

002001

REMARKS

OF

THE HONORABLE HUBERT H. HUMPHREY

FOR THE COMMEMORATIVE SYMPOSIUM

FOR

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UNIVERSITY OF MINNESOTA

JUNE 4, 1970

ch. Shannon

Dr. Gaylord  
Anderson

Health -  
a mandate  
from the People!

There are many challenges confronting our  
great nation --

- the challenge of peace
- the challenge of brotherhood
- the challenge of economic justice.

June 7, 72

Each has its great significance, demanding  
the application of new strategies and the reevaluation  
of old priorities.

It is a time of change and institution  
testing.

We cannot make do with old ways and old  
standards that no longer do the job.

For all of this, we must in the final analysis  
come to grips with how we are going to harness the  
great energy of our New <sup>Science</sup> Technology.

George Westlake

└ We send men to the moon.

└ And we are engulfed by a flood of things  
from a seemingly bottomless cornucopia.

└ We have acquired great knowledge, but far  
too little wisdom.

└ The New Technology must be welded to the  
art of life. Humanity must be enriched by its  
power, not threatened by it.

There are fashions in public affairs as  
there are in all things. Today there is a tendency  
to view every problem as a new crisis -- appearing  
suddenly -- demonlike -- without warning. └ But  
perspective and experience teach us otherwise,

└ Strident and militant appeals are not conducive  
to the long haul that the solution of complex  
problems demands. └ Those of ~~us~~ who have dedicated  
~~their~~ energies to the issues of peace, brotherhood,  
pollution and poverty since before yesterday can  
attest to that. └ And so it is with the issue I

want to discuss with you today -- the problem of  
health care in the United States -

and the Training  
of Health Care Professionals.

✓ Last year we spent over \$60 billion for health care. ✓ Those expenditures were second only to military spending. Our expenditures for health were almost 7% (actual 6.8%) of our gross national product (GNP). ✓ Incidentally, that compares to 4.5% of our GNP twenty years ago. ✓ Sweden's health care expenditures were 5% of GNP and Britain's were 4%.

Did our greater proportionate expenditures buy us better health care? *Very little*

~~Unhappily they did not.~~

✓ How healthy is our nation?

.....Among the nations of the world, the United States ranks sixteenth in infant mortality rates!

.....In comparative standings in life expectancy, America shows up dismally, time and again, below the top dozen! (The men of 20 countries and the women of 11 countries live longer than American men and women.)

.....Based on minimum standards set by Medicare, one-third of all hospitals are not accredited and ten percent

of all hospital patients are admitted  
to non-accredited hospital beds

.....While Medicare and Medicaid programs,  
in combination with the health insurance  
industry, cover some portion of health  
costs for eighty percent of our citizens,  
two-thirds of all personal health costs  
remain uninsured.

*And*.....Thirty million Americans have no health  
insurance at all. *And*

Therefore, the inescapable conclusion is  
that in the United States the medical-care delivery  
system -- that is people-care as opposed to technological  
development -- is not working efficiently or effectively.

~~As a nation, we remain distressingly unsophisticated  
in the development of public policy in the field of  
health services.~~

~~Our ability to resolve today's critical crises  
in health care depends on our national will. As with  
so many other tough societal problems, the ultimate  
determination is a matter of the priorities we set  
for ourselves as a democratic society.~~

Centuries ago, science and technology offered mankind freedom from the tyranny of superstition. For a century, science and technology have offered the prospect of freedom from hunger and from the ravages of the elements.

↳ In our generation, science and technology offer man a longer life and the easy prevention of unwanted life. For the next generation, science and technology promise freedom from disability and disease and added facility in the miraculous transplants of hearts, livers, lungs and other essential life-maintaining organs.

*The Future!*

↳ But at the same time that we receive these life-sustaining gifts, there is a paradoxical expansion of the life destroying arsenal.

*Paradox*

↳ We have weapons that can wipe out humanity in an instant.

↳ We have industrial emissions that poison our atmosphere and our waters.

↳ We have transit systems and vehicles designed for movement -- that make movement all but impossible.

↳ We have ~~advance~~ automation -- which increases productivity but tends to destroy the old skills and personal identity of our workers -- ~~and also carries with it the resulting threat of unemployment.~~

*L* We have a fine new medicine chest of wonder drugs <sup>*often*</sup> with price tags far beyond the reach of many of our citizens.

*Keep But,*

We cannot blame our scientists and our technicians for the way we apply their science and technology. The decision is ours. We can let science and technology be our servant and we can by inaction let it become our master. The responsibility lies at our own doorstep.

*Keep*

Diversions are plentiful today, and they come easily to a majority of our citizens.

But some -- a minority we can ill afford -- still struggle to achieve even the rudimentary products of a civilized society.

*Paradox*

*L* How do we resolve this paradox? How can the most affluent and technologically advanced society in the history of the world meet the health needs of all of its citizens.

*X*

*L* More specifically, how can our improved concepts of governmental responsibility, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities and our highly trained practitioners --

how can these forces unite in effective collaboration to deliver good health to the people who make all these enterprises possible?

While the accelerated pace of inflation brings alarm and public outcry, the increase in health costs is more than double that of the overall rise in the cost of living -- and they are fast moving out of reach of middle -- as well as low -- income citizens.

COSTS

002008

It is ironic to note that a preponderant number of states in our wealthy nation require automobile liability insurance -- but not one is yet brave enough to advocate the most minimal health coverage for all its residents.

*But, we know that*

The health care crisis is not new; it did not spring upon us without warning or omen.

↳ The comparative standing of the United States in health -- the figures I cited a moment ago -- is no revelation to this audience. These statistics are well known to us.

*But,* they reveal serious deficiencies in the basic planning, design and operation of our health-care system.

They reveal further, a failure of our society to establish the national priorities which are necessary to provide every citizen full access to humane and comprehensive health care.

*I think* The time has come in this country to get both our priorities and our systems straightened around and functioning properly.

*Keep*



002009

2 It is time for medical statemen to invade the jumble of unplanned, uncoordinated, unsophisticated, unresponsive health care systems and come up with significant changes that enable us to utilize our health resources efficiently and economically.

~~Today must~~  
1 Medical care is organized as "crisis" medicine rather than preventive medicine. The United States is the only major Western nation that does not have a national health care plan for the majority of our citizens.

2 The former Secretary of HEW, John Gardner, now the head of the Urban Coalition, says the present system of medical care delivery is "outworn, expensive, and outrageously inefficient". 3 Nearly everyone seems to agree that something needs to be done to bring modern medical care in closer conformity with the needs of the people and their ability to pay.

~~We pride ourselves on our efficiency. Surely we should apply these standards to medical care.~~

002010

The Public Health Service recently reported that 776 hospitals maintained facilities for open-heart surgery -- but 31% of those hospitals had not used the capability for a year. In New York City alone, twenty hospitals maintained expensive open-heart surgery facilities. Just five of those hospitals did 2/3 of all such operations.

This type of empire building and duplication is one of the factors contributing to sky-rocketing medical care costs.

Medical costs must be brought into line. The elimination of waste and duplication is essential to this end.

Group practice systems, such as the Kaiser-~~Permanente~~ Plan on the West Coast and New York's Health Insurance Plan (HIP), give far broader care than the much more limited health -- really sickness -- insurance plans. (Studies of the Kaiser Plan have demonstrated that its health services cost one-fourth to one-third less than the same package of services would cost outside the system. Group practice doctors see more patients -- 15 to 20% more -- and have more free time to keep up with the latest research.

002011

They can do that because of the para-professional staff support they receive and because they are relieved of the business responsibilities of medical practice.

↳ Group practice patients experience 30% less hospitalization because there are no economic reasons to hospitalize patients and because patients receive preventive care.

The Kaiser Plan, for example, provides an incentive for efficiency. ↳ The doctors and the hospital share the financial risks with the patient. Prepaid monthly charges are set on an annual basis. ↳ If costs exceed revenues the system must absorb them. However, if operating costs are reduced below projections, bonus funds are shared by doctors and hospitals. In 1968 each eligible doctor in Kaiser's northern California region received a bonus of \$7,900.

*John to,* Many insurance programs only provide benefits when the patient is hospitalized, thereby encouraging doctors to place patients in hospitals.

Yet we find that laws in 20 states still apply crippling restrictions on group practice. ↳ The medical profession itself must act to correct this injustice to a nation in need of improved medical service.

✓ Final  
- G. HETTOES  
SMI THOM

✓ A well conceived and coordinated system of health care -- one which deploys doctors and hospital beds rationally and intelligently, one which provides comprehensive health care for all Americans is now a matter of urgent national policy. (your plan here)

Significant and responsible warnings have been sounded. In 1967 the National Advisory Commission of Health Manpower reported that "medical care in the United States is more a collection of bits and pieces (with overlapping, duplication, great gaps, high costs and wasted effort) than an integrated system in which need and efforts are closely related."

✓ There are serious shortages of doctors and nurses, as well as other medical personnel. !! Penman

\* ✓ Even if we could double the present annual output of our medical schools ~~from less than 9,000 doctors a year~~ -- it would take 20 years -- given population growth and attrition -- before we could make an appreciable change in the patient-to-doctor ratio. also

~~Furthermore~~, the Health Manpower Commission <sup>also</sup> warned ~~us in 1967~~ that "if additional personnel are employed in the present manner and within the present patterns and 'systems' of medical care, they will not avert, or perhaps even alleviate, the crisis."

Medical School

002013

Unless we improve the system through which health care is provided, care will continue to become less satisfactory."

Yes, we do need more doctors -- especially general practitioners -- and we do need more nurses and more medical technicians. We do need to revise curricula in our medical schools. We must open careers in medicine to blacks and other minorities. There are fewer members of minority groups in the medical professions today than there were fifteen years ago. Their participation is essential to our good health.

*See this*

It is, I repeat, a question of priorities and planning.

*Keep*

The Committee on National Health Insurance has concluded that -- regardless of the ultimate decision on how the financial burden should be shared -- comprehensive health care is unattainable in this country without bold restructuring of the American health system.

Recently, an advisory task force headed by Blue Cross Association President Walter M. McNerney reported back to HEW Secretary Robert Finch that "federal programs that create a demand for health services should assume some of the responsibilities for supplying them" and recommended that Medicaid -- and possibly Medicare -- dollars provide health services instead of just footing the cost of rising hospital and doctor bills.

14-  
It seems, the only medical insurance  
we can buy is sickness insurance.

I am pleased to see -- even so belatedly -- official  
recognition that the only medical insurance we can buy  
in this country today is sickness insurance.

With the exception of a handful of closed panel  
medical -- primarily on the West Coast -- no insurance  
on the market today provides any benefits for preventive  
medical care -- for annual check-ups, for routine cancer  
tests, for immunization or inoculations against killer  
diseases.

There is no incentive for health in our so-called  
health plans, only partial reimbursement to prevent  
sickness from being financial catastrophe -- for those  
who can afford that protection.

But Health care should not be a matter of privilege.  
It is a right as basic as those itemized in the Bill of  
Rights -- and requires prompt action to relieve the most  
immediate injustices -- those affecting the poor and the  
aged on fixed incomes.

~~But we cannot let these immediate needs blind us  
to the urgent long-range need to restructure our entire  
health-care system.~~

002015

Before turning to the question of what should be done in restructuring the American health system, I am compelled to note an action that should not have been taken.

*Don't cut Research*

✓ I refer to the President's health cutting veto of the appropriation of funds for the Department of Health, Education and Welfare. The Administration cut \$26.4 million from funds for medical research. Medical schools were hard hit with a loss in the Health Education Fund of \$1.1 million and the Nurse Training Program of \$1.7 million. The veto further reduced the budget for the National Cancer Institute and the Heart Institute by a total of \$21 million.

*21 million*

How tragically shortsighted. Heart and cancer disease rank as the top two causes of American deaths.

✓ Cutting funds available to medical schools for research, loans, scholarships and supplements to professors, has its greatest impact in discouraging the recruitment of young men for medical research.

✓ We are cutting off the plant at its roots.

Restructuring -- to be effective -- will require the concerted effort of all citizens -- of the members of the health professions -- and their associations -- of public health officials, the insurance industry and the pharmaceutical industry, labor and management and -- perhaps most importantly -- of the health consumer.

Such a Health Coalition -- ~~such~~ a working force of dedicated, creative individuals and organizations -- can do for the health of the nation what the Urban Coalition hopes to do for our cities.

Such a Coalition -- manning medical <sup>"</sup>think tanks<sup>"</sup> and staffing medical task forces -- can design a health-care system in keeping with our unique American traditions -- yet fully responsive to the needs of all citizens; ~~health-care system appropriate to our advanced and affluent nation's needs and desires.~~

Such a health-care system is possible only in a society which has its priorities straight -- a society that puts the health and well-being of its citizens at the top of its agenda.

In the fall of 1967, a major electrical power failure on the East Coast forced us to recognize the need for a National electrical grid system.



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medical costs.

002017

The present black-out in our health care calls for the creation of a national grid for medical services.

~~The carrot of federal funding should be used to create acceptable standards and to avoid duplication and waste.~~

*Preventive*

A system of health testing and preventive health care must be inaugurated. Computer technology, now used so efficiently by hospitals in the preparation of bills, should be expanded to store the basic health profile of all patients for future reference.

It will save time and money for patients, doctors and hospitals.

A national program of health testing will provide the core of a new rational medical care delivery system.

To relieve our over-burdened doctors, we must increase the number and utilization of para-medical personnel. They can do the testing, take the X-Rays and provide necessary inoculations that now impose on physicians' time.

*armed services*

*Pharmaceutical*

*(Not Service - Students)*

Minority group opportunity in the medical and para-medical professions must be expanded. The social philosophy of medicine in service to the community must be preserved.

① *Helicopter Service*  
*T.V. -*

That can be done only if the full participation of all citizens in those professions is obtained through active solicitation and support.

We must aid the mentally ill. We need more community health centers. We must accelerate research into the prevention and treatment of mental illness and retardation.

We need more community health centers -  
We must establish a Child Health Opportunity Program to insure that needy expectant mothers and children receive good medical care - prenatal + post-natal

We must expand Medicare and Medicaid coverage, with appropriate cost controls.

We must expand and modernize hospital facilities, but  
Research funds must be restored. Also experiment to make them more efficient

The urgently needed restructuring of our health care system will require the cooperation of all citizens.

All of us working together can design a health care system in keeping with our American traditions -- yet fully responsive to the needs of all citizens.

Yes, Dr. Anderson - Health is a mandate from the People!  
 Our health care system is a bridge to the future.

You and I - our children and grandchildren -- are going to cross it together.

I want to build it strong.

Let it be our gift to this great Republic as  
we approach our 200th year.

Let future generations -- on the other side of  
that bridge -- look back and say of us:

"Those were men of vision.

They built a health care system  
to meet the needs of a Nation."



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