

REMARKS*

by

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I very much appreciate the opportunity to join with you this week as you have this international discussion of the problem of controlling the venereal diseases.

This problem has a special interest for me because as a lay participant working for more than a decade with you health professionals to improve the health of all people, I am concerned when we find ourselves retrogressing in dealing with any disease.

Also, because I feel so strongly about our efforts to improve the health of people I have always had a special quickening when I hear the word "eradication". The human race has for so many centuries been fighting just to control disease that it is inspiring when suddenly it appears possible that we can eliminate any disease that has plagued us so long.

These are two of the primary reasons why the House of Representatives Appropriations subcommittee on health--of which I have the honor to be chairman--took special note of the venereal disease problem. Our report to the Congress last year took the stand that this was a disease that ought to be eliminated in the United States. We asked the Public Health Service to give the Congress a special report in time for the hearings this year and to make recommendations for an effective program in this area. You know the result. The Surgeon General appointed a committee of outstanding leaders to make a study and their excellent report has been submitted and discussed by you and others.

*Delivered at World Forum on Syphilis and Other Treponematoses,
Washington, D. C., Thursday, September 6, 1962

I understand that the Task Force report has been circulated to every State in the Union and to many people interested in venereal disease control. In my opinion, its content is so important it should reach every city, county, and district health department. I hope that each of you health and welfare specialists will make it your business to see that the American people, in your own communities and throughout the Nation as a whole, know this story.

I would like to continue on the general subject of eradication for a few minutes--but first I would like to add my welcome to the many that have already been extended to our visitors to this meeting from other nations.

As the representative of the United States Congress may I say that we are delighted to have you in this country and we hope you will find your visit beneficial. I know something about the personal value of these meetings since I have had the honor of being a delegate from the United States to four assemblies of the World Health Organization during the past few years. I am a firm believer in the theory that all of us can learn from each other and benefit from international cooperation in the field of health. I know about the progress many of your countries have made in the venereal diseases and treponematoses. Indeed, I have the impression that some of you have made greater strides than the United States in the field of eradication--for which you certainly have our congratulations.

When we consider the possibility of eradication of venereal disease in the United States, we start on familiar ground: case finding, treatment, and follow-up are fundamental aspects of control. In my own State, the health department got busy last autumn and sent questionnaires to all private

physicians. As a result, they found 18 cases of infectious syphilis being treated during a 3-month period when none had been reported. So we learned from that that we had to make more of an effort to get the private practitioners alerted to the problem. Representatives of our health department began to visit all our physicians. In four weeks they had made a personal contact with 1,094 of 1,156 registered physicians. Every one of those doctors responded with complete cooperation. They are working hand in hand with the health department.

I am very proud of this accomplishment in my own State. And it seems to me that if this kind of cooperation could be established in every State, we ought to be able to produce, for epidemiological follow-up, 100 percent of the cases being treated by private physicians.

We also know how important it is that all laboratories, public or private, including those in hospitals, should notify the appropriate health authorities of every positive finding in tests for syphilis. North Carolina has a requirement which makes this reporting obligatory. Since it was put in effect, State health officials visited all 234 labs in North Carolina. The result was that they obtained reports on 64 cases of early syphilis which might otherwise have been missed. I believe Pennsylvania has a similar program in operation.

Programs like these give us hope that complete eradication of syphilis is a realistic objective for health workers. When I get started on the subject of eradication other diseases quickly come to mind. There are plenty of them. Venereal disease isn't the only one by a long shot. Take polio, for instance. We are close to eradication. We could eliminate polio in three to five years if we had an all out program of immunization. A

vaccination survey in 1961 showed that as yet 38 percent of the population under 60 years of age--more than 59 million persons--had not received any vaccine. Another 46 percent had received fewer than the recommended number of shots. A substantial number of the unprotected group were children under 5 years of age. Less than half of these children have been vaccinated--and they are more susceptible than anybody.

What is the matter with us? What is the matter with laymen like me, or health experts like you people? Why can't we somehow convince our friends and neighbors that it is part of our citizen responsibility to take advantage of measures available to us for safeguarding the lives of our loved ones and our own lives as well? It would certainly seem simple to sell the idea that all we want to do is use the health knowledge we already have on hand.

Some people have said they were waiting for the oral vaccine. It will be interesting to see how many start and follow through with a prescribed course of treatment, now that the Sabin vaccine is available.

Tuberculosis is another disease that can and should be eradicated. Fred Soper, a former Public Health Service officer, whom many of you know, told a group of Wisconsin tuberculosis and health representatives that eradication gives you a stake in the welfare of the entire human race. He said, "If you want eradication in Wisconsin, you have to have it in Illinois, in Minnesota, an ever expanding periphery. There's no law of diminishing returns and no indestructibility of a biological entity."

You know as well as I, of course, that the mathematics of eradication is simple. What can be done in one square meter can be done in two, then in four. By geometrical progression the world can be covered. As localized

epidemics are the mechanism of spread, local control can mean national control.

It is estimated that some 36 million people in the U.S. today are or have been infected with tuberculosis. It's even more important to me that 142,000,000 have not been infected. Roughly 6 million of the uninfected live in areas of high tuberculosis incidence.

If we are going to eradicate tuberculosis, let's not just think about those who are already benefitting by chemotherapy or by surgery. Let's think about the individual living in a T.B. environment and see what we can do to prevent him from picking up a bug from his family or neighbors.

A couple of things are obvious. We can certainly perfect our community machinery to insure that a discharged or treated patient continues to follow his doctor's orders--take his pills, go for his periodic checkup. Let's eliminate that fellow forever as a source of spread. We also need more public health nursing follow-up to see that the patient on drug therapy at home is conscientious with his medication. If he interrupts his treatment, he may not recover but may become chronically ill, with tubercle bacilli that resist our most modern and most effective weapons. Then he's a real problem and a real expense, to himself, his family, and his community.

We need more research to prove the lasting values of isoniazid as a prophylactic. But most of all, we need to whip up some enthusiasm among all levels of citizens. Somehow you public health leaders have got to put across the responsibility of the community to the infected individual as well as the responsibility of the infected individual to uninfected persons.

This is as true of venereal disease as it is of tuberculosis.

Let's not just talk about a bigger and better "health education program". That's not what I mean at all. I'm talking about action programs. I'm talking about you people here, rolling up your sleeves when you get home, and beating out an eradication program that you can lay before the citizens themselves. Not just boards of directors, not just finance committees, not just professional societies and fraternal groups. Tell your story to people--the people whose lives may be jeopardized or preserved according to how much of themselves they are willing to offer in the cause of eradication.

Sometimes I think we forget the help we have available to us to get some of these jobs done. The Community Health Services and Facilities Act which was passed last year is already making grants to help communities find out what is wrong with their health services and what to do to improve them. Dr. Terry spoke of this earlier in the week.

But let's not stop with what we already have. Why, for example, can't we really have a program with teeth in it to bite into the myriad problems of chronic illness, or the degenerative diseases of the aging? Can we really say that across the Nation as a whole we are making more than a small thumb print in the vast field of rehabilitation?

Last year the Congress added \$300,000 to the nursing budget of the Public Health Service to stimulate training of registered nurses in restorative techniques. About \$220,000 of that was used to set up short term training courses in rehabilitation nursing. There was enough money to cover three installations. One of these was Rancho Los Amigos in Los Angeles, one of the outstanding chronic disease hospitals in the United States. They are instructing public health nurses from the entire west

coast area in this important skill, not just Californians. The University of Miami is doing the same thing for its area, as is also Boston University.

BUT -- and this is a big but, only 500 nurses have benefitted so far. I have consistently fought to get more nurses qualified in rehabilitation. But, when I think of the interest and needs in my part of the country alone, I know full well that we are only scratching the surface of this acute problem. I hazard the guess that if there were enough teachers and classrooms, Boston University could handle as many as 500 nurse trainees itself in short term restorative nurse training courses spread through the year.

There are some 20 million people chronically ill or disabled in the U.S. today--almost 10 percent of our population. About 5 million are so severely handicapped they can't get around. We also have 17 million people over 65 years old. By 1980 there will be 24 million.

Here is a vast field of opportunity for the health professions. These people need special treatment, special care. They cannot be handled like other patients. They need special understanding as well as special therapy. They need medical management geared to their particular problems--and aimed at restoring lost usefulness, or preventing total disability, or re-establishing impaired function.

If we consider that adequate knowledge and adequate care might be able to rescue some of those 20 million-plus people from hopelessness and uselessness--what a challenge! What a source of satisfaction to doctors, nurses, and other health specialists! Shouldn't we be trying to recruit into our medical and nursing schools young people who can visualize what this huge job of salvaging human resources could mean to us as a Nation?

Why aren't we teaching the problems of long term illness, the ailments of our aging citizens as specialties in our medical and nursing schools? Why don't we make this vast patient-care area sound as fascinating as surgery, or intensive care, or obstetrics? Why are we so backward in training physical therapists and physiatrists?

Believe it or not. There are only 400 trained physiatrists practicing in the U.S. today--though every one of our chronically ill or aged could undoubtedly benefit by physical medicine services. Only about half of our medical schools have medical rehabilitation training programs. These schools devote 14 hours to rehabilitation--in the total medical school career of the student--as against 400 hours in obstetrics. How can we possibly recruit medical students for physical medicine, or care of the aged, when our schools do not offer strong and vibrant programs in medical rehabilitation?

Why can't we get more physical therapy treatments into the homes of those who need them? The simple fact is, there aren't enough therapists. Only two medical centers have full fledged research and teaching programs to train the health disciplines in medical rehabilitation. I am told we need at least 10.

Let's train nurses in our public health agencies to perform simple restorative services as part of community home care programs. I was shocked to find that the Visiting Nurse Association of the District of Columbia is able to employ on its staff only two physical therapists. The official health agency physical therapy services of necessity are only for the indigent. This isn't meeting the need or facing the problem at all.

None of these facts I have stated is new to any of us. Neither is the fact, I believe, that we all realize that the time is here for attack. The people are eager for more and better health services, the funds can be available and it is up to us to get the attack under way.

It is within the power of every man and woman in this room to go home and give the kind of statesmanlike leadership we need. I feel confident that you will. I am fully confident that each of you has the capacity to take to your own home towns, in this country and around the world, the incentive, the spirit of courage, and the convinced conscience which will enable men to carve out the kind of total health service that humanity today deserves and needs.

America has massive energies to devote to space exploration, to industrial expansion, to urban development. Let us not rest until we have made our people as eager to conquer disease as we are to conquer space. Let us make the eradication of health hazards as much a part of the American way of life as our high standard of living, our free enterprise, and our civil liberties. None of these values can survive without individual AND national good health.

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