



THE HONORABLE PAUL G. ROGERS

Maxwell Finland Award Recipient
1996

In a democratic political system such as ours, there is an inevitable conflict between the role of the elected politician and the exercise of leadership. Must politicians represent only the views of those who vote them into office? Can they sponsor legislation with which many voters disagree and still get re-elected? For the successful representative to become the effective legislator is an exercise in political skill.

In the 24 years he was in the U.S. Congress as Democratic representative of the 11th District of Florida, Paul Grant Rogers epitomized this skill.

Mr. Rogers was elected in 1955 to a seat that had been occupied by his father, Dwight L. Rogers, who died of a heart attack while still in office. After service in Europe in World War II, he graduated in 1948 from the University of Florida at Gainesville with degrees in political science and law. He practiced law in Palm Beach until he ran for Congress.

Mr. Rogers began his congressional career on the Public Works Committee, but it was the eight years he spent as chairman of the House Subcommittee on Health and the Environment that brought him national recognition as an innovative and hardworking leader.

During his years on the subcommittee, Mr. Rogers had a major influence on every piece of significant health legislation to pass through Congress. More than 50 separate bills bear his stamp, and they cover such diverse issues as aid for the education of health professionals, community health centers, emergency medical programs, food and drug legislation, communicable disease control, and environmental legislation.

Both in and out of Congress Mr. Rogers was called "Mr. Health." He earned the sobriquet since more health and environmental legislation was passed during

the period he chaired the subcommittee than had ever been passed before.

Among the more prominent pieces of legislation that carry the Rogers name are the National Cancer Act of 1971 and 1977; Health Manpower Training Act; Heart, Blood Vessel, Lung and Blood Act; Research on Aging Act; Comprehensive Drug Abuse Prevention and Control Act of 1970; Medical Device Amendments of 1976; Emergency Medical Services Act; Health Maintenance Organization Act; Clean Air Act; Safe Drinking Water Act; the Radiation Health Safety Act; and the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977.

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Commenting on these and other legislation passed by Congress during those years, Mr. Rogers noted that "we were able to address problems in the health and environmental field on a merit basis. We tried to look at health problems, evaluate them, bring in the experts, tried to encourage research—basic and clinical—to tackle the problems, and design an effective way to administer the programs to get the best results.

"One thing we stressed was the importance of research. This needs to be continually emphasized. I am concerned that we not fall back and de-emphasize research. There is a danger of that today," he warned. "If you're only thinking of an immediate ratio of costs to benefits, it is sometimes difficult to justify funds for research. Basic research is a long-term investment; if we expect to find treatments and cures for diseases that affect us—we must research!"

"He was a master at painting a land-

scape during congressional hearings," commented Stephan Lawton, Mr. Rogers' chief counselor on the subcommittee staff. "He would sit down with us and say: 'we're not going to hold a one-day hearing just to get a headline in the paper or some exposure on TV. We're going to develop a record.' He would hold three weeks of hearings on major issues such as the Clean Air Act or on medical devices. He bent over backwards to ensure that minority views were expressed. What he taught us was that the opposition wasn't always wrong."

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Mr. Rogers developed a reputation for the sharp, probing questioning of witnesses. Many congressional hearings are devoted to developing the view points of committee chairs or of special interest groups, but Mr. Rogers always questioned witnesses for the facts. He demanded precise figures and justification for any assertions witnesses might make. By doing so, he clarified complex issues and helped educate both Congress and the public which, as Mr. Rogers would say, is what hearings are for.

One health message that Mr. Rogers has always carried with him is prevention. "We tried to emphasize this," he said. He added that our health care system reacts to illness, but "besides care for the sick, we need medical services to help prevent illness in the first place. We must change from curative treatments to a system of preventive medicine."

Much remains to be done, Mr. Rogers pointed out. "It is absurd for us to have done the research and developed preventive tools that will save millions, indeed billions of dollars in the future and not use those tools effectively," he said. As an example, he cited the failure of immunization programs to reach the entire population, and is scornful of those who would economize by reducing the funds for such programs. "Costs are going to rise as soon as these preventable diseases crop up again. If you do nothing in preventive medicine and nothing in research, health costs will inevitably increase."

Mr. Rogers retired from Congress in 1979, and returned to practicing law in the Washington, D.C. firm of Hogan and Hartson, where he retains his active interest in health. "As a private citizen he demonstrates the same leadership in shaping health care for the benefit of all Americans as he did during the years he was in Congress," said Leon G. Smith, MD, president of the National Foundation for Infectious Diseases (NFID).

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Mr. Rogers is also Chairman of the Board of Trustees for the NFID, but this is only one of many posts he holds that influence health care in the United States. He was a driving force behind the development of the National Council on Patient Information and Education, and he is Chairman of its Board of Directors. Since its establishment in 1982, this coalition of health professionals, consumers,

and pharmaceutical manufacturers has played a major role in the education of physicians, other health care providers, and the public about health issues particularly regarding prescription medicines.

Mr. Rogers co-chairs the bipartisan National Leadership Coalition for Health Care, is Chairman of the National Osteoporosis Foundation (NOF), is a founding director of the American Federation for Aging Research, is Board Chairman of The Scripps Research Institute, and is a Board Member of the American Cancer Society. In addition, he serves on advisory boards or councils of the following universities: Harvard School of Public Health; University of Pennsylvania Medical Center; Washington University School of Medicine; University of Virginia Health Science Council; Johns Hopkins Board of Advisors; University of Chicago Council for the Division of the Biological Sciences and the Pritzker School of Medicine; and the American Academy of Neurology Education & Research Foundation. Mr. Rogers is also a member of the Institute of Medicine of the National Academy of Sciences.

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1993 Albert Lasker Award for Public Service; the 1994 AphA Hugo Schaefer Award; the 1994 Allied Signal Achievement Award in Aging; the 1994 Distinguished Leadership Award from the University of Florida Health Sciences Center; and the 1995 NOF Leadership Award. Approximately 15 universities have awarded honorary degrees to Rogers.

When dealing with issues that come before these bodies, a fellow board member commented that Mr. Rogers is always eminently fair: “He listens to all sides.” For those sitting in today’s Congress, the public career of Paul G. Rogers has more than a few lessons.

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Honors conferred on Mr. Rogers include the Public Welfare Medal from the National Academy of Sciences; the 1991 Health Policy Award from the National Health Lawyers’ Association; the Founders’ Award from the National Coalition for Cancer Research in 1992; the