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REMARKS OF INTRODUCTION OF

DR. SIDNEY FARBER

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by

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The opportunity to introduce our speaker this morning is doubly welcome to me. This is an occasion in which I can pay tribute to Dr. Farber's long sustained devotion to better medicine. I have long observed his unswerving dedication to that cause and have admired how effective his influence has been. This is also an occasion in which I can highlight some aspects of the Regional Medical Programs, since Dr. Farber was intimately involved in them and will surely gloss over his own contributions.

Perhaps, by back-projection on the screens of our mind, we can remember, and thus minimize, some of the distortions and misunderstandings attending this program.

It has been charged that an uncategorical, not a disease oriented, approach would be better--and yet, specialization is here to stay in medicine. More than four-fifths of graduating students today undertake specialty training; medical schools are divided into departments and sub-departments to achieve a manageable size; hospitals are similarly organized into services. Should we

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not learn from one smaller category how to establish parallel organizations which, additively, may be extended to any desired fraction of the larger whole?

It has been stated that this program was hastily conceived--yet, regionalization was suggested in the original Hill-Burton program. Cooperative enterprises are the essence of the university, medical school, hospital and health agency affiliations which constitute our present medical centers. Are not the felicitous arrangements already working harbingers of success to simple extensions of the principle?

It has been alleged that the program is a "cruel hoax" since it makes insufficient provision for the added manpower, library resources, rehabilitation activities and myriads of other enterprises needed to conquer these three killers--and yet, concurrently with the passage of PL 89-239, fifteen other bills strengthening and continuing these and other aspects of health were also enacted by Congress. Is it not acceptable to use existing activities as provided by law wherever possible, rather than to require the creation of a totally new and monolithic agency? Cannot the recommendations of the President's Commission on Heart Disease, Cancer and Stroke be supported by the use of already existing legislation?

It has been asserted that there is no real gap between what is known and what is done, and that to suggest so is to insult the fine physicians of the United States--and yet, the rate of discovery, the sophistication and expense of equipment and the need for teams of trained people to carry out complex procedures

were never greater. Is it not possible that contemporary communications can make more widely available the knowledge of specialists, can improve the teamwork now developing and can use modern machines more effectively in the service of medicine?

The past is prologue!

The Regional Medical Programs are now in being. They are engaging the minds and energies of countless people. They embody a concept which is bringing together science and service, philosophy and practice, resources and responsibility. Of this concept's influence, Dr. Luther Terry has said that never before had the heads of all five medical schools in a great metropolitan area discussed together their mutual obligations to their community. It can now be said that never before have more than 45 different regions in this country each convened groups representing all their health activities to consider their collective problems. Whatever the future of the Regional Medical Programs may be, and it is bright, the past, at least, is secure. Local groups can reason together, can find opportunities to work toward common goals, can improve organizations so that they cooperate, not compete.

The continuing dialogue!

The approximations that pass for truth today become the obsolescent fallacies of tomorrow. The plasma expander of World War I, gum acacia, is no longer used, but other agents more safely accomplish its purpose. Oxygen, that boon in respiratory distress, sometimes must be withheld else blindness results. The procedures

coupling biological knowledge to patient care require constant revision; science must be steadily refined; concern for the patient ever present. In the field of medicine, the application of research findings to human diseases never has had a more eloquent exponent than Dr. Farber. His voice has long been heard in support of medical research; he, and others, conceived of the clinical research centers now raising the quality of medicine to new heights; he, as a member of the President's Commission on Heart Disease, Cancer and Stroke never deviated from the principle that science should serve people; he has always held that the patient's welfare was paramount.

The future epilogue!

The faith that money can move mountains, reach the planets and cure man's ills has been amply justified. Let the scoffers explain otherwise our successes against polio, measles, retrolental fibroplasia and glaucoma, and our presently promising world-wide campaigns against smallpox, malaria and many kinds of cancer. Let us consider that rheumatic fever kills some 18,000 people each year in the United States, that this is a disease afflicting young people, that it is high in incidence in the mountain states and that perhaps only one in twenty of the two million afflicted are receiving prophylactic treatment for this potentially preventable disease. Regional resources staffed with knowledgeable physicians working with schools and community health agencies-- in short, Regional Medical Programs--offer one solution to this and to many similar problems in Heart Disease, Cancer, Stroke and

related diseases. The demonstrations possible with the Regional Programs illustrate how other diseases, other problems, may be dealt with by parallel organizations. Surveillance leading to refinement of the developing programs is the purpose for which the report to Congress was designed. The in-process study now being made, the recommendations which will result be forthcoming, these are the homing devices guiding the progress of this on-going program.

Past--present--future!

Dr. Sidney Farber, of the Children's Cancer Research Foundation of Boston, has been influential in the past, is instrumental in the present and will be implemental in the future. He will speak to us about the Regional Medical Programs--"The Idea, the Intent and the Implementation"

DR. FARBER!