustaf V's Forskningsinstitut, in Stockholm, whose studies are directed toward purification of human growth hormone.

Altogether, and including all types of research projects of which aging is only one aspect, the National Institutes of Health is supporting in Sweden 50 projects in various research institutions with a total of approximately one million dollars.

You will be interested to know that in the United States there are now aging research centers set up at five universities. Called multidisciplinary aging research centers, these specially programmed operations focus the skills and training of many different kinds of scientists and physicians on the problems of aging. Psychologists and psychiatrists work with physiologists and clinicians, and studies approaching aging problems from many different angles are coordinated.

I am particularly proud of the fact that one of these centers is located here in Providence at Brown University. It is the newest of the five, and initially it is placing emphasis on the social and economic factors involved in aging, and the assessment of the relationship between these factors and medical and biological aspects. Here in Rhode Island the scientists have the unique opportunity to utilize a well-defined population group compactly located within the borders of this small state.

Just about every important aspect of aging research is being pursued in these projects sponsored by the National Institutes of Health, and their inquiries cover the scientific waterfront, involving behavioral and social sciences, the clinical sciences, and biological sciences.

Medical research in aging is not seeking any magic fountain of youth. There is no likelihood that there will ever be developed any fabulous formula which will roll back the years or maintain eternal youth. We should, however, be able to continue to extend the average person's productive years, relatively free of major, painful, disabling diseases. Great progress along these lines has already been made, and I can promise you that in the future we may confidently expect to benefit from new knowledge which will contribute to longer and healthier years for all of us. If I may borrow someone else's observation, we want not merely to add years to our lives but life to our years.

I know that you members of the Vasa Order are particularly interested not only in advances made along health and medical lines, but also in the social and economic aspects of aging, for you provide not only cultural programs for your members, but sick benefits and death benefits as well.

Through its Social Security program, the United States at this time does provide retirement benefits for our citizens, but does not provide specifically for medical or nursing care, or other costs of illness and disability. Now pending in Congress is a bill which would amend the Social Security Act to include payment by the Federal government of hospital and nursing home services for eligible persons over 65 years of age. These services would be paid for by an increase in current Social Security taxes. Also pending in the Congress are several other alternative bills to provide in other ways for various degrees of health and medical care.

I cannot, of course, predict what the Congress will do, but I feel certain that within the near future Congress will take definite action to ease the economic burdens placed upon our senior citizens when they become sick or disabled. I can assure you that I will support the medical care proposal which in my judgment will best provide practical assistance to our aging citizens.

In the meantime, let me assure you that our programs of medical research will continue to play a major role in raising our health standards and in bringing medical services to all our citizens.

I thank you.

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