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The Salk Vaccine Problem

SPEECH
OF

HON. JOHN E. FOGARTY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 3, 1955

Mr. FOGARTY. Mr. Speaker, I ask unanimous consent to speak out of order.

The SPEAKER. Is there objection to the request of the gentleman from Rhode Island?

There was no objection.

Mr. FOGARTY. Mr. Speaker, I have asked for permission to speak out of order only because I am deeply concerned with a situation which I feel sincerely is rapidly approaching what we must refer to as critical. I am disturbed because many of my colleagues have sought me out to inquire about the plans of the Department of Health, Education, and Welfare relative to the distribution—and the most effective use of the Salk vaccine.

At the outset of these brief and necessarily hurried remarks let me remind my colleagues that I have always been in the forefront in expressing my opposition to measures which would bring about the control by the Federal Government of those agencies and institutions which minister to the health of our people. The Federal Government, however, does have a responsibility in relation to the health of all our citizens and as long as this responsibility is kept in the proper perspective I think it is mandatory that we in Congress acknowledge it and take the necessary steps toward discharging that responsibility.

Although the scourge of poliomyelitis has been mounting steadily in our population through the years, it has been only in the relatively recent past that we have seen the slightest glimmer of hope in answer to our prayers for the wherewithal to cope with it.

For over 150 years the disease we know as polio has been known to medical science. Yet, no coherent theory of the disease had been established. Scientists were not sure where the disease came from or how it entered the body; hence, there could be no scientific basis for an effective means of immunization or control.

It was not until 1940 that science really began unraveling the mystery. There

have been many eminent doctors and truly great scientists who have contributed much to the discoveries which in our time brought about the vaccine which offers us so much hope for our children and the children of tomorrow. In recent weeks news stories and articles in all sorts of periodicals have recounted the various steps which led to this most important discovery of the Salk vaccine.

I would like to take this brief moment of your time to pay my personal tribute and acknowledge my everlasting gratitude to Dr. John Enders, of Harvard University, whose cultivation of the poliomyelitis virus in tissue cultures gave me the first thrilling feeling that a preventive vaccine could be produced.

As you well know, many people have contributed much—in dimes and in dollars—in an effort to find the cause and a prevention of polio. The money our people gave made many things possible. Scientists and physicians could be specially trained for polio research. Additional scientists were recruited to lend their talents to the never-ending search. Laboratories were established and equipped at great cost to aid in the work which was naturally highly specialized. All this and the glorious results which have been achieved were the result of the contributions of many people—in money, in time, in effort, in scientific knowledge and skill—and in prayer.

We are on the verge of a great development in our history—the immunization of our children against this violent scourge which has broken a thousand hearts. Here, I insist, is an area in which this Federal Government has a firm and clearly defined responsibility.

The medical society of my State of Rhode Island have placed my thoughts in words in proposing a sensible formula for the distribution of this vital polio vaccine.

My hometown newspaper, on May 1, contained an editorial on the subject which is worthy of the consideration of all of us. I sincerely request that you read it. At the close of my remarks I shall ask for permission to insert this editorial in the Record for the attention of my colleagues.

There are two major problems involved in assuring that every child—every person who is susceptible to polio—

gets the benefit of this great vaccine discovery.

The first is the problem of supply. How much vaccine is available now and how much will be ready for use by the peak of the polio season? How soon, within the limits of productive capacity, can shortages be overcome?

The second is the problem of distribution. How can we make sure that available supplies are being properly used? How can we plan for a patient, an orderly, and an equitable distribution pattern, so that the vaccine goes first to the most susceptible groups in the population? How can we maintain public confidence, minimize black or gray market operations, and prevent profiteering or injudicious use of the vaccine? In short, how can we assure the American people of a calm, rational, and fair distribution of this great boon to health?

This, I submit, is our great responsibility to the American people. It is our best way of keeping faith with them and with Dr. Salk and all the scientists who worked so hard and so long to make this medical miracle possible.

As to the question of supply, it has been estimated, on the basis of data submitted to the Department of Health, Education, and Welfare by the pharmaceutical firms licensed to manufacture the vaccine, that there was enough vaccine available on May 1 to immunize almost 6 million people. All but about 10 percent of this supply is committed to the National Foundation for Infantile Paralysis. This will be used, under the Foundation program, for vaccinating 9 million children in the first and second grades by the close of the school year. This phase of the program, according to project plans, should be completed by July 15.

By August 1, according to the Surgeon General of the Public Health Service, there should be enough vaccine to immunize all children between the ages of 1 and 9, the most susceptible age groups.

The critical period, therefore, is the next 3 months, the time between now and August 1, when polio traditionally begins to hit its seasonal peak. This is the period when the vaccine will be in extremely short supply and yet when the demand will be greatest.

In considering the question of allocation and distribution of the polio vac-

cine while it is in short supply, the central problem is the equitable distribution of available supplies so that each State receives its fair share of vaccine regardless of ability of the consumer to pay. Within the States, vaccine must be made available for purchase by tax-supported agencies for use in school and health departments and for private practitioners for use with their patients. Other problems which must be considered are allocations for export, and allocations for the dependents of the Armed Forces and of Federal employees stationed abroad.

Finally, there is the problem of making the vaccine available to those persons who are unable to purchase it and pay for the services of a private physician. Five States have already appropriated funds for purchase of the vaccine and 13 other State legislatures are considering appropriations for this purpose. In addition to this State aid, many national groups have voiced their opinion of the necessity for some form of financial assistance from the Federal Government for low-income families.

These, therefore, in their briefest outline—summarize the problems of supply and distribution of the Salk polio vaccine.

All the discussions I have had—all the information I can obtain on the problems of supply and distribution—lead me to the conclusion that the Federal Government would not have to exercise the authority I propose in the joint resolution I have introduced today for longer than a period of a few months. I feel certain that by the time next winter rolls around the vaccine supply will be closely approaching the demand and we can expect the voluntary controls to take over. Until that time, however, we as guardians of the Nation's welfare have a direct obligation to initiate immediately a temporary national program insuring equitable allocation and distribution of this previous Salk vaccine.

To that end I have introduced the resolution which, I understand, will be referred to the House Committee on Banking and Currency. I have talked with the chairman of that committee, my dear friend, the Honorable BRENT SPENCE, of Kentucky, and have been assured by him that the bill would be scheduled for hearing at the earliest possible moment. I plead with you for your sympathetic consideration of this most important problem and I am including in these remarks a copy of the bill for your review and attention:

844640—54531

Joint resolution directing the Secretary of Health, Education, and Welfare to exercise, for a limited period of time, certain emergency controls with respect to the distribution and use of the Salk vaccine

Resolved, etc., That the Congress finds that the Salk vaccine for the prevention of poliomyelitis affords, at this time, the only effective means for preventing that disease, that the demand for the Salk vaccine far exceeds the supply, and that this temporary shortage in the supply of the vaccine has given rise to an emergency health problem which, being national in its scope and nature, requires the exercise for a limited time, as provided in this resolution, of certain emergency controls with respect to the distribution and use of such vaccine.

SEC. 2. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to as the "Secretary")—

(1) shall establish such priorities as he determines necessary to insure that the available supply of the Salk vaccine shall be distributed first to the most susceptible age-group (based on existing medical knowledge) and thereafter to other age-groups in descending order of their susceptibility to such disease, and such priorities, to the extent deemed appropriate by the Secretary, may be established on a regional basis; and

(2) shall establish a price per unit for the Salk vaccine (exclusive of the cost of administering such vaccine) which is fair and equitable to the sellers of such vaccine.

(b) The Secretary, on the basis of priorities established under subsection (a), shall allocate to each State its share of the available supply of the Salk vaccine.

(c) The health department of each State shall establish a program, approved by the Secretary, governing the distribution, sale, and use, in accordance with this resolution and the requirements established under authority thereof, of the Salk vaccine allocated to such State.

SEC. 3. (a) No Salk vaccine shall be sold at a price other than the price established in accordance with section 2 (a) (2).

(b) No Salk vaccine shall be sold in a manner, or upon terms or conditions, in conflict with the applicable program established by the health department of a State pursuant to section 2 (c).

SEC. 4. The supply of Salk vaccine which has been purchased or contracted to be purchased by the National Foundation for Infantile Paralysis shall not be subject to the provisions of this resolution so long as such supply of vaccine is owned and distributed by such National Foundation.

SEC. 5. The Secretary shall issue such regulations and orders as he deems necessary to carry out the provisions of this act (including regulations and orders with respect to the sale and distribution of the Salk vaccine in any State prior to the establishment and approval of a program in such State pursuant to section 2 (c)).

SEC. 6. Whoever willfully does any act prohibited, or willfully fails to perform any act required, by the provisions of this resolution or of any regulation or order issued under this resolution shall, upon con-

viction, be fined not more than \$5,000 or imprisoned for not more than 2 years, or both.

SEC. 7. As used in this resolution—

(1) the term "health department" means the department, agency, or authority of a State having jurisdiction over public health matters; and

(2) the term "State" includes, in addition to each of the several States of the United States, the District of Columbia, and any Territory or possession of the United States.

SEC. 8. This resolution shall cease to be in effect at the close of May 31, 1956, except that if, prior to that time, the Secretary finds, and makes a public announcement, that the emergency which necessitated the enactment of this resolution no longer exists, then this resolution shall cease to be in effect at the close of the day upon which such public announcement is made.

PLANNING THE ANTIPOLIO INOCULATION PROGRAM FOR RHODE ISLAND

Rhode Island's doctors, through their medical society spokesmen, have proposed a sensible formula for local handling of the polio inoculation program.

The recent Washington conference on national aspects of the problem provided for machinery to insure a fair distribution of existing vaccine supplies around the country generally. But the individual States were left to take it from there on the basis of plans laid by local health authorities and doctors. And the Rhode Island Medical Society wasted little time in doing its share toward such planning here.

The doctors recommend that first priority for inoculations be granted to children from 1 to 6, and that those from 7 to 11 be next in line. This would provide protection first where it is most needed as indicated by medical experience in our region. The medical society offers the services of its members without charge to administer the vaccine to children of families on the welfare rolls and to the children of others who are unable to pay doctors' fees. And it recommends that the State government purchase the vaccine this year for families unable to afford it for their children.

How the priorities would be enforced, and how distribution of vaccine would be controlled locally remain to be determined, presumably by the State health authorities in cooperation with representatives of the doctors. And it will fall fully to the State to find the money to pay for the vaccine purchased for welfare families and those others who are unable to pay for it themselves. This may prove a fairly costly item in the end, particularly since the proposed need formula is loosely phrased.

But there can be no argument with the medical society's recommendation that "no child in the eligible priority age groups in Rhode Island shall be denied the polio vaccine * * * because of the inability of the parents to pay for either the vaccine or the services of a physician." That is the only right and moral objective to pursue, and the State's doctors have made a useful contribution and an unselfish pledge toward its achievement.