

ADDRESS OF SENATOR HUBERT H. HUMPHREY
WESTERN PENNSYLVANIA GOVERNOR'S HEALTH CONFERENCE

Pittsburgh, Pennsylvania

April 25, 1974

It is a privilege to have this opportunity to speak to you today about the state of our nation's health care and some measures that I believe would substantially improve it.

But first, I want to compliment Governor Shapp and all of those who have made these conferences possible.

I have been convinced for years that programs like the one planned for today -- bringing together providers and consumers of health care with those having public responsibility in this area -- are an essential prerequisite to meeting our common goal of providing quality health care to all our citizens -- rich or poor, black or white, urban or rural -- at prices they can afford to pay.

It is about time we all realized that, like it or not, each of us, and the interests we represent, will play an important role in determining how health care will be provided to Pennsylvanians and all Americans.

For too long we have been isolated from each other, with consumers complaining to fellow consumers, providers talking mainly with each other, and public officials often in a position of having to choose between two extremes. Only by coming together as we have today can a basis of understanding develop that can lay a solid foundation for the improvements in our health care system that we all desire.

The timing of this conference is most appropriate. Decisions will be made in the next several months here in Pennsylvania, and in other states around the country, as well as by the federal government, that will profoundly influence our ability to meet the health care needs of our citizens for generations to come.

Despite great strides that have been made through the efforts of dedicated health professionals in prevention and treatment of illness, injury, and disability, and despite the fact that many Americans receive excellent health care, at prices they can afford, far too many of our people remain outside or on the periphery of our nation's health care system.

For millions of Americans, our health delivery and financing systems are a failure.

It is incredible that the United States, the richest nation in the world in natural, financial, and human resources, ranks well below many other industrialized nations in the health of our people.

This is particularly disturbing when we consider the cost of health care to our people.

Americans spent over \$83 billion for health care services in 1973.

Medical care costs rose more than 81% from 1960 through February, 1974, over one-third faster than the rise in consumer prices as a whole.

Another disturbing fact is the continuing critical health manpower shortage in our country. While Congress has taken several steps to alleviate this problem, more must be done.

Today 20% of our nation's doctors are foreign trained, and we bring in over 5,000 new foreign doctors each year -- many coming from nations that can ill afford to give up these highly trained and desperately needed physicians.

Perhaps even more serious than the absolute shortage of doctors, nurses, and other health professionals is their maldistribution.

Unbelievable as it is, many central city and rural areas in the United States have fewer doctors per person than many Latin American countries, and some doctor-to-people ratios in these areas are comparable to those found in India and Bangladesh.

More must be done to correct these intolerable conditions.

We cannot continue to accept the rationalization of this situation as an unfortunate by-product of free enterprise medicine.

The staggering increases in the cost of medical care, and the failure of public and private health programs to keep up with them, has caused great hardship for millions of Americans. Health insurance today covers only 37 cents of each consumer dollar spent on medical care in the country. The remainder must come out of his or her pocket.

For some people this means making choices they should not be forced to make.

Will a senior citizen pay the light bill or go to the dentist?

Will a young mother buy her child new shoes or a check-up with the pediatrician?

Will a middle-aged father use up the money set aside for his son's education to have surgery to prevent a worsening of his heart condition?

But for the very poor, these may be no choices at all.

Adequate health care cannot be allowed to continue to be available on a "cash and carry" basis, limited in availability to those who can pay the price.

I believe that good health care is a basic right of every American citizen. Without it, he cannot possibly exercise his inalienable right to pursue happiness.

For this reason, I have fully supported, for 25 years in the Senate, enactment of a comprehensive national health insurance plan. No one can predict today the exact details of the national health insurance plan that will be enacted. Congress has a number of proposals before it for consideration.

But one thing is certain: we will have a national health insurance program that goes well beyond anything the government has done in the health field in the past -- and we will have it soon.

I believe that whatever plan is adopted must conform with three basic principles:

1. That every American must be treated equally in having access to quality health care.
2. That comprehensive health care services must be readily available at the lowest possible cost.
3. That government has a direct responsibility in seeing to it that these services will be provided and that these cost objectives will be met.

Two areas of special concern to me, and in which I have proposed specific legislation, are maternal and child health care and care of the chronically ill. I would like to briefly outline my concerns and recommendations in these special problem areas for your consideration.

Even more serious than the general shortage and maldistribution of medical manpower, is the critical scarcity of medical personnel providing primary health care to children.

More than 1,600 counties with over 23 million people do not have a single active resident pediatrician.

And it was very disturbing for me to learn just how many children either have not visited a physician or do so far too infrequently to receive adequate health care. A recent study revealed that 18.7% of all children 0-5 years old and 39.2% of the children 6-16 years of age had not seen a physician in the year prior to the study.

In reviewing recent data it becomes painfully apparent that the failure to regularly visit a physician is most serious among low-income families. For example, 62% of the children under 17 in low-income families, according to a recent study, have never been in a dentist's chair, compared to 27% from higher income families.

Obviously something needs to be done to improve the access to good health care for these children.

I have introduced the Child and Maternal Health Care Extension Act to help solve this serious problem. It would signal the initiation of a new child and maternal health care policy for the United States. It would authorize a program guaranteeing that all infants, children, and pregnant women, without regard to their place of residence or family income, will have equal access to medical diagnosis, screening, and comprehensive medical care.

Among other things this bill would:

- establish mobile health care facilities in physician shortage counties across the nation;
- authorize an extensive program of grants to institutions of higher learning specifically for the training of pediatric nurse practitioners; and
- provide a number of new programs to assure that children suffering from life-threatening and catastrophic illnesses will receive needed medical care, regardless of their parents' income.

A second area demanding urgent attention is the treatment of the chronically ill.

Today, over 700,000 Americans are long-term hospital patients, and over one million more are patients in nursing homes. In addition, almost 20 million people who are not in institutions have disabilities severe enough to restrict or prohibit major activities.

At present, we do not have a comprehensive, humane, and cost-effective system to meet the health care needs of chronically ill or disabled persons. Such a system must be developed in fairness to these people and in order to remove a severe burden from our hospital facilities.

For this reason, I have proposed enactment of the National Chronicare Demonstration Center Act of 1974.

Basically, this proposal would provide grants for the development of programs offering a comprehensive range of services to the chronically ill residents of areas with different needs and health care capabilities.

More specifically, HEW would make grants to a limited number of community chronicare health centers serving rural, suburban, and urban populations. These projects would then be closely monitored and evaluated for the lessons they might provide for other similar communities.

The fundamental purpose of this legislation is to provide a solid foundation of hard facts and in-depth analysis for establishing a firm commitment to an ongoing program of long-term health care for the chronically ill.

Given the skyrocketing costs of hospital care, the excessive portion of hospital costs resulting from treatment of chronic conditions, and the tremendous potential of alternative delivery systems for providing quality care to the chronically ill at lower costs, I believe we need this legislation and the answers it can provide. And we need the answers just as soon as it is possible to get them.

Another area of continuing major concern to me is care for the mentally and physically handicapped. I have and will continue to give this important area my special, personal attention.

In this regard, and attempting to remain non-partisan here today, I will fight with all my power to prevent a further erosion in these programs by an indifferent Administration.

No action by this Administration has infuriated me as much as the President's callous veto, on economic grounds, of the original Rehabilitation Act of 1973. This was incomprehensible, insensitive, and inhumane. It will always stay in my mind as the low point in the American Presidency.

Finally, I would like to mention a silent crisis that our nation faces. It does not receive the attention of Watergate, the environment, or the energy crisis. But it is a crisis and a problem that saps the strength of our nation's most valuable resource -- its people.

That crisis is malnutrition.

Malnutrition is not a hypothetical problem or one only affecting underdeveloped nations of the world. It is a problem of incredible proportions right here in our own country -- particularly in our hard-pressed cities and declining rural areas, and especially among the young.

Hundreds of thousands of American children are robbed of their God-given potential before they are even born or begin to walk.

Research findings clearly show that malnutrition during the last three months of pregnancy, and certainly during the first month of life, may seriously hurt a child's intellectual development and learning ability.

Malnutrition slows the body's growth, retards its maturation, limits its ultimate size, and makes it much more susceptible to damaging diseases.

If prolonged, malnutrition seriously reduces productivity throughout life.

While malnutrition affects many groups in our society, its greatest price is extracted from the children.

Our nation cannot afford -- in dollars and cents -- to let these children grow up without their full mental and physical abilities because they were deprived of proper food.

We cannot afford this tragic loss -- and we can prevent it.

This is why I have constantly fought to expand our federally-assisted school lunch and other child nutrition programs.

In addition, two years ago I sponsored legislation to establish a Special Supplemental Food Program for Women, Infants, and Children.

The purpose of this program, now law, is to insure that pregnant women, infants, and young children, living in poverty, are provided with the proper highly nutritious diet that they need. This program may have its shortcomings, but it has brought some fantastic results.

I have seen the terrible effects of hunger on innocent children.

I have seen the small stature, the weak and underdeveloped muscles.

I have seen the anemia that drains all vitality from the body.

And I have seen the yearning for help in the glazed eyes of hungry children.

But, I have had the joy that comes with watching the light of life begin to flicker and then glow in these children when they have a decent diet.

Child nutrition is one of those rare problems that appear to be within our power to solve. All that is presently lacking is the will to solve it. I challenge all of you -- providers, consumers, government and business leaders -- to join me in my commitment to eliminate the scourge of hunger and malnutrition from Pennsylvania and from the entire nation.

In conclusion, as one who believes that adequate health care is a right of every American, I find the extent to which this right continues to be reserved to those who can afford to purchase it, simply intolerable.

There is no more justification for marketing health care today on the auction bloc to the highest bidder, than there was a man's freedom in the past.

Both are basic human rights, as I see it, and should not be matters for decision in the marketplace.

I ask all of you to keep in mind in your important work the wisdom in the old proverb which says:

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

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✓ Gov Shapp
- Mayor Pete Flaherty

✓ Leonard Staisey - Commissioner

✓ Dr Virginia Washburn

- Secretary J. Lester Speller (Dr)

~~Arthur~~ Miller

ADDRESS OF SENATOR HUBERT H. HUMPHREY

WESTERN PENNSYLVANIA GOVERNOR'S HEALTH CONFERENCE

PITTSBURGH, PENNSYLVANIA

APRIL 25, 1974

*Gov Shapp
has fallen
fast to
the people*

IT IS A PRIVILEGE TO HAVE THIS OPPORTUNITY TO SPEAK TO YOU
TODAY ABOUT THE STATE OF OUR NATION'S HEALTH CARE AND SOME
MEASURES THAT I BELIEVE WOULD SUBSTANTIALLY IMPROVE IT.

L BUT FIRST, I WANT TO COMPLIMENT GOVERNOR SHAPP AND ALL
OF THOSE WHO HAVE MADE THESE CONFERENCES POSSIBLE.

(Pharmacist - Son of Pharmacist - Daughter a nurse)

I HAVE BEEN CONVINCED FOR YEARS THAT PROGRAMS LIKE THE
ONE PLANNED FOR TODAY -- BRINGING TOGETHER PROVIDERS AND
CONSUMERS OF HEALTH CARE WITH THOSE HAVING PUBLIC RESPONSIBILITY
IN THIS AREA -- ARE AN ESSENTIAL PREREQUISITE TO MEETING
OUR COMMON GOAL OF PROVIDING QUALITY HEALTH CARE TO ALL
OUR CITIZENS -- RICH OR POOR, BLACK OR WHITE, URBAN OR RURAL --
AT PRICES THEY CAN AFFORD TO PAY.

It IS ABOUT TIME WE ALL REALIZED THAT, LIKE IT OR NOT,
EACH OF US, AND THE INTERESTS WE REPRESENT, WILL PLAY AN
IMPORTANT ROLE IN DETERMINING HOW HEALTH CARE WILL BE PROVIDED
TO PENNSYLVANIANS AND ALL AMERICANS.

For TOO LONG WE HAVE BEEN ISOLATED FROM EACH OTHER, WITH
CONSUMERS COMPLAINING TO FELLOW CONSUMERS, PROVIDERS TALKING
MAINLY WITH EACH OTHER, AND PUBLIC OFFICIALS OFTEN IN A POSITION
OF HAVING TO CHOOSE BETWEEN TWO EXTREMES ONLY BY COMING
TOGETHER AS WE HAVE TODAY CAN A BASIS OF UNDERSTANDING DEVELOP
THAT CAN LAY A SOLID FOUNDATION FOR THE IMPROVEMENTS IN OUR
HEALTH CARE SYSTEM THAT WE ALL DESIRE.

THE TIMING OF THIS CONFERENCE IS MOST APPROPRIATE.

DECISIONS WILL BE MADE IN THE NEXT SEVERAL MONTHS HERE IN PENNSYLVANIA, AND IN OTHER STATES AROUND THE COUNTRY, AS WELL AS BY THE FEDERAL GOVERNMENT, THAT WILL PROFOUNDLY INFLUENCE OUR ABILITY TO MEET THE HEALTH CARE NEEDS OF OUR CITIZENS FOR GENERATIONS TO COME.

DESPITE GREAT STRIDES THAT HAVE BEEN MADE THROUGH THE EFFORTS OF DEDICATED HEALTH PROFESSIONALS IN PREVENTION AND TREATMENT OF ILLNESS, INJURY, AND DISABILITY, AND DESPITE THE FACT THAT MANY AMERICANS RECEIVE EXCELLENT HEALTH CARE, AT PRICES THEY CAN AFFORD, FAR TOO MANY OF OUR PEOPLE REMAIN OUTSIDE OR ON THE PERIPHERY OF OUR NATION'S HEALTH CARE SYSTEM.

FOR MILLIONS OF AMERICANS, OUR HEALTH DELIVERY AND FINANCING
SYSTEMS ARE A FAILURE.

IT IS INCREDIBLE THAT THE UNITED STATES, THE RICHEST NATION
IN THE WORLD IN NATURAL, FINANCIAL, AND HUMAN RESOURCES, RANKS
WELL BELOW MANY OTHER INDUSTRIALIZED NATIONS IN THE HEALTH OF
OUR PEOPLE.

THIS IS PARTICULARLY DISTURBING WHEN WE CONSIDER THE
COST OF HEALTH CARE TO OUR PEOPLE.

AMERICANS SPENT OVER \$83 BILLION FOR HEALTH CARE SERVICES
IN 1973. - *and rising to close to \$100 Billion*

MEDICAL CARE COSTS ROSE MORE THAN 81% FROM 1960 THROUGH
FEBRUARY, 1974, OVER ONE-THIRD FASTER THAN THE RISE IN CONSUMER
PRICES AS A WHOLE.

ANOTHER DISTURBING FACT IS THE CONTINUING CRITICAL HEALTH
MANPOWER SHORTAGE IN OUR COUNTRY. WHILE CONGRESS HAS TAKEN
SEVERAL STEPS TO ALLEVIATE THIS PROBLEM, MORE MUST BE DONE.

TODAY 20% OF OUR NATION'S DOCTORS ARE FOREIGN TRAINED, AND WE
BRING IN OVER 5,000 NEW FOREIGN DOCTORS EACH YEAR -- MANY COMING
FROM NATIONS THAT CAN ILL AFFORD TO GIVE UP THESE HIGHLY TRAINED
AND DESPERATELY NEEDED PHYSICIANS.

PERHAPS EVEN MORE SERIOUS THAN THE ABSOLUTE SHORTAGE OF
DOCTORS, NURSES, AND OTHER HEALTH PROFESSIONALS IS THEIR
MALDISTRIBUTION.

UNBELIEVABLE AS IT IS, MANY CENTRAL CITY AND RURAL AREAS
IN THE UNITED STATES HAVE FEWER DOCTORS PER PERSON THAN
MANY LATIN AMERICAN COUNTRIES, AND SOME DOCTOR-TO-PEOPLE
RATIOS IN THESE AREAS ARE COMPARABLE TO THOSE FOUND IN INDIA
AND BANGLADESH.

MORE MUST BE DONE TO CORRECT THESE INTOLERABLE
CONDITIONS.

WE CANNOT CONTINUE TO ACCEPT THE RATIONALIZATION OF THIS
SITUATION AS AN UNFORTUNATE BY-PRODUCT OF FREE ENTERPRISE
MEDICINE.

there to,

THE STAGGERING INCREASES IN THE COST OF MEDICAL CARE, AND

THE FAILURE OF PUBLIC AND PRIVATE HEALTH PROGRAMS TO KEEP UP

WITH THEM, HAS CAUSED GREAT HARDSHIP FOR MILLIONS OF AMERICANS.

HEALTH INSURANCE TODAY COVERS ONLY 37 CENTS OF EACH CONSUMER

DOLLAR SPENT ON MEDICAL CARE IN THE COUNTRY. THE REMAINDER MUST

COME OUT OF HIS OR HER POCKET.

FOR SOME PEOPLE THIS MEANS MAKING CHOICES THEY SHOULD NOT

BE FORCED TO MAKE.

WILL A SENIOR CITIZEN PAY THE LIGHT BILL OR GO TO THE

DENTIST?

WILL A YOUNG MOTHER BUY HER CHILD NEW SHOES OR A CHECK-

UP WITH THE PEDIATRICIAN?

WILL A MIDDLE-AGED FATHER USE UP THE MONEY SET ASIDE
FOR HIS SON'S EDUCATION TO HAVE SURGERY TO PREVENT A WORSENING
OF HIS HEART CONDITION?

BUT FOR THE VERY POOR, THERE MAY BE NO CHOICES AT ALL.

ADEQUATE HEALTH CARE CANNOT BE ALLOWED TO CONTINUE TO BE
AVAILABLE ON A "CASH AND CARRY" BASIS, LIMITED IN AVAILABILITY
TO THOSE WHO CAN PAY THE PRICE.

Health care a Right

I BELIEVE THAT GOOD HEALTH CARE IS A BASIC RIGHT OF EVERY
AMERICAN CITIZEN. WITHOUT IT, HE CANNOT POSSIBLY EXERCISE HIS
INALIENABLE RIGHT TO PURSUE HAPPINESS.

My first bill - Medicare - May 1969

1950

L FOR THIS REASON, I HAVE FULLY SUPPORTED, FOR 25 YEARS IN
THE SENATE, ENACTMENT OF A COMPREHENSIVE NATIONAL HEALTH INSURANCE
PLAN. NO ONE CAN PREDICT TODAY THE EXACT DETAILS OF THE NATIONAL
HEALTH INSURANCE PLAN THAT WILL BE ENACTED. L CONGRESS HAS A
NUMBER OF PROPOSALS BEFORE IT FOR CONSIDERATION.

BUT ONE THING IS CERTAIN: WE WILL HAVE A NATIONAL HEALTH
INSURANCE PROGRAM THAT GOES WELL BEYOND ANYTHING THE GOVERNMENT
HAS DONE IN THE HEALTH FIELD IN THE PAST -- AND WE WILL
HAVE IT SOON! *(I Hope its basic features will be the result of counsel & advice from groups like this.)*

L I BELIEVE THAT WHATEVER PLAN IS ADOPTED MUST CONFORM WITH
THREE BASIC PRINCIPLES:

1. THAT EVERY AMERICAN MUST BE TREATED EQUALLY IN HAVING
ACCESS TO QUALITY HEALTH CARE.

2. THAT COMPREHENSIVE HEALTH CARE SERVICES MUST BE READILY AVAILABLE AT THE LOWEST POSSIBLE COST.

3. THAT GOVERNMENT HAS A DIRECT RESPONSIBILITY IN SEEING
TO IT THAT THESE SERVICES WILL BE PROVIDED AND THAT THESE COST
OBJECTIVES WILL BE MET.

2 TWO AREAS OF SPECIAL CONCERN TO ME, AND IN WHICH I HAVE
PROPOSED SPECIFIC LEGISLATION, ARE MATERNAL AND CHILD HEALTH
CARE AND CARE OF THE CHRONICALLY ILL. I WOULD LIKE TO BRIEFLY
OUTLINE MY CONCERNS AND RECOMMENDATIONS IN THESE SPECIAL PROBLEM
AREAS FOR YOUR CONSIDERATION.

2 EVEN MORE SERIOUS THAN THE GENERAL SHORTAGE AND MALDISTRIBUTION OF MEDICAL MANPOWER, IS THE CRITICAL SCARCITY OF MEDICAL PERSONNEL PROVIDING PRIMARY HEALTH CARE TO CHILDREN.

LESS MORE THAN 1,600 COUNTIES WITH OVER 23 MILLION PEOPLE

DO NOT HAVE A SINGLE ACTIVE RESIDENT PEDIATRICIAN.

LESS AND IT WAS VERY DISTURBING FOR ME TO LEARN JUST HOW MANY

CHILDREN EITHER HAVE NOT VISITED A PHYSICIAN OR DO SO FAR TOO

INFREQUENTLY TO RECEIVE ADEQUATE HEALTH CARE. A RECENT STUDY

REVEALED THAT 18.7% OF ALL CHILDREN 0-5 YEARS OLD AND 39.2% OF

THE CHILDREN 6-16 YEARS OF AGE HAD NOT SEEN A PHYSICIAN IN THE

YEAR PRIOR TO THE STUDY.

LESS IN REVIEWING RECENT DATA IT BECOMES PAINFULLY APPARENT

THAT THE FAILURE TO REGULARLY VISIT A PHYSICIAN IS MOST SERIOUS

AMONG LOW-INCOME FAMILIES.

L FOR EXAMPLE, 62% OF THE CHILDREN UNDER 17 IN LOW-INCOME

FAMILIES, ACCORDING TO A RECENT STUDY, HAVE NEVER BEEN IN

A DENTIST'S CHAIR, COMPARED TO 27% FROM HIGHER INCOME

FAMILIES.

(Dentistry - need)

L OBVIOUSLY SOMETHING NEEDS TO BE DONE TO IMPROVE THE ACCESS

TO GOOD HEALTH CARE FOR THESE CHILDREN.

L I HAVE INTRODUCED THE CHILD AND MATERNAL HEALTH CARE

EXTENSION ACT TO HELP SOLVE THIS SERIOUS PROBLEM. IT WOULD

SIGNAL THE INITIATION OF A NEW CHILD AND MATERNAL HEALTH CARE

POLICY FOR THE UNITED STATES (IT WOULD AUTHORIZE A PROGRAM

GUARANTEEING THAT ALL INFANTS, CHILDREN, AND PREGNANT WOMEN,

WITHOUT REGARD TO THEIR PLACE OF RESIDENCE OR FAMILY INCOME,

WILL HAVE EQUAL ACCESS TO MEDICAL DIAGNOSIS, SCREENING, AND
COMPREHENSIVE MEDICAL CARE.

└ AMONG OTHER THINGS THIS BILL WOULD:

-- ESTABLISH MOBILE HEALTH CARE FACILITIES IN PHYSICIAN
SHORTAGE COUNTIES ACROSS THE NATION;

└ -- AUTHORIZE AN EXTENSIVE PROGRAM OF GRANTS TO INSTITUTIONS
OF HIGHER LEARNING SPECIFICALLY FOR THE TRAINING OF PEDIATRIC
NURSE PRACTITIONERS; AND

└ -- PROVIDE A NUMBER OF NEW PROGRAMS TO ASSURE THAT CHILDREN
SUFFERING FROM LIFE-THREATENING AND CATASTROPHIC ILLNESSES WILL
RECEIVE NEEDED MEDICAL CARE, REGARDLESS OF THEIR PARENTS' INCOME.

Nutrition - Nutrition Educ.
Universal School Feeding Program
WIC

L A SECOND AREA DEMANDING URGENT ATTENTION IS THE TREATMENT
OF THE CHRONICALLY ILL.

L TODAY, OVER 700,000 AMERICANS ARE LONG-TERM HOSPITAL
PATIENTS, AND OVER ONE MILLION MORE ARE PATIENTS IN NURSING HOMES.

L IN ADDITION, ALMOST 20 MILLION PEOPLE WHO ARE NOT IN INSTITUTIONS
HAVE DISABILITIES SEVERE ENOUGH TO RESTRICT OR PROHIBIT MAJOR
ACTIVITIES.

L AT PRESENT, WE DO NOT HAVE A COMPREHENSIVE, HUMANE, AND
COST-EFFECTIVE SYSTEM TO MEET THE HEALTH CARE NEEDS OF CHRONICALLY
ILL OR DISABLED PERSONS. SUCH A SYSTEM MUST BE DEVELOPED IN
FAIRNESS TO THESE PEOPLE AND IN ORDER TO REMOVE A SEVERE BURDEN
FROM OUR HOSPITAL FACILITIES.

FOR THIS REASON, I HAVE PROPOSED ENACTMENT OF THE NATIONAL
CHRONICARE DEMONSTRATION CENTER ACT OF 1974.

↳ BASICALLY, THIS PROPOSAL WOULD PROVIDE GRANTS FOR THE
DEVELOPMENT OF PROGRAMS OFFERING A COMPREHENSIVE RANGE OF
SERVICES TO THE CHRONICALLY ILL RESIDENTS OF AREAS WITH DIFFERENT
NEEDS AND HEALTH CARE CAPABILITIES.

↳ MORE SPECIFICALLY, HEW WOULD MAKE GRANTS TO A LIMITED
NUMBER OF COMMUNITY CHRONICARE HEALTH CENTERS SERVING RURAL,
SUBURBAN, AND URBAN POPULATIONS. / THESE PROJECTS WOULD THEN BE
CLOSELY MONITORED AND EVALUATED FOR THE LESSONS THEY MIGHT
PROVIDE FOR OTHER SIMILAR COMMUNITIES.

THE FUNDAMENTAL PURPOSE OF THIS LEGISLATION IS TO PROVIDE
A SOLID FOUNDATION OF HARD FACTS AND IN-DEPTH ANALYSIS FOR
ESTABLISHING A FIRM COMMITMENT TO AN ONGOING PROGRAM OF LONG-TERM
HEALTH CARE FOR THE CHRONICALLY ILL.

Given THE SKYROCKETING COSTS OF HOSPITAL CARE, THE
EXCESSIVE PORTION OF HOSPITAL COSTS RESULTING FROM TREATMENT
OF CHRONIC CONDITIONS, AND THE TREMENDOUS POTENTIAL OF
ALTERNATIVE DELIVERY SYSTEMS FOR PROVIDING QUALITY CARE TO THE
CHRONICALLY ILL AT LOWER COSTS, I BELIEVE WE NEED THIS LEGISLA-
TION AND THE ANSWERS IT CAN PROVIDE AND WE NEED THE ANSWERS
JUST AS SOON AS IT IS POSSIBLE TO GET THEM.

(General Hospital administration
+ design) Rochester, Minn

Medicare - Prescription Drugs

-17-

ANOTHER AREA OF CONTINUING MAJOR CONCERN TO ME IS CARE
FOR THE MENTALLY AND PHYSICALLY HANDICAPPED. I HAVE AND WILL

CONTINUE TO GIVE THIS IMPORTANT AREA MY SPECIAL, PERSONAL

ATTENTION.

*The neglect in this area is
shameful!*

IN THIS REGARD, AND ATTEMPTING TO REMAIN NON-PARTISAN HERE
TODAY, I WILL FIGHT WITH ALL MY POWER TO PREVENT A FURTHER

EROSION IN THESE PROGRAMS BY AN INDIFFERENT ADMINISTRATION.

NO ACTION BY THIS ADMINISTRATION HAS INFURIATED ME AS

MUCH AS THE PRESIDENT'S CALLOUS VETO, ON ECONOMIC GROUNDS,

OF THE ORIGINAL REHABILITATION ACT OF 1973. THIS WAS INCOMPRE-

HENSIBLE, INSENSITIVE, AND INHUMANE. IT WILL ALWAYS STAY

IN MY MIND AS THE LOW POINT IN THE AMERICAN PRESIDENCY.

L FINALLY, I WOULD LIKE TO MENTION A SILENT CRISIS THAT OUR
NATION FACES. IT DOES NOT RECEIVE THE ATTENTION OF WATERGATE,
THE ENVIRONMENT, OR THE ENERGY CRISIS. BUT IT IS A CRISIS AND
A PROBLEM THAT SAPS THE STRENGTH OF OUR NATION'S MOST VALUABLE
RESOURCE -- ITS PEOPLE.

L THAT CRISIS IS MALNUTRITION.

MALNUTRITION IS NOT A HYPOTHETICAL PROBLEM OR ONE ONLY
AFFECTING UNDERDEVELOPED NATIONS OF THE WORLD. IT IS A PROBLEM
OF INCREDIBLE PROPORTIONS RIGHT HERE IN OUR OWN COUNTRY --
PARTICULARLY IN OUR HARD-PRESSED CITIES AND DECLINING RURAL AREAS,
AND ESPECIALLY AMONG THE YOUNG. o

└ HUNDREDS OF THOUSANDS OF AMERICAN CHILDREN ARE ROBBED OF
THEIR GOD-GIVEN POTENTIAL BEFORE THEY ARE EVEN BORN OR BEGIN
TO WALK.

└ RESEARCH FINDINGS CLEARLY SHOW THAT MALNUTRITION DURING
THE LAST THREE MONTHS OF PREGNANCY, AND CERTAINLY DURING THE
FIRST MONTH OF LIFE, MAY SERIOUSLY HURT A CHILD'S INTELLECTUAL
DEVELOPMENT AND LEARNING ABILITY.

└ MALNUTRITION SLOWS THE BODY'S GROWTH, RETARDS ITS
MATURATION, LIMITS ITS ULTIMATE SIZE, AND MAKES IT MUCH MORE
SUSCEPTIBLE TO DAMAGING DISEASES.

└ IF PROLONGED, MALNUTRITION SERIOUSLY REDUCES PRODUCTIVITY
THROUGHOUT LIFE.

L WHILE MALNUTRITION AFFECTS MANY GROUPS IN OUR SOCIETY,
ITS GREATEST PRICE IS EXTRACTED FROM THE CHILDREN.

L OUR NATION CANNOT AFFORD -- IN DOLLARS AND CENTS -- TO LET
THESE CHILDREN GROW UP WITHOUT THEIR FULL MENTAL AND PHYSICAL
ABILITIES BECAUSE THEY WERE DEPRIVED OF PROPER FOOD.

L WE CANNOT AFFORD THIS TRAGIC LOSS -- AND WE CAN PREVENT IT.

{ L THIS IS WHY I HAVE CONSTANTLY FOUGHT TO EXPAND OUR FEDERALLY-
Breakfast - Day care centers, etc
ASSISTED SCHOOL LUNCH AND OTHER CHILD NUTRITION PROGRAMS.

{ L - Universal School feeding Program - Pilot
IN ADDITION, TWO YEARS AGO I SPONSORED LEGISLATION TO ESTABLISH

A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS,

AND CHILDREN.

WIC

THE PURPOSE OF THIS PROGRAM, NOW LAW, IS TO INSURE THAT
PREGNANT WOMEN, INFANTS, AND YOUNG CHILDREN, LIVING IN POVERTY,
ARE PROVIDED WITH THE PROPER HIGHLY NUTRITIOUS DIET THAT
THEY NEED. THIS PROGRAM MAY HAVE ITS SHORTCOMINGS, BUT IT
HAS BROUGHT SOME FANTASTIC RESULTS.

I HAVE SEEN THE TERRIBLE EFFECTS OF HUNGER ON INNOCENT
CHILDREN.

I HAVE SEEN THE SMALL STATURE, THE WEAK AND UNDERDEVELOPED
MUSCLES.

I HAVE SEEN THE ANEMIA THAT DRAINS ALL VITALITY FROM THE
BODY.

AND I HAVE SEEN THE YEARNING FOR HELP IN THE GLAZED EYES OF
HUNGRY CHILDREN.

✓ BUT, I HAVE HAD THE JOY THAT COMES WITH WATCHING THE LIGHT
OF LIFE BEGIN TO FLICKER AND THEN GLOW IN THESE CHILDREN WHEN
THEY HAVE A DECENT DIET.

✓ CHILD NUTRITION IS ONE OF THOSE RARE PROBLEMS THAT APPEAR
TO BE WITHIN OUR POWER TO SOLVE. ✓ ALL THAT IS PRESENTLY LACKING
IS THE WILL TO SOLVE IT. ✓ I CHALLENGE ALL OF YOU -- PROVIDERS,
CONSUMERS, GOVERNMENT AND ^{*John*} BUSINESS LEADERS -- TO JOIN ME IN MY
COMMITMENT TO ELIMINATE THE SCOURGE OF HUNGER AND MALNUTRITION
FROM PENNSYLVANIA AND FROM THE ENTIRE NATION.

IN CONCLUSION, AS ONE WHO BELIEVES THAT ADEQUATE HEALTH CARE
IS A RIGHT OF EVERY AMERICAN, I FIND THE EXTENT TO WHICH THIS
RIGHT CONTINUES TO BE RESERVED TO THOSE WHO CAN AFFORD TO
PURCHASE IT, SIMPLY INTOLERABLE.

THERE IS NO MORE JUSTIFICATION FOR MARKETING HEALTH CARE
TODAY ON THE AUCTION BLOC TO THE HIGHEST BIDDER, THAN THERE
WAS A MAN'S FREEDOM IN THE PAST.

BOTH ARE BASIC HUMAN RIGHTS, ~~AS I SEE IT,~~ AND SHOULD NOT BE
MATTERS FOR DECISION IN THE MARKETPLACE.

I ASK ALL OF YOU TO KEEP IN MIND IN YOUR IMPORTANT WORK THE
WISDOM IN THE OLD PROVERB WHICH SAYS:

"HE WHO HAS HEALTH, HAS HOPE.
HE WHO HAS HOPE, HAS EVERYTHING."



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