

Planning for Our Health Needs

*Speech
file*

AN ADDRESS BY

SENATOR

HUBERT HUMPHREY

at the ANNUAL MEETING of

GROUP HEALTH MUTUAL AND
GROUP HEALTH ASSOCIATION

St. Paul, Minnesota, April 14, 1956



A COORDINATED long-range campaign in the health field is absolutely necessary, to turn the tide against the devastating cost of disease and sickness. The cost to this country every year because of ill health (much of which could be prevented and much of which could be cured more readily) is \$30,000,000,000 at a minimum. If we want to do something to bolster up the overall economic strength of this country, let us attack this problem and attack it vigorously. I regret to say that there is little show of concern at the governmental levels in the United States today about this problem. I do not believe that the federal government should do all of it. I do not believe that the federal government should see to it that everybody is taken care of as he would like to be taken care of. I believe that in America the principle of voluntary association can work, does work, and ought to be promoted to work. Government has the role of encouraging the proper type of environment for our great voluntary groups, our cooperatives, our splendid organizations of people uniting and working together for common purposes.

There are four basic problems of health which face American society. I mentioned them in a 1954 address and they're still here, and they're here in an aggravated environment.

First, the high cost of medical care. For those who can afford it (and there are many, do not

misunderstand me) it is not high, but in the most prosperous year of our economy, one-sixth of the American people are living on what we call a subsistence income or less—one-sixth of the American families. We have not banished poverty from our midst. We do not have economic equality yet in our country. We have made tremendous strides, tremendous gains, and no country in the world can claim the accomplishments that we have already been able to fulfill. But this should not stop us from further progress. I am a liberal in politics and I hope in my general orientation and attitude and I say that there are always new challenges, there are always new horizons, there are new problems that have to be met. There's always work for yet unborn generations. The interesting thing about democratic living is that work is never done, that there's something yet to be done, and we must establish higher standards of performance and accomplishments each year, each decade, each generation, each century. This keeps the old spirit warm, and keeps you wanting to do your job.

Better Distribution Needed

THE SECOND very serious problem in health matters is maldistribution—the improper or inadequate distribution of medical facilities. More than 1,000 counties in the United States of America have no public health services whatsoever. Thousands of communities in this country are without doctors. A larger number are without hospital facilities. But the fact that there are over a thousand counties without public health facilities is shocking. Fortunately we in Con-

gress in recent years have tried to do something about this, by extra funds and appropriations to expand our public health work.

The third basic problem is the shortage of qualified personnel. Modern medical science requires highly competent, technically and scientifically trained people. There's no use of blinking our eyes to the fact or trying to say that it isn't here, that it doesn't exist. The truth is that there is a great shortage of doctors, dentists, nurses, medical technicians, sanitary engineers, public health officers, in the United States of America to meet our standards. There's an even greater shortage if we are going to do what we are going to be compelled to do, if we're going to win this struggle for freedom with an effective international program. Senator William Benton, former senator from Connecticut, spent some six weeks to two months studying Soviet education and communication and he came back with startling reports. The Soviet Union is outstripping us today in the development and education of scientists and technicians. What's more, every young man or woman who goes into a scientific program of training and education is required to give three years of his life to service wherever his government sends him. They have a distinct ad-

vantage in this cold war, in this conflict of ideologies, in this new strategy of theirs of the smile on one hand and effective infiltration and movement of economic and social patterns on the other.

If we Americans are going to meet this challenge, we are going to have to do it with the principle of voluntarism. Where are we going to get the technicians? Where are we going to get the doctors? Where are we going to get the nurses, the health officers, and the others to do our job, to meet this threat, this competition, unless we tool up for the job? The philosophy of scarcity has no room in the modern world. We ought to be thinking in terms of abundance of every conceivable attribute of our economy. Abundance of food and fibres, abundance of manufactured and processed goods, abundance of education, abundance of qualified, trained personnel. Abundance is the word—the watchword today of a progressive, free society. We've got to get rid of the antiquated, outdated, ill-conceived thoughts of scarcity, of giving many benefits to a few and denying the many, or providing for the many just a few of the benefits of life.

Promise of Research

THE FOURTH basic problem is the need to expand research. We can do it. How I wish all of you could see those great national institutes of health in Washington, D.C. Just yesterday three doctors from the Mayo Clinic were in my office and they said they had come on their own hoping to visit the national institutes of health. Wonderful research is going on in those fabulous scientific experimental laboratories, but we need more of it. It is false economy to cut health budgets, and you ought to know that they've been cut! Budget after budget in recent years has cut heart research, can-

cer research, mental health research, neurological disease research.

This isn't the way that you make America strong. You pinch a penny and lose a life. Congress has seen fit to restore some of those untimely and unwise cuts but Congress will do no more

than you want it to do. There's been an atmosphere in recent years that we ought not to discuss these things, that there ought not to be any controversy. But controversies, conflicts of ideas, are the very life-blood of a free society. And we ought to be talking, we ought to be understanding, we ought to seek out facts. I haven't heard from a dozen people in the state of Minnesota, with the exception of doctors and university professors in the field of medicine, about health problems in the last year. Is it any wonder that Congress isn't doing anything in the field of health legislation? The mail fails to indicate a problem. But don't tell me that the problems aren't here! I've traveled about this country enough to know that there are serious problems of health, serious problems of air pollution, serious problems of water contamination. For example, the mighty Potomac, the beautiful Potomac, is the most polluted river in the United

States of America, flowing right through the nation's capital! And here stands the United States telling the people over in Iran and in Iraq that they ought to clean up the Euphrates. I suggest we clean up the Potomac, as a beginning.

I am convinced that we need an all-out stepped-up effort of federal, state and local government, private groups, medical schools, doctors, health associations, all working together. There is no conflict of interest here.

I don't think many Americans really appreciate the role of the federal government in such matters. Before I came out here, I wrote to the Library of Congress, which is one of the greatest institutions of research and learning in the fields of the humanities, the social sciences, and the physical sciences, in the world. I asked for a little review of the federal government's role in health matters. I got a document that was about 160 pages long.

U. S. Record of Health

IN BROAD principles, the United States government has participated very extensively in the nation's health activities in a great variety of ways, going way back. There's nothing new about this. Every time I hear someone say, "When the government gets involved, it's socialism," I say, "Are you calling George Washington a socialist? Remember that the United States Public Health Service started right off with the first administration with the beginning of this republic. I just can't believe that George was a Marxist or a socialist. I figure he was 100 per cent American, and he knew we needed health care."

First, your federal government participates by the direct provision of health services, construction and maintenance of facilities, and the conduct of research.

Second it makes extensive grants of funds to states, chiefly for aid in medical care and certain public assistance grants, for construction of hospitals and for aid to the public health programs. Third, it grants fellowships to individuals and private organizations for health research. Fourth, it is concerned with the regulation of environmental conditions which could impair health. Fifth, it does planning and administers aid related to health care during disasters. Fi-

nally, your federal government makes extensive contributions to health programs of other nations, through foreign economic assistance and international health activities.

I was privileged to address the Citizens' Committee for the World Health Organization in Kansas City in November on this very topic. It's a thrilling topic and I was tremendously inspired by the thought that we've been able to help other people, to save their lives. As Americans we can all be proud that our government has really practiced the spirit of the Good Samaritan. We have saved the lives of millions and millions of children in this world, by our government, by our science, and the application of science.

Socialized Medicine

HERE ARE some other facts: About 7,000,000 of us, fellow Americans, red-blooded, healthy Americans, are fully entitled to receive all of our medical care from federal agencies—7,000,000. These are chiefly members of the armed forces, veterans with service-connected disabilities, and many, many more with non-service connected disabilities. I think it's good. And I am happy that our veterans' hospitals have improved. I am happy that the quality of medical care is better, and I am happy to say that the government of the United States is not going to renege on its obligations to the veterans of the United States of America.

Between 40 and 50 per cent of all medical research expenditures in America are now underwritten or contributed by the federal government—between 40 and 50 per cent of all medical research, by your federal government. In 1953 the federally owned and operated hospitals accounted for 13 per cent of the nation's hospital bed capacity.

I am proud that I have been able to live in this decade, in a decade in which we are led to believe that there is more sin and evil than ever before, and in which I believe there's been more good than ever before.

We live today in an era of human history which is somewhat motivated and filled by the love of man and by faith in God, and I think those are two universally accepted principles. To be sure, at times we deviate, but we know when we do that we're wrong. Our government, our great organization of cooperatives, our labor movement, yes, our business groups, have spent millions of dollars to alleviate the sufferings of our fellowmen and women throughout the world. It's good. We ought to be proud.

It is up to about 14 per cent now. State and local governments control 58 per cent. So over 70 per cent of all the hospital beds in the United States of America are owned by federal, state, and local governments—owned and operated.

In addition from 1946 to 1955 federal grants under the Hill-Burton Act for hospital construction were over \$700,000,000. And this year another \$100,000,000 or more will be added, so that at the end of 1956 approximately \$800,000,000 of federal funds, taxpayers funds, will have gone into hospitals. This represents one-third of the total construction cost of all new hospitals participating under this program since 1947.

Your federal government is also doing wonderful things today in the field of atomic energy. We recently had Mr. Murray, the senior member of the Atomic Energy Commission, before our special committee on disarmament. We asked him questions about the peaceful use of atomic energy. There are wonders yet to be unfolded in this tremendous development of atomic energy and fissionable materials, in the field of nuclear science, new miracles that are yet to be brought to the attention of the American people. I think that we are entering upon a wonderful era, if we can but keep peace and concentrate our attention on building rather than destroying. Average federal expenditures for international organizations in the field of health were between 12 and 13 millions of dollars from 1953 to 1955. This made up 49 per cent of the total health budget of all of these international or-

ganizations—World Health Organization, United Nations International Children's Emergency Fund. If you want to sometime read a thrilling story, read of the work of UNICEF. In our own program of International Cooperation Administration, we've helped in country after country to establish public health offices, sanitation facilities. Your government has done this. In addition, the federal government spent an average of about \$30,000,000, or about twice as much as on the international level just for our direct foreign health aid through our own immediate efforts. Total federal health expenditures in 1954 were \$2,200,000,000. That's what your government spent! This is 3 per cent of the total federal budget for 1954, and if you add disability and compensation matters, it amounts to about 6 per cent of the total federal budget.

Our Total Medicine Bill

SO WE'RE doing quite a little, and yet there is so much more to do.

Our total medical care bill alone, just medical care, not involving loss of employment, is \$15,000,000,000 a year at a minimum. This has quadrupled in the last 25 years while the per capita expenditure has trebled and the proportionate total spent from taxes has more than doubled. About 5 per cent of our total national income is going for medical purposes. The underlying demand for these increases in expenditures will continue to expand. I shall continue to approve of these demands. About 6 per cent of our people are sharing in some form of health insurance. Millions who now have a little health insurance want more of it, and millions who have no health insurance want some of it.

The non-profit plans, such as the one here that we are discussing, the great Group Health program, sponsored by unions, employers, cooperatives, or communities, are making steady but real headway as is witnessed by this gathering.

I said a while ago that we had a maldistribution of medical facilities and a shortage of doctors. We have about 200,000 physicians today attempting to serve 165,000,000 American people. As I pointed out, rural communities by the thousands have no doctors or hospitals. Rural America

simply hasn't had in many instances the opportunity to benefit, or to utilize the benefits of modern medicine. Yet two-thirds of the counties of the United States of America are predomi-

nantly rural. I have tried to help a little bit in this through the cooperation and assistance of the Cooperatives of America. Jerry Voorhis has worked with me on this problem particularly.

Voluntary Health Facilities Bill

I HAVE offered a bill about which I have talked to this organization on other occasions, known as the Voluntary Medical or Health Facilities Bill. How I wish we could get it passed! I'm going to tell you something—it will never pass until the people want it. I shall continue to introduce it as long as I am in the Senate, because I believe in it. This Voluntary Health Facilities Bill would make available federal funds for purposes of loans on the principle of the R.E.A.: 35-year loans at 3 per cent interest for voluntary non-profit groups at a community level to build a community clinic, to provide a modern medical laboratory, to provide a limited number of hospital beds—six, ten or twelve, what may be necessary for the emergency needs of that community.

It seems to me that the Voluntary Health Facilities program is essential if we're going to broaden the base of modern medical care. I hope that you continue your interest in it and do not let it subside. All of these loans are repayable. I am not advocating any extensive grant in this area. We've put it all on the basis of repayable loans, where the community could open up a clinic available to the hospitals of the community so that the people in that community would have the kind of facilities which are so important if modern medical care is to be brought to the general public.

We need immediately a legislative program designed to train more doctors, nurses and public health officials. Those bills are

in Congress! Have you written to your congressman about this? Have you written to your senator? Have you written to the President of the United States about this? It takes more than lip service to get a medical program, a comprehensive health program adopted in this country. It takes more than pious pronouncements. It takes dedication, work, and follow-through. Don't expect your elected officials to do it without your request, demand, and enthusiastic support.

We have bills in Congress to expand the medical facilities, to train more doctors, dentists, nurses and medical technicians. We have bills in Congress to expand our public health, too. I am proud to be the co-sponsor or author of these particular bills. In most instances Senator Hill of Alabama is the main sponsor because he is chairman of the Labor and Public Welfare Committee of the Senate.

We need scholarships to stimulate enrollment in medical schools, not only federal and state level scholarships, but private scholarships, more voluntary participation, more individual participation. We need grants to states to train practical nurses. We also need a much greater and

expanded hospital construction program, not only in terms of general hospitals and in terms of specific types of clinic.

We need hospitals for the chronically ill, and we need mental hospitals. We need them desperately. When is America going to rise out of its lethargy about its mentally ill? There are thousands of our fellow citizens who need medical care. They can be cured! They are being wasted. They're being denied the blessings of good living because we do nothing about it!

There's hardly a family in a neighborhood that doesn't have some cross to bear because of illness. Some crippled child, some mentally disturbed brother or sister or relative or friend. And yet what we do is say we can't afford it.

We can afford it! This country wastes more money at race tracks than it spends on its total hospital program. We can afford it. We spend more money for commercial entertainment and alcoholic beverages in one year than the total cost of all medical care in the United States of America. I'm not here to tell you what you ought not to do. I will, however, say what we should do. If somebody says to you that we

can't afford a new hospital, our government can't afford a better mental health program, you say, "Yes we can." When somebody proposes a program to benefit some poor down-and-out soul, somebody who is sick, they say, "Why, look at that spender! He just doesn't care about the treasury."

The treasury is no better than the people. I am much more interested in balanced lives than I am in one of those double-entry bookkeeping items in Washington. I am interested in balanced homes, in a balanced economy, in a balance of power in the world, and a sense of balance and security in our respective households. The way we get it is to get at these grave ills, social and physical, that beset us. Today I mentioned the physical ills that beset us and what we can do is in our own hands. We can do as we will, if we have the will and determination to do it. Thank God that Group Health has demonstrated that determination, and may I say to you that you must continue because you are going to bring the blessings of better living to thousands and thousands of homes if you are dedicated, and if you are willing to crusade for what you stand for.

GROUP HEALTH MUTUAL, INC. GROUP HEALTH ASSOCIATION

2500 COMO AVENUE, ST. PAUL I, MINNESOTA

Address by Hon. Hubert H. Humphrey
at the 17th Annual Meeting of Group Health
April 14, 1956

It is indeed a delight to be back here in St. Paul, Minnesota to speak to my friends, officers, delegates and participants of the great Group Health organization in this midwest. Of course I am particularly fond of the state of Minnesota, and if I seem to emphasize the fact that we think we are sort of responsible for all this, I hope our friends from Washington, Michigan, Wisconsin and elsewhere will be understanding in spirit. We are not bragging; we're just stating facts. We don't want to butt in, but we would like to sort of emphasize this.

I was happy again to share this platform with Fred Gram, your friend and mine for so many years, with Mayor Dillon--I know I am not supposed to participate in local politics, and I'm not going to. I will just say it will be awfully nice to join Mayor Dillon in July. I have always had great confidence in the judgment of the people of St. Paul, and I shall continue to have it. Doctor Chisholm, we are singularly honored by your presence here in our state, and I know that tonight you are going to speak one of the most informative and inspiring addresses that this group has ever been privileged to hear, and I hope that I shall be able to spend enough time tonight with you to at least get in on the highlights. I have a very active day, however. Last night I spoke in Chicago where I was the principal speaker at the National Honorary Forensic Society, the Delta Sigma Roe. They were giving us citations for something or other and there were a number there--bishops, by the way, of churches, senators, judges of the supreme court. We had quite a day, quite an evening. I was supposed to take the 11:10 train in. I missed it by three minutes and was able to get hold of a much later airplane and came in here about 3:00 a.m. this morning. We started having our first round of breakfasts this morning about a quarter to eight, and I have either been eating or talking ever since,

and both of them I am an expert in--both my friends, and if I have any enemies, admit that (at least my opposition).

This is the 17th annual gathering of Group Health, and I couldn't help being reminded a moment ago, George, of a number of earlier meetings that I participated in. It was nothing like this. There was the spirit, there was the will and the desire and the determination, but the membership seemed to be just a little bit more scattered and not quite so flourishing as I see it today. But George Jacobson has stuck by his job and he doesn't need to be known as Mrs. Dorothy Jacobson, either--and I have the greatest admiration for Dorothy. If there ever was a pair that make a good team, it is George and Dorothy, and I am proud to share in their friendship. It is a singular honor to me. George, I want to say that your determination, your perseverance, your dedication and the dedication of your board, of your officers, and of those who have affiliated with you have made this tremendous growth of Group Health possible, and here we are today with over 50,000 families incorporated into this wonderful, voluntary health association, over 140,000 people receiving the most up-to-date, modern and wonderful medical care that modern medical science can provide, and I predict that this is but the beginning. If the people of Minnesota should be good to me and the Lord willing, I will be back here ten years from now, and I predict that you will have 200,000 or more families in this organization and be serving anywhere from one-fourth of a million to one-half of a million people in the Group Health program. Naturally, this is all to the good, because this is voluntary action and there is nothing more democratic, nothing more American, nothing more pro-freedom and pro-individualism than when people associate together for common good and common objectives, and that is exactly what you have been doing. Now this new building that we are so proud of is going to

have a modern medical clinic. It is a tribute (I won't say a monument because a monument generally indicates something that has passed beyond or has left us), but it surely is a testimonial to the faith and determination of the people associated with Group Health to build--and I would like to brand this organization today as The Builders, The Creators, the people of imagination and vision, who are willing to do something for themselves, who are willing not to wait for somebody else to pick up the burden and to suffer the responsibility, but to do something for themselves. And whatever critics there are of this organization, I would like to remind them that here we see people from all walks of life who didn't wait to have somebody else do it for them but who resolved that they would meet their own problems head on, and that they would not only meet them, but conquer them. That is what you have done. You ought to be proud, and I hope that you are, and that you will carry this message with pride and with humility to our friends and neighbors throughout the whole country. I visited the Group Health activities out on the west coast in Seattle, Washington and I surely want to tell you that they are amazing, and we are delighted to have representatives of your state from that wonderful organization. I understand, Mr. Marble, that very shortly there is going to be a meeting similar to this in Grand Rapids, Michigan and the great governor of that state, Governor Williams, will be there to bring a message of welcome and greetings and reaffirmation. I know that Orville Freeman would have loved to have been here today and may I say that we are pretty good friends and when he can't be here to bring his own greetings, I bring them for him, and if I can't be there, he brings mine. Now this is sort of a standing understanding.

Now let me just talk to you just a little bit about some of the medical problems as I see them, and I want first to confess my limitations. I am not an expert in this field; I do not claim to be. I am just an interested citizen.

I would seek more information so that I can know better what to do. From your organization I have gained a great deal of information. I want you to know that George Jacobson has shared with me from time to time the developments in this organization of Group Health, kept me posted, giving me ideas on legislation matters in Washington, and, George, it has been mighty helpful, and I want to express publicly my appreciation and gratitude. A member of the senate has many responsibilities. I've got to digress and tell you folks how nice it is to get home and how much I long to get back here, but how difficult it is. The pressures on a legislator these days are heavy. I am not complaining. If you think I am, try to take the job away from me and see what happens. Our mail is heavy; we have a large number of visitors whom we try to see. For four months I have held hearings or participated in hearings on the farm bill, four months without stopping. For four weeks debates without leaving the floor of the Senate for any period of time at all, except to have lunch or when we recessed, and I am happy to say that regardless of what has been printed in the press or heard over the radio, the Congress of the United States has done something of benefit to American agriculture, and if there ever was a time that persevering paid off, just being plain stubborn and not giving up, it was on this farm bill. We were licked as no group of people were ever licked the first week, but we don't die quietly and we stayed by our guns just like you with this organization despite the barrage of propaganda, despite the determined efforts of those who felt to the contrary, we were able to deliver the Victory, and I am proud of it. And I will tell you, my friends, there isn't anything you gain in life that you don't work for, anything that is worthwhile, and you have to have the faith, you have to have the belief, you have to have the dedication, you have to have the willingness to give your all or it isn't going to happen, though once in a while there may be a miracle. Well, George just asked me what that means in income to farmers.

It means from two and one-half to three billion dollars additional income. And it is a good bill. But I didn't come here to talk to you about the farm bill. There are a lot of other people talking about it. Believe me, I want to say that if anything is done to it, there is going to be quite a fight because I have spent, as one member of Congress, four long years, day and night, hundreds of meetings, thousands of gatherings, fighting for what I felt was a reasonable piece of farm legislation and I don't intend to have it tipped over by editorials, columnists, commentators and vetoes. So you may hear from me again.

Now I came here to talk to you about health and I am going to do it. A coordinated long-range campaign in the health field is absolutely necessary, ladies and gentlemen, to turn the tide against the devastating cost of disease and sickness. The cost to this country every year because of ill health (much of which could be prevented and much of which could be cured more readily) and the total cost to the American economy is \$30,000,000,000 at a minimum. Now if we want to do something to bolster up the overall economic strength of this country, let us attack this problem and attack it vigorously. I regret to say that there is little show of concern at the governmental levels in the United States today about this problem and, lest anybody misinterpret me, I am not one who believes that the federal government should do all of it. I am not one who believes that the federal government should see to it that everybody is taken care of as he would like to be taken care of. I believe that in America the principle of voluntary association can work, does work, and ought to be promoted to work, and government has the role of encouraging the proper type of environment for our great voluntary groups, our cooperatives, our splendid organizations of people uniting and working together for common purposes.

Now there are four basic problems of health which face American society. I mentioned these to you, I believe, in my speech of 1954. Those problems are

still with us. I mentioned them then and they're still here, and they're here in an aggravated environment. First, the high cost of medical care. Now for those who can afford it (and there are many, do not misunderstand me) it is not high, but I would remind you that in the most prosperous year of our economy, one-sixth of the American people are living on what we call a subsistence income or less--one-sixth of the American families, ladies and gentlemen! We have not banished poverty from our midst. We do not have economic equality yet in our country. We've made tremendous strides, tremendous gains, and no country in the world can claim the accomplishments that we have already been able to fulfill. But this should not prevent us, nor impede us from moving forward. I am a liberal in politics and I hope in my general orientation and attitude, and I say that there are always new challenges, there are always new horizons, there are new problems that have to be met. There's always work for yet unborn generations. The interesting thing about democratic living is that work is never done, that there's something yet to be done, and we must establish higher standards of performance and accomplishments each year, each decade, each generation, each century. This keeps the old spirit warm, and keeps you wanting to do your job.

The first problem, as I say, is the high cost of medical care. The second, and very serious, problem in health matters is the maldistribution, the improper or the inadequate distribution of medical facilities. Ladies and gentlemen, over 1,000 counties in the United States of America have no public health services whatsoever. There are thousands of communities in this country that are without doctors. There are a larger number without hospital facilities. But the fact that there are over a thousand counties without public health facilities is a shocking fact. Now fortunately in Congress in recent years we have tried to do something about this, by extra funds and appropriations to expand our public health work.

The third basic problem is the shortage of qualified personnel. Modern medical science requires highly competent, technically trained, scientifically trained people, and there's no use of blinking our eyes to the fact or trying to say that it isn't here, that it doesn't exist. The truth is that there is a great shortage of doctors, dentists, nurses, medical technicians, sanitary engineers, public health officers, in the United States of America to meet our standards. And, ladies and gentlemen, there's an even greater shortage if we are going to do what we are going to be compelled to do, if we're going to win this struggle for freedom. There's an even greater shortage of these trained scientists and technicians and medical officers if we are going to conduct an effective international program. I said to an audience last night that the Soviet Union (and ladies and gentlemen, let's not blink our eyes to the accomplishments that have taken place there. Senator William Benton, former senator from Connecticut, spent some six weeks to two months studying nothing but Soviet education and communication and he came back with startling reports, as have others), the Soviet Union is outstripping us today in the development and the education of scientists and technicians, and what's more, every young man or woman who goes in to a scientific program of training and education is required to give three years of his life to any place of service where his government sends him. They have a distinct advantage, then, in this cold war, in this conflict of ideologies, in this new strategy of theirs of the smile on the one hand and effective infiltration and movement of economics and social patterns on the other. Now here we are, free Americans, and if we are going to meet this challenge, we are going to have to do it with the principle of voluntarism. And I ask you, where are we going to get the technicians? Where are we going to get the doctors? Where are we going to get the nurses, the health officers, and the others to do our job, to meet this threat, or this competition, put it that way, unless we tool up for the job? The philosophy of scarcity

has no room in the modern world. We ought to be thinking in terms of abundance of every conceivable attribute of our economy. Abundance of food and fibres, abundance of manufactured and processed goods, abundance of education, abundance of qualified, trained personnel. Abundance, my friends, is the word--the watchword today of a progressive, free society, and we've got to get rid of these antiquated, outdated, ill-conceived thoughts of scarcity, of giving many benefits to a few and denying the many, or providing for the many just a few of the benefits of life.

And finally, the fourth basic problem, as I see it, today is the need to expand research. We can do it. Oh, how I wish all of you could see those great national institutes of health in Washington, D. C. Just yesterday before I left to fly out last night to Chicago, three of the doctors from the Mayo Clinic were in my office and they said they had come of their own hoping to visit the great national institutes of health. Wonderful facilities. This is your government. Wonderful research going on in those fabulous scientific experimental laboratories, but we need more of it. Ladies and gentlemen, I say to you that it is false economy to cut health budgets, and you ought to know that they've been cut! I can't emphasize the political part of this, but facts are facts. The truth is that budget after budget in recent years has cut heart research, cancer research, mental health research, neurological disease research. This isn't the way that you make America strong. You pinch a penny and lose a life. Thank goodness the Congress has seen fit to restore some of those untimely and unwise cuts. But Congress will do no more than you want it to do. Congress is representative government and what I'm beginning to worry about is the people are becoming somewhat unconcerned about what we are doing in Congress. There's been an atmosphere in recent years that we ought not to discuss these things, that there ought not to be any controversy.

Ladies and gentlemen, controversies, conflicts of ideas are the very life-blood of a free society. And we ought to be talking, we ought to be understanding, we ought to seek out facts. I haven't heard from a dozen people in the state of Minnesota, with the exception of doctors and university professors in the field of medicine, about health problems in the last year. Is it any wonder the the Congress isn't doing anything in the field of health legislation? There seems to be no problem. And don't tell me that the problems aren't here! Because I've traveled about this country enough to know that there are serious problems of health, serious problems of air pollution, serious problems of water contamination--Imagine, for example, the mighty Potomac, the beautiful Potomac, the most polluted river in the United States of America, flowing right through the nation's capital! And here stands the United States telling the people over in Iran and in Iraq that they ought to clean up the Euphrates. I suggest we clean up the Potomac, as a beginning.

I am convinced that what we need is an all-out effort, a stepped-up effort, of federal, state and local government, private groups, medical schools, doctors, health associations, all working together. There is no conflict of interest here. If we quit fighting and concentrate on the common objectives, how much better we would be. I don't think many Americans really appreciate the role of the federal government in such matters, and I will tell you what I did before I came out here. I wrote to the Library of Congress. (It's an amazing institution. Any time you think your senator really knows something, you know he got it from the Library of Congress. And anytime any of you want to know something on a complicated problem, let us know and we'll get it from the Library of Congress. It's one of the greatest institutions of research and learning in the fields of the humanities, in the social sciences, in the sciences, in the world.) When I wrote them I said I would like to have a little review of the federal government's role in health matters. And, of

course, I got a document that was about a hundred and sixty some pages long, and I shall only read about 140 of them to you right now. No, I paraphrased it, and I've condensed it down to about a page and a half. First of all, in broad principles, the United States government has participated very extensively in the nation's health activities in a great variety of ways, going way back. There's nothing new about this. Every time I hear someone say, "When the government gets involved, it's socialism," I say, "Are you calling George Washington a socialist? Because remember, the United States Public Health Service started right off with the first administration of the government, right out with the beginning of this republic. And I just can't believe that George was a Marxist or a socialist, and I kind of figure he was pretty much a 100% American, but he knew we needed health care."

First, your federal government participates by the direct provision of health services, construction and maintenance of facilities, and the conduct of research. Secondly, extensive grants of funds to states, chiefly for aid in medical care and certain public assistance grants, for construction of hospitals and for aid to the public health programs. Thirdly, grants of fellowships to individuals and private organizations for health research. Fourthly, the regulation of environmental conditions which could impair health (they could do something more out in Los Angeles with the smog). Five, planning and aid related to health care during disasters. And finally, your federal government makes extensive contributions to health programs of other nations, to foreign economic assistance and international or multilateral health activities. And, George, I think you may recall when I was privileged to address the Citizens' Committee for the World Health Organization in Kansas City in November on this very topic (it's a thrilling topic), I just became so filled up with it--to know that we've been able to help other people, to save their lives. And fellow Americans, you ought to be proud

you ought to be proud that your government has really practiced the spirit of the Good Samaritan. We have saved the lives of millions and millions of children in this world, by our government, by our science, or by the application of science, which is somewhat universal. And I am so proud that I have been able to live in this decade, in a decade in which we are led to believe that there is more sin and evil than ever before, and in which I believe there's been more good than ever before. And I tell you, if you don't believe it, you read Winston Churchill's writings in LIFE magazine about how those old British kings and French kings used to live, and the nobility. They were constantly assassinating one another, they were in constant war and struggle and intrigue. Thank goodness we now live in an era of human history which is somewhat motivated and filled by the love of man and by faith in God, and I think those are two acceptable and pretty well universally accepted principles. To be sure, at times we deviate, but we know when we do that we're wrong. And your government, your great organization of cooperatives, our labor movement, yes, our business groups, have spent hundreds of thousands, yea, millions of dollars to alleviate the sufferings of our fellowmen and women throughout the world. It's good. We ought to be proud. Instead some say we wasted it--waste goes into the garbage can. Who doesn't waste? It's an old American custom. As a matter of fact, if we didn't waste a bit, business wouldn't be so good.

Now here are some other facts: About 7,000,000 of us, fellow Americans, red-blooded, healthy Americans, are fully entitled to receive all of our medical care from federal agencies--7,000,000. These are chiefly members of the armed forces, veterans with service-connected disabilities, and many, many more with non-service connected disabilities. And I am glad. I think it's good. And I am happy that our veterans hospitals have improved. I am happy that the

quality of medical care is better, and I am happy to say that the government of the United States is not going to renege on its obligations to the veterans of the United States of America. Between 40 and 50 per cent of all medical research expenditures in America are now underwritten or contributed by the federal government--between 40 and 50 per cent of all medical research, by your federal government. In 1953 the federally owned and operated hospitals accounted for 13 per cent of the nation's hospital bed capacity. It is up to about 14 per cent now, with state and local governments, 58 per cent. So over 70 per cent of all the hospital beds in the United States of America are owned by federal, state, and local governments--owned and operated. I don't know what you want to call that. But I want to say to you, my friends, they work just as good and they're serving people. All to the good. In addition from 1946 to 1955 federal grants under the Hill-Burton Act for hospital construction were over \$700,000,000. And this year another \$100,000,000 or more will be added, so that at the end of 1956 approximately \$800,000,000 of federal funds, taxpayers funds, will have gone into hospitals. Now this represents one-third of the total construction cost of all new hospitals participating under this program since 1947. And your federal government is doing wonderful things today in the field of atomic energy. Only yesterday, Thursday, morning, we had Mr. Murray, the senior member of the Atomic Energy Commission, before our special committee on disarmament. We asked him questions about the peaceful use of atomic energy, and, ladies and gentlemen, there are yet wonders to be unfolded in this tremendous development of atomic energy and fissionable materials, in the field of nuclear science, new miracles that are yet to be brought to the attention of the American people. I think that we are entering upon a wonderful era, if we can but keep peace and concentrate our attention on building rather than destroying.

Now the average federal expenditures (and I am trying to make this a

little educational as well as rhetorical), the average federal expenditures for 1953 and '54 and into '55 for international organizations in the field of health were between 12 and 13 millions of dollars, about \$12,700,000. Now this made up half, 49 per cent, of the total health budget of all of these international organizations--World Health Organization, UNICEF (United Nations International Children's Emergency Fund). And ladies and gentlemen, what a wonderful organization! If you want to sometime read a thrilling story, read of the work of UNICEF. In our own program of ICA, International Cooperative Alliance, we've helped in country after country to establish public health offices, sanitation facilities. Your government has done this. In addition, the federal government spent an average of about \$30,000,000, or about twice as much as on the international level just for our direct foreign health aid through our own immediate efforts. Total federal health expenditures in 1954 were \$2,200,000,000--that's what your government spent! This is 3 per cent of the total federal budget for 1954, and if you add disability and compensation matters in it, it amounts to about 6 per cent of the total federal budget.

So may I say to you we're doing quite a little, and yet there is so much more to be done. Now this wide-spread participation by government has not, as you and I know, succeeded in finding all the answers, so there's more to do. Our total medical care bill alone, just medical care, not involving loss of employment, is \$15,000,000,000 a year at a minimum. This total expenditure has quadrupled in the last 25 years, and the per capita expenditure has trebled and the proportionate total spent from taxes more than doubled. There's about 5 per cent of our total national income going for medical purposes. Now the underlying demand for these increases in expenditures will continue to expand and I shall approve of these demands. Now about 6 per cent of our people are sharing in some form of health insurance. Millions who now have a little health

insurance want more of it, and millions who have no health insurance want some of it. The non-profit plans, such as the one here that we are discussing, the great Group Health program, sponsored by unions, employers, cooperatives, or communities, are making steady but real headway as is witnessed by this gathering.

Now ladies and gentlemen, as I bring this to a conclusion (and I know that time has run out), I would just like to mention one or two immediate improvements that I think we could make. I said a while ago that we had a maldistribution of medical facilities and a shortage of doctors. We have about 200,000 physicians today attempting to serve 165,000,000 American people, and as I pointed out, rural communities by the thousands have no doctors or hospitals. Rural America simply hasn't had in many instances the opportunity to benefit, or to utilize the benefits of modern medicine. And yet two-thirds of the counties of the United States of America are predominantly rural. I have tried to help a little bit in this through the cooperation and assistance of the cooperatives of America,, (Jerry Voorhis has worked with me on this problem particularly) and I have offered a bill about which I have talked to this organization on other occasions, known as the Voluntary Medical or Health Facilities Bill. How I wish we could get it passed! I'm going to tell you something--it will never pass until the people want it. I shall continue to introduce it as long as I am in the Senate, because I believe in it. What this Voluntary Health Facilities Bill does is to make available federal funds for purposes of loans on the principle of the R.E.A., 35 year loans at 3 per cent interest for voluntary non-profit groups at a community level to build a community clinic, to provide a modern medical laboratory, to provide a limited number of hospital beds--six, ten or twelve, what may be necessary for the needs of that community in an emergency fashion. And it seems to me that the Voluntary Health Facilities program is so essential if we're going to broaden the base of modern medical care. And I hope that you continue to have your interest in it and not let it subside. All of these loans are repayable. I am not advocating any extensive

grant in this area. I think, George, that you mentioned to me once that in my first bill there were grants involved, but we've put it all on the basis of loans, repayable loans, where the community could open up a clinic available to the hospitals of the community so that the people in that community would have the kind of facilities which are so important if modern medical care is to be brought to the general public.

Now as I conclude this message, let me say this: We need immediately a legislative program designed to train more doctors, nurses and public health officials. And, ladies and gentlemen, those bills are in Congress! Have you written to your congressman about this? Have you written to your senator? Have you written to the President of the United States about this? It takes more than lip service to get a medical program, a comprehensive health program adopted in this country. It takes more than pious pronouncements. It takes dedication, work, and follow-through. Don't expect your elected officials to do it without your request, demand, and enthusiastic support. We have bills in Congress to expand the medical facilities, to train more doctors, dentists, nurses and medical technicians. We have bills in Congress to expand our public health, too. I am proud to be the co-sponsor or author of these particular bills. In most instances Senator Hill of Alabama is the main sponsor because he is chairman of the Labor and Public Welfare Committee of the Senate. We need scholarships to stimulate enrollment in medical schools, not only for federal and state level scholarships, but private scholarships, more voluntary participation, more individual participation. We need grants to states to train practical nurses. We also need a much greater and expanded hospital construction program, not only in terms of general hospitals and in terms of a specific type of clinic, but we need hospitals for the chronically ill, ladies and gentlemen, and we need mental hospitals. We need them desperately. When is America going to rise out of its lethargy about its mentally ill? This is a disgrace. There

are thousands of our fellow citizens who need medical care. They can be cured! They are being wasted. They're being denied the blessings of good living. Why? Because we do nothing to stop it! We talk, talk, talk about the mentally ill and we're short of hospital facilities. There's hardly a family in a neighborhood that doesn't have some cross to bear because of illness. Some crippled child, some mentally disturbed brother or sister or relative or friend. And yet what we do is say we can't afford it. Ladies and gentlemen, we can afford it! This country wastes more money at race tracks than it spends on its total hospital program. We can afford it. We spend more money for commercial entertainment and alcoholic beverages in one year than the total cost of all medical care in the United States of America. I'm not here to tell you what you ought not to do. I am here, however, to say what we should do. I'm here to tell you that there are things we can do and you're doing it, to be sure, but you may see somebody that you can talk to about this. So if somebody says to you that we can't afford a new hospital, our government can't afford a better mental health program, you say, "Yes we can." I'm not one that doesn't believe in foreign aid or military security, as you know, because I do. But, ladies and gentlemen, just recently I saw an exhibition of what you call mismanagement with over \$300,000,000 worth of planes that were constructed and will never fly an inch off the ground because they put too small an engine in the planes, and I didn't hear much protest from the public. I didn't get two letters from the whole state of Minnesota. And yet when somebody proposes a program to benefit some poor down-and-out soul, somebody that is sick, they say, "Why, look at that spender! He just doesn't care about the treasury." But the treasury is no better than the people. I am much more interested in balanced lives, ladies and gentlemen, than I am in one of those double-entry bookkeeping entries in Washington. And I am interested in balanced homes, in a balanced economy, in

a balance of power in the world, and a sense of balance of security in our respective households. And the way we get it is to get at these grave ills, social and physical ills that beset us. Today I mentioned the physical ills that beset us and what we can do is in our own hands. We can do as we will, if we have the will and determination to do it. Thank God that Group Health has demonstrated that determination, and may I say to you that you must continue because you are going to bring the blessings of better living to thousands and thousands of homes if you are dedicated, and if you are willing to crusade for what you stand for.

From the Office of
Senator Hubert H. Humphrey
140 Senate Office Building
Washington 25, D.C.
National 8-3120, Ext. 881

For Release: Sunday A.M.
April 15, 1956

NATION MUST TURN TIDE AGAINST HUGE HEALTH LOSSES, SENATOR HUMPHREY SAYS

A co-ordinated, long-range nation-wide campaign to "turn the tide against our devastating \$30 billion annual health costs in human suffering and economic loss" was called for by Senator Hubert H. Humphrey (D., Minn.) yesterday in an address before the Group Health Institute banquet in St. Paul.

"Four basic problems of health which faced American society when I last addressed this group two years ago have not diminished," Senator Humphrey declared. These problems were and still are:

- "1. the high cost of medical care;
- "2. the mal-distribution of medical facilities;
- "3. the shortage of qualified personnel;
- "4. the need to expand research and conquer disease.

"I am convinced that nothing short of an all-out effort on the federal, state, and local level can turn the tide against this challenge," Senator Humphrey declared.

All of this is true, the Senator continued, "despite the very considerable record which the federal government in particular has made in the whole field in recent years to assist the states, the voluntary agencies, and our great medical profession in promoting better health."

In a comprehensive review of the present scope and significance of Federal participation in health activities, Senator Humphrey stated that many Americans do not fully appreciate the role which has already been staked out for Federal assistance in the health field.

"The United States Government has participated in the nation's health activities in a great variety of ways. Included among them are (1) the direct provision of health services, construction and maintenance of facilities, and conduct of research; (2) grants to states chiefly for aid in the medical care of certain public assistance clients, for construction of hospitals, and for aid to public health programs; (3) grants and fellowships to individuals and private (chiefly non-profit) organizations for health research; (4) regulation of environmental conditions which could impair health; (5) planning and aid related to health care during disasters; (6) contributions to health programs of other nations through foreign economic assistance and international or multi-lateral health activities."

Senator Humphrey summarized the over-all picture of Federal health activities during the past ten years as follows:

"About 7 million of us are fully entitled to receive our medical care from Federal agencies (chiefly members of the Armed Forces and veterans with service-connected disabilities). Between 40 and 50 percent of all medical research expenditures in America are contributed by the Federal Government. In 1953 Federally owned and operated hospitals accounted for 13 percent of the nation's hospital bed capacity with State and local government hospitals accounting for an additional 58 percent.

"In addition, from 1946 to mid-1954, Federal grants under the Hospital Survey and Construction (Hill-Burton) program of about \$630 million were made to about one-third of all non-Federal hospitals constructed during this period. They accounted, for this group of new hospitals given grants, for about one-third of total construction costs. Regulatory activities of the Federal government extended over a number of foods, drugs and other therapeutic preparations, over safety in public transportation, and, to a lesser degree, over industrial safety and health. There was an increasing impact of atomic and nuclear energy on both Federal research activities and disaster planning.

M O R E

April 15, 1956 (Release date)

"Average Federal expenditures of \$12.7 million in 1953 and 1954 for health activities of international organizations, while appearing to be rather modest, made up almost half (49%) of the total health budgets of these organizations. In addition, the Federal government spent an average of \$23.9 million, or not quite twice as much, in direct foreign health aid through the Foreign Operations Administration. Total Federal health expenditures in 1954 of almost \$2.2 billion represented about 3 percent of the total Federal budget for 1954. If disability pension and compensation payments of about \$2 billion are added to health expenditures, this total would represent about 6 percent of the Federal budget."

But this widespread intervention of government has not yet succeeded in achieving an adequate answer to our major national health problems, Senator Humphrey declared. "The popular demand for medical service is one of the most important and inescapable new elements in the situation. Our total medical care bill is now about \$15 billion a year. The total expenditure has quadrupled during the last 25 years, the per capita expenditure has trebled, the proportion of the total spent from taxes has more than doubled, and a larger percentage (5% instead of 4%) of our total national income goes for medical purposes. The underlying demands for these increases in expenditure will continue, and I approve of those demands," the Senator stated.

"About 60% of our people are reached by some health insurance, but the dominant kinds of health insurance plans open the door only to limited medical services and provide only partial protection against medical costs. Millions who now have a little health insurance want more of it. Millions who have no health insurance want some of it. Non-profit plans sponsored by unions, employers, cooperatives, or communities are making slow but real headway in their endeavor to demonstrate that comprehensive medical services and hospitalization are insurable at reasonable cost when professional services and consumers' payments are both organized for that purpose. I think it should be the obligation of government at all levels to assist these voluntary methods," the Senator continued.

Senator Humphrey noted the special problems of health insurance for the aged, disability insurance, tax-supported mental health services, and insurance programs for government employees. He emphasized the various devices which have been employed and may be enlarged to meet various health problems: tax exemption for medical expenses, the issue of insurance vs. taxation, dealing directly with the shortage of professional personnel and facilities, aiding medical and dental school finances, providing federal assistance for Public health. He stressed the economic values of certain health legislation: the significance of rehabilitation, industrial health services, scientific research. He gave a detailed report on his own activities in the health legislative field during the present 84th Congress. At the moment, legislation is pending or has been completed in Congress on seven measures sponsored or co-sponsored by Senator Humphrey.

"I am earnestly hopeful for action on these bills during the present session of Congress," Senator Humphrey stated.

"But values as well as the limits of legislation in health matters must be recognized," the Senator concluded. "Educational work is as important as legislative, and must be directed towards both the consumers and the providers of services. Sound technical guidance in the organization of services and in effective and economical methods of prepayment should come from specialists employed by non-profit agencies, private or public, rather than from commercial sources. Since health programs are now clearly matters of public concern, educational efforts must inform and guide us in the light of practical experience so that legislation by national and state governments may be consistent with the maintenance of personal responsibility for health, with the continued operation and promotion of voluntary agencies, with professional freedom safeguarded, and with an improved rate of scientific advance in the entire medical field."



Minnesota Historical Society

Copyright in this digital version belongs to the Minnesota Historical Society and its content may not be copied without the copyright holder's express written permission. Users may print, download, link to, or email content, however, for individual use.

To request permission for commercial or educational use, please contact the Minnesota Historical Society.



www.mnhs.org