HEALTH CARE

Synopsis of remarks, St. Barnabas Hospital Groundbreaking Ceremonies, November 24, 1969.

SUBJECT: Health Care

FACTS stated in remarks:

Health of U.S.

1) U.S. ranks 16th among world's nations in infant mortality rates.
2) Life expectancy figures show the men of 20 countries and the women of 11 countries live longer than American men and women.
3) Based on minimum standards set by Medicare, 1/3 of all hospitals are not accredited and 10% of all hospital patients are admitted to non-accredited hospital beds.
4) While Medicare and Medicaid programs, in combination with the health insurance industry, cover some portion of health costs of 80% of U.S. citizens, 2/3 of all personal health costs remain uninsured.
5) 30 million Americans have no health insurance at all.
6) With the exception of a handful of closed panel medical plans - primarily on the West Coast - no insurance on the market today provides any benefits for preventive medical care - for annual checkups, for routine cancer tests, for immunizations or innoculations against disease.

QUOTES:

ON GREAT HOSPITALS: "Great hospitals must advance with the times, keeping step with pacesetters in their field, or fall by default into an uncomfortable second best."

ON ST. BARNABAS, UNITY OF VOLUNTEERS AND PROFESSIONALS: "St. Barnabas exemplifies the fruitful unity between the best American tradition of non-profit, voluntary effort by a concerned community -- and modern professional excellence."

ON UNSOPHISTICATED U.S. HEALTH SERVICES: "As a nation, we remain distressingly unsophisticated in the development of public policy in the field of health services. Our ability to resolve today's critical crises in health depends on our national will."

ON THE PROMISE OF SCIENCE AND TECHNOLOGY: "In our generation, science and technology offer man a longer life and the easy prevention of unwanted life. For the next generation, science and technology promise freedom from disability and disease and added facility in the miraculous transplants

of hearts, livers, lungs, kidneys and other essential life-maintaining organs."

ON APPLICATION OF SCIENCE AND TECHNOLOGY: "We cannot blame our scientists and our technicians for the way we apply their science and technology. The responsibility lies on our own doorstep."

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

ON NEEDED CHANGES IN HEALTH RESOURCES: "It is time for medical statemen to invade the jumble of unplanned, unsophisticated, uncoordinated, unresponsive health care systems and come up with significant changes that enable us to utilize our health resources efficiently and economically."

ON THE RIGHT TO HEALTH CARE: "Health care should not be a matter of privilege. It is a right as basic as those itemized in the Bill of Rights, and requires prompt action to relieve the most immediate injustices - those affecting the poor, the aged on fixed incomes, and indeed, the middle incomes."

PROPOSALS:

1) Federal programs that create a demand for health services should help supply them.

2) Need for a long range restructuring of our entire health care system.

3) A Health Coalition manning medical think tanks to design a pace keeping health care system.

REMARKS

THE HONORABLE HUBERT H. HUMPHREY

ST. BARNABAS HOSPITAL GROUNDBREAKING CEREMONIES

NOVEMBER 24, 1969

Venerable institutions are like girls who have just become engaged -- neither can long tolerate the status quo. Both look forward eagerly to the next stage -- both seek growth and development.

An institution, like a courtship, cannot stand still. The absence of change, the reluctance to advance and to grow, lead inevitably to atrophy and stagnation.

This is particularly true of medical institutions. Great hospitals must advance with the times, keeping step with the pace-setters in their field, or fall by default into an uncomfortable second best.

St. Barnabas, as this assembly well knows, has never settled for second best. Our gathering today is tangible evidence of the continuing St. Barnabas commitment to provide the best in chronic disease and geriatric care.

Before I go any farther, I want you to know that that word -- geriatric -- doesn't fool me for one minute. It's a catch-all, an easy medical euphimism indiscriminately applied to such ever-young luminaries as Gypsy Rose Lee, Charlie Chaplin and Mickey Mantle -- and any Democratic politician who can remember way back to the National Convention of 1948.

I don't mean to inject politics into this pleasantly non-partisan gathering. In fact, I tell you candidly that -- after twenty years in public office -- it is a pleasure to be able to discuss the actions and programs of the Federal government as a private citizen. [illegible]

It is unfamiliar luxury to feel no obligation to advocate or defend any particular program or policy.

But Do not misunderstand -- I fully intend to discuss public policy this afternoon -- I'll get back to it in just a minute.

MR. BLISS

OFFICERS

Charles M. Bliss, *President*
Enos Curtin, *Senior Vice-President*
Grover O'Neill, Jr., *Vice-President*
Haliburton Fales, II, *Treasurer*
William H. Savage, *Secretary*
James P. Gallatin, *Assistant Secretary*

BOARD OF MANAGERS

Thomas A. Barr
Mrs. Christian E. Bayer
Mrs. John Jennings Boland
Robert M. Bradbury, Jr.
Seth B. Ferrell, Jr.
Karl A. Herrhamm
John C. Hughes
Timothy W. Knipe
John H. Livingston
Andrew O. Miller, Jr.
Odgen Phipps
John T. Terry
A. Philippe von Hemert
Sidney S. Whelan, Jr.

ex officio

John T. Kolody, B.S., M.S., F.A.C.H.A., *Executive Director*
Daniel L. Larson, M.D., *President, Medical Staff*
Mrs. John Jennings Boland, *President, Women's Auxiliary Board*
Mrs. William T. Higgs, *President, Hospital Associates*
Mrs. Christian E. Bayer, *President, Women's Volunteer Service Corps*

First, I want to thank you for this opportunity to participate in the growth of St. Barnabas Hospital. I want you to know how pleased I am to join in breaking ground for the next stage in the life of this fine old institution -- the 188-bed patient wing soon to be under construction on these grounds.

St. Barnabas exemplifies the fruitful unity between the best American tradition of non-profit, voluntary effort by a concerned community -- and modern professional excellence.

Future patients from across the nation --and throughout the world -- will thank the vision and imagination of your planners, the generosity of your donors, the competance of your builders, and the enterprise and judgement of your administrators.

St. Barnabas moves into its second century of service with youthful vigor and an uncompromising conviction that no disease is incurable -- but some cures are yet to be found.

The willingness of private citizens to undertake the financing of this ambitious development is signal tribute to the vitality of participatory philanthropy -- participation not by checkbook alone, but with intelligent recognition that quality health care is a prerequisite in a civilized society.

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

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

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

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

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

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

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

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

We have advanced automation -- [which increases productivity] ~~and the resulting threat~~ [and threatens to destroy old skills and personal] ~~of unemployment.~~ [identity].

We have a fine new medicine chest of wonder drugs -- with price tags far beyond the reach of many of our citizens [illegible]

[illegible]

(to P.7)

We cannot blame our scientists and our technicians for the way we apply their science and technology. The responsibility lies on our own doorstep.

This is an age of miracles -- an age when wonders have become so commonplace that a week ago many of us didn't bother to watch man land on the moon -- because the landing inconveniently occurred after the normal bed hour.

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

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

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

More specifically, how can our improved concepts of governmental responsibility, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities and our highly trained practitioners -- how can these forces unite and effectively collaborate to deliver good health to the people who make all these enterprises possible?

How healthy is our nation?

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

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

..... Based on minimum standards set by Medicare, one-third of all hospitals are not accredited and and ten percent of all hospital patients are admitted to non-accredited hospital beds.

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

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

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

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

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

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

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

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

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

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

A well conceived and coordinated system of health care -- one which deploys doctors and hospital beds rationally and intelligently, one which provides comprehensive health care for all Americans -- can probably be achieved without drastically increasing the number of physicians or drastically increasing the number of hospitals in this country.

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

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

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

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

With the exception of a handful of closed panel medical plans -- primarily on the West Coast -- no insurance on the market today provides any benefits for preventive medical care -- for annual

check-ups, for routine cancer tests, for immunizations or innoculations against killer diseases.

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

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

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

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

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

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

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

That is the kind of health care I want our nation to provide.

# # #

HEALTH CARE

Synopsis of remarks at the Melendy Lecture, University of Minnesota, April 9, 1970.

SUBJECT: reiterated health proposals made in Nelson speech.

QUOTES: ON PUBLIC HEALTH SERVICES: "America is unequalled in the development of modern, sophisticated medical equipment and procedures, but when it comes to making them accessible to the people who need them, we're strictly horse-and buggy. As a nation, we remain distressingly unsophisticated in the development of public policy in the field of health services.

ACCOMPLISHMENT of '60s:

- Medicare
- Medicaid
- measures to expand our hospital and nursing home facilities
- passed over 40 new public laws in the health field.
- established innovative neighborhood health centers.
- established the New Careers program.

"Today there is a slowdown -- if not a halt -- in that progress."

PROPOSALS:

- reiterated idea of National Health Insurance program meeting four main criteria:
  1) adequate manpower
  2) built-in cost controls and incentives
  3) efficient and rational organization and administration
  4) quality service in order to narrow the gap between the kind of health services available to the rich and the poor.
- medical transportation to treatment centers
- community first-aid stations.
- expanded and modernized Public Health Service..
- Public Health Service Academy,
- government subsidized group health plans
- shift from traditional in-patient treatment and recuperative facilities to ambulatory health centers
- accessible, family-oriented centers with walk-in clinics and simple, motel-like facilities for economical diagnostic and after-care services.

1970 SAMUEL W. MELENDY MEMORIAL LECTURE

APRIL 9, 1970 - 11:15 a.m.

MAYO MEMORIAL AUDITORIUM

FORMER VICE-PRESIDENT
HUBERT H. HUMPHREY

April 9, 1970

INTRODUCTION OF SAMUEL W. MELENDY MEMORIAL LECTURER

In introducing the Samuel W. Melendy Memorial Lecturer, it is appropriate that our thoughts first turn to Mr. Samuel W. Melendy.

He was born in Lowell, Massachusetts, on August 8, 1841. After a short period of employment as a drug clerk in Stoughton, Wisconsin, he came to Minneapolis to work for the wholesale drug firm, Lyman and Williams. This firm became Melendy and Lyman after he bought out one of the original partners.

Mr. Melendy was a moving spirit in the establishment of the College of Pharmacy at the University of Minnesota 1892. He attended its classes. He furnished equipment that was sorely needed. He advocated collegiate training as a prerequisite for licensure. And, he laid the plans for the endowment of the Samuel W. Melendy Memorial Fund for the benefit of the College.

Many graduates of the College are indebted to Samuel W. Melendy for scholarships and fellowships that helped make possible their education. This year, twelve undergraduates have won Samuel W. Melendy Memorial Scholarships based on high academic performance. Melendy Undergraduate Research Scholarships are available to support research projects and to assist undergraduates in evaluating a career in teaching and/or research. Graduate students receive Melendy Graduate Fellowships to support their programs through the summer. The College's medicinal plant garden and greenhouse also received support. All of this is derived from the endowment each year.

In accordance with the will of Adele C. Melendy, the Samuel W. Melendy Memorial Lectureship was established in 1942. Provision was made for selection of a pharmacist of national repute as a lecturer on a subject intended to advance the interests of ethical pharmacy.

This year it is our privilege to have as guest speaker Professor Hubert H. Humphrey. Professor Humphrey attended the Denver College of Pharmacy in 1932-33 and was subsequently registered as a pharmacist in South Dakota where he helped operate the family pharmacy.

He received a B.A. from the University of Minnesota in Political Science in 1939 and a M.A. from Louisiana in Political Science in 1940.

Professor Humphrey served as Mayor of Minneapolis from 1945-48 when he was elected a U.S. Senator from Minnesota. He served in this position until his election as Vice President of the United States for the term 1964-68. In 1968 he was the nominee of the Democratic Party for the Presidency of the United States. He currently holds a joint professorship at Macalaster College and the University of Minnesota and continues actively in public affairs.

Would you please extend a warm welcome to Professor Hubert Humphrey.

I wish to thank Mr. Kellenberger for your introduction and I appreciate that Dean Weaver was willing to fill in here while I was finding a place to put the car. I'd like to tell you a story about a preacher that was having a little trouble parking his car and he just gave up and put a little note under the windshield, hopeful that the law enforcement officer might see it if he was going to park the car, and it said, "forgive us our trespasses". And the preacher went on in to administer whatever services he was going to, and when he came out he found another note under his windshield wiper that said, "lead us not into temptation." So -- I didn't have any note, so I had to just wait my time.

Now I want to get right down to business and talk to you as a fellow student, as a teacher and as a one-time pharmacist, and a person deeply concerned with the healing arts, with the whole structure of health care in the United States, and the role of the pharmacist in that health care system. It has been said here that I was a pharmacist and I am a registered pharmacist. I keep my registration up because I find that whatever work I've been in the past is far too precarious to guarantee me any future. One nice thing about it is that as long as there's a shortage of pharmacists they'll even take on an old war horse like me if need be.

But I think you know that I did not have the opportunity for the kind of intensive professional training which you have. Pharmacy is indeed a profession today. I did have an advantage which some of you never will have. My father was a pharmacist -- and a good one -- and he served a very important part in the health service of his community. In the days that I was with my father as a boy, and then as an adolescent, and then as a young adult, I think father took care of more sick people than the doctor. At least, he worked hand

in hand with the doctor; there was no aloofness. I can still remember, we had in our small town at that time -- it was a very small town -- two doctors, Dr. Sherwood, and Dr. Williams, and I can still see both of them coming into the store with their medical kits and filling up their bottles with the different pills that we had around there and the different medications, and, of course, they were general practitioners and they traveled around the countryside administering to the health needs of our people. Hundreds of times did I hear people come in and say to my Dad, "I feel this way..." or, "I've got this problem..." and so on. A pharmacist in the retail pharmacy of the yesterdays and even of today, was a sort of father confessor for many people, a kind of country philosopher, he was the first aid station. There was hardly any problem that didn't come to his attention. I think it was the best background training that one could ever have for public service. When I started out as a boy, 10 years of age, taking inventory, as we say in our store, with the proprietary products in the retail pharmacy. Then, when I was in my teens, I was helping taking invetory in the prescription department.

I think I know something about retail pharmacy. I haven't missed a National Association of Retail Druggist convention for years. I am a life-time member of the American Pharmaceutical Association. I have been with the Proprietary Association; I attend these meetings. It's my avocation even now. I love to go by a drug store; I like to walk inside a pharmacy; I love the odor; I love it -- it just makes me feel good. There is something about it -- as a young man I started my private training as an apprentice. I was an apprentice pharmacist -- actually, a certified apprentice,in the state of South Dakota. And I remember that we had -- then and have now -- one of the most modern pharmacies in the United States. For though it is in a town of only about 12 or 13 thousand people, we still have our family business -- it's called Humphrey and Sons, Inc. My brother is no longer with us, has passed away.

My father is deceased. I am the president of this little family corporation. I go home to the store at least once a month. I actually go back behind the counter and work there, and I watch the inventory very carefully. I keep the records and then work with our accountant. I think I know what it means to keep up-to-date in a modern pharmacy. I still get pharmacy journals. I don't have much time to read them, but it is my avocation.

As Dean Weaver was mentioning this grant, I remembered when we had the health professional act before the Congress of the United States. I was the man who insisted we improve pharmacy and veterinary sciences. Dr. Thorpe of this great University was down to see me because there were certain people that just thought it ought to be for just doctors and medical technicians, etc. There has always been a little interplay, and not always too friendly, between the medical profession on the one hand and the pharmacists on the other. I think that as pharmacy has been upgraded, however, in terms of the professional training at the academic level, there is now a much more greater spirit of cooperation. You're going to, many of you, go into professional pharmacy, in the best sense of the word, I mean, be actually prescription pharmacists. You are going to work, some of you obviously, in hospital pharmacy, in laboratories. Some of you will go into pharmacology. Some of you will go into areas of pharmaceutical research. I am not that kind of pharmacist. I am a pharmacist who did know how to fill a prescription, who understood the importance of stock management, who understood the importance of service, and, above all, who understood the importance of working with people. I want you to be that way, too. We need these people. We need them desperately in the retail business today. And I hope that some of you will find your way into these pharmaceutical establishments across our country. You cannot have good medicine without a good pharmacist. And I hope that you will have enough professional pride so

that you will want to see to it that pharmacy, a retail pharmacy outlet, has a chance to be a retail pharmacy instead of just a general store. I have seen far too much prescribing and too much dispensing out of doctors' offices. I am all for the prescribing but I have enough interest in this profession to think that the dispensing, the filling of the prescription, belongs in the pharmacy. It wouldn't be a bit beyond what I'd like to say to have to be in the retail pharmacy, not one that is just attached to the hospital. I'll buy that too, but I would like to have a chance, if we are going to have professional standards for a retail pharmacist, to get a prescription. And I have seen a lot of times that doesn't happen. I wish there were some doctors here and I would tell them that too. In fact, I have, because I am kind of an emancipated man. I got unleashed here about a year and a half ago. I have been having a good time ever since.

Now, first thing that I imagine that it would be well for me to say is that a man ought to have pride in whatever work he is in, and I know that you here today -- men and women -- have great pride in your work in pharmacy. Frankly, we need more of you. And I am pleased to see that more students are registering in the pharmaceutical studies. The kind of college that I went to is abolished, and rightly so, but I am going to be honest with you. I think I knew as much pharmacy by the time I got out of that short course as you know. I was born above a drug store and raised inside of one. I didn't know anything else but pharmacy. I studied it from the day I was old enough to read. In fact, I knew what the drug means before I knew Mother Goose. Sometimes the two of them were somewhat synonymous on occasion but back in some of those early remedies, the Humphrey's Home homeopathic remedies that some of you may remember. Someone sent me a whole kit of that stuff not long ago. Well, they figured there were some ailments I had that maybe needed some curing.

I have some notes here -- I really worked out a little lecture here for you; let's see if I can pack it in here, if you've got a few minutes, about health care. I want to talk about the health needs of this nation. If you are not the pharmacists, you are citizens and ought to be very unhappy over the present situation. If you are not, you are not a very good professional because the professional is not only interested in his income or in his own standards, he is interested in the total service to the community. Professionals are supposed to have a higher level of understanding. Now, last year we spent over 60 billion dollars on health care in this country, almost as much as we spent on defense. We haven't quite gotten up to that level, but almost, and we are putting a higher proportion of our national income into health care than any other nation and I think there are some doubts as to whether we are getting our money's worth. America is unequalled in the development of modern sophisticated medical equipment and procedures. I served as chairman of the subcommittee in the Senate for twelve years on research-medical and scientific research. I traveled through every one of the western European countries looking into their hospitals, into their pharmaceutical laboratories, went into the Soviet Union, went into their pharmacies. I have been into dozens of them, into the cancer institute, into the great hospitals and medical laboratories, studied all the different publications, worked with these different societies, helped to organize, if I may say so, the information retrieval systems that are today in the National Institutes of Health in the United States Public Health Service. I felt that there was such an avalanche of information that was no longer digestable, the government ought to be doing something about it.

By the way, this is still a central problem. I've worked with the American Pharmaceutical Association upon its information center programs and I believe that we've made some substantial progress, but we still have much more

to do. We are lagging in the care to the people. As a nation we remain to stress in the unsophisticated on the development of a national policy in the field of health services. We started, of course, with our U.S. Public Health Service, which is one of the oldest services of our government, by the way. We have had the Hill-Burton Act, which is related to our hospitals, but it was rated primary in the 60's. We started to move on the national level insofar as legislation and policy was concerned relating to health care. We established Medicare. I have the privilege of being the original author of Medicare, introduced the bill May 17, 1949. It was signed in 1965. It takes a little time. I found that there's where nothing instant, except coffee or tea, and I don't like either of them too much when they're instant. It takes time and today 20 million of our older citizens are getting benefits of this progressive legislation. To be sure, there are abuses, and you will hear about those.

But I want to tell you that it is a Godsend to millions of people and it hasn't hurt medicine, and it hasn't hurt the hospitals. I worked with Dr. McNusen, whom I am sure some of you may know here at the faculty level at least of this great state of ours, who was head of medicine in the Veterans' Administration to protect the veterans' administration medicine from becoming civil servicesized, bureaucratized. We have one of the finest teaching hospitals of Veterans' Administration in the world right out here at Fort Snelling. And I was the author of the legislation that denies the federal government the chance to make it do anything that would in any way downgrade the quality of that cooperative relationship of the teaching hospital and the use of those hospital facilities by private doctors and by our great teaching hospitals and teaching medical centers, such as the University of Minnesota -- what a benefit this has been for medical care for the veterans -- what a Godsend it has been for research -- some of the best research in medical science in the

world takes place in the veterans' hospitals today. Veterans' medicine in this country is high-class medicine and the reason that it is, is because the teaching centers, the great medical schools like the University of Minnesota Medical School has the relationship with the Veterans' hospital. Before, Veterans' Medicine wouldn't qualify for -- in the 1920's, 30's and 40's -- being very good medical care.

Well, we initiated the Medicaid with all of its imperfections - yet this program has made modern medical care available to millions and millions who are too poor to afford even minimal health services without assistance. There are people who think it costs too much, and I gather there are abuses there again, it's human frailty; I am sure that we will have to correct these abuses, but I would like to remind you that we spent 2 billion 2 hundred million dollars on a tank that has never turned a tread -- and you got about 1 inch of copy on that. We spent 750 million not long ago on an airplane engine that never worked. Somebody bellyaches because some poor little soul gets a little extra care under Medicaid that they ought not to get. According to the law I don't condone it -- I think we have to keep it -- I think we have to constantly reasses it but I just want to get our values straightened out around here. I don't know of any better place to do it than with young people who are going to have a lot to say about this country. After all, I am interested in what you are going to do. You are going to be responsible for my Medicare. I want to know how you think. I want to get you tuned up. I don't want you to cut me off somewhere along the line because somebody ran off with a bottle of aspirin tablets that he shouldn't have. After all, they don't cost much anyway and they are generally overpriced. My God, I got a bottle of Visine the other day -- I've had a sore eye. $1.84. I made a barrel of that stuff and I want to tell you how much it costs to make this. There sure must be a lot of advertising in it --$1.84.

Boric acid solution will do the trick as good as any of them but we have enacted measures to expand our hospital and nursing home facilities and to recruit additional health manpower.

Over 40 new public laws in health fields were passed in the 1960's, and I hope you are acquainted with all of them, because you should be. It is your job. And if you haven't acquainted yourself with the legislation I ought to talk to Dean Weaver because you must know more than just your profession. You must know the law that relates to your profession. We established innovative neighborhood health centers in 50 health core inter-city areas, and brought together public medicine, private medicine, dental associations, social workers, American Medical Association, County Associations and tremendous programs of out-patient care -- and the pharmacists' out-patient care -- for the needy. We established a new careers program with dual goals of relieving doctors and nurses of their non-professional chores and finding new avenues for the unemployed and the under-employed. So we made some new starts and they've been moving in the right direction, but today there is a slow down.

I am going to talk bluntly to you. I don't think you ought to be very happy about it. You are in the medical ... you are in the healing arts profession. You are professional people, and you ought to be protesting to the high heavens when aid, when funds for resource are cut in the name of controlling inflation -- which is a lot of hogwash. Somebody gets big pay increases along the line -- Congress increased its pay, the Vice-President's pay was increased, the President's pay was increased. I went along with it even though it happened when I couldn't get the benefits and nobody said that was inflationary. But little of this medical money, this research money, that goes out, whether into toxicology or pharmacology or whatever it may be, or whether it's in some of the so-called incurable diseases, right away it is called

inflationary and we're slowing down our programs. I was at the American Cancer Institute breakfast this morning and, my God, we've cut cancer research funds. And you pharmacists know that in chemotherapy some of the hope for cancer treatment lies. All you need to do is lose a brother and a son and you will start thinking about whether or not you want to have cancer funds cut. I lost a brother and had a son with leukemia -- I mean with Hodgekins disease. I tell you, if that happened to you, you don't get very charitable about somebody who decides that we can't afford in this country to do some research. We build new race tracks, new country clubs, raise the price of Martinis, and I am not opposed to Martinis. I don't want you to put me on record here where I don't want to be, but just think that I am not trying to tell you what time to go to bed, I am just trying to tell you what time to get up. We've got to get our values straightened out.

Now I think what we really need to talk about here is our priorities. Centuries ago science and technology had something to do with eliminating the tyranny of superstition and I think in this century science and technology have offered the prospect of freedom from hunger, the ravages of the elements. In our generation, science and technology offered man a longer life and easy prevention of unwanted life. For the next generation, science and technology promise freedom from disability and disease and added facility in miraculous transplants of heart, lungs, liver, kidneys and other essential life-maintaining organs. And in our time, and in the coming generation, there will be breakthroughs in the fields of chemicals and medication, pharmaceutical properties that are unbelievable. We are on the verge of a number of them right now. But at the same time that we receive these life-sustaining gifts there is a paradoxic expansion of the life-destroying arsenal. We have weapons that could wipe humanity out in an instant. So as pharmacists you ought to be concerned about the SALT talks that

open this week in Vienna, Austria; because no matter how much you learn in pharmacy, if you can't stop the spread of nuclear technology and if we cannot stop the spread of nuclear armament you won't be able to do very much about taking care of the life of people. They can exterminate an awful lot of it in a hurry. We have transit systems and vehicles designed for movement that make movement in our cities all but impossible. We have industrial emissions that poison our atmosphere and our waters, and pharmacists ought to be right out in front on the environmental battle line. You, above all others, doctors, pharmacists, nurses, people that understand health problems, don't wait around for some politician or some kid in high school.

Thank goodness that the Pharmacy school has this wonderful center on drug-abuse. I want to compliment you. You have so much to offer to so many people. But then I am trying to say I want the pharmacist to be a great citizen. Particularly when it relates to anything that even directly or indirectly affects your profession or your professional outlook. And in this struggle for the preservation of a wholesome physical environment, oh, what you can do. Now we've advanced automation, but we have taken away some of the dignity of skills. We have a fine new medicine chest of wonder drugs. And can I be frank with you? Sometimes the price tags are beyond the reach of many of our citizens, and I am not one to be opposed to the private enterprise system in pharmacy. I might add that I am sufficiently familiar with this to know that in my own pharmacy where we have a very large inventory of these modern drugs and get a doctor that's detailed. We get a whole batch of drugs -- a certain hypomyacin product -- or some other one of the family of the sulphas or the myacins or whatever it may be, or the barbiturates and all at once the doctor decides not to prescribe it and you are sitting there with an inventory of several hundred dollars' worth of a particular pill or compound that just sits

there, useless as confederate currency. How do you think a druggist stays in business? He's got to price the prescription that he fills to take care of the product that he cannot sell. That's what it is all about and now if you don't know that accounting you're going to go broke quickly. That is one of the reasons prescriptions are so costly and this is why there is a great deal of argument about generic drugs. I am not trying to join the argument. I just pose it to you. I know that, as a young pharmacist, one of the things I used to do was to be sent around -- by the way, I worked in several pharmacies, not just my father's, or my own now. I used to go around with a list to the doctors to show them what we had in stock and say, "Now listen, doctor, let's use this up." Why not, why not. For example, most of these tranquilizers one will do about as good as another. The trouble is that somebody comes on and gives a pitch from the LaRoche or somebody comes in from the Pfizer Drug or somebody else from Parke-Davis and somebody else from Wyeth drug from Bristol-Meyers, or something else, and I have learned them all, and they've got a new batch of pills. And you are sitting over here with a prescription and they prescribe it and you don't dare substitute. You get caught. You're apt to get caught. So what do you do? You have to charge Grandpa and Grandma, who can ill afford to pay it, more for the prescription that's filled. And I don't think there is a gouging of the public intentionally by any pharmacist. I really don't. I know he has to make a living; he's not running a charity organization and it costs a lot of money to keep his doors open. Well, we can't blame our scientists and technicians for the way we apply science and technology, that is a matter of public will. Science is neutral. It's what we do with it. The responsibility lies on our own door step.

Now, I said this is an age of miracles, an age when wonders have become commonplace. But for some, a minority who can ill afford -- the minority that

we can ill afford -- still struggle to achieve even basic habits of a civilized society. Now, how do we resolve this paradox? To put it bluntly, how can the most affluent and technically advanced society in the history of the world meet the elemental basic health needs of all of its citizens? Now just think of the paradoxical situation. Most of you have been brought up here around this state and we have been talking about a surplus of agriculture commodities as long as I can remember. We wake up to find out we've got 5 or 6 million people hungry in this country. There isn't any shortage of food. There isn't even any shortage of money. There is a lack of will and a lack of distribution. How long it takes. I happen to have been the author of the original food stamp plan. We got it for six counties; that's the way we got it first. It took an unbelievable effort to even get an agreement for it. This was back several years ago.

Thank goodness at long last we are beginning to take off and are beginning to understand that nutrition is vital to health, that nutrition and education are related, and beginning to find out that a malnourished child is one that no amount of educational techniques will help very much. Protein deficiency, we learned a lot about that. We learned so much. Now we know a great deal. The question is, will we put it together? So I put it this way more specifically. How can our improved concepts of government responsibility and citizens' responsibility, our magnificent economic engine -- and we have the greatest -- our astonishing technology -- our exemplary educational institutions -- our gigantic pharmaceutical enterprizes -- our unprecedented medical research -- our massive public and private medical facilities -- our highly trained practitioners -- our doctors, nurses and pharmacists -- how can these forces unite in effective collaboration to deliver good health care to the people who make all these enterprizes possible? We've got everything, except we haven't put it together.

There is no nation in the world that can compare to these facilities that I talked to you about. None. How healthyis our nation? You obviously know it. Well, if you'd stop to think about it, then you'd think about the magnificent facility that we have and the care -- look at how much time it takes to train a doctor, nurse, or pharmacist. Among the nations of the world the United States ranked fourteenth or fifteenth in infant mortality rates. Of course, I've heard many people say that just because you improved the blacks. Oh yes, they're people you know. Citizens of the United States. I used this figure of speech not long ago in New York, and a fellow got up and argued with me, and I said, well, if he didn't improve the poor it wouldn't be like that. I said yes, I guess that's right -- I guess amongst middle income, higher income people infant mortality rates rather low. But the point is, we do have some poor. What a tragedy it is for a black mother to find out that the chance of her child surviving as compared to a middle income white mother is one-third the chance. What a tragic figure it is to know that a Puerto Rican or a Mexican American or a black mother of poor economic status has one-half the chance of living than a white mother has in childbirth. You and I know how little prenatal care comes. What a tragedy it is to find the rate of mental retardation amongst the poor is four times more than amongst the rest of the community. When we know much of it could be prevented. You're part of the citizenry of this country, the health service of this country, and you've got to know something about these things and do something about it. You're involved in politics whether you like it or not. Politics is people's business; we make basic decisions on these things publicly.

In comparative standings and life expectancy America shows up dismally. Time and again below the top dozen for a country that always likes

to be in the top ten - ten outstanding this -- super-bowls and what have you. I wish we would get something super-duper in this field. Men of 17 countries and women of 11 countries live longer than American men and women. Based on minimum standards set by Medicare one-thirdof all the hospitals are not accredited and 10% of all hospital patients are admitted to non-accredited hospital beds. With Medicare and Medicaid programs and combinations, with health insurance industry cover some proportion of health costs for 80% of our citizens. Two-thirds of all personal health costs remain uninsured. Thirty million Americans have no health insurance of any kind, shape or form whatsoever. With the accelerated pace of inflation the increase of the health costs has more than doubled that of the overall rise in the cost of living and they are fast moving out of the reach of middle, as well as low, income citizens. Of course, one of the reasons is the starting pay of hospital personnel now, and rightly they should. I am not trying to say that anybody is taking advantage of somebody. I am trying to point out there is a problem here and maybe we can do something about it. It is rather ironic to note that a preponderant number of states in this wealthy nation require automobile insurance, and if you're young you pay a lot more than if you're older, why, I am not quite so sure, but that is the way it is. But not one state requires or advocates the most minimal health coverage for all of its citizens. We have sickness insurance, we don't have health insurance. You've got to get sick, real sick, before you get any insurance. Maybe we ought to do like old Chinese doctors who used to pay the doctor when you were well. They kept you well not if you got sick.

Now, the health care crisis that I am talking about is not at all new and didn't spring up without warning. The comparative standing of the United States in health is known by every doctor, every practitioner in this

country, and by a lot of others. There is no revelation in any of these statistics but they reveal serious deficiencies in basic planning, design and operation of our health care system. They reveal a failure of our society to establish national priorities. The time has come, I think, to get both our priorities and our systems straightened out and functioning properly. I therefore say it is time for the healing arts, the medical, pharmaceutical statesmen to invade this jumble of unplanned, uncoordinated, unsophisticated, unresponsive health care systems and come up with significant changes that will enable us to utilize our health resources efficiently and economically. And I didn't conclude in there that just somebody that wants to demagogue about it. I said statesman -- medical, pharmaceutical, professional statesman. You ought not to have, to have some youth rebellion in order to get a health care system. This ought to be done by people who understand it.

Now, a well-conceived and coordinated system of health care, one which deploys doctors and hospital beds rationally and intelligently, one which provides comprehensive health care for all Americans can probably be achieved without drastically increasing the number of physicians, even though I am sure we need more, or even drastically increasing the number of medical and pharmaceutical schools, or drastically increasing the number of pharmacists or hospitals in this country. It is, I repeat, a question of organization, of priorities and planning. Now, one of the first steps that I think must be a comprehensive sum system -- now I'm not a good enough economist and don't claim to be an expert in this -- but some kind of a system, part public, part private, or however we do it,of national health insurance. Years back I proposed such a plan and it wasn't well thought out. It was an idea. I was called a dreamer, socialist, and a political neophyte. I even made the mistake of sending a copy of the proposal to hundreds of doctors and they told me exactly what they thought of it, and I don't care to repeat it here. Even though I guess I could, in light

of recent developments. Today this concept of national health insurance is accepted, even endorsed and applauded by leaders of both major parties.

The President of the United States recently said that we simply have got to have some kind of system like this. He didn't feel that way when he was in Congress, but he is President now. Senator Javets, Congressman Griffiths,who, you might say, are over on the left of center in American politics, had proposed plans, so has the AFL and CIO. Amongst my number of young friends they feel the labors are conservative these days, I'll put that in the middle. The committee for national health insurance whose backers range from the eminent heart surgeon, Dr. Michael Debakke, to a former HEW secretary, to Wilbur Cohen, has spent a year now drafting a bill that will shortly be introduced in the Senate. Governor Rockefeller has a proposal and he has lined all the Republican Governors of the National Governors Conference behind it. It's a combination of public and private funding, an insurance. The American Medical Association just used to crawl under the table when you mentioned insurance some time ago; now it recognizes that some kind of legislation is inevitable and has developed its own national health insurance plan. Now, most of these proposals are remarkably similar. They differ in some details. Some would include the cost of prescription drugs. Some would have about 90% public financed. Some would have it 50-50. Some would have what we call catastrophic in illness insurance. There would be levels before the insurance went into effect. But there are certain basic criteria that all of them seem to accept. First, a need of adequate manpower, health manpower, that includes you. Built-in cost control - an incentive for cost control that includes even something like we are doing at the experimental hospital down here in Rochester. When I was your Senator I helped to get the funds for that

hospital: 10 million dollars of it. We did kind of have to purloin it out of the government. I used to say that I was getting anything for Minnesota that wasn't nailed down and didn't put me in jail, and I think that was a reasonably good position for a Senator to take. And that hospital -- I visited that hospital -- I don't know how many of you have seen it, including the pharmaceutical aspects of it. How to incline to improve hospital care, administration and cut hospital costs. A marvellous experiment. The other, third point, that all these plans agree upon is a more efficient and rational organization in administration. Finally, quality service in order to narrow the gap between the kind of health services available to the rich and the poor in our nation. I think, therefore, it is time to look beyond our belated recognition of the need of national health insurance. I think people now recognize there has got to be some kind of health insurance and examine the whole medical delivery structure.

Comprehensive health care is unobtainable in this country to large numbers of people without a bold restructuring of the American health service. And we must make our health services accessible physically as well as financially. We need rapid and skillful emergency treatment available for our citizens. Salaried medical personnel should be on duty 24 hours a day for house call emergencies ... medical transportation to treatment centers. We've proven that helicopters work. I don't see why in the world the helicopters will work under enemy fire in south Vietnam why we couldn't have a few of them just buzzing around out here. Maybe this will be one of the ways we can take care of the outlying areas, for example.

Many things are being taught by closed circuit television. Still diagnostic personnel may be available and the network of community first-aid

stations are elementary prerequisites in good community health planning. In order to best use our highly trained medical professional we must develop new categories for semi-professional and health aids who can relieve doctors and nurses and pharmacists of many routine duties. Medex, a program that provides additional medical training to health specialists leaving the armed forces, is already established in three states. The Rochester clinic is working on its proposed experimental project of trying to provide health service of topgrade quality for all the world areas, by use of closed circuit television, by having what you might call a lead agent in the community, which could well be the druggist or the pharmacist, and by the use of rapid transport such as helicopter service. Four more states, by the way, and I said three, already have this Medex program underway. Four more will begin similar programs this year. Each year thousands of medical corpsmen leave the services and I suppose they go get a job in a filling station, some of them. But we desperately need these men in the health deprived areas of America. We have thousands of communities in the United States and we have hundreds in Minnesota with no doctor, no nurse, many of them with no druggist, no pharmacist. There is a clinic standing idle out in Brinstead right now because of the lack of medical personnel. There is another clinic standing idle up in the Iron Range where they have been advertising for a doctor, and the need of medical personnel and healing personnel is desperate in those areas. Each year there are a thousand of these people coming out of the services partially trained who could be upgraded and could provide some kind of preliminary care.

Another potential source of help of manpower is an expanded modernized public health service. I have proposed over the years the establishment of a public health service academy -- a kind of West Point or Annapolis of

medicine whose graduates would have to commit a minimum of 5 years' service in return for their federally subsidized education. Maybe we will come around to a point where instead of the selective service we will have national voluntary service or a national service program where we can recruit large numbers of young men and women to be of help in many of our institutions and public services over and beyond the course of health care. Now health centers staffed by public health service officers could be set up in inter-city neighborhoods and in poverty-stricken rural areas. This is where the health blight is, ladies and gentlemen, and a person without health has no hope. The relationship of disease to poverty is appalling and it adds up to frustration, to alienation, and to bitterness and to violence. Such centers could provide humane emergency and preventive care so sorely needed. They would also generate a new and significant sense of mission for our career of public health service. Last year I proposed that the government lend itself to some form of subsidization of group health plans similar to the successful Kaiser plan out on the west coast. This year I am pleased to note that the Secretary of Health, Education and Welfare, Mr. Finch, has proposed adapting the Medicare legislation to incorporate just such a plan. So it's taken on a bipartisanship, for which I am grateful.

Adequately redesigned systems of health care will require a shift from the traditional in-patient treatment and recuperation facilities to ambulatory health centers, public and private. Huge health complexes should give way to accessible family-oriented centers with walk-in clinics and simple motel facilities for economical diagnostic and applicable services. Now, if you can have a drive-in bank where you can come and slap your money in, and hopefully it is all going to be taken care of -- most people are more interested in their money than in their health, anyway, and they trust the bank, a drive-in

bank. You've got drive-in churches, you've got drive-in theatres and you've got drive-in hamburger stands and you've got the motel operation, which just seems to me that we might apply some of this kind of thinking and this kind of organization to the kind of health care. We now have mobile libraries that service smaller communities because they cannot afford a public library -- why not mobile health units that can service a smaller community in the rural areas of our country? Huge hospital complexes -- yes, they're important,of course they're terribly important -- but they should give way in some instances to accessible family-oriented centers with walk-in clinics and simple, as I said, the simpler facilities. Personnel in such centers can take the lead in establishing neighborhood health councils that would develop and maintain liaison between the community and the health professionals. Semi-professional staff would counsel in nutrition, child care and the need for regular mental, dental, and eye examinations. My wife came up with an idea the other day about having senior citizens' homes next to day-care centers. Children love older people and older people love children -- gives them both something more to do. We need to have this kind of a plan. Housewives who dropped out of nursing might be enticed back into the profession for part-time work in these kind of smaller facilities.

Changes like these I believe are necessary and inevitable if the health professions are to meet medical needs. Pharmacists now as practitioners of one of the most ancient and honorable of the healing arts need to take their place in this evolving health picture. And I think that you should not only take your place, I think you should take the lead, standing right up in front. I know that your professional association is considerable -- is already considering your role in evolving the national health structures. Already pharmacists have been becoming more involved in such new functions as screening, preventing and

recording adverse drug reactions and interactions. Many health authorities think it essential that pharmacists assume new professional duties, thus easing the professional load or positions. Pharmacists, for example, could function as the point of entry into the health care system of the future, and particularly the point of entering and the preliminary care at the community level determining what should be done for which patients and under what circumstances. Furthermore, pharmacists may play an important role in health and nutrition education. I am in agreement with the finding of the pharmaceutical association's task force that the pharmacist can look forward to a robust role in the future. Professional status is important if you are to fulfill such a role, and it is appropriate for you to be concerned with it. Professional remuneration is important too, and this is also appropriately your concern. But more important than remuneration, more important than professional status, is the contribution that we can make for the better of all Americans, rich and poor, black and white, urban and rural. Health care should not be a matter of privilege or accident. It is a right as basic as those itemized in the bill of rights and requires prompt action to relieve the most immediate injustices, those affecting the poor and those affecting people who are on fixed incomes. Of all the injustices that I can think of it is the injustice of having anyone sick who can be cured, or anyone with an ailment and being denied accessibility to some treatment.

We cannot let immediate concerns blind us to the urgent long-range need for a total redesign of our health delivery system. Any effective restructuring will require, therefore, the concerned and considered efforts of all of our citizenry, of the members of the health professions and their associations with public health officials, the pharmacists, labor and management, of the insurance industry and, most appropriately of all, the health consumer, the citizen. I therefore feel what we need is a sort of a health coalition of which you are an

integral part -- such a working force of dedicated individuals and organizations which can do for the health of our nation. But we hope the urban coalition may help do for the cities of our nation. Such a coalition manning medical "think tanks", staffing medical task forces, and design the health care system in keeping with our unique American traditions, yet fully responsive to needs of all citizens; the health care system appropriate to our advanced and affluent nation's needs and desires.

I mentioned "Think Tanks". Your government spends hundreds of millions of dollars every year for the security of our country as we call it in what we call "Think Tanks" -- the Hudson Institute, the Rand Corporation -- there are a dozen of these; hundreds of millions of dollars, billions of dollars into what we call weapons research. Hundreds of millions of dollars into what we call reorganization of the military personnel, and so help me, we don't spend, I don't think, a dollar to really think through what kind of health care system we ought to have. We are just beginning to talk about what we ought to do about education research, to learn to do something about the learning process in education.

So, I didn't come here to be an expert with you on pharmacy. What I remember most from Pharmacy is that old college yell, Phi So Stigma Bena Olsa -- Bring them here and we will dose 'em. Any man who studied pharmacy in the '30's is way out of date with the pharmacy of the 60's and 70's. You know that. I mean there is a great gap there. But I do know a little bit about public opinion and I think I know a little bit about our country. And I lay it on the line to you, why do we wait for some militant or some alienated person who is filled with bitterness and hatred to come and demand of us what we ought to have done anyway. We're the educated people, you're all subsidized. So am I. Don't ever go around thinking that you are paying for your education because you're not.

The State of Minnesota put me through the university. And I work at Macalester College where I am having to raise for every dollar that a student pays, somebody pays $3 to keep him there. The most subsidized people in the world are not the poor. The subsidized people are the educated. You can live to be 100 years and you will never be able to pay it back. How much does it cost to educate a doctor each year? How much does it cost to educate a pharmacist each year? How about the heritage that you have -- that great scientific heritage. How do you pay for that? So we've got an obligation. We are the leaders. I really resent the fact that somebody has to come along and kick me in the leg to remind me of things I ought to have done myself. And as I say to our adults, some of my older friends -- you're always complaining about militant youth. That's not the problem in this country, it's apathetic adults. That's what's wrong with this country. Make no mistake about it. So when you get that degree -- and I surely want to wish you well -- I envy you in a very real sense, because you are now coming into a time where your profession is so respected and honored and, by the way, it pays better. That doesn't hurt, either, that's what I like about teaching now. I used to teach around here when it was the original poverty program over here at the University. I understood it, but now I think that what is so wonderfully important for us, so very important for us, is for you to become a community leader, a civic leader, a person who will take a stand, not only on the professional aspects of pharmacy, the scientific aspects which many of you will give much of yourself to, but think through. You don't need to take my word for it. My job here today is not to convince you that I am right. My job here today is to convince you to think about what is right. If you do that, then this meeting has been successful. I've already kept you too long, but I was a little late getting here. So long.

REMARKS

THE HONORABLE HUBERT H. HUMPHREY

MELENDY LECTURE

UNIVERSITY OF MINNESOTA

MINNEAPOLIS, MINNESOTA

APRIL 9, 1970

Last year Americans spent over sixty billion dollars on health care -- almost as much as we spent on defense.

We are putting a higher proportion of our national income into health care than any other nation. And we aren't getting our money's worth.

America is unequalled in the development of modern, sophisticated medical equipment and procedures, but when it comes to making them accessible to the people who need them, we're strictly horse-and buggy.

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

We made a start during the 1960's.

Kennedy & Johnson administration achievements

.... We established Medicare -- and today twenty million of our older citizens are reaping the benefits of this progressive legislation.

.... We initiated Medicaid and, with all its imperfections, this program has made modern medical care available to millions who are too poor to afford even minimal health services without assistance.

.... We enacted measures to expand our hospital and nursing home facilities, and to recruit and train additional health manpower -- over forty new public laws in the health field were passed in the 1960's.

.... We established innovative neighborhood health centers in fifty health-poor inner-city areas.

.... We established the New Careers program, with the dual goals of relieving doctors and nurses of their non-professional chores, and finding new avenues for the unemployed and the under-employed.

We made new starts. Things were moving -- and they were moving in the right direction.

Today, there is a slowdown -- if not a halt -- in that progress.

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

Centuries ago, science and technology offered mankind freedom from the tyranny of superstition.

For a century, science and technology have offered the prospect of freedom from hunger and from the ravages of the elements.

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

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

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

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

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

We have advanced automation -- and the resulting threat of unemployment.

We have a fine new medicine chest of wonder drugs -- with price tags far beyond the reach of many of our citizens.

We cannot blame our scientists and our technicians for the way we apply their science and technology. The responsibility lies on our own doorstep.

This is an age of miracles -- an age when wonders have become commonplace. Diversions are plentiful, and they come easily to a majority of our citizens.

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

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

More specifically, how can our improved concepts of governmental responsibility, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities and our highly trained practitioners -- how can these forces unite in effective collaboration to deliver good health to the people who make all these enterprises possible?

How healthy is our nation?

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

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

.... Based on minimum standards set by Medicare, one-third of all hospitals are not accredited and ten percent of all hospital patients are admitted to non-accredited hospital beds.

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

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

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

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

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

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

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

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

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

need for medical expertise in planning

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

A well conceived and coordinated system of health care -- one which deploys doctors and hospital beds rationally and intelligently, one which provides comprehensive health care for all Americans -- can probably be achieved without drastically increasing the number of physicians or drastically increasing the number of hospitals in this country.

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

One of the first steps must be a comprehensive ~~National Health Insurance program~~. Years back, when I first proposed such a plan, I was called a dreamer, a political neophyte.

Today, the concept of National Health Insurance is accepted -- even endorsed -- by leaders of both major parties.

Senator Javits and Congresswoman Martha Griffiths have proposed plans. So has the AFL-CIO.

The Committee for National Health Insurance -- whose backers range from heart surgeon Michael DeBakey to former HEW Secretary Wilbur Cohen -- has spent a year drafting a bill that will shortly be introduced in the Senate. Governor Rockefeller has a proposal, and he has lined up the Republican-controlled National Governors Conference behind it.

Even the American Medical Association -- recognizing that some kind of legislation is inevitable -- has developed a plan. It is, of course, a very conservative plan.

Most of these proposals are remarkably similar, although they differ in details -- some would include the cost of prescription drugs, for example. Others would not.

Whatever plan is ultimately adopted, it must meet four basic criteria:

1. Adequate manpower

2. Built-in cost controls and incentives

3. Efficient and rational organization and administration

4. Quality service in order to narrow the gap between the kind of health services available to the rich and the poor in our nation today.

But it is time to look beyond our belated recognition of the need for National Health Insurance and examine the whole medical delivery structure. Comprehensive health care is unattainable in this country without a bold restructuring of the American health system.

We must make our health services accessible -- physically, as well as financially. We need rapid and skillful emergency treatment available to all citizens. Salaried medical personnel should be on duty twenty-four hours a day for house-call emergencies.

Medical transportation to treatment centers, skilled diagnostic personnel, and a network of community first-aid stations are elementary pre-requisites in good community health planning.

In order to best use our highly trained medical professionals, we must develop new categories of semi-professionals and health aides who can relieve doctors and nurses of many routine medical duties. MEDEX -- a program that provides additional medical training to health specialists leaving the Armed Services -- is already established in three States. Four more will begin similar programs this year.

Each year, thousands of Medical Corpsmen leave the services. It makes sense to put their valuable experience to use in civilian life.

Another potential source of health manpower is an expanded and modernized Public Health Service.

I propose the establishment of a Public Health Service Academy -- a kind of West Point or Annapolis of medicine -- whose graduates would commit a minimum of five years service in return for their federally subsidized education. Health centers staffed by Public Health Service Officers could be set up in inner-city neighborhoods and in poverty-stricken rural areas. Such centers would provide the humane emergency and preventive care so sorely needed in these health-poor areas. They would also generate a new and significant sense of mission for our career Public Health Service.

Last year I proposed that the government subsidize group health plans similar to the successful Kaiser-Permanente Plan on the West Coast. This year, I am pleased to note that Secretary of Health Education and Welfare Robert Finch has proposed adapting the Medicare legislation to incorporate such plans.

Any adequately re-designed system of health care will require a shift from traditional in-patient treatment and recuperative facilities to ambulatory health centers -- public and private.

Huge hospital complexes should give way to accessible, family-oriented centers with walk-in clinics and simple, motel-like facilities for economical diagnostic and after-care services.

Personnel in such centers can take the lead in establishing neighborhood health councils that would develop and maintain liaison between the community and the health professionals.

Semi-professional staff would counsel in nutrition, child-care and the need for regular medical, dental and eye examinations.

Housewives who have dropped out of nursing might be enticed back into their profession with offers of part-time jobs in such centers in their own neighborhoods.

Changes like these are necessary and inevitable if the health professionals are to meet the medical needs of our citizens.

And pharmacists, as practitioners of one of the most ancient and honorable of the healing arts, must take their place in this evolving health picture.

I know that your professional association -- which, by the way, is also mine -- is already considering your role in our evolving national health structure.

Already pharmacists are becoming more involved in such new functions as screening, preventing, and reporting adverse drug reactions and interactions.

Many health authorities think it essential that pharmacists assume new professional duties, thus easing the professional load for physicians.

Pharmacists, for example, could function as the "point of entry" into the health care system of the future, determining what should be done for which patients, and under what circumstances. Further, pharmacists may play an important role in health and nutrition education.

I am in agreement with the finding of the Pharmaceutical Association's task force that "the pharmacist can look forward to a robust role" in the future.

Professional status is important if you are to fulfill such a role, and it is appropriate for you to be concerned with it. Professional remuneration is important too, and this is also appropriately your concern.

But more important then remuneration, more important than status, is the contribution we can make to the better health of all Americans -- rich and poor, black and white, urban and rural.

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

But we cannot let immediate concerns blind us to the urgent long-range need for radical redesign of our health delivery system.

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

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

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

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

That is the kind of health care I want our nation to provide. That is the kind of a medical profession that you gentlemen and women should look forward to joining.

# # #

Synopsis of remarks for the Commemorative Symposium for Dr. Gaylord Nelson, University of Minnesota, June 4, 1970.

SUBJECT: Health Care

FACTS presented in remarks:

- U.S. expenditures for health care (1969), $60 billion or 7% (6.8% actual) of the GNP
- U.S. ranks:
  1. 16th in infant mortality
  2. below the top 12 in life expectancy, (men of 20 countries and women of 11 countries live longer.
  3. one third of our hospitals are not accredited,
  4. 10% of the patients are admitted to non-accredited hospitals.
  5. two thirds of all personal health costs are uninsured.
  6. 30 million Americans have no health insurance.
  7. increase in health costs is more than double the overall rise of the cost of living.

QUOTES:

ON U.S. HEALTH SERVICES : "As a nation we remain distressingly unsophisticated in the development of public policy in the field of health services. Our ability to resolve today's crisis in health care depends on our national will. As with so many other societal problems, the ultimate determination is a matter of priorities we set for ourselves in a democratic society."

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

ON NATIONAL PRIORITIES: "Health statistics reveal further, a failure of our society to establish the national priorities which are necessary to provide every citizen full access to humane and comprehensive health care. The time has come in this country to get our priorities and our systems straightened around and functioning properly.

ON PARTICIPATION OF MEDICAL COMMUNITY: "It is time for medical statesmen to invade the jumble of unplanned, uncoordinated, unsophisticated, unresponsive health care systems and come up with significant changes that enable us to utilize our health resources efficiently and economically."

PROPOSALS:

-bring medical costs in line.

PROPOSALS continued:

-encourage group practice systems
  1.insurance programs give broader coverage
  2.health costs run one-quarter to one-third less
  3.patients enjoy 30% less hospitalization
  4.provides incentive for efficient, effective care

-promote insurance benefits for preventive care, i.e. check-ups, innoculations, immunizations, etc.

-propose a Health Care Coalition (medical men, public health officers, insurance industry, pharmaceutical industry, health consumer) which would maintian think tanks to design modern urgently needed health care systems.

-institute a system of health test and preventive health; computer banks to store a health profile for all patients for reference.

-provide minority group opportunities in medical and para-medical professions.

-establish Child Health Opportunity Programs to insure needy expectant mothers and their infants appropriate madical care.

-expand MEDICARE and MEDICAID

-restore research funds that have been cut by President Nixon

**Nixon's posture on health: Vetoed appropriation of HEW funds from medical research, cutting 26.4 million, including 1.1 million from the education fund and 21 million from the Cancer and Heart Institute research programs.

REMARKS

OF

THE HONORABLE HUBERT H. HUMPHREY

FOR THE COMMEMORATIVE SYMPOSIUM

FOR

DR. GAYLORD ANDERSON

UNIVERSITY OF MINNESOTA

JUNE 4, 1970

There are many challenges confronting our great nation--

-- the challenge of peace

-- the challenge of brotherhood

-- the challenge of economic justice.

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

It is a time of change and institution testing.

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

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

We send men to the moon.

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

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

The New Technology must be welded to the art of life. Humanity

must be enriched by its power, not threatened by it.

There are fashions in public affairs as there are in all things. Today there is a tendency to view every problem as a new crisis--appearing suddenly--demonlike--without warning. But perspective and experience teach us otherwise. Strident and militant appeals are not conducive to the long haul that the solution of complex problems demands. Those of us who have dedicated our energies to the issues of peace, brotherhood, pollution and poverty since before yesterday can attest to that. And so it is with the issue I want to discuss with you today -- the problem of health care in the United States.

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

Did our greater proportionate expenditures buy us better health care?

Unhappily they did not.

How healthy is our nation?

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

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

American men and women.)

.....Based on minimum standards set by Medicare, one-third of all hospitals are not accredited and ten per cent of all hospital patients are admitted to non-accredited hospital beds.

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

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

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

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

Our ability to resolve today's critical crises in health care depends on our national will. As with determination is a mater of the priorities we set for ourselves as a democratic society.

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

and from the ravages of the elements.

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

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

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

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

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

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

We have a fine new medicine chest of wonder drugs -- with price tags far beyond the reach of many of our citizens.

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

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

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

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

More specifically, how can our improved concepts of governmental responsibiltiy, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities and our highly trained practitioners -- how can these forces unite in effective collaboration to deliver good health to the people who make all these enterprises possible?

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

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

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

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

And they reveal seriour deficiencies in the basic planning, design and operation of our health-care system.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Even if we could double the present annual output of our medical

schools -- from less than 9,000 doctors a year -- it would take 20 years -- given population growth and attrition -- before we could make an appreciable change in the patient-to doctor ration.

Furthermore, the Health Manpower Commission warned us in 1967 that "if additional personnel are employed in the present manner and within the present patterns and 'systems' of medical care, they will not avert, or perhaps even alleviate, the crisis. Unless we improve the system through which health care is provided, care will continue to become less satisfactory."

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

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

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

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

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

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

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

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

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

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

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

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

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

We are cutting off the plant at its roots.

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

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

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

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

In the fall of 1967, a major electrical power failure on the East Coast forces us to recognize the need for a National electrical grid system. The present black-out in our health care calls for the creation of a national grid for medical services.

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

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

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

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

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

Minority group opportunity in the medical and para-medical professions must be expanded. The social philosophy of medicine in service to the community must be preserved. That can be done if the full participation of all citizens in those professions is obtained through active solicitation and support.

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

We must establish a child Health Opportunity Program to insure that needy expectant mothers and children receive good medical care.

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

Research funds must be restored.

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

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

Our health care system is a bridge to the future.

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

I want to build it strong.

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

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

"Those were men of vision.
They built a health care system
to meet the needs of a Nation."

Minnesota
Historical Society

www.mnhs.org