

REMARKS OF SENATOR HUBERT H. HUMPHREY

WISCONSIN STATE MEDICAL SOCIETY

Madison, Wisconsin

March 29, 1976

I am pleased to be with you today at your annual meeting.

Seldom have members of the medical profession had so much at stake as in this Bicentennial Year. More and more, the problems facing the legislative branch are those which have a direct impact on your profession.

Effective legislation and efficient administration of national goals is dependent on the existence of a cooperative working partnership -- not confrontation -- between the Government and the private sector.

Your profession long has been a part of this cooperative relationship, and Wisconsin, in particular, has been in the forefront.

Members of the health profession have played a great role in the progress of the English-speaking peoples in North America as any other profession. From the first physician who arrived in Jamestown in 1607 to the Boston physician who gave his life for liberty at Breed's Hill, physicians contributed not only health to the colonists but political leadership as well.

Of the 56 men who signed the Declaration of Independence on that hot, humid July day in Philadelphia, four were practicing physicians. A fifth had studied medicine but never practiced.

Two physicians helped frame the Constitution and signed their names to the document that still serves as the foundation for our representative government.

There has been a physician member of every Congress, and Drs. Mason Cook Darling and Charles William Henney of this proud State are two of the 365 physicians who have served since the first Continental Congress in 1774.

The ninth President of the United States, William Henry Harrison of Ohio, studied medicine, and in at least six instances America's Chief Executive has chosen a physician to serve in his Cabinet. Ironically, three of these were Secretaries of War.

Dr. Samuel Freeman Miller was appointed to the U.S. Supreme Court by Abraham Lincoln, and 56 physicians have served as chief executives of our states, territories and possessions.

And there are hundreds more who have toiled in politics and government on all levels.

The medical community has made a lasting contribution to the endurance of America. In the true progressive tradition, Wisconsin, through the State Medical Society and other health providers, has led the way in health planning and other areas of concern. But your responsibility is far from over. You need to continue to offer your expertise as we consider the health needs of our people.

Ralph Waldo Emerson wrote:

"The first wealth is health. Sickness is poor spirited and cannot serve anyone; it must husband its resources to live. But health or fulness answers its own ends, and has to spare, runs over, and inundates the neighborhoods and creeks of other men's necessities."

We need to remember that our efforts here often "inundate the neighborhoods and creeks of other men's necessities." Medicine and the provision of health care have become a major focus of debate in our country and in almost every other industrialized society of the world.

Part of the reason lies in the basic desire to improve the quality of one's own life. Issues of personal accountability, social responsibility and the increasing awareness of limits on our resources in all sectors of the economy also contribute to the attention directed to the health industry.

Effective health delivery systems, adequate health manpower personnel, quality care at affordable rates, prevention of disease rather than just treatment also are being debated with growing insight and involvement by concerned professionals such as yourselves and consumers, politicians and scholars.

Let's take a look at some of these issues.

Three decades of intensive biomedical research have provided a more rational basis for certain elements of medical practice. But although disease patterns have changed significantly in the U.S., in part because of these biomedical advances, there has been little or no improvement in life expectancy for adults since the 1920's.

We still rank 15th in the industrialized countries of the world in infant mortality. We rank 7th in life expectancy among females and 19th among males in selected countries with populations over one million.

In spite of our efforts, effective means have not been found for coping with stubborn complex chronic and social illnesses that now are predominant in the economically advanced countries.

We need to explore quantitatively the political, social and economic factors which bear on health issues. To the extent that history and experiences here and abroad, together with information and critical thought, can illuminate health care problems and issues, policy analysis should be encouraged.

Dr. Theodore Cooper, U.S. Assistant Secretary for Health, said recently:

"It is one of the great and sobering truths of our profession that modern health care probably has less impact on the health of the population than economic status, education, housing, nutrition and sanitation."

Startling new scientific evidence directly relates heart disease, stroke, suicides, mental illness, alcoholism and kidney failure with the stresses of unemployment.

Scientific evidence is reinforcing the old adage that "an ounce of prevention is worth a pound of cure."

Consider that cancer and heart disease are not "caught" like a cold. Instead we are finding that both arise after decades of abuse to the body. Years of heavy smoking or drinking, high-fat diets, obesity and lack of regular exercise all play a role. Yet these causes can be moderated or eliminated without expensive medical treatment.

Many children born with seriously disabling conditions are victims of inadequate prenatal care and lack of basic screening for disorders curable if detected early. In the last year over one-third of all pregnant women failed to receive proper prenatal care, endangering not only their lives but those of their babies as well.

The National Association of Retarded Citizens estimates that it is possible to prevent 50 percent of the cases of mental retardation by prenatal and postnatal infant care, proper diet, and testing for metabolic disorders.

Money and efforts devoted to prevention and cure will reap dividends many times over the investment.

The cost of disease in one week is a great deal more than the budget of HEW in one year.

More than dollars and cents, we need to look at the human toll that disease takes -- the suffering of the afflicted, the anguish of loved ones.

More and more we are understanding that a healthy man is a productive one -- one who will earn and return many more dollars than a sick one. A healthy child is our investment in the future. Increased public awareness of the importance of prevention and early detection can avoid many catastrophic illnesses.

We need to work together to develop incentives and programs to change the "medical mind" and the "patient mind." But this takes planning, manpower, education, and money. These are some of the unresolved problems we need to address.

Recently revised federal health planning legislation is a further response to the widely felt concern over the inadequacies of the nation's health care delivery system in meeting the health needs of the population.

Billions of dollars are being spent on health care and services nationwide. But rural areas and the urban ghetto still are badly underserved. Health care costs are rising faster than the overall cost of living. And, poor management and organization of health care systems in many areas have resulted in inefficient and ineffective use of scarce resources.

Wisconsin can be proud that it is one of the more forward-looking States in health planning. Your planning agencies all were operative before health planning legislation became a reality for the nation as a whole. There are problems, yes. But it is important that we work together to make our planning better.

Continued concern about the maldistribution of medical personnel has led to new legislation in the health manpower field.

Recently released statistics show that the United States in 1973 had one doctor for every 562 persons. Although this was a 64 percent improvement since 1950, our medical specialists continue to be unevenly distributed, with some states having more than 1000 persons per doctor and other states with 400 per doctor.

But regardless of the planning, regardless of the manpower, Americans are saying more and more that medical services are unaffordable.

The average American spends more than one month's pay for health care, a considerably higher total than is spent by the average citizen of any other industrial country in the world.

Last year, the total health cost in the United States was \$118.5 billion, or \$547 per person. While the Consumer Index rose 85.6 percent in the last 15 years, health costs tripled and now represent 8.3 percent of our gross national product.



Many families find proper health care an impossible economic burden. Over 40 million Americans have no health insurance at all, and millions more have no insurance because they are unemployed.

Two thirds of all Americans have no insurance coverage of doctors' office visits. And almost no one is covered for preventive services and routine care for healthy children.

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

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

Will a young mother buy her child new shoes, or will she go to the pediatrician for a check-up?

In the end, most budget-conscious families will sacrifice important medical services which must be paid for out-of-pocket.

Failure to cover a \$15 doctor's visit for a routine check-up can result in needless suffering, hospitalization and medical expenses. The result is that illnesses go undetected, and early treatment that could prevent permanent damage never is received.

Again, Wisconsin's health providers can be proud of their efforts to keep costs down. Voluntary rate review for hospitals, and fully funded and hard-at-work professional standard review organizations are only two examples of the concern you have shown for the problems of cost and quality control. Responsible, self-evaluation of your services is commendable.

As you know, the question of national health insurance still is unresolved. Congress has before it a number of proposals, some of which are more comprehensive than others.

No one today can predict the exact details of the plan which will be enacted. But one thing is certain. We will have a health program which will go well beyond anything the government has done in the health field in the past.

I challenge you to become involved in this great debate. Learn about the alternative proposals and actively participate in the debate.

There is one more thought I would like to leave with you.

We can retreat from the challenge of government that tries its best to solve the problems of its citizens, as some suggest.

Or we can choose to continue in the progressive tradition of a people's government designed to meet people's needs.

The firm commitment of Congress to the second course of action is evident in its rejection of veto after veto of programs designed to meet the present and future health needs of this nation -- Health Revenue Sharing and Health Services, Child Nutrition, Fiscal 1976 Appropriations for the Department of Health, Education and Welfare, to name a few.

Time and time again, health appropriations are rescinded or deferred by the Administration. But the Congressional Budget Control and Impoundment Act of 1974 has provided Congress with a tool to deal with that.

This year's budget, as proposed by the Administration, shows there will be no let-up. Under the guise of the New Federalism, the President is advocating the consolidation of 59 programs, 16 of which are important health programs.

The new consolidations may give State and local governments more discretion and more responsibility. But how can they exercise discretion and responsibility when they are being denied adequate funds to do the job in the first place?

Program after program has been systematically slashed: health, down four percent; education, down 11 percent; community and regional development, down eight percent.

How are we going to provide a better life for our citizens -- better living conditions, better health, better nutrition, better education, and jobs -- if we continue to retreat, retrench and reduce?

We need to work together as a partnership if we are to achieve our goals. The system relies heavily on experts and concerned citizens such as yourselves to set priorities, to examine the results on a continuing basis, to realign these priorities as progress is made, and to look to the future.

You can make a difference if you take the risk of becoming informed and involved.

In closing I want to remind you of what Victor Hugo said.

"The future has several names; for the weak, it is the impossible. For the faint-hearted, it is the unknown. For the thoughtful and valiant, it is ideal. The challenge is urgent. The task is large. The time is now."

# # # # #

(Lent Practitioner)

Gov Lucy - mayor (loglin  
(of madison))

~~Mr. Edgar Lien, Director of Governmental  
affairs  
State Medical Society~~

Dr. Morley

REMARKS OF SENATOR HUBERT H. HUMPHREY

WISCONSIN STATE MEDICAL SOCIETY

Sen Nelson  
✓ Prof. Miller

Minneapolis

MADISON, WISCONSIN

Mr. Messner Pres. Minn State Medical Society

Mr. John Naparion - U of Minn

Mr. Gerald Gleich - mayor (Gerald Gleich)

Mr. David Carley

(Zelbachhamment)

Mr. Howard Correll - President  
Wisc State Medical Society

Mr. Charles Picard - Pres-Elect

Mr. David Mathews - Secretary  
Dept H.E.W.

I AM PLEASED TO BE WITH YOU TODAY AT YOUR ANNUAL MEETING.

L SELDOM HAVE MEMBERS OF THE MEDICAL PROFESSION HAD SO MUCH  
AT STAKE AS IN THIS BICENTENNIAL YEAR. MORE AND MORE, THE  
PROBLEMS FACING THE LEGISLATIVE BRANCH ARE THOSE WHICH HAVE A  
DIRECT IMPACT ON YOUR PROFESSION.

L EFFECTIVE LEGISLATION AND EFFICIENT ADMINISTRATION OF  
NATIONAL GOALS IS DEPENDENT ON THE EXISTENCE OF A COOPERATIVE  
WORKING PARTNERSHIP -- NOT CONFRONTATION -- BETWEEN THE GOVERNMENT  
AND THE PRIVATE SECTOR.

YOUR PROFESSION LONG HAS BEEN A PART OF THIS COOPERATIVE  
RELATIONSHIP, AND WISCONSIN, IN PARTICULAR, HAS BEEN IN THE  
FOREFRONT.

MEMBERS OF THE HEALTH PROFESSION HAVE PLAYED <sup>HS</sup> A <sup>HP</sup> GREAT ROLE

IN THE PROGRESS OF THE ENGLISH-SPEAKING PEOPLES IN NORTH AMERICA.

~~AS ANY OTHER PROFESSION,~~ FROM THE FIRST PHYSICIAN WHO ARRIVED

IN JAMESTOWN IN 1607 TO THE BOSTON PHYSICIAN WHO GAVE HIS LIFE

FOR LIBERTY AT BREED'S HILL, PHYSICIANS CONTRIBUTED NOT ONLY

HEALTH TO THE COLONISTS BUT POLITICAL LEADERSHIP AS WELL.

OF THE 56 MEN WHO SIGNED THE DECLARATION OF INDEPENDENCE

ON THAT HOT, HUMID JULY DAY IN PHILADELPHIA, FOUR WERE

PRACTICING PHYSICIANS, A FIFTH HAD STUDIED MEDICINE BUT

NEVER PRACTICED.

TWO PHYSICIANS HELPED FRAME THE CONSTITUTION AND SIGNED THEIR

NAMES TO THE DOCUMENT THAT STILL SERVES AS THE FOUNDATION FOR

OUR REPRESENTATIVE GOVERNMENT.



✓ THERE HAS BEEN A PHYSICIAN MEMBER OF EVERY CONGRESS, AND  
DRS. MASON COOK DARLING AND CHARLES WILLIAM HENNEY OF THIS  
PROUD STATE ARE TWO OF THE 365 PHYSICIANS WHO HAVE SERVED SINCE  
THE FIRST CONTINENTAL CONGRESS IN 1774.

✓ THE NINTH PRESIDENT OF THE UNITED STATES, WILLIAM HENRY  
HARRISON OF OHIO, STUDIED MEDICINE, AND IN AT LEAST SIX  
INSTANCES AMERICA'S CHIEF EXECUTIVE HAS CHOSEN A PHYSICIAN  
TO SERVE IN HIS CABINET. ✓ IRONICALLY, THREE OF THESE WERE  
SECRETARYS OF WAR.

✓ DR. SAMUEL FREEMAN MILLER WAS APPOINTED TO THE U.S.  
SUPREME COURT BY ABRAHAM LINCOLN, AND 56 PHYSICIANS HAVE  
SERVED AS CHIEF EXECUTIVES OF OUR STATES, TERRITORIES AND  
POSSESSIONS.

So, doctors, don't condemn Politics!  
Politicians - ~~you~~ you are involved!

h AND THERE ARE HUNDREDS MORE WHO HAVE TOILED IN POLITICS  
AND GOVERNMENT ON ALL LEVELS.

h THE MEDICAL COMMUNITY HAS MADE A LASTING CONTRIBUTION  
well being  
TO THE ENDURANCE OF AMERICA. IN THE TRUE PROGRESSIVE

TRADITION, WISCONSIN, THROUGH THE STATE MEDICAL SOCIETY

AND OTHER HEALTH PROVIDERS, HAS LED THE WAY IN HEALTH

PLANNING AND OTHER AREAS OF CONCERN. BUT YOUR RESPONSIBILITY

IS FAR FROM OVER. YOU NEED TO CONTINUE TO OFFER YOUR

EXPERTISE AS WE CONSIDER THE HEALTH NEEDS OF OUR PEOPLE.

h RALPH WALDO EMERSON WROTE:

"one dollar of every nine earned  
by the average american family  
now goes for health care and  
the share is rising",  
American Medical News  
reported, Sunday March 28<sup>th</sup>

L "THE FIRST WEALTH IS HEALTH. / SICKNESS IS POOR  
SPIRITED AND CANNOT SERVE ANYONE; IT MUST HUSBAND  
ITS RESOURCES TO LIVE. / BUT HEALTH OR FULNESS  
ANSWERS ITS OWN ENDS, AND HAS TO SPARE, RUNS  
OVER, AND INUNDATES THE NEIGHBORHOODS AND CREEKS  
OF OTHER MEN'S NECESSITIES."

L WE NEED TO REMEMBER THAT OUR EFFORTS HERE OFTEN  
"INUNDATE THE NEIGHBORHOODS AND CREEKS OF OTHER MEN'S  
NECESSITIES." / MEDICINE AND THE PROVISION OF HEALTH CARE  
HAVE BECOME A MAJOR FOCUS OF DEBATE IN OUR COUNTRY AND IN  
ALMOST EVERY OTHER INDUSTRIALIZED SOCIETY OF THE WORLD.

L PART OF THE REASON LIES IN THE BASIC DESIRE TO IMPROVE  
THE QUALITY OF ONE'S OWN LIFE. / ISSUES OF PERSONAL ACCOUNTABILITY,

SOCIAL RESPONSIBILITY, AND THE INCREASING AWARENESS OF LIMITS ON OUR

RESOURCES IN ALL SECTORS OF THE ECONOMY ALSO CONTRIBUTE TO THE

ATTENTION DIRECTED TO THE HEALTH INDUSTRY.

*Life, Liberty  
Pursuit of Happiness  
(Health)*

EFFECTIVE HEALTH DELIVERY SYSTEMS, ADEQUATE HEALTH MANPOWER

PERSONNEL, QUALITY CARE AT AFFORDABLE RATES, PREVENTION OF DISEASE

RATHER THAN JUST TREATMENT ALSO ARE BEING DEBATED WITH GROWING

INSIGHT AND INVOLVEMENT BY CONCERNED PROFESSIONALS SUCH AS

YOURSELVES AND CONSUMERS, POLITICIANS, AND SCHOLARS.

*Health  
Insurance  
Quality  
Medicine,  
Hospitals  
Group Health  
HMOs  
Specialization*

LET'S TAKE A LOOK AT SOME OF THESE ISSUES.

THREE DECADES OF INTENSIVE BIOMEDICAL RESEARCH HAVE PROVIDED

A MORE RATIONAL BASIS FOR CERTAIN ELEMENTS OF MEDICAL PRACTICE.

BUT ALTHOUGH DISEASE PATTERNS HAVE CHANGED SIGNIFICANTLY IN THE U.S.,

IN PART BECAUSE OF THESE BIOMEDICAL ADVANCES, THERE HAS BEEN LITTLE

*very little*

OR NO IMPROVEMENT IN LIFE EXPECTANCY FOR ADULTS SINCE THE 1920's.



WE STILL RANK 15TH IN THE INDUSTRIALIZED COUNTRIES OF THE  
WORLD IN INFANT MORTALITY. WE RANK 7TH IN LIFE EXPECTANCY AMONG  
FEMALES AND 19TH AMONG MALES IN SELECTED COUNTRIES WITH POPULATIONS  
OVER ONE MILLION.

IN SPITE OF OUR EFFORTS, EFFECTIVE MEANS HAVE NOT BEEN FOUND  
FOR COPING WITH STUBBORN COMPLEX CHRONIC AND SOCIAL ILLNESSES  
THAT NOW ARE PREDOMINANT IN THE ECONOMICALLY ADVANCED COUNTRIES,

WE NEED TO EXPLORE QUANTITATIVELY THE POLITICAL, SOCIAL AND  
ECONOMIC FACTORS WHICH BEAR ON HEALTH ISSUES. TO THE EXTENT THAT  
HISTORY AND EXPERIENCES HERE AND ABROAD, TOGETHER WITH INFORMATION  
AND CRITICAL THOUGHT, CAN ILLUMINATE HEALTH CARE PROBLEMS AND  
ISSUES, POLICY ANALYSIS SHOULD BE ENCOURAGED.

✓ Disease - is related to living conditions  
✓ Health - is the end product of  
more than SICKNESS CARE -

L DR. THEODORE COOPER, U.S. ASSISTANT SECRETARY FOR HEALTH,

SAID RECENTLY:

"IT IS ONE OF THE GREAT AND SOBERING TRUTHS OF OUR  
PROFESSION THAT MODERN HEALTH CARE PROBABLY HAS LESS  
IMPACT ON THE HEALTH OF THE POPULATION THAN ECONOMIC  
STATUS, EDUCATION, HOUSING, NUTRITION AND SANITATION."

L STARTLING NEW SCIENTIFIC EVIDENCE DIRECTLY RELATES HEART  
DISEASE, STROKE, SUICIDES, MENTAL ILLNESS, ALCOHOLISM AND  
KIDNEY FAILURE WITH THE STRESSES OF UNEMPLOYMENT. (J.E.C. Study - Jobs)  
*emotional*

L SCIENTIFIC EVIDENCE IS REINFORCING THE OLD ADAGE THAT  
"AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE."

L CONSIDER THAT CANCER AND HEART DISEASE ARE NOT "CAUGHT"  
LIKE A COLD.

INSTEAD WE ARE FINDING THAT BOTH ARISE AFTER DECADES OF ABUSE

TO THE BODY YEARS OF HEAVY SMOKING OR DRINKING, HIGH-FAT DIETS,

OBESITY AND LACK OF REGULAR EXERCISE ALL PLAY A ROLE. YET THESE

CAUSES CAN BE MODERATED OR ELIMINATED WITHOUT EXPENSIVE MEDICAL

TREATMENT.

MANY CHILDREN BORN WITH SERIOUSLY DISABLING CONDITIONS ARE

VICTIMS OF INADEQUATE PRENATAL CARE AND LACK OF BASIC SCREENING

FOR DISORDERS CURABLE IF DETECTED EARLY. IN THE LAST YEAR OVER

ONE-THIRD OF ALL PREGNANT WOMEN FAILED TO RECEIVE PROPER PRENATAL

CARE, ENDANGERING NOT ONLY THEIR LIVES BUT THOSE OF THEIR BABIES

AS WELL.

THE NATIONAL ASSOCIATION OF RETARDED CITIZENS ESTIMATES THAT IT

IS POSSIBLE TO PREVENT 50 PERCENT OF THE CASES OF MENTAL RETARDATION

BY PRENATAL AND POSTNATAL INFANT CARE, PROPER DIET, AND TESTING

FOR METABOLIC DISORDERS.

L MONEY AND EFFORTS DEVOTED TO PREVENTION AND CURE WILL REAP  
DIVIDENDS MANY TIMES OVER THE INVESTMENT.

L THE COST OF DISEASE IN ONE WEEK IS A GREAT DEAL MORE THAN  
THE BUDGET OF HEW IN ONE YEAR.

L MORE THAN DOLLARS AND CENTS, WE NEED TO LOOK AT THE HUMAN  
TOLL THAT DISEASE TAKES -- THE SUFFERING OF THE AFFLICTED, THE  
ANGUISH OF LOVED ONES.

L MORE AND MORE WE ARE UNDERSTANDING THAT A HEALTHY MAN IS  
A PRODUCTIVE ONE -- ONE WHO WILL EARN AND RETURN MANY MORE DOLLARS  
THAN A SICK ONE. A HEALTHY CHILD IS OUR INVESTMENT IN THE

FUTURE. INCREASED PUBLIC AWARENESS OF THE IMPORTANCE OF  
PREVENTION AND EARLY DETECTION CAN AVOID MANY CATASTROPHIC  
ILLNESSES.

*Jobs,  
Therefore, Education, Nutrition, housing, child care,  
community environment, recreation - Environment  
all are components of A National Health Program*

American Medicine - Top Quality,  
Hospitals, Labs, Clinics - Specialization,  
Group Health, HMO's, Health  
insurance, Union contracts, etc

"One dollar of every nine earned  
by the average American family  
now goes for health care and the  
Share is rising"

American Medical News, Mar 28<sup>th</sup>, 1976



~~WE NEED TO WORK TOGETHER TO DEVELOP INCENTIVES AND PROGRAMS TO CHANGE THE "MEDICAL MIND" AND THE "PATIENT MIND." BUT THIS TAKES PLANNING, MANPOWER, EDUCATION, AND MONEY. THESE ARE SOME OF THE UNRESOLVED PROBLEMS WE NEED TO ADDRESS.~~

RECENTLY REVISED FEDERAL HEALTH PLANNING LEGISLATION IS A FURTHER RESPONSE TO THE WIDELY FELT CONCERN OVER THE INADEQUACIES OF THE NATION'S HEALTH CARE DELIVERY SYSTEM IN MEETING THE HEALTH NEEDS OF THE POPULATION.

BILLIONS OF DOLLARS ARE BEING SPENT ON HEALTH CARE AND SERVICES NATIONWIDE. BUT RURAL AREAS AND THE URBAN GHETTO STILL ARE BADLY UNDERSERVED. HEALTH CARE COSTS ARE RISEING FASTER THAN THE OVERALL COST OF LIVING. AND, POOR MANAGEMENT AND ORGANIZATION OF HEALTH CARE SYSTEMS IN MANY AREAS HAVE RESULTED IN INEFFICIENT AND INEFFECTIVE USE OF SCARCE RESOURCES.

h WISCONSIN CAN BE PROUD THAT IT IS ONE OF THE MORE FORWARD-  
LOOKING STATES IN HEALTH PLANNING. YOUR PLANNING AGENCIES ~~WERE~~ WERE  
OPERATIVE BEFORE HEALTH PLANNING LEGISLATION BECAME A REALITY FOR  
THE NATION AS A WHOLE. ~~THERE ARE PROBLEMS, YES / BUT, IT IS~~  
~~IMPORTANT THAT WE WORK TOGETHER TO MAKE OUR PLANNING BETTER.~~

h CONTINUED CONCERN ABOUT THE MALDISTRIBUTION OF MEDICAL  
PERSONNEL HAS LED TO NEW LEGISLATION IN THE HEALTH MANPOWER FIELD.

h RECENTLY RELEASED STATISTICS SHOW THAT THE UNITED STATES IN  
1973 HAD ONE DOCTOR FOR EVERY 562 PERSONS. ALTHOUGH THIS WAS  
A 64 PERCENT IMPROVEMENT SINCE 1950, OUR MEDICAL SPECIALISTS  
CONTINUE TO BE UNEVENLY DISTRIBUTED, WITH SOME STATES HAVING  
MORE THAN 1000 PERSONS PER DOCTOR AND OTHER STATES WITH

400 PER DOCTOR. ( Lack of Pediatricians, General Practitioners  
Paramedics, Technicians )

↳ BUT REGARDLESS OF THE PLANNING, REGARDLESS OF THE MANPOWER,  
AMERICANS ARE ~~finding~~ <sup>finding</sup> MORE AND MORE THAT MEDICAL SERVICES ARE  
UNAFFORDABLE. — too costly —

↳ THE AVERAGE AMERICAN SPENDS MORE THAN ONE MONTH'S PAY FOR  
HEALTH CARE, A CONSIDERABLY HIGHER TOTAL THAN IS SPENT BY THE  
AVERAGE CITIZEN OF ANY OTHER INDUSTRIAL COUNTRY IN THE WORLD.

↳ LAST YEAR, THE TOTAL HEALTH COST IN THE UNITED STATES WAS  
\$118.5 BILLION, OR \$547 PER PERSON / WHILE THE CONSUMER INDEX  
ROSE 85.6 PERCENT IN THE LAST 15 YEARS, HEALTH COSTS TRIPLED AND  
NOW REPRESENT 8.3 PERCENT OF OUR GROSS NATIONAL PRODUCT.

↳ MANY FAMILIES FIND PROPER HEALTH CARE AN IMPOSSIBLE  
ECONOMIC BURDEN / OVER 40 MILLION AMERICANS HAVE NO HEALTH  
INSURANCE AT ALL, AND MILLIONS MORE HAVE NO INSURANCE BECAUSE  
THEY ARE UNEMPLOYED.

h TWO THIRDS OF ALL AMERICANS HAVE NO INSURANCE COVERAGE  
OF DOCTORS' OFFICE VISITS. AND ALMOST NO ONE IS COVERED FOR  
PREVENTIVE SERVICES AND ROUTINE CARE FOR HEALTHY CHILDREN,  
L FOR SOME PEOPLE THIS MEANS MAKING CHOICES THEY SHOULD  
NOT BE FORCED TO MAKE.

WILL A SENIOR CITIZEN PAY THE LIGHT BILL, OR WILL HE  
GO TO THE DENTIST?  
WILL A YOUNG MOTHER BUY HER CHILD NEW SHOES, OR WILL  
SHE GO TO THE PEDIATRICIAN FOR A CHECK-UP?

and Regrettably many

~~IN THE END, MOST~~ BUDGET-CONSCIOUS FAMILIES WILL SACRIFICE

IMPORTANT MEDICAL SERVICES WHICH MUST BE PAID FOR OUT-OF-POCKET.

h FAILURE TO COVER A \$15 DOCTOR'S VISIT FOR A ROUTINE CHECK-UP CAN  
RESULT IN NEEDLESS SUFFERING, HOSPITALIZATION AND MEDICAL EXPENSES.

h THE RESULT IS THAT ILLNESSES GO UNDETECTED, AND EARLY TREATMENT  
THAT COULD PREVENT PERMANENT DAMAGE NEVER IS RECEIVED.

Oh AGAIN, WISCONSIN'S HEALTH PROVIDERS CAN BE PROUD OF THEIR  
EFFORTS TO KEEP COSTS DOWN. VOLUNTARY RATE REVIEW FOR  
HOSPITALS, AND FULLY FUNDED AND HARD-AT-WORK PROFESSIONAL  
STANDARD REVIEW ORGANIZATIONS ARE ONLY TWO EXAMPLES OF THE

CONCERN YOU HAVE SHOWN FOR THE PROBLEMS OF COST AND QUALITY  
CONTROL. But, more must be done.  
~~RESPONSIBLE, SELF EVALUATION OF YOUR SERVICES IS~~

~~COMMENDABLE.~~

As YOU KNOW, THE QUESTION OF NATIONAL HEALTH INSURANCE  
STILL IS UNRESOLVED. CONGRESS HAS BEFORE IT A NUMBER OF  
PROPOSALS, SOME OF WHICH ARE MORE COMPREHENSIVE THAN OTHERS.



March 26, 1976

MEMORANDUM

FOR: SENATOR

FROM: JULIE W.

SUBJECT: HEALTH INSURANCE PROPOSALS IN 94th CONGRESS

Attached is a chart comparing the major national health insurance bills.

✓ Health Security Act (S. 3), of which you are a cosponsor, is the most comprehensive. It stresses benefits for preventive services, covers all U.S. residents and is administered by HEW. Although it is often criticized for costing over \$100 billion, the nation spent \$118 billion on health care (or rather sickness care) in 1975. *Corman-Kennedy Bill*

✓ The Long-Ribicoff bill covers catastrophic illnesses for all U.S. residents, provides medical assistance with basic benefits for the poor and medically needy and a voluntary program for certification of private insurance to cover basic benefits. This has support of leadership and about 15 others.

✓ National Health Care Act (Burleson-McIntyre) is a voluntary approach in which the consumer could refuse the recommended package. State insurance departments would be the administrators.

✓ The Ullman bill (H.R. 1) would set up a new Department of Health, which would contract with insurance companies and non-profit Health Care Corporations for medical services to poor and aged. Insurance for others through group or private plans would have to meet standards.

✓ The Ford proposal calls for catastrophic health insurance for those on Medicare. It is financed by increasing other Medicare costs and would not help the 87 percent of our nation's citizens. *not on Medicare* Also it would benefit only a small portion of Medicare recipients while adding to the financial burden of all.

The American Medical Association proposal mandates employers to offer qualified private health insurance to employees and families. This has only been introduced in the House.

\* \* \*

L NO ONE TODAY CAN PREDICT THE EXACT DETAILS OF THE PLAN  
WHICH WILL BE ENACTED. BUT ONE THING IS CERTAIN. WE WILL  
HAVE A HEALTH PROGRAM WHICH WILL GO WELL BEYOND ANYTHING THE  
GOVERNMENT HAS DONE IN THE HEALTH FIELD IN THE PAST.

L I CHALLENGE YOU TO BECOME INVOLVED IN THIS GREAT DEBATE.  
L LEARN ABOUT THE ALTERNATIVE PROPOSALS AND ACTIVELY PARTICIPATE  
IN THE DEBATE.

~~TH~~  
L THERE IS ONE MORE THOUGHT I WOULD LIKE TO LEAVE WITH YOU.

L WE CAN RETREAT FROM THE CHALLENGE OF GOVERNMENT THAT  
TRIES ITS BEST TO SOLVE THE PROBLEMS OF ITS CITIZENS, AS  
SOME SUGGEST.

L OR WE CAN CHOOSE TO CONTINUE IN THE PROGRESSIVE TRADITION  
OF A PEOPLE'S GOVERNMENT DESIGNED TO MEET PEOPLE'S NEEDS.

THE FIRM COMMITMENT OF CONGRESS TO ~~THE SECOND COURSE OF~~

*into the health field*

*action and involvement*

~~ACTION~~ IS EVIDENT IN ITS REJECTION OF VETO AFTER VETO OF

PROGRAMS DESIGNED TO MEET THE PRESENT AND FUTURE HEALTH NEEDS OF

THIS NATION -- HEALTH REVENUE SHARING AND HEALTH SERVICES, CHILD

NUTRITION, <sup>*Act*</sup> FISCAL 1976 APPROPRIATIONS FOR THE DEPARTMENT OF HEALTH,

EDUCATION AND WELFARE, TO NAME A FEW.

*h* TIME AND TIME AGAIN, HEALTH APPROPRIATIONS ARE RESCINDED OR DEFERRED BY THE ADMINISTRATION. BUT THE CONGRESSIONAL BUDGET CONTROL

AND IMPOUNDMENT ACT OF 1974 HAS PROVIDED CONGRESS WITH A <sup>*he means*</sup> ~~TOOL~~ TO

DEAL WITH THAT.

*L* THIS YEAR'S BUDGET, AS PROPOSED BY THE ADMINISTRATION, SHOWS

THERE WILL BE NO LET-UP. ~~UNDER THE GUISE OF THE NEW FEDERATION~~ *L* THE

PRESIDENT IS ADVOCATING THE CONSOLIDATION OF 59 PROGRAMS, 16 OF WHICH

ARE IMPORTANT HEALTH PROGRAMS.

THE NEW CONSOLIDATIONS MAY GIVE STATE AND LOCAL  
GOVERNMENTS MORE DISCRETION AND MORE RESPONSIBILITY. BUT  
HOW CAN THEY EXERCISE DISCRETION AND RESPONSIBILITY WHEN  
THEY ARE BEING DENIED ADEQUATE FUNDS TO DO THE JOB IN THE  
FIRST PLACE?

PROGRAM AFTER PROGRAM HAS BEEN SYSTEMATICALLY SLASHED:

*Health*  
HEALTH, DOWN FOUR PERCENT; EDUCATION, DOWN 11 PERCENT; COMMUNITY  
AND REGIONAL DEVELOPMENT, DOWN EIGHT PERCENT.

HOW ARE WE GOING TO PROVIDE A BETTER LIFE FOR OUR CITIZENS --  
BETTER LIVING CONDITIONS, BETTER HEALTH, BETTER NUTRITION,  
BETTER EDUCATION, AND JOBS -- IF WE CONTINUE TO RETREAT,  
RETRENCH AND REDUCE?



March 26, 1976

MEMORANDUM

FOR: SENATOR

FROM: JULIE W.

THRU: AL

SUBJECT: HEALTH BUDGET

Budget outlays for health are projected to decrease to 10 percent of the total budget during the years 1975-1980. This is compared to budget outlays totaling 14% of the total budget during 1965-1970.

As you know, the President has recommended in his fiscal 1977 budget the consolidation of 16 categorical health programs including Medicaid into a block grant to the States. In doing this, he has reduced the amount of federal outlays. Thus States are given more responsibility, flexibility and discretion but less money.

For instance:

Community Health Centers: reduced 25% to \$155,190,000 from 1976 appropriation of \$196,648,000.

Maternal and Child Health: reduced 33% to \$211,422,000 from \$321,908,000

Family Planning: reduced 20% to \$79,435,000 from \$100,615,000

Migrant Health: reduced 20% to \$19,200,000 to \$25,000,000.

Total Health Services: down almost 30% to \$647,558,000 from \$934,614,000

Biomedical Research at the National Institutes of Health shows a slight decrease overall from 1976 appropriation of \$2.1 billion to 1977 budget request of \$2.0 billion.

*Research, so important - and a very legitimate role for Govt in cooperation with Universities, hospitals, laboratories etc*

The 1977 National Cancer Institute budget request is \$669,507,000 compared to an appropriation of \$744,484,000 in 1976.

National Heart-Lung Institute request for 1977 is \$330,520,000 compared to 1976 appropriation of \$349,393,000.

To the Administration's credit the National Institute of Environmental Health Sciences request is \$43,898,000 in 1977 compared to \$36,035,000. This is an increase of about 18%.

Alcohol, Drug Abuse and Mental Health shows a 33% decrease overall in 1977 budget to \$418 million from 1976 level of \$580 million.

Health resources, including manpower, is down an incredible 40%. \*

The Office of the Assistant Secretary for Health, on the other hand, requested an increase in his budget from \$66,631,000 in 1976 to \$76,068,000.

*Then Education Funds, Slashed 11%  
Community Development, Slashed 8%  
Manpower Training, Slashed 27%  
\* Some of these programs lack Congressional authorization  
i.e. capitation assistance for medical schools  
and special educational assistance for  
family medicine primary care, physician  
extenders. These come under the  
health manpower bill passed by House  
but still in Senate Labor and Public  
Welfare.*

h WE NEED TO WORK TOGETHER AS A PARTNERSHIP IF WE ARE TO  
ACHIEVE OUR GOALS. h THE SYSTEM RELIES HEAVILY ON EXPERTS AND  
CONCERNED CITIZENS SUCH AS YOURSELVES TO SET PRIORITIES, TO  
EXAMINE THE RESULTS ON A CONTINUING BASIS, TO REALIGN THESE  
PRIORITIES AS PROGRESS IS MADE, AND TO LOOK TO THE FUTURE,  
h YOU CAN MAKE A DIFFERENCE IF YOU TAKE THE RISK OF BECOMING  
INFORMED AND INVOLVED.

( IN CLOSING I WANT TO REMIND YOU OF WHAT VICTOR HUGO SAID.

"THE FUTURE HAS SEVERAL NAMES; FOR THE WEAK, IT IS  
THE IMPOSSIBLE. FOR THE FAINT-HEARTED, IT IS THE UNKNOWN.  
FOR THE THOUGHTFUL AND VALIANT, IT IS IDEAL. THE CHALLENGE  
IS URGENT. THE TASK IS LARGE. THE TIME IS NOW."



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