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*Research—An Answer to Better
Health and Medical Care*

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Speech of
Hon. John E. Fogarty
of Rhode Island
in the
House of Representatives
Thursday, August 24, 1950

*Not printed
at Government
expense*

United States Government Printing Office, Washington : 1950

905402—36393

SPEECH
OF
HON. JOHN E. FOGARTY
OF RHODE ISLAND

Mr. FOGARTY. Mr. Speaker, it is my considered opinion that public health is one of our foremost instruments of national defense. With the threat of war hovering over our heads, it is foolhardy even to consider the slightest curtailment of any service or project which is directed toward preventing disease and promoting health. More than ever, in a period of national emergency, it is essential that we press forward to more gains against the ravages of sickness. More than ever, it is mandatory that we intensify our efforts to learn more about the causes and the treatments of those disabling conditions which sap our national energy.

No international upheaval can obscure the grim fact that cancer is as great a killer as war. We cannot hide from the fact that we have in this country today, nearly 9,000,000 people who are mentally sick. We have got to recognize the fact that a significant part of our population today suffers from rheumatism, arthritis, cerebral palsy, multiple sclerosis, and other crippling conditions which make the victims a burden to themselves and their families and which either seriously limit or, indeed, completely eliminate their productivity to society.

We have made great strides in recent years toward improving health. Are we now—because we are confronted with a national emergency—going to let up on our efforts? Are we going to move backward in our fight against illness, to sacrifice the gains we have made? Are we, for example, to let go by the board the work with ACTH and cortisone right on

the eve of what may well be the most important medical discovery of our generation? Are we to go on having these wonder drugs reserved entirely for those who can afford to pay \$90 for less than a 10-day supply? Are we going to let down the barriers which have been built—and built effectively over the years—to assure pure food and pure drugs to our people? Are we going to turn our backs and shut our eyes to the threats and ravages of venereal disease now that we have complete control of these diseases almost within our grasp?

These are only a few of the considerations which any conscientious Representative of the people should ponder when the suggestion is made to reduce our expenditures for health by 10 percent or more. Thoughtful consideration of these facts leads only to the conclusion that far from curtailing health expenditures, we should be extending them to keep our country strong against the enemies within, and strong to fight communism—our enemy outside.

I am convinced that we should expand our basic medical research. I believe that we should concentrate on the development and training of medical research scientists. I am convinced that we should spend a great deal more Federal money on the construction of medical research facilities.

Do some of you think that this is not the time for this country to spend more money on such activities? Medical research is the only means we have for reducing the growing Federal burden of medical care costs which now exceed \$1,000,000,000 a year. Think of what research might accomplish in even a 10-percent reduction in Federal and State medical health expenditures—a savings of \$45,000,000 per year in taxes.

There is no question but that medical research on a vast scale is now necessary as a precaution against the possibility of war. We will need it to protect us against bacteriological warfare, to provide treatment for burns and radiation illnesses, to combat tropical diseases, to deal with such physical problems as high-speed, high-altitude flight, to name only a few.

We cannot build the medical research force required for our national defense, and build it in time, before the emergency hits, unless we establish many more research facilities, and unless we train many more medical scientists than we have at present. Our situation at the moment is not good. Our medical research plants are inadequate. We have far too few medical scientists. Our medical research structure is too concentrated—as witness the fact that half of all medical school research is done in 10 institutions.

We talk constantly today about national defense—and, indeed, we must. A fact that seems to escape some of us, however, is that medical research is defense research. Cancer radiation research, for example, is atomic bomb casualty research. Heart research on fluid balance in the body is burn casualty research. Basic research on the endocrine system is research on stress in battle. Mental health research on mass hysteria is research on war panic. Basic research on microbes and viruses is research on bacteriological warfare protection. Training medical research scientists provides a backlog of trained people for war research.

The proposals that have been made to reduce expenditures for medical research and for health services completely overlook the enormous price that illness exacts from our economy. Indeed, these

proposals can well give aid and comfort to the enemy. They ignore the fact, for example, that one out of every two people who die from natural causes die from heart disease—that 9,000,000 in this country today are suffering from heart disease. They ignore the awful truth that unless great advances are made in research and treatment, 1,000,000 people will die from cancer in the next 5 years. They likewise ignore the fact that more than half of all complaints seen by doctors are due to emotional disorders.

These are but a few examples of the cost of illness. Let us take a quick look at the financial side of the picture. Each year, diseases of the heart and the circulatory system cost this country \$846,000,000. The costs of cancer run into the billions. The cost of patient care in mental hospitals exceeds \$500,000,000 annually. Alcoholism costs the Nation a total of \$726,000,000 a year. The American Dental Association has estimated that the American people spend a total of nearly \$1,000,000,000 a year for dental care and treatment—much of it preventable.

Frankly, I am convinced it is our responsibility at this time to accelerate the fight against disease. In my opinion, it is vital that we bear down and bear down hard on the three greatest cripplers of our age—cancer, mental illness, and heart disease. And to that list, I would add dental care.

Do we dare shirk our obligation to save those lives that can be saved if cancer were discovered early enough to permit treatment; if new methods of treatment were developed; if the basic cause of cancer were discovered; if more practicing physicians were better trained in cancer diagnosis and treatment? I know it is a responsibility to which I cannot close my eyes.

But the curse of cancer will never be lifted until we have expanded our scientific research, until we bring into cancer research more scientists with new slants, until we have developed efficient diagnostic tests for cancer which can be applied to the whole population in mass screenings, until we have more laboratories, and well-equipped laboratories.

In short, what we need is more—not less—money for research. To win the battle over cancer we must increase grants for research projects, we must increase grants for research construction, and we must augment the training and fellowship program.

Now, what about heart disease? Everyone here knows that heart disease causes more deaths than any other form of illness. And the number of deaths from heart disease is constantly moving upward. I ask you, is it rational to cut back our expenditures for the one thing—the only thing to which we can look for relief from this scourge? Again, we need to spend more, not less, money for more research into the basic causes of heart disease, for better methods of treatment and for new cures. We need more laboratories to carry out heart-disease research, and we need more scientists to conduct those investigations.

Does anyone believe that we can afford the expenditure of life and productivity that we are assessed by these diseases? Faced as we are with a national emergency, dare we waste the productivity of millions of our people? Each year, cancer and heart disease alone literally rape our economy of the unpurchasable and invaluable contributions of leaders in every vital field.

There is no question that even with the limited knowledge now at hand, unnumbered lives could be spared if teach-

ing of cardiovascular subjects could be improved in medical schools and colleges, if we had more heart specialists, and if our control activities were expanded sufficiently to apply what is already known for the benefit of heart-disease sufferers.

The gravity of the mental-health problem speaks for itself. One is appalled, first by the extent of mental illness, and second, by the paucity of our efforts to learn the causes and the cure of mental illness, or, even indeed, to apply the treatment methods we already know. Today, we are spending less than \$3,000,000 a year for research into the mental diseases. We have only a third of the needed number of psychiatrists, and only a small fraction of the psychiatric nurses. The 600 community mental health clinics in the country should, at the very least, be tripled.

Let us take a look at what the Federal Government spends on mental illness alone in veterans' hospitals. In 1947 veterans' neuropsychiatric hospitals cost some \$96,000,000 to operate. In 1949 they cost nearly \$125,000,000—mostly because of the increase in patients. An actuarial study by the Metropolitan Insurance Co., made for the Hoover Commission task force on medical services, states that whereas in 1948 there were about 100,000 veteran hospital beds—about one-half for the mentally ill—that by 1975, even though non-service-connected veterans would be cared for only in case of chronic illness, 250,000 beds would be required, and that three-fourths of these would be for mental illness.

True, these are astounding figures. But we must remember, they are estimates made before the present emergency. Now, with the need for larger and larger Armed Forces, I would ven-

ture the number of needed veterans' beds for mental illness will go up by hundreds of thousands.

It is a truism that we cannot hope to get even a toehold on the problem of mental disorder until we have strengthened research into mental disease, until we have strengthened our mental health training program, and until we have established adequate control activities and services. And all of this takes money.

I want to call your attention to the statement of the Hoover Commission whose purpose, you will remember, was to cut governmental expenditures. The Commission stated—and I quote:

Transcending in importance any of our other recommendations, is the need to outflank disease by giving the highest priority to research, preventive medicine, public health, and education.

Federal medicine has, to a large extent, developed negatively with patient care as its principal function.

First it is the need for maximum employment of present scientific knowledge to control disease (training of personnel). But beyond application of present knowledge lies research to find new weapons.

It is (also) imperative to maintain constantly a high level of medical research activity as a protection to us in war. Such research must be stimulated and supported to the extent which may prove necessary, to the maximum potential of the skilled manpower available to conduct it.

Only a faint start has been made toward solving the fundamental causes and problems of dental disease. As I said earlier, the Nation's dental bill is approximately \$1,000,000,000 a year. Expenditures for dental research are rather less than \$1,000,000 annually, and this despite the fact that dental diseases and defects are almost universal. If we will but give thoughtful attention to the problem of dental disease, we will see the

need for and the advantage to be gained by building our dental research program. Moreover, by building such a program we will equip ourselves to overcome the record of the last war when dental defects were found to be one of the greatest causes of rejection for military service.

I cannot plead too earnestly for an understanding of the vital importance of strengthened research in these areas I have mentioned. With the threat of war hovering over our heads, our attention cannot fail to turn to the shocking surprises which confronted us in the selective service rejections of the last war. That almost 5,000,000 young men were found to be unsuited for military service seemed, at the time, to be unbelievable. Yet, that was the case, and we certainly have no reason to believe the situation has changed.

I feel strongly that medical and related research bears upon medical problems of national defense, whether civilian or military. I ask that our medical scientists be used fully to permit the most productive division of effort between the solution of specific problems and the pursuit of the broader unknowns. And I likewise urge a reasonable expansion of the presently limited number of highly trained research scientists, and a reasonable expansion of the facilities in which they must work. I urge this consideration for the research program of the Public Health Service, and, no less, for the essential medical research undertakings of such other organizations as the Food and Drug Administration, the Armed Forces, the Veterans' Administration, and the Atomic Energy Commission.

World War II gave us a dramatic demonstration of the role basic and applied investigations play in saving the lives of fighting men, in protecting the health of

soldiers in camps, and in lifting the productivity of the defense production labor force. Dr. Vannevar Bush, renowned director of the Office of Scientific Research and Development, has this to say concerning medical research in wartime:

For all its horror, there were bright spots in the last war, and the brightest was the record of medical men and those in the Allied sciences who supported them. With sulfa drugs, penicillin, blood plasma, and advanced surgery, the mortality among the wounded was brought so low that the chances of survival of the wounded men who reached a front-line dressing station were extraordinarily high.

As one can well realize, these applications of medical research to the urgent needs of a nation at war did not spring full grown from the minds of the scientists who went to work intensively upon specific problems in 1941. It was in 1929 that penicillin was discovered in the course of systematic studies of molds. Plasma and other blood fractions and substitutes grew out of basic physiological studies and of explorations in the areas of biophysics and biochemistry. Sulfa drugs were an offshoot of chemical research in the dye industry.

Fresh in the memory of everyone of us is that time—only a few years ago—when even a small supply of penicillin and aureomycin were worth a king's ransom. I remember so well the case of a young doctor who, although he lost his wife, faced a drug bill of \$10,000 in efforts to save her. While these drugs even today cost more than they should, mass production has brought down the cost considerably.

What has happened to penicillin and aureomycin must happen also to such other drug products as cortisone and ACTH. Some way must be found to make all drugs that are useful in the

treatment of disease available to all the people of this Nation. Penicillin is now fully available because Government assisted industry—in making mass quantities available quickly—first for the Armed Forces and then for the civilian population. It may be that Government will have to again assist industry to produce the new wonder drugs cheaply and in mass quantity. As a final resort, it may be that the Government will have to assume responsibility for their production or for their synthesis. But, I repeat, we must develop and develop rapidly the means to put all of the health restoring products of research within every reach, unqualified by the presence or the lack of wealth.

A few days ago there came to my attention an article, which appeared in the British Medical Journal (July 29) on the use of cortisone in the treatment of burns. Three Canadian scientists have reported that the number of deaths from burns can be cut in half if cortisone is given along with treatment for shock during the first critical days after the burns. But of what value is this tremendously important discovery if cortisone continues to be so scarce and so expensive? What good would this knowledge be, for example, if just five average American cities were bombed and the conservative estimate of 100,000 persons were seriously burned?

If we are to obtain the best possible results of medical research, we must plan that research with the same care to short-run and long-run factors that is given to weapons development, to economic preparedness and control and to manpower mobilization.

In making for increased Federal support of medical research, I do not for a moment propose that private sources of

support should be neglected. It is, however, vitally important that the support for research be diversified. The major private health organizations of the Nation support expanded Federal aid to medical research. Their goals—prevention and control of specific diseases and groups of diseases—are aided by Federal support for research in non-Federal institutions.

Let me summarize quickly. Expanded medical research is essential to the protection of the Nation. Expanded medical research is the means of cutting Federal expenditures.

Over the last few years we have heard more and more about prepaid medical care. Methods of making care available to our people, of course, differ just as do opinions on the various methods, both existent and proposed. No one wants more than I to get ever better medical care to every American. More and more I am convinced, however, that research takes precedence over care. And I be-

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lieve it because, in a way, research is affirmative, care—negative. Research can lead us to the prevention of disease. Medical care is locking the barn after the horse is stolen.

In the early years of every recent war, we have been faced with depressing examples of critical shortages. Please, let us not make that mistake again. Why should we, when logic is so clear and when advice from the best qualified sources is unanimous, make a mistake by failing to expand medical research? Need we, with our eyes open, invite a scientific Pearl Harbor when the other course of action is clear?

If we are to have peace, failure to expand medical research now will prove to be wasteful and cruel. If we have war, failure to expand medical research now will prove to be a blunder that will weigh heavily upon the conscience of all of us, and heavily upon our national budget.