

REMARKS OF U. S. REPRESENTATIVE JOHN E. FOGARTY, SECOND
CONGRESSIONAL DISTRICT OF RHODE ISLAND AT THE PROVIDENCE
ASSOCIATION OF MEDICAL ASSISTANTS, PROVIDENCE, RHODE ISLAND
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There is a special satisfaction in addressing the members of a young organization such as this. And when the spirit, the energy and the planning of the members are directed toward the twin goals of better medical practice and of educational self-improvement, I feel that we have much in common.

When the people of Rhode Island sent me to Congress in 1941, I went with a determination to serve the people of my state and of this country, but I had no idea at that time that circumstances would enable me to become familiar with the financing of medical research for a healthier America. But I can assure you that since 1949, when I became chairman of the subcommittee of the House of Representatives directly concerned with the levels of Federal programs attacking health and research problems, I have had an extensive and intensive education in these fields. This day-to-day, first-hand education has convinced me that we share enormous but conquerable health problems. Though I have the privilege of participating in health programs that affect every community in the nation, you are privileged to advance our nation's health on perhaps the most rewarding level -- on a person-to-person basis.

You who work in doctors' offices as medical secretaries and receptionists are brought directly into contact day by day with disease and suffering. Your knowledge of human relations, law and economics in medicine, medical ethics and etiquette is vital to the physicians for whom you work, and even more important to the patients with whom you work. You -- and the physician -- are, together, in the minds of the patients you see, that concept we call "modern medicine."

To do your jobs most effectively you must know medical terminology, some anatomy and physiology, and office management practices. Or, if you specialize ~~in~~ in assisting the physician, you have to know examination room techniques, sterilization procedures, and have an orientation to bacteriology and hematology, and to laboratory techniques.

It is, I think, particularly creditable to you that you have organized -- here in Rhode Island, and through your national group, in more than 30 states. You have been encouraged in this by the physicians -- the American Medical Association has supported the American Association

of Medical Assistants, just as the Rhode Island Medical Society has supported your efforts. And I am much in sympathy with your certification plans through medical assistant examinations. I understand that next week, at this year's National Convention in Detroit, pilot examinations will be given. Such self-examination is mutually advantageous -- it advances the cause of medical practice, because it would enable a physician to more easily select qualified office assistants, and it advances the cause of the members of this group seriously dedicated to the alleviation of the suffering of those among us who are victims of disease.

I have long been impressed with the vital role voluntary associations have played in American life. Groups of citizens get together to achieve something -- frequently this is something in the health field, where the authorities -- local, county, state or Federal -- have failed to act or were powerless to do so. Seldom has an aroused citizenry failed to achieve the action it sought.

Organizing for action is, of course, the story of American politics. Long ago someone said that in no country in the world had the principle of association been more successfully used or applied to more causes than in

America. But organizing for causes has served ends other than politics. Your organization, for example, serves to raise the standards of medical practice and is as valid a contribution to health as was the organization of the American Cancer Society in 1913 or the March of Dimes in 1938. The only difference is one of degree.

Let me return to the subject of cancer. In 1937 cancer was generally considered a hopeless disease by the public and by the physicians. Only seven states had cancer control programs and young scientists were hesitant to enter upon research careers investigating this disease. Today, all that is changed.

In 1937, when the Congress passed legislation creating the National Cancer Institute, cancer research was so inadequately supported that even the meager supply of trained manpower could not be utilized. Today research is being conducted on cancer by more than 6,000 scientists, successful treatment is common, and thousands of practicing physicians -- as no doubt some of you know -- have received postgraduate instructions in the early detection and treatment of cancer and all the states have active cancer control programs.

Twenty-five years ago only one in every seven Americans stricken by cancer was saved; today one in every three is saved. Twenty-five years ago cancer of the uterus was the leading cause of cancer death among women; today, sixty percent of the 40,000 women who develop uterine cancer are being saved -- and almost all deaths from this cause could be prevented if the American woman would take a simple test for the early detection of this type of cancer.

Twenty-five years ago, surgical techniques in the field of cancer hardly existed. Today surgery -- combined with newly developed radiation techniques or with some of the newer chemical compounds -- is saving thousands of lives. But this record of progress gives us little cause for complacency. We cannot afford to be complacent in light of the fact that each year there are 500,000 newly diagnosed cases of cancer. We cannot shrug off the fact that half this number --

a quarter of a million people -- will die this year of cancer. And, it is even more sobering to consider that 16 in every 100 people born are destined -- according to our current rates -- to die of some form of cancer.

For these reasons -- and others -- I introduced legislation which was enacted to make 1962 "Cancer Progress Year." The National Cancer Institute and the American Cancer Society have cooperated in this enterprise which looks both forward and backward -- noting progress, noting future needs -- and encourages support of cancer research in this country.

I want to emphasize two things, here tonight, in connection with cancer research. I want to point out that the Cancer Act of 1937 was a milestone on the road to man's conquest of disease because for the first time the resources of the Federal government were brought to focus on a particular disease, and I want to point out that the progress we have seen against this disease is a tribute to both Federal and non-Federal support and effort.

This should never be forgotten. Those in Congress in the late thirties well remember that the creation of a National Cancer Institute, and the demand for Federal support of its research activities, was urged most strongly by the American Cancer Society and the Women's Field Army of the American Society for the Control of Cancer. There was no stronger support anywhere for Federal assistance in combatting cancer than from these most knowledgable private citizens who were fighting the battle with inadequate support. This cooperation has continued, and will continue, as has been publicly stated by such men as Dr. John R. Heller -- former director of the National Cancer Institute and new President of the Memorial Sloan-Kettering Cancer Center.

The National Cancer Institute was the first disease-oriented unit of our medical research center at the National Institutes of Health in Bethesda, Maryland. This has now become the greatest medical research center in the world. The Cancer Institute -- and the other Institutes set up to concentrate on other diseases -- represents a new concept of Federal responsibility for the conduct and support of medical research to supplement the resources of philanthropy, contributions, or commercial enterprise.

This new concept has given this nation world leadership in medical research. I am proud of having had the great good fortune to be in a position -- as Chairman of the Subcommittee on Appropriations for the Department of Health, Education, and Welfare for almost 15 years -- to do everything I could to advance this concept. And I am even prouder of the public awareness and spirit that has backed the steady expansion and growth of Federal support in all areas of public health, especially that of research.

And I would like at this point to remark upon one little-appreciated aspect of the Federal growth of support

for medical research: the fact that Federal aid, far from stifling private enterprise, actually stimulates local non-Federal activities. For while Federal support of research has grown from \$45 million in 1940 to \$800 million today, this growth has been paralleled by a remarkable increase in non-Federal expenditures for medical research -- from \$42 million in 1940 to more than \$300 million, today.

Those of us in Congress -- responding to the will of the people for a healthier, happier life for each and all of our citizens -- can and must make certain that adequate funds are provided to continue to stimulate our progress against the major diseases that still plague us until they are ultimately vanquished.

Through my committee assignments, through a keen personal interest in the need for medical research programs, I have become pretty well acquainted with the health needs of our people and also with the people who do the research and with those who plan and administer our nation's research programs. I have been privileged to talk with scientists in their laboratories and have discussed their problems and their accomplishments in the hearings before my committee on annual appropriations requests. It is a fascinating glimpse into the future.

Just now an all-out effort is being made to develop vaccines against the widespread respiratory infections -- that is, the "common cold." This is the largest single disease problem of man -- it causes more time lost from work than any other disease, and cost us about \$3 billion, last year. Big as the problem is for adults, you who are mothers know that respiratory illnesses are even more pervasive in children, and the first vaccines will be developed to combat the viruses known to cause about 60 percent of the serious respiratory illnesses of hospitalized children.

And while cardiovascular diseases are still the nation's Number One killer, testimony before my committee indicates that more progress has been made in the past decade against heart disease than in all the preceding history of medicine. Damaged heart valves can be replaced; holes in the wall that separates the auricles of the heart can be closed; new anti-coagulants have been developed to help prevent recurrence of heart attacks.

Many of our research accomplishments are only signposts toward the future -- hopeful signposts toward a better world. New drugs have been developed to combat hypertension -- no doubt many of your own practitioners are using them -- but

still hypertension kills more than 100,000 a year and disables some 5 million. We must support more research in this area.

We live in an age of medical miracles beyond that dreamed of by any previous generation of men. Toward the end of the 19th Century a great surgeon warned that any of his colleagues who would attempt to repair a wound in the heart could count upon it: he would lose the respect of his colleagues! But medical miracles trip over each other, in our time. An artificial kidney has been developed as a permanent replacement for patients with seriously damaged kidney function, and a handful of men and women are now alive, thanks to this device. This device, by the way, was developed by your and my tax money -- appropriated by the Congress and administered by the National Institutes of Health. But the end is not in sight: it costs about \$10,000 a year to treat one patient -- what is needed is a way to simplify the treatment and reduce its cost, so that many more may live.

Because I am so vitally concerned with Federal support of medical research and so often identified with it, I want to emphasize once more that the Federal government alone

could not, has not, and does not pretend to have single-handedly produced today's medical miracles. Perhaps the most striking conquest of our generation, that over polio, was a triumph of the people at first hand: the mothers who participated in the March of Dimes raised most of the funds for the research that resulted in the Salk vaccine.

That was a triumph of the people at first hand. What I want to make clear to you here tonight is that the Federal support of research has made possible many triumphs -- less heralded than that over polio -- at second hand.

Those of you here tonight -- and the almost 10,000 members of your national organization - know clearly enough of one contribution you are making to modern medicine. You know that, through the performance of your various duties, you are helping to improve the practice of medicine. But you are making another contribution to modern medicine which is as important -- perhaps more important, in the long run.

Through your tax dollars you are now supporting more than one half of the medical research of this country.

These are the funds which it is the responsibility of your representatives to invest wisely in the health of your children and their children. Your taxes are helping to support the development of better and cheaper artificial kidneys, a better anticoagulant, the eradication of the "common cold", cures for the various kinds of cancer. The task cannot be done without these tax dollars; with them, it can, and will be done.

The Federal government must concern itself with the interrelation of the resources for the desired ends. This means, in modern medicine, three inseparable tasks must be attended to: there must be more medical and medical support personnel, more and better training for the personnel we need, and more and better physical facilities. Early in this session I introduced into the House bills intended to meet these problems, and my colleague, Mr. Harris of Arkansas, consolidated these measures into one bill, HR 4999, now in the House Rules Committee.

This bill proposes a 10-year program designed to alleviate critical shortages of professional health personnel, provides for a 10-year program of matching grants for the construction of teaching facilities for

medical, dental and other public health personnel, and provides a student loan program. I hope that the House Rules Committee will report this bill out, so that this Congress may take action on this worthwhile legislation.

The kind of long-range planning reflected in HR 4999 is not to be forthcoming from any local, state or private agency, but must come from Congress. Such planning is inescapable, if we are to avoid a slowdown in our medical research efforts and a deterioration of our health standards in this country due to a shortage of physicians and other medical support personnel.

I have talked to you at some length about the role of Congress -- and of your tax dollars -- in support of modern medicine. In summary, let me stress the importance of the conquest of disease -- a problem so pressing and of such magnitude that all of us must do everything within our individual capacities to serve in that conquest. Some of us will serve in Congress, some of us will serve as physicians, some of us will serve -- as you are serving -- as supporting personnel in this great onslaught on disease and suffering. Our collective strength and our eventual success lies in our diversity. The Providence Association

of Medical Assistants is to be congratulated for adding the diverse talents and skills represented by its members to the total effort. You are also to be congratulated for the contributions you are making directly to the patients you serve. I am confident that as the Association continues to push for and achieve its goals, your contributions to an improvement of health and conquest of disease will be even greater.