

REMARKS BY SENATOR HUBERT H. HUMPHREY

MINNESOTA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

Minneapolis, Minnesota

January 10, 1975

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 improve it substantially.

But first I want to compliment Dr. Cooper and all of those who made this program possible. I understand that after a couple of taxing years as Program Chairman, he will be able to relax as President of your Academy.

In a memorial tribute to Dr. William Benedict, it is most appropriate that we talk about quality health care. For Dr. Benedict served nearly three decades as Executive Secretary of the American Academy of Ophthalmology and Otolaryngology. He also was long associated with the Mayo Clinic and helped to make it one of the world's finest medical centers. Such people as Dr. Benedict have insured that Minnesota -- a pioneer state in so many areas -- also is recognized as an innovator in medical treatment and teaching.

If we as a nation are going to meet the goal of the Mayo institutions to provide quality and comprehensive health care to all -- rich or poor, black or white, urban or rural -- at prices they can afford to pay, there must be dialogue -- like the one here tonight -- between elected officials and providers of health care.

One does not need treatment by an ophthalmologist to see clearly that some form of national health insurance soon will be a reality.

And, without thoughtful and informed input from groups like yours, the otolaryngologists might find the legislation a little hard to swallow.

For too long we have been isolated from one another. Consumers have complained to fellow consumers, providers have talked mainly with each other, and public officials often have been in the uncomfortable position of having to choose between two extremes. During evenings like this, we can develop a basis of understanding and begin to lay a solid foundation for the improvements in our health care system that every citizen today demands.

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

For too many millions of Americans, our health delivery and financing systems are a failure. The country spends nearly 90 billion dollars annually on health care. For a minority, the care is superb -- the best in the world. For the majority, it is deficient, badly distributed and, for all too many, barely available.

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. You have heard the figures many times -- 14th in infant mortality, 10th in maternal mortality, and 22nd in male life expectancy.

In 1973, we were told of a critical shortage of some 50,000 doctors, 200,000 nurses, and 150,000 medical technicians. Children, especially those from low-income families, are particularly affected by the scarcity of medical personnel. You may take issue with the statistic that more than 1600 counties having a total population of over 23 million people do not have a single, active, resident pediatrician. But far too many of these counties also do not have any primary health care provider.

The serious maldistribution of personnel intensifies the effects of the absolute shortage. Unbelievable as it may seem, many central city and rural areas in the United States have fewer doctors per person than many Latin American countries. And some doctor-population ratios approximate those in India and Bangladesh.

Health programs and organizations are fragmented.

Services at state and local levels are poorly coordinated.

Scarce health manpower is not efficiently used.

Many facilities and services may be either unnecessarily duplicated or tragically neglected.

And in the last decade the American people have watched health care costs escalate over one-third faster than consumer costs in general.

These are the facts -- and they are intolerable. You know it, I know it, the American people have known it for a long time, and the American Congress is at last doing something about it. We will not continue to accept the rationalization of this situation as an inevitable, if unfortunate, by-product of free enterprise medicine.

You are, no doubt, aware of some of the recent Congressional attempts to upgrade the quality of health care.

We passed a comprehensive health planning measure to help develop a national health policy and effective state health programs. Such planning is necessary if national health insurance is to be effective.

We passed, but the President vetoed, a health services and revenue sharing bill which would have provided federal assistance for state public health services, migrant health programs, community health centers, and family planning programs.

And though the Senate-House differences in the health manpower bill could not be resolved, the problems of scarcity and maldistribution of health care must be -- and will be -- acted on in the coming session.

We must do even more.

We must initiate a new child and maternal health care policy for the United States. I have introduced legislation to help assure that all infants, children and pregnant women, without

regard to place of residence or family income, can have equal access to medical diagnosis, screening, and comprehensive medical care.

We must develop a comprehensive, human, and cost-effective system that will meet the health care needs of chronically ill or disabled persons. I have proposed to the Congress a National Chronicare Demonstration Center Act under which grants would be provided for the development of programs offering a broad range of services to the chronically ill residents of areas with varying needs and health care capabilities.

We must strengthen and maintain vitally important programs of biomedical research. This should include effective systems for the rapid dissemination of information on new developments in this research to be applied in medical treatment.

We must give far more attention to the care of the mentally and physically handicapped.

And we must act to address that silent crisis of incredible proportions in a country so rich -- malnutrition. Only recently have we begun to recognize the widespread incidence of serious illness and disabilities that can be directly attributed to poor diets and hunger.

We must look more to preventive health care. Keeping people well, through readily available and highly efficient medical examinations, with follow-up counseling and treatment, ought to be a major emphasis. All too often, our people do not enter our health care system until they require acute treatment.

And we must deal immediately with the problem that is causing the greatest hardship for millions of Americans -- the staggering increase in the cost of medical care.

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 heart condition?

And for the very poor, there may be no choices at all.

Adequate health care simply cannot be allowed to continue to be provided on a "cash and carry" basis, limited in availability to those who can pay the price. Good health care, I believe, is a basic right of every American citizen.

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

More and more of my colleagues in Congress are coming to the same conclusion now. A great national debate on health insurance is inevitable. We soon will be arguing the relative merit of revised versions of the Kennedy-Mills, the Long-Ribicoff, and

the Administration bills. We will discuss the proper role of the federal government, the scope of benefits, the methods of reimbursement, the role of private insurance companies. I invite you -- I urge you -- to join us in that debate.

I hope that the basic features of a health plan will be the result of counsel and advice from groups like yours. It is in the interest of doctors, as well as patients, that there be an economical, well-run health system in America.

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

First, that every American must be treated equally in having access to quality health care.

Second, that comprehensive health care services must be readily available at the lowest possible cost.

Third, that government has a direct responsibility in seeing to it that these services will be provided and that these cost objectives will be met.

Equally important to these basic principles of health care are basic guarantees of free choice -- guarantees that are an integral part of American tradition:

-- Medical judgment must be the sole responsibility of the medical profession.

-- Doctors and patients must have the freedom to choose how and where to give or receive treatment.

And local communities should determine their own health policy -- with the aid and assistance of the federal government.

Basic rights of health care, coupled with basic guarantees of free choice, are the twin pillars to support an acceptable health insurance plan. No one can predict today the exact details of the plan that will finally be enacted. 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 leave with you the challenge that faces the nation today -- to create a health system that meets the need and right of every American for low-cost, high-quality health care, a system which not only removes financial barriers to needed care, but one which also creates basic reforms in the health care system to increase its productivity without impairment of quality.

It is a challenge born of progress and hope, not despair and defeat. It is a challenge bold enough for a nation soon to celebrate its 200th birthday and big enough to require every citizen's cooperation and full creativity. With your help, we will meet that challenge.

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James Rager - Exec Sec

Mr Cooper - Mr John Dyer

REMARKS BY SENATOR HUBERT H. HUMPHREY

MINNESOTA ACADEMY OF Eye OPHTHALMOLOGY AND Ears, Nose, Throat OTOLARYNGOLOGY  
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MINNEAPOLIS, MINNESOTA

JANUARY 10, 1975



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 improve it substantially.

But first I want to compliment Dr. Cooper and all of those who made this program possible. I understand that after a couple of taxing years as Program Chairman, he will be able to relax as President of your Academy.

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L SUCH PEOPLE AS DR. BENEDICT HAVE INSURED THAT MINNESOTA --

A PIONEER STATE IN SO MANY AREAS -- ALSO IS RECOGNIZED AS AN  
INNOVATOR IN MEDICAL TREATMENT AND TEACHING.

L IF WE AS A NATION ARE GOING TO MEET THE GOAL OF THE MAYO  
INSTITUTIONS TO PROVIDE QUALITY AND COMPREHENSIVE HEALTH CARE  
TO ALL -- RICH OR POOR, BLACK OR WHITE, URBAN OR RURAL -- AT  
PRICES THEY CAN AFFORD TO PAY, THERE MUST BE DIALOGUE -- LIKE  
THE ONE HERE TONIGHT -- BETWEEN ELECTED OFFICIALS AND PROVIDERS  
OF HEALTH CARE.

L ONE DOES NOT NEED TREATMENT BY AN OPHTHALMOLOGIST TO "SEE"  
CLEARLY THAT SOME FORM OF NATIONAL HEALTH INSURANCE SOON WILL  
BE A REALITY.

• Eyes, ears, nose, & throat  
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AND, WITHOUT THOUGHTFUL AND INFORMED INPUT FROM GROUPS LIKE  
OTOLARYNGOLOGISTS  
YOURS, THE OTOLARYNGOLOGISTS MIGHT FIND THE LEGISLATION A LITTLE  
HARD TO "SWALLOW."

FOR TOO LONG WE HAVE BEEN ISOLATED FROM ONE ANOTHER. CONSUMERS  
HAVE COMPLAINED TO FELLOW CONSUMERS, PROVIDERS HAVE TALKED  
MAINLY WITH EACH OTHER, AND PUBLIC OFFICIALS OFTEN HAVE BEEN  
IN THE UNCOMFORTABLE POSITION OF HAVING TO CHOOSE BETWEEN TWO  
EXTREMES. DURING EVENINGS LIKE THIS, WE CAN DEVELOP A BASIS OF  
UNDERSTANDING AND BEGIN TO LAY A SOLID FOUNDATION FOR THE  
IMPROVEMENTS IN OUR HEALTH CARE SYSTEM THAT EVERY CITIZEN TODAY  
DEMANDS.



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

FOR TOO MANY MILLIONS OF AMERICANS, OUR HEALTH DELIVERY AND  
FINANCING SYSTEMS ARE A FAILURE. THE COUNTRY SPENDS NEARLY 90  
BILLION DOLLARS ANNUALLY ON HEALTH CARE. FOR A MINORITY, THE  
CARE IS SUPERB -- THE BEST IN THE WORLD. FOR THE MAJORITY, IT  
IS DEFICIENT, BADLY DISTRIBUTED AND, FOR ALL TOO MANY, BARELY  
AVAILABLE.

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. You HAVE HEARD THE FIGURES MANY TIMES -- 14TH IN  
INFANT MORTALITY, 10TH IN MATERNAL MORTALITY, AND 22ND IN MALE  
LIFE EXPECTANCY.

In 1973, WE WERE TOLD OF A CRITICAL SHORTAGE OF SOME 50,000  
DOCTORS, 200,000 NURSES, AND 150,000 MEDICAL TECHNICIANS,

CHILDREN, ESPECIALLY THOSE FROM LOW-INCOME FAMILIES, ARE  
PARTICULARLY AFFECTED BY THE SCARCITY OF MEDICAL PERSONNEL. You  
MAY TAKE ISSUE WITH THE STATISTIC THAT MORE THAN 1600 COUNTIES  
HAVING A TOTAL POPULATION OF OVER 23 MILLION PEOPLE DO NOT HAVE  
A SINGLE, ACTIVE, RESIDENT PEDIATRICIAN.

L BUT FAR TOO MANY OF THESE COUNTIES ALSO DO NOT HAVE ANY PRIMARY HEALTH CARE PROVIDER.

L THE SERIOUS MALDISTRIBUTION OF PERSONNEL INTENSIFIES THE EFFECTS OF THE ABSOLUTE SHORTAGE. UNBELIEVABLE AS IT MAY SEEM,

MANY CENTRAL CITY AND RURAL AREAS IN THE UNITED STATES HAVE FEWER DOCTORS PER PERSON THAN MANY LATIN AMERICAN COUNTRIES.

L AND SOME DOCTOR-POPULATION RATIOS APPROXIMATE THOSE IN INDIA AND BANGLADESH.

L HEALTH PROGRAMS AND ORGANIZATIONS ARE FRAGMENTED.

L SERVICES AT STATE AND LOCAL LEVELS ARE POORLY COORDINATED.

SCARCE HEALTH MANPOWER IS NOT EFFICIENTLY USED.

L MANY FACILITIES AND SERVICES MAY BE EITHER UNNECESSARILY  
DUPLICATED OR TRAGICALLY NEGLECTED.

L AND IN THE LAST DECADE THE AMERICAN PEOPLE HAVE WATCHED  
HEALTH CARE COSTS ESCALATE OVER ONE-THIRD FASTER THAN CONSUMER  
COSTS IN GENERAL.

L THESE ARE THE FACTS -- AND THEY ARE INTOLERABLE! YOU KNOW  
IT, I KNOW IT, THE AMERICAN PEOPLE HAVE KNOWN IT FOR A LONG  
TIME, AND THE <sup>UNITED STATES</sup> ~~AMERICAN~~ CONGRESS IS AT LAST DOING SOMETHING ABOUT  
IT. WE WILL NOT CONTINUE TO ACCEPT THE RATIONALIZATION OF THIS  
SITUATION AS AN INEVITABLE, IF UNFORTUNATE, BY-PRODUCT OF  
FREE ENTERPRISE MEDICINE.

L YOU ARE, NO DOUBT, AWARE OF SOME OF THE RECENT CONGRESSIONAL  
ATTEMPTS TO UPGRADE THE QUALITY OF HEALTH CARE.

h WE PASSED A COMPREHENSIVE HEALTH PLANNING MEASURE TO HELP

DEVELOP A NATIONAL HEALTH POLICY AND EFFECTIVE STATE HEALTH

PROGRAMS / SUCH PLANNING IS NECESSARY IF NATIONAL HEALTH INSURANCE  
IS TO BE EFFECTIVE.

/ WE PASSED, BUT THE PRESIDENT VETOED, A HEALTH SERVICES AND  
REVENUE SHARING BILL WHICH WOULD HAVE PROVIDED FEDERAL ASSISTANCE  
FOR STATE PUBLIC HEALTH SERVICES, MIGRANT HEALTH PROGRAMS,  
COMMUNITY HEALTH CENTERS, AND FAMILY PLANNING PROGRAMS.

h AND THOUGH THE SENATE-HOUSE DIFFERENCES IN THE HEALTH MANPOWER  
BILL COULD NOT BE RESOLVED, THE PROBLEMS OF SCARCITY AND MAL-  
DISTRIBUTION OF HEALTH CARE MUST BE -- AND WILL BE -- ACTED  
ON IN THE COMING SESSION.

WE MUST DO EVEN MORE.

h WE MUST INITIATE A NEW CHILD AND MATERNAL HEALTH CARE POLICY

FOR THE UNITED STATES. I HAVE INTRODUCED LEGISLATION TO HELP

ASSURE THAT ALL INFANTS, CHILDREN AND PREGNANT WOMEN, WITHOUT

REGARD TO PLACE OF RESIDENCE OR FAMILY INCOME, CAN HAVE EQUAL

ACCESS TO MEDICAL DIAGNOSIS, SCREENING, AND COMPREHENSIVE MEDICAL

CARE.

h WE MUST DEVELOP A COMPREHENSIVE, HUMAN, AND COST-EFFECTIVE

SYSTEM THAT WILL MEET THE HEALTH CARE NEEDS OF CHRONICALLY ILL

OR DISABLED PERSONS. I HAVE PROPOSED TO THE CONGRESS A NATIONAL

CHRONICARE DEMONSTRATION CENTER ACT UNDER WHICH GRANTS WOULD BE

PROVIDED FOR THE DEVELOPMENT OF PROGRAMS OFFERING A BROAD RANGE

OF SERVICES TO THE CHRONICALLY ILL RESIDENTS OF AREAS WITH

VARYING NEEDS AND HEALTH CARE CAPABILITIES.



*Research*

WE MUST STRENGTHEN AND MAINTAIN VITALLY IMPORTANT PROGRAMS  
OF BIOMEDICAL RESEARCH. THIS SHOULD INCLUDE EFFECTIVE SYSTEMS  
FOR THE RAPID DISSEMINATION OF INFORMATION ON NEW DEVELOPMENTS  
IN THIS RESEARCH TO BE APPLIED IN MEDICAL TREATMENT.

WE MUST GIVE FAR MORE ATTENTION TO THE CARE OF THE MENTALLY  
AND PHYSICALLY HANDICAPPED.

*Nutrition* AND WE MUST ACT TO ADDRESS THAT SILENT CRISIS OF INCREDIBLE  
PROPORTIONS IN A COUNTRY SO RICH -- MALNUTRITION ONLY RECENTLY  
HAVE WE BEGUN TO RECOGNIZE THE WIDESPREAD INCIDENCE OF SERIOUS  
ILLNESS AND DISABILITIES THAT CAN BE DIRECTLY ATTRIBUTED TO POOR  
DIETS AND HUNGER.

# Preventive Health Care.

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L WE MUST LOOK MORE TO PREVENTIVE HEALTH CARE. KEEPING PEOPLE  
WELL, THROUGH READILY AVAILABLE AND HIGHLY EFFICIENT MEDICAL  
EXAMINATIONS, WITH FOLLOW-UP COUNSELING AND TREATMENT, OUGHT  
TO BE A MAJOR EMPHASIS. L ALL TOO OFTEN, OUR PEOPLE DO NOT ENTER  
OUR HEALTH CARE SYSTEM UNTIL THEY REQUIRE ACUTE TREATMENT.

L AND WE MUST DEAL IMMEDIATELY WITH THE PROBLEM THAT IS CAUSING  
THE GREATEST HARDSHIP FOR MILLIONS OF AMERICANS -- THE STAGGERING  
INCREASE IN THE COST OF MEDICAL CARE.

L HEALTH INSURANCE TODAY COVERS ONLY 37 CENTS OF EACH CONSUMER  
DOLLAR SPENT ON MEDICAL CARE IN THE COUNTRY. L THE REMAINDER MUST  
*directly* 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?

L WILL A YOUNG MOTHER BUY HER CHILD NEW SHOES OR A CHECK-UP  
WITH THE PEDIATRICIAN?

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

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

L ADEQUATE HEALTH CARE SIMPLY CANNOT BE ALLOWED TO CONTINUE

TO BE PROVIDED ON A "CASH AND CARRY" BASIS, LIMITED IN

AVAILABILITY TO THOSE WHO CAN PAY THE PRICE. GOOD HEALTH CARE

I BELIEVE, IS A BASIC RIGHT OF EVERY AMERICAN CITIZEN.

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

MORE AND MORE OF MY COLLEAGUES IN CONGRESS ARE COMING TO THE  
SAME CONCLUSION NOW. A GREAT NATIONAL DEBATE ON HEALTH INSURANCE  
IS INEVITABLE. WE SOON WILL BE ARGUING THE RELATIVE MERIT OF  
REVISED VERSIONS OF THE KENNEDY-MILLS, THE LONG-RIBICOFF, AND  
THE ADMINISTRATION BILLS <sup>+ others</sup> WE WILL DISCUSS THE PROPER ROLE OF  
THE FEDERAL GOVERNMENT, THE SCOPE OF BENEFITS, THE METHODS OF  
REIMBURSEMENT, THE ROLE OF PRIVATE INSURANCE COMPANIES. I INVITE  
YOU -- I URGE YOU -- TO JOIN US IN THAT DEBATE.

h I HOPE THAT THE BASIC FEATURES OF A HEALTH PLAN WILL BE  
THE RESULT OF COUNSEL AND ADVICE FROM GROUPS LIKE YOURS L IT IS  
IN THE INTEREST OF DOCTORS, AS WELL AS PATIENTS, THAT THERE BE  
AN ECONOMICAL, WELL-RUN HEALTH SYSTEM IN AMERICA.

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

L FIRST, THAT EVERY AMERICAN MUST BE TREATED EQUALLY IN HAVING  
ACCESS TO QUALITY HEALTH CARE.

SC  
L SECOND, THAT COMPREHENSIVE HEALTH CARE SERVICES MUST BE  
READILY AVAILABLE AT THE *Reasonable* ~~LOWEST POSSIBLE~~ COST.

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

L EQUALLY IMPORTANT TO THESE BASIC PRINCIPLES OF HEALTH CARE  
ARE BASIC GUARANTEES OF FREE CHOICE -- GUARANTEES THAT ARE AN  
INTEGRAL PART OF AMERICAN TRADITION:

-- MEDICAL JUDGMENT MUST BE THE SOLE RESPONSIBILITY OF THE  
MEDICAL PROFESSION.

-- DOCTORS AND PATIENTS MUST HAVE THE FREEDOM TO CHOOSE HOW  
AND WHERE TO GIVE OR RECEIVE TREATMENT.

-- AND LOCAL COMMUNITIES SHOULD DETERMINE THEIR OWN HEALTH  
POLICY -- WITH THE AID AND ASSISTANCE OF THE FEDERAL GOVERNMENT.

L BASIC RIGHTS OF HEALTH CARE, COUPLED WITH BASIC GUARANTEES  
OF FREE CHOICE, ARE THE TWIN PILLARS TO SUPPORT AN ACCEPTABLE  
HEALTH INSURANCE PLAN.



h NO ONE CAN PREDICT TODAY THE EXACT DETAILS OF THE PLAN THAT  
WILL FINALLY BE ENACTED. 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 LEAVE WITH YOU THE CHALLENGE THAT FACES THE NATION TODAY --  
TO CREATE A HEALTH SYSTEM THAT MEETS THE NEED AND RIGHT OF  
EVERY AMERICAN FOR LOW-COST, HIGH-QUALITY HEALTH CARE, A SYSTEM  
WHICH NOT ONLY REMOVES FINANCIAL BARRIERS TO NEEDED CARE, BUT  
ONE WHICH ALSO CREATES BASIC REFORMS IN THE HEALTH CARE SYSTEM  
TO INCREASE ITS PRODUCTIVITY WITHOUT IMPAIRMENT OF QUALITY.

It IS A CHALLENGE BORN OF PROGRESS AND HOPE, NOT DESPAIR AND  
DEFEAT. It IS A CHALLENGE BOLD ENOUGH FOR A NATION SOON TO  
CELEBRATE ITS 200TH BIRTHDAY AND BIG ENOUGH TO REQUIRE EVERY  
CITIZEN'S COOPERATION AND FULL CREATIVITY. WITH YOUR HELP, WE  
WILL MEET THAT CHALLENGE.

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