

ADDRESS BY
HONORABLE HUBERT H. HUMHHREY
TO CONVOCATION OF THE
16TH ANNUAL SESSION
AMERICAN COLLEGE OF CARDIOLOGY
WASHINGTON, D. C.

You do me great honor in presenting me with this Gold Medal. It is an award that I shall always cherish.

When I got word that I was to receive this award and was to deliver the convocation lecture, I naturally assumed that I was getting somewhat belated recognition for my earlier achievements in cardiovascular pharmacology. Accordingly, I had originally planned to lecture on a timely topic of interest to all of us: namely, "The Place of Vasodilator Agents and Other Drugs in the Clinical Management of Angina Pectoris."

However, when I began gathering source materials from my library, I was chagrined to learn that Muriel had donated most of my college pharmacy textbooks to the rare books section of the Library of Congress.

Of course, I immediately sought to borrow them, but I learned that all of them had been checked out to a young graduate student. He was working on a Ph. D. thesis entitled "Early American Folk Remedies: or, What to Do Until the Merck Manual is Published."

The Universal "Language" of Medicine

More seriously, I am most pleased tonight to see so many distinguished cardiologists from other nations. It fortifies my beliefs in medicine as a universal language and discipline.

A short while ago, we witnessed the presentation of the Theodore and Susan Cummings Humanitarian Award to 46 Fellows of the College. Since 1961, these distinguished scientists and clinicians have lectured on 30 countries on recent advances in cardiology. You have set a good example by generously sharing your knowledge and techniques with colleagues as they have with you.

High Quality Medicine for All Americans

Yes, American medicine leads the world in research and in the development of the most advanced techniques of diagnosis and healing. But I think we all would agree that we have not done nearly as well as we should in making these high-quality medical services available to our people -- and I mean all our people.

Therefore, I want to discuss frankly with you tonight something that is on all minds and consciences -- better health care for those who need it most: I mean the poor and deprived.

In the process of responding to their needs, we can, I believe, see in clearer perspective how to best respond to the health needs of every American in every income bracket.

The Facts of Ill Health

Infant mortality is one important measure of a nation's health. And here we are outranked by a number of nations, some considerably less affluent than ours.

A recent survey of pre-school children enrolled in a Head Start project in Boston revealed that a third of them suffered from serious health problems. A simultaneous survey of school drop-outs showed an even higher proportion of pathologic conditions.

One of the physicians participating in these studies said:

"The older group is clearly a progression of the younger. It's just as if you were seeing the disadvantaged pre-schooler ten years later . . . How come no one spotted their problems a lot sooner -- and did something about solving them?"

Yes, "how come?" -- particularly when we note that many of these youngsters lived within a few blocks of some of the nation's most advanced medical institutions?

There are places where the situation is much worse. In the Watts area of Los Angeles, for example, there is not one single hospital. Today, an outpatient facility is finally under construction.

Recent statistics show that, among those earning less than 2 thousand dollars, heart conditions requiring a limitation of physical activity are nearly five times as common as among those earning more than 7 thousand dollars annually.

Or consider rheumatic fever and rheumatic heart disease. In theory, it should be possible with existing techniques to eliminate them as major causes of disability or death. In fact, they are becoming increasingly rare among the well-to-do. Yet their deadly incidence increases steadily as you descend the economic scale.

Health and Hope

The ancient Arabians -- who knew something about medicine themselves, as you know -- had a proverb which is very relevant here:

"He who has health has hope, and he who has hope has everything."

Ill health, and the hopelessness that goes with it, are heavy burdens for the poor, as they struggle to make their way out of poverty.

It is they who bear these burdens directly -- but none of us can escape the consequences.

Timely Health Care

A child born with a congenital heart defect cannot wait for correction at the age of 20. Statistically, he would probably not survive that long. And, if he did, he would still not be a physically useful citizen.

A child nutritionally deprived and stunted in his early formative years cannot have his mental capacities reconstituted at age 12, no matter what protein and vitamins are then available.

The opportunity for health is not retroactive.

All of us shoulder the costs of neglected care throughout the lifetime of poverty's child -- directly in the greater medical attention he requires as an adult . . . indirectly through his inability to make a full contribution as a producer and taxpayer.

No Scapegoats for Our Problems

Who is to blame?

There are those who are not to blame -- I mean those who suffer through no fault of their own, other than the color of their skin . . . the place where they live . . . or their position at the bottom of the economic ladder.

There are some who would blame the medical profession. But I say they are wrong.

There are some who would blame the government. I say they are wrong too.

If we have learned anything in these past few years, it is this: There are no real villains in our national life.

Government is not a villain.

Private enterprise is not a villain.

Labor is not a villain.

Our educational system is not a villain . . . nor is the American farmer.

The medical profession is certainly not a villain.

And I can tell you absolutely that Presidents, Vice Presidents and pharmacists are not villains.

If there is blame, all of us share it.

If there is deficiency, all of us must join in correcting it.

We are learning that we do better by working with one another rather than against one another.

There are many high-flown phrases being used to describe this evolution in our society.

I say it is simply pragmatism -- a word meaning "What counts is what works."

Achievements of Private Practice of Medicine

We know that the principle of private practice works. It has given us medical pre-eminence. Private practice must be strengthened and maintained in America.

In that framework we are evolving a new and pragmatic partnership -- a working, voluntary partnership between government and the institutions and professions concerned with the health of our people -- a partnership in which no partner is all dominant . . . in which all partners retain their independence and identity.

Successes of Private-Public Teamwork

Partnership has been in effect for two decades in the Hill-Burton program. It has been highly visible in 8 thousand projects, in every state in the nation, adding some 4 hundred thousand hospital beds.

A portion of the funds involved -- some two and a half billion dollars -- were federal, but an additional 8 billion dollars were raised locally, and all these facilities were locally planned and are locally operated.

In the 1950's, partnership took a new form -- federal aid to research scientists. Some feared that this meant "government control." But experience demonstrated otherwise. And it is generally agreed that this partnership between federal funds and private medicine proved highly fruitful -- playing a large part in gaining for the United States a position of leadership in the biological sciences.

Another phase of this partnership came last year, with Medicare.

This program has now been in effect for eight months. From what we have seen thus far, I think it can be called a success.

Respect for Physician-Patient Relationship

The traditional inviolability of the physician-patient relationship has not, in fact, been breached. Rather, both physicians and patients have benefited.

In the first six months of Medicare, two and a half million elderly patients received hospital care, for which the hospitals received over a billion dollars.

Three and a half million elderly Americans received the services of physicians, who were paid more than a hundred million dollars.

Of course, there have been problems -- but none smacking of domination or regimentation. They have been rather the administrative problems inevitable in any new undertaking. Generally, it has been a rewarding experience for all concerned -- not merely in dollars but in the profoundly human terms of needed services provided and received.

Teaching Hospitals and the Community

There is another important area of association and cooperation which we must expand and strengthen. That is the role of public and private hospitals -- and particularly of university medical schools -- in the community.

These institutions are centers from which physical and mental health services can radiate out into the community.

They can reach beyond their immediate neighborhoods.

Through proper deployment of organization, facilities, and trained personnel -- and with the support of other community services -- they can be major energizing forces in serving networks of neighborhood health centers.

This new approach is already being tested in a number of places, from Boston to Mississippi and from New York City to California, and it is working well.

Our medical schools and hospitals are taking the initiative. They are not waiting for problems to come to them. They are reaching out into the community to deal with them in their early stages, before they become serious.

Students Learning by Doing

And, may I add, colleges of law . . . of engineering . . . of education . . . even of liberal arts, are following the lead of our medical schools and hospitals in adopting this approach.

Other professions are learning, as medicine already knows, that experience does not dilute education -- in enriches it and gives it immediacy and real meaning. They are learning that both faculty and students can grow and help themselves -- as well as those they serve -- by directly serving their communities.

Regional Medical Programs

Consistent with other sound principles, the Department of Health, Education and Welfare has launched a comprehensive study and action program for the regionalization and decentralization of health services, with the aid of some of the most distinguished medical leaders in this country.

Its purpose is to make the highest quality of medical services available to every American, by helping the private physician to do his work in the most efficient manner possible. The budget for the fiscal year 1968 -- which begins on July 1 of this year, includes 141 million dollars for this purpose. This is an investment in medical excellence.

The regional approach is also being used to step up our efforts to reduce the present high mortality from heart disease, cancer, and strokes. There will be 34 regional programs reaching one-half of the American population this year, and they will expand to cover the other half in subsequent years.

All in all, our federal investment in the nation's health will total 3 billion dollars for fiscal year 1968 -- over a billion in the National Institutes of Health, with which you in cardiology have worked so closely and fruitfully.

You, as eminent representatives of a most eminent profession, face an opportunity in the years ahead which few in our nation will have.

Change as an Ally For Progress

It is the opportunity to creatively meet, within a free and democratic framework, the new and growing needs of 21st Century America.

We are in the midst of change -- urbanization -- a communications explosion -- a great national effort to eradicate poverty and discrimination . . . the thrust of industrial society to meet not only the material, but the spiritual and human needs of its people.

You, perhaps more than any single group of leaders in America, have the opportunity to make that change not mankind's master, but its servant.

You have the chance to exert leadership in your profession . . . in your communities . . . in your private practices and in your hospitals and medical societies to insure that change in the last third of this century will be change for the better.

International Technical Possibilities

We have ahead of us almost unlimited technological possibilities.

With the aid of computers, we can establish a World Bank of Medical Knowledge, to which specialists of all nations can contribute -- and from which they can draw.

With the help of communications satellites, cardiologists from all over the world can simultaneously hear about new techniques from their colleagues -- and see them used as well.

With the aid of new devices, we can make available to those who critically need them individual hearts and kidneys -- even transplanted vital organs.

We can do these things if we have the wisdom to put technology to proper use.

For technology itself is neutral. Its usefulness depends on how we use it.

Opportunities for Health Advances

If we use it well, I believe that within 15 years:

We can practically eliminate our most prevalent communicable diseases;

We can eliminate the present wide gap between the health services available to Negro and to white Americans;

We can assure all expectant mothers quality pre- and post-natal care;

We can increase life expectancy to 75.

These are high hopes for the American people, and challenging goals for those of us who are concerned with the nation's health.

In the years immediately ahead all of us will be put to the test -- the test of whether our democracy can provide a full and rewarding life to all its citizens as well as some . . . of whether we can bring new opportunity to those who have too little as well as those who have enough.

The most basic opportunity of all -- the opportunity without which there is no other -- is the opportunity for health.

To provide this opportunity is the challenge that together we can, and shall, meet in the tomorrows that lie ahead.

REMARKS

VICE PRESIDENT HUBERT HUMPHREY

AMERICAN COLLEGE OF CARDIOLOGY

WASHINGTON, D. C.

FEBRUARY 18, 1967

Dr. Grintenfeld

Dr. Lellie

Dr. Corday

Dr. Hudson

Representatives of other countries

Pres Elect
Dr. W. Koff
Ly Koff

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That is not
Privilege -
It is Basic
Human Right.

Therefore, I want to discuss frankly with you tonight something that ~~is on all our minds and consciences~~ Should concern all of us --

better health care for those who need it most: I mean the poor and deprived.

and In the process of responding to their needs, we can, I believe, see in clearer perspective how to best respond to the health needs of every American in every income bracket.

←
thomas wolfe

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↳ Yes, "how come?"-- particularly when we note that many of these youngsters lived within a few blocks of some of

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These institutions are centers from which physical and mental health services can radiate out into the community.

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↳ This new approach is already being tested in a number of places, [from Boston to Mississippi and from New York City to California, and it is working well.]

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And, may I add, colleges of law ... of engineering ...
of education ... even of liberal arts, are following the lead of
our medical schools and hospitals in adopting this approach *to the community*
They are learning by serving.
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a comprehensive study and action program for the regionalization
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Tremendous Change - Progress!

It is the opportunity to creatively meet, within a free and democratic framework, the new and growing needs of 21st century America.

We are in the midst of ^{vast} change -- Science, Technology urbanization ...

a communications explosion ... a great national effort to eradicate poverty and discrimination ... the thrust of industrial society to meet not only the material, but the spiritual and human needs of its people.

You, perhaps more than any single group of leaders in America, have the opportunity to make that change not mankind's master, but its servant. !

You have the chance to exert leadership in your profession ... in your communities ... in your private practices and in your hospitals and medical societies to insure that change in the last third of this century will be change for the better.

You Can Medical Care in Vietnam
Amazing - Hospitals
Health Care to the People.

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At time
for
testing!

① Vietnam
Medical
Care

World Health - the Doctor-Diplomat!
International Health Act. Building Peace
Peace Makes!

The most basic opportunity of all -- the opportunity without which there is no other -- is the opportunity for
health.

To provide this opportunity is the challenge that together we can, and shall, meet in the tomorrows that
lie ahead.

#

POSSIBLE TRIBUTES

Lillehei -- In this great assembly, it would be almost impossible to refer to individual physicians whose superb achievements ~~have come to my attention~~ *are known to* the whole world.

But at the risk of omitting so many others, may I mention with what special pride I view the work of your great President, Dr. ~~(Clarke)~~ Walton Lillehei. It would be impossible to tell the story of American surgery without his great name.

His is one of the great families of American medicine, a family which has brought special honor to the state which I was happy to represent for 16 years in the U. S. Senate. I salute, too, his distinguished brother, Dr. Richard Carlton Lillehei and their father (a dentist) who is present tonight.

Whellist
Corday

-- No reference to the International Program of
the American College of Cardiology would be complete
without reference to the work of the founder of the
International Circuit Program, your distinguished
Immediate Past President, Dr. Elliott Corday.

L Throughout the overseas lecture tours, since 1961,
Dr. Corday has been in touch with my office as he
worked with the Department of State to assure the
maximum fruitfulness of this great effort in medical
cooperation and diplomacy.

Dr. Hudson #####

Pres. AM-A

Mr. Lykoff - Pres. Elect

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