

REMARKS BY SENATOR HUBERT H. HUMPHREY

AMERICAN ASSOCIATION FOR COMPREHENSIVE HEALTH PLANNING

MINNEAPOLIS, MINNESOTA

August 26, 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.

First, I want to compliment John Dilly and Ann Stringham and all of those who have made this Annual Meeting possible.

I also would like to commend your outgoing President, Clair Schroeder, for a job well done and congratulate your President-elect, Charles House of Duluth, and wish him success during this upcoming year.

I have been convinced for years that programs like the one planned for today -- bringing together providers of health care and 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 realize 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 Minnesotans 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 meetings like we have today can a basis of understanding develop that can lay a solid foundation for the improvements in our health care system.

The timing of your annual meeting is most appropriate. Decisions will be made in the next several months here in Minnesota, and in other states, 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 and state comprehensive health planning agencies in the 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.

We need more people like you making an input into our health policy decision-making process.

The Federal Government has appropriated about \$150 million since 1966 to establish and support comprehensive health planning agencies at both state and regional levels.

Currently all States have a health planning agency, and approximately 70 percent of the population is covered by 218 areawide CHP agencies.

The program represents an effort through state and community planning to overcome fragmentation in health programs and organizations, bridge gaps in health care coverage, increase coordination of services at state and local levels, eliminate duplication in facilities and services, improve the use of scarce manpower, and moderate the rapidly rising costs of health care.

But for millions of Americans, our health delivery and financing systems are inadequate. For others they 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 \$90 billion for health care services and medications in 1973, and it will rise to almost \$100 billion this year.

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.

Since price controls have ended, the Consumer Price Index shows physicians fees and hospital charges have jumped at an unprecedented rate.

In April, the last month under price controls, physician fees were rising at an annual rate of 7 percent. When controls went off in May, a 16 percent annual rate increase occurred, and in June a 22 percent increase.

Hospital rates for a semi-private room went from a 4 percent annual rate of increase in April to 16 percent in May and 24 percent in June.

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.

Moreover, 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 and hospital 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 rights of life, liberty, and the pursuit of happiness.

For this reason, I have supported, for 25 years in the Senate, enactment of a comprehensive national health insurance plan.

In 1949 I introduced my first health insurance bill in the Senate. Finally, in 1964, a revised version of that legislation was enacted in the Medicare Program.

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, including most recently the Kennedy-Mills Bill, the Long-Ribicoff Bill, and the Administration Bill.

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 and advice from groups like this.

I believe that whatever plan is adopted must conform with certain 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 about 19% of all children 5 years and under 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 resident of areas with different needs and health care capabilities.



More specifically, there would be 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. 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 bothered me as much as President Nixon's veto, on economic grounds, of the original Rehabilitation Act of 1973. This was incomprehensible, insensitive, and inhumane.

Finally, I would like to mention a silent crisis that our nation faces. It does not receive the attention of inflation, 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 months 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.

Child nutrition is one of those 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 to join me in my commitment to eliminate the scourge of hunger and malnutrition from Minnesota and 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, 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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AMERICAN ASSOCIATION FOR COMPREHENSIVE HEALTH PLANNING

FOURTH ANNUAL MEETING

MINNEAPOLIS, MINNESOTA

AUGUST 26, 1974

"Women Equality Day" - Aug 26

Mr Sommerdorf  
Gov Andersen

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.

FIRST, I WANT TO COMPLIMENT JOHN DILLY AND ANN  
STRINGHAM AND ALL OF THOSE WHO HAVE MADE THIS ANNUAL  
MEETING POSSIBLE.

↳ I ALSO WOULD LIKE TO COMMEND YOUR OUTGOING PRESIDENT,  
CLAIR SCHROEDER, FOR A JOB WELL DONE AND CONGRATULATE  
YOUR PRESIDENT-ELECT, CHARLES HOUSE OF DULUTH, AND WISH  
HIM SUCCESS DURING THIS UPCOMING YEAR.



L I HAVE BEEN CONVINCED FOR YEARS THAT PROGRAMS LIKE THE  
ONE PLANNED FOR TODAY -- BRINGING TOGETHER PROVIDERS OF  
HEALTH CARE AND 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.

Z IT IS ABOUT TIME WE ALL REALIZE 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 MINNESOTANS 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 MEETINGS LIKE WE HAVE TODAY CAN A BASIS OF UNDERSTANDING  
DEVELOP THAT CAN LAY A SOLID FOUNDATION FOR THE IMPROVEMENTS  
IN OUR HEALTH CARE SYSTEM.

(many improvements as  
Dr. Sommerdorf indicated)

THE TIMING OF YOUR ANNUAL MEETING IS MOST APPROPRIATE.  
DECISIONS WILL BE MADE IN THE NEXT SEVERAL MONTHS HERE IN  
MINNESOTA, AND IN OTHER STATES, 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.

(This election is - talk about  
Health Care)

DESPIKE GREAT STRIDES THAT HAVE BEEN MADE THROUGH THE  
EFFORTS OF DEDICATED HEALTH PROFESSIONALS AND STATE  
COMPREHENSIVE HEALTH PLANNING AGENCIES IN THE 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.

WE NEED MORE PEOPLE LIKE YOU MAKING AN INPUT INTO OUR  
HEALTH POLICY DECISION-MAKING PROCESS.

THE FEDERAL GOVERNMENT HAS APPROPRIATED ABOUT \$150  
MILLION SINCE 1966 TO ESTABLISH AND SUPPORT COMPREHENSIVE  
HEALTH PLANNING AGENCIES AT BOTH STATE AND REGIONAL LEVELS.

L CURRENTLY ALL STATES HAVE A HEALTH PLANNING AGENCY,

AND APPROXIMATELY 70 PERCENT OF THE POPULATION IS COVERED

BY 218 AREAWIDE ~~CHP AGENCIES~~ *comprehensive health planning agencies.*

L THE PROGRAM REPRESENTS AN EFFORT THROUGH STATE AND  
COMMUNITY PLANNING TO OVERCOME FRAGMENTATION IN HEALTH  
PROGRAMS AND ORGANIZATIONS, BRIDGE GAPS IN HEALTH CARE  
COVERAGE, INCREASE COORDINATION OF SERVICES AT STATE AND  
LOCAL LEVELS, ELIMINATE DUPLICATION IN FACILITIES AND  
SERVICES, IMPROVE THE USE OF SCARCE MANPOWER, AND MODERATE  
THE RAPIDLY RISING COSTS OF HEALTH CARE.

L BUT FOR MILLIONS OF AMERICANS, OUR HEALTH DELIVERY  
AND FINANCING SYSTEMS ARE INADEQUATE. *For others they are totally*  
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 \$90 BILLION FOR HEALTH CARE SERVICES AND MEDICATIONS IN 1973, AND IT WILL RISE TO *over* ~~ALMOST~~ \$100 BILLION THIS YEAR,

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.

L SINCE PRICE CONTROLS HAVE ENDED, THE CONSUMER PRICE INDEX SHOWS PHYSICIANS FEES AND HOSPITAL CHARGES HAVE JUMPED AT AN UNPRECEDENTED RATE.

L IN APRIL, THE LAST MONTH UNDER PRICE CONTROLS, PHYSICIAN FEES WERE RISING AT AN ANNUAL RATE OF 7 PERCENT, WHEN CONTROLS WENT OFF IN MAY, A 16 PERCENT ANNUAL RATE INCREASE OCCURRED, AND IN JUNE A 22 PERCENT INCREASE.

L HOSPITAL RATES FOR A SEMI-PRIVATE ROOM WENT FROM A 4 PERCENT ANNUAL RATE OF INCREASE IN APRIL TO 16 PERCENT IN MAY AND 24 PERCENT IN JUNE.

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



L 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.

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

L 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.

L MORE MUST BE DONE TO CORRECT THESE INTOLERABLE CONDITIONS.

*Rural Health care must be improved*

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

L MOREOVER, 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. <sup>37¢</sup> L HEALTH INSURANCE TODAY COVERS ONLY 37 CENTS  
OF EACH CONSUMER DOLLAR SPENT ON MEDICAL AND HOSPITAL CARE, IN  
THE COUNTRY. L THE REMAINDER MUST COME OUT OF HIS OR HER POCKET.

L FOR SOME PEOPLE THIS MEANS MAKING CHOICES THEY SHOULD  
NOT BE FORCED TO MAKE.

L 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 RIGHTS OF LIFE, LIBERTY, AND THE PURSUIT OF  
HAPPINESS.

FOR THIS REASON, I HAVE SUPPORTED, FOR 25 YEARS IN THE  
SENATE, ENACTMENT OF A COMPREHENSIVE NATIONAL HEALTH INSURANCE  
PLAN.

L IN 1949 I INTRODUCED MY FIRST HEALTH INSURANCE BILL IN  
THE SENATE, FINALLY, IN 1964, A REVISED VERSION OF THAT  
LEGISLATION WAS ENACTED IN THE MEDICARE PROGRAM.

L 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, INCLUDING MOST

RECENTLY THE KENNEDY-MILLS BILL, THE LONG-RIBICOFF BILL, AND  
THE ADMINISTRATION BILL.

L 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.

*(Need to know costs & how to pay for it. Sec Sec?)*

L I HOPE ITS BASIC FEATURES WILL BE THE RESULT OF COUNSEL  
AND ADVICE FROM GROUPS LIKE THIS.

*Must prepare for it.  
- takes time.*

L ~~I BELIEVE THAT~~ WHATEVER PLAN IS ADOPTED MUST CONFORM WITH  
CERTAIN 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.

*- Again there must be a cost.*

In addition - *Modern facilities - Hosp. Clinics  
Adequate Manpower - Nurses, Dentists  
Doctors, Technicians  
Paramedics  
Expanded Research - cancer, heart, etc.*

L TWO AREAS OF SPECIAL CONCERN TO ME, AND IN WHICH I HAVE  
PROPOSED SPECIFIC LEGISLATION, ARE MATERNAL AND CHILD HEALTH  
CARE AND <sup>the</sup> 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 MALDISTRIBU-  
TION OF MEDICAL MANPOWER, IS THE CRITICAL SCARCITY OF  
MEDICAL PERSONNEL PROVIDING PRIMARY HEALTH CARE TO CHILDREN.

L MORE THAN 1,600 COUNTIES WITH OVER 23 MILLION PEOPLE  
DO NOT HAVE A SINGLE ACTIVE RESIDENT PEDIATRICIAN.

L 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.



L A RECENT STUDY REVEALED THAT ABOUT 19% OF ALL CHILDREN

5 YEARS AND UNDER AND 39.2% OF THE CHILDREN 6-16 YEARS OF

AGE HAD NOT SEEN A PHYSICIAN IN THE YEAR PRIOR TO THE STUDY.

L 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.

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,

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.

L 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 <sup>in</sup> ~~RESIDENT OF~~ AREAS WITH  
DIFFERENT NEEDS AND HEALTH CARE CAPABILITIES.

MORE SPECIFICALLY, THERE WOULD BE 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.

L 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. L AND WE NEED THE  
ANSWERS JUST AS SOON AS IT IS POSSIBLE TO GET THEM.

- alcoholism

- chemical dependency - Drug

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 <sup>any</sup> ~~THIS~~ ADMINISTRATION ~~HAS~~ BOTHERED ME AS

MUCH AS PRESIDENT NIXON'S VETO, <sup>"</sup> ON ECONOMIC GROUNDS, OF THE

ORIGINAL REHABILITATION ACT OF 1973. THIS WAS INCOMPREHENSIBLE,

INSENSITIVE, AND INHUMANE.

FINALLY, I WOULD LIKE TO MENTION A <sup>"</sup> SILENT CRISIS THAT OUR

NATION FACES. IT DOES NOT RECEIVE THE ATTENTION OF INFLATION,

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.

L MALNUTRITION IS NOT A HYPOTHETICAL PROBLEM OR ONE ONLY  
AFFECTING UNDERDEVELOPED NATIONS OF THE WORLD. L 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.

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

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

*We know that*

MALNUTRITION SLOWS THE BODY'S GROWTH, RETARDS ITS

MATURATION, LIMITS ITS ULTIMATE SIZE, AND MAKES IT MUCH MORE

SUSCEPTIBLE TO DAMAGING DISEASES.

*#* 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

*supply*  
ABILITIES, BECAUSE THEY WERE DEPRIVED OF PROPER FOOD.

*L* 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.

*Need of Universal School feeding  
+ Nutrition Educ. Program*

IN ADDITION, TWO YEARS AGO I SPONSORED LEGISLATION TO  
ESTABLISH A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS,  
AND CHILDREN.

L 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. L THIS PROGRAM MAY HAVE ITS SHORTCOMINGS, BUT IT HAS  
BROUGHT SOME FANTASTIC RESULTS.

*Program at work in  
Minnesota*

L CHILD NUTRITION IS ONE OF THOSE PROBLEMS THAT ~~APPEAR TO~~ <sup>are</sup>

~~BE~~ WITHIN OUR POWER TO SOLVE, ALL THAT IS PRESENTLY LACKING

IS THE WILL TO SOLVE IT. ~~I CHALLENGE ALL OF YOU TO JOIN ME~~

*we can*  
~~IN MY COMMITMENT TO~~ ELIMINATE THE SCOURGE OF HUNGER AND

MALNUTRITION FROM MINNESOTA AND 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 BLOCK TO THE HIGHEST BIDDER, THAN THERE  
WAS A MAN'S FREEDOM IN THE PAST.

BOTH ARE BASIC HUMAN RIGHTS, 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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