

ADDRESS OF THE HONORABLE JOHN E. FOGARTY, MEMBER OF CONGRESS FROM THE SECOND
DISTRICT OF RHODE ISLAND, BEFORE THE NATIONAL TUBERCULOSIS ASSOCIATION
CONVENTION, PHILADELPHIA, PA., MAY 19, 1958.

It is most gratifying to be with you on this occasion. The annual meeting of the National Tuberculosis Association is, I know, a most significant occurrence in the nation's calendar of public health events.

In Washington where I serve, among other capacities, as chairman of the committee of the House of Representatives responsible for the appropriations of the Department of Health, Education, and Welfare, I am kept fully aware of your part in the progress that has been made in combatting tuberculosis. The story of your Association is a splendid record of achievement against great odds. Indeed, I believe that your efforts as community leaders and shapers of public opinion, and your vigorous cooperation with State, local, and federal health agencies, have been largely responsible for our present favorable position in the attack on a disease that has been a scourge from the beginning of recorded time.

There is another area of interest which you and I share. I refer to the field of medical research, including that aspect of medical research that has to do particularly with the prevention and treatment of tuberculosis.

For more than 15 years I have derived great personal satisfaction from being privileged to have a part in the formulation of our national program for the conduct and support of medical research. I know the National Tuberculosis Association has made many notable contributions to research in its field of special interest--not only directly, through financial support of productive projects, but also indirectly, through calling the public's attention to research needs.

Through your rich relationships with the people--by means of your special knowledge, your insight, and perseverance--you build, in a real and vital sense, a portion of the health structure of tomorrow. The voluntary

tuberculosis worker clearly perceives what must be done, day in and day out, to bring about the defeat of tuberculosis. He has the vision to see problems that require immediate action and to devise programs that will be uniquely suitable for his community to undertake.

Above all others, the voluntary health worker, because of his closeness to the people, is most keenly aware of the feasibility and practicality of plans for public health action. No one from Washington or anywhere else can tell him what the people are ready for and what methods he must use to achieve his goals.

Indeed, the pattern of future action in the control of tuberculosis, as well as the course of total public health activity, depends in large part on the understanding, the community acceptance, and the foresight of the local voluntary health worker. His effectiveness, in turn, is determined by the degree of his identification with the people of his community.

As one who is privileged to serve in the House of Representatives, I have frequently had occasion to witness, to participate in, and to reflect on the fundamental meaning of the democratic process, especially as it applies to the health and welfare of the American people.

Throughout the hearings on Federal health and welfare appropriations over which I preside, I am always impressed by the deep humane concern of the men and women who serve the people's purposes through the instrumentalities of government. Repeatedly, it is made clear to me that if there is one characteristic of American life that sets us apart from other nations, it is the way in which our people give expression to their will and desire.

As a result of concerted citizen action, we have achieved in our nation a proud record in public health and welfare.

This annual meeting is an excellent example of American democratic action. Without such organization as yours, present achievements in the control

of tuberculosis could not have been realized. Our strong federal, State, and local official agencies could not have come into being and could not have grown to their present stature without the united forces of citizen opinion and action. Our American willingness to cooperate toward the achievement of desirable goals, our people's generosity with money, time, and energy, have enabled us to succeed in the control of a devastating disease like tuberculosis as they have permitted us to prosper as a nation.

My work in Congress and my continuing concern for and interest in public health problems permit me to believe that this morning I am among allies. There is, therefore, no need for me to entreat you, to recruit, or to justify. As citizens, we are in the same struggle. We work toward the same end--the defeat of tuberculosis. And though you are experts and I am not, we speak essentially the same language--one that bespeaks our desire to be free from a lethal enemy of mankind.

I don't have to convince you of the seriousness of tuberculosis, nor do I need to describe the almost miraculous advances that have been made toward its conquest. Progress in solving the problems of tuberculosis is something that we sense, even in the absence of statistical proof, as a reality. We do not need constant reassurance to know that we are steadily approaching the ultimate goal--the elimination of tuberculosis as a public health problem. However, each step closer to that objective exposes new and challenging problems which demand solution. And if you, as leaders in a disease-control movement that reaches every home in your States, are to reach that goal in the foreseeable future, you must be convinced of the still urgent nature of your mission. You must continue to demonstrate to the people the real need for continuing, unrelenting effort.

To be sure, it is deeply satisfying to live and work in an era when, for the first time in countless centuries, tuberculosis can be, and in this

country has been reduced to virtual impotence as a dealer of death. But there is danger in such satisfaction, for it may weaken our awareness of the inescapable fact that tuberculosis still remains a mighty threat as a source of prolonged illness, disrupted families, personal anguish and lost economic productiveness.

As a layman who tries to keep informed in health matters and as a Representative who is deeply concerned about organized programs in the prevention and control of tuberculosis, I am greatly encouraged, as you are, by the continuing decline of the death and case rates. The Public Health Service informs me that since 1939 the death rate has declined in the United States from 47.1 per 100,000 population to 8.3 in 1956. Provisional figures show a further decline for 1957.

Indeed, with every passing year fewer people die of tuberculosis; illness from the disease decreases in frequency and severity; and fewer children and young adults are infected. The year 1956 is a milestone in the history of the attack on tuberculosis. In that year newly reported cases showed a decline more precipitous than any in recent years. For the first time morbidity exhibited a greater decline than mortality. Newly reported cases fell 10 percent below the figures for 1955; the death rate fell by 6 percent. It cannot be said yet that this is a real breakthrough; but it does indicate a leveling off of the death rate, while reported cases continue downward.

Nevertheless, nearly 14,000 persons died last year from tuberculosis. Sixty-nine thousand new, active, and probably active cases were reported to health authorities. There are 250,000 active cases of tuberculosis in the United States today plus 550,000 inactive cases that require public health supervision and service. These active and inactive cases, old cases, and the millions of infected people constitute a reservoir of disease that could reverse the great advances of the past.

Progress always presents new problems. At this very moment there are approximately 300,000 tuberculous persons in this country who are not in hospitals and who are in need of supervision and service. In most of these cases, drugs must be administered and clinical services provided over a period of 18 to 24 months after hospital discharge. However, studies conducted by the Public Health Service show that a startling proportion of these patients are not receiving adequate care and supervision. For the country as a whole, there has not yet been developed a workable system whereby persons with tuberculosis outside hospitals can realize the full benefits of modern medical and public health resources. Now, and in the future, much of this responsibility for providing and arranging the services needed by tuberculosis patients outside hospitals will rest on State and local health departments.

However, if this disease is to be kept under control and the affected individuals restored to productive lives, these patients -- the potential sources of new disease--need drugs, continuing medical and nursing supervision, and essential social and economic counsel. Only in this way will the public as a whole, as well as these sick persons, receive the full benefits of the great therapeutic gains of the recent past.

I have left to the last a discussion of research, because I wish to place special emphasis on it as a predominant factor in the future of the tuberculosis control movement.

Not many years ago it was not uncommon for authorities in the field of tuberculosis to express the conviction that sufficient knowledge was already available to make the eradication of tuberculosis a possibility within a few generations if established control techniques were effectively applied. Moreover, interest in research was, until very recent years, limited to laboratory investigations, and responsibility for it was largely centered in special institutions and groups. But today we see new support for research in tuberculo-

sis and new evidence of widespread interest in epidemiological as well as laboratory studies. Moreover, responsibility for research has been accepted by a wide range of operating programs as well as by special institutions. A most significant development, indeed, has been the growth of cooperative clinical investigations which make use of multiple disciplines, staffs, and facilities, thereby permitting nationwide research studies that include large and diverse population samples.

I should like to cite two examples of such research now being carried on by the Public Health Service or through projects supported by the National Institutes of Health. They are: (1) the careful testing, by means of controlled studies, of the effectiveness of isoniazid as a preventive, or prophylactic, of tuberculosis; (2) the development of a vaccine that does not have the disadvantages of BCG.

Studies of isoniazid as a prophylactic, conducted by the Public Health Service in cooperation with the National Tuberculosis Association, showed such promise among laboratory animals that trials of the drug as a preventive of tuberculosis in human beings have been organized and are now going forward in numerous communities throughout the country.

In initial project, involving more than 2,700 children in 33 pediatric clinics in the United States, Puerto Rico, Mexico, and Canada, tested the effect of isoniazid in preventing complications of primary tuberculosis. The first results from this work show that during the twelve months these children have been taking isoniazid, at least 80 percent of the major complications of childhood tuberculosis were prevented. On the basis of these findings, health agencies and private physicians are provided with a new, well-confirmed method of control that can be applied now.

To complement this knowledge, further research is required to determine whether this protection continues for an extended period after the

drug is discontinued and whether similar protection can be given other population groups under different conditions. Therefore, studies among close contacts of newly discovered cases of tuberculosis are being carried out. Trials have already begun in about 40 communities and institutions in 16 states. Additional groups are being added to this research project monthly. A peak workload on this research will probably be reached in fiscal year 1959.

The second aspect of research--the development of a vaccine--has become a subject of increasing interest to me. The experts tell me that we need a vaccine which may be given to everybody regardless of his reaction to the tuberculin test; one which is, of course, not only safe but without reactions of any consequence; one preferably consisting of killed micro-organisms; and one which produces a solid immunity. If and when such a vaccine is available, mass immunization of the entire population may have top priority in the tuberculosis control program.

Research now going on under the auspices of the National Institutes of Health and elsewhere gives some promise that such a vaccine may ultimately be realized. But, of course, it is too early now to make predictions. The development of a vaccine, as you well know, is a long, laborious, arduous task. You may be assured, however, that this work will have my abiding interest and persistent support. Perhaps, in some future year not too far distant, you may again invite me to attend your annual meeting, and I may then be able to discuss with you a great achievement in the field of tuberculosis vaccination. Let us hope.

There are many other areas of action and fact-finding that might well engage our attention this morning, but their proper forum is in your discussion sessions and scientific meetings. I want merely at this time to salute you for past work ably done and to express my deeply felt wishes for the future.

Despite the magnitude of your achievements, the job that remains to be done is enormous.

It is easy to formulate a hundred unanswered questions in the field of tuberculosis control--those of poverty, malnutrition, mental and emotional imbalances, unhealthful and crowded housing, industrial health hazards--all of these plead for your attention and action insofar as they contribute to continuing illness from tuberculosis.

Although tuberculosis has diminished in force as a lethal enemy of mankind, it will remain a threat as long as the tubercle bacillus continues to infest the human body. The history of tuberculosis demonstrates again and again the insidious resourcefulness of this bacillary organism.

We all know that the mortality rate alone does not reflect the social menace of tuberculosis. Indeed, it is through prolonged destructive illness that tuberculosis takes its social and economic toll. To be sure, it is a task of prime magnitude to save people from untimely death. But the way to prevent these deaths is to fight tuberculous disease. The incapacitating character of tuberculosis, the broken homes, the loss of productivity constitute the essential challenge. Even were there no deaths from tuberculosis, its devastation as a long-term illness would demand our utmost vigilance.

I know that you will go on to even greater achievements if you are careful not to cling to things that are finished. We all must be willing to accept changes and face new challenges with unremitting vigor and unflagging imagination. Moreover, you must never lose sight of the irrefutable fact that the success of the voluntary movement in tuberculosis control depends upon a broad base of citizen cooperation, support, and action.

You must fight complacency on all sides and refute the smug assumption that in tuberculosis little remains to be done. No thinking person can

be complacent in the face of the long list of unfinished business, not only among tasks not yet undertaken but also among tasks not yet done well enough.

Yes, there is still much to do. Citizens, now as in the past, will tackle new challenges with the resolute vigor that has always characterized American democratic action. But let us, however, remember that all our future public health work depends not only upon organizational functioning but also upon the kind of public interest and understanding that tuberculosis associations have persistently stimulated and maintained.