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For P.M. Release
Tuesday, May 26

NEXT STEPS TOWARD HEALTH

Remarks of

Senator Hubert H. Humphrey

Ninth Annual Group Health Institute Luncheon

New York City, May 26, 1959

Dr Herbert K. Abrams - 1st Vice Pres - Chic
Dr Abraham - Sec Treas

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I never cease to wonder at the range of Mrs. Roosevelt's capacity for doing good. You know of her wonderful work for the United Nations, for human rights, and for peace. And within the last few weeks she has been in Washington helping to improve the conditions of migrant workers, helping to get the minimum wage raised, helping in the campaign for better housing. Today she is here giving of her time and her immense influence in the cause of health. Wherever there is good to be done, we can be grateful that she is on hand to do it.

MRS FDR

And I want to pay tribute also to that patron saint of medical care -- Mary Lasker. Without her crusading interest and support and ~~her~~ wonderful work, we would not be nearly so far along toward the goal of good health and good medical care for everybody in this country.

Lasker

That is our goal. I am pleased and honored that you have invited me here to take counsel with you on some of the next steps we must take. I am particularly flattered to be here because in this room are some of the best brains and bravest spirits in the business. The solutions to these problems, when they come, will come from people like you.

In a few days we will mark the 25th anniversary of Franklin Roosevelt's message to Congress laying down the guidelines for what has since become the social security system of the United States.

"Among our objectives," he said in that message, "I place the security of the men, women and children of the nation first."

In that sentence FDR summarized one of the great revolutions in American political thinking -- one which grew out of the Great Depression. In that sentence he put the final seal of rejection on the degrading, poor law philosophy which had dominated American public attitudes towards dependency and the problems of dependency.

Of course, there were die-hard dissenters. My good friend,

(Prophets of Doom & Gloom.)

Arthur Schlesinger, Jr., in his great book on The Age of Roosevelt records that a distinguished Republican, now ranking minority member of the House Appropriations Committee, greeted the social security system with these words: "Never in the history of the world has any measure been brought in here so insidiously designed as to prevent business recovery, to enslave workers, and to prevent any possibility of the employers providing work for the people."

The spokesman for the Illinois Manufacturers' Association said that social security would undermine our national life "by destroying initiative, discouraging thrift, and stifling individual responsibility."

The spokesman for the American Bar Association labeled it the beginning of a pattern which "sooner or later will bring about the inevitable abandonment of private capitalism."

Yes, my friends, as we try to move on to round out the coverage and the protections of our social security system, we can expect the same opposition, same gloomy alarm, that has greeted every reform and every great forward step in our history.

But the fact remains that we must get on with this unfinished business of humanitarian democracy.

The question is not whether we are going to finish it, because we will. The question is how and when.

We need to modernize our unemployment compensation laws. I have sponsored legislation to accomplish this. It is a cause for great disappointment that this has recently been rejected by the House Ways and Means Committee. But we will try again -- and soon.

We need to increase the amount of old age benefits, which in many cases are disgracefully low. I have been among the sponsors of legislation to do this, and I regret very much that the increases enacted last year were so meager. Within the next decade our social security benefit standard should be increased not by 10%, but to double what it is today.

When we enacted the social security system we embarked on a program which would provide not only the material basis for subsistence to those who could not be self-supporting. We embarked

on a program which would also preserve their self-respect. Even so long as there is poverty in the United States, let there never be paupers.

In no aspect of welfare is this more true than in health. Our system of economic security should enable people to buy the necessaries of food, housing and clothing. It should enable them to obtain the necessaries of health. Food, clothing, shelter -- to these basic needs I add health, the right of every American to adequate health services, regardless of his income.

We have made enormous strides forward in the science of health, both in the prevention and the treatment of illness.

We have made considerable progress in the financing of health services through voluntary health and hospital insurance, and particularly through the union health plans and prepaid group health organizations. You in this room have been among the leaders in these promising developments. HIP Greater N.Y.

And yet we cannot honestly say we have in sight a comprehensive solution for the gigantic task of bringing good medical care within

the reach of every American.

Those who can afford to buy it individually can get it.

Those who are fortunate enough to belong to unions which have won comprehensive health plans through collective bargaining can get it.

Those who have had the foresight to organize and join prepaid group health associations can get it. But for large segments of our population, medical care is limited to emergencies, and even when the medical emergency is surmounted, it leaves a financial emergency in its wake.

I am not an expert in medical care. But, It is my job to worry about the practical problems of legislation.

I do not profess to know how we will solve all the difficult and complex problems of bringing good medical care within the reach and within the means of all our people. But we who struggle with legislative practicalities must look to people like you for the design of health programs of general legislative application. We

must look to you to experiment with new forms of the organization and administration and financing of medical care. We must look to you to experiment in the reorganization of medical practice to provide total medical care. (Voluntary-)!

Our objective should be to do this as far as possible through voluntary means, by doctors and patients acting freely together. In this, developments like group practice, group health associations and H.I.P. are important milestones. Legislation should encourage such voluntary action.

In the meantime, however, there are things we can do, things we can and must do quickly.

We must move on to overcome the shortage of health personnel--doctors, nurses, therapists, medical social workers. The shortage of these is becoming acute and will become worse as our population increases.

We need to expand our medical schools and other training facilities. We must have more facilities for training

We need to expand our hospital facilities. Recent amendments to the Hill-Burton program have made possible the expansion of

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facilities for long-term medical care and for rehabilitation and out-patient services.

We need to encourage the establishment of group practice facilities for voluntary non-profit prepaid health service associations. We need to encourage the establishment of group practice facilities for voluntary non-profit prepaid health service associations. Since the 81st Congress, I have introduced Community Health Facilities bills to provide long-term, low-interest loans for such facilities. I have reintroduced that bill (revised) within the last week. S2009 It is essential that we encourage and help these voluntary associations to bring health services to American people just as the principles of cooperative voluntary association brought electricity to rural America. And like the REA cooperatives, these facilities are particularly important in bringing medical services to rural communities. - But S 2009 -

We need to step up the pace of medical research. We should thank Senator Hill and Congressman Fogarty for taking the lead in Research

providing for expanded appropriations for the National Institutes of Health. (Health for Peace Bill)

We need to encourage research not only in the diagnosis and treatment of illness, but also in the social and economic aspects of health and medical care. (Intern. Med. Research)

And we must be sure that we train competent research personnel.

I wish that I could make the case for medical research as eloquently as Mrs. Lasker did a few nights ago in her interview with Ed Murrow on TV.

Politically we are in the stage where we need to experiment with programs for meeting the needs of special groups within our population. We must try to legislate wisely, but this does not mean that we should procrastinate. As the AFL-CIO said not long ago, paraphrasing the old legal maxim, "Health delayed is health denied."

Now, There are two groups in our population for whom it is possible and necessary in the near future to develop special health programs.

One of these groups consists of those employed by the federal government. The 2-1/2 million federal employees have been denied the benefits of health + welfare plans under collective bargaining, but the federal government, their employer, has the same responsibility as private employers for the health of employees. Legislation is now pending before Congress to provide health insurance for these 2-1/2 million employees and their families. Under the leadership of Senator Neuberger a bill is now taking shape in the Senate. I intend to support it in principle. I hope it will permit employees to choose from among various types of plans, including group practice plans.

The other group whose health needs require and permit special attention are our older citizens. They deserve special attention for a number of reasons. The reasons boil down to this: Generally, older people have low incomes, small liquid assets, and heavy medical needs. This alone would demand of us that we take special and tender cognizance of them.

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I believe we should consider the health needs of our older citizens ~~in the context not only of the nation's health needs and resources, but~~ in the context of their total needs ~~of our older citizens~~ and our resources for meeting them. These basic needs include income adequate to their needs, employment opportunities and suitable housing as well as health care

Forgive me if I cite briefly some facts which are part of your every day's work but which I think must be in the forefront of our thinking here.

In these days of medical miracles and longer life, a man who reaches the age of 65 has a life expectancy to 79 years; a woman, a life expectancy to 81 years. There are now more than 15,000,000 people in these age groups and their number is increasing by about 1,000,000 every three years.

The aim of any program for our ~~older~~ senior citizens must be to keep them functioning happily and usefully in the community. What we need is a many-sided program which insures their productiveness, independence

and self-reliance ~~and which prevents physical and moral decay~~.

The "number one" objective of a sound program is the maintenance of incomes. Three-fifths of all people 65 and over have money incomes from all sources of less than $1,000 and only one-fifth have more than $2,000. Only recently, for the first time, the number of people receiving social security benefits exceeded the number of older people receiving public assistance. ~~It is here that we have made the greatest progress through the social security system, and it is here that the direction of future progress is clearest.~~ The case for rapid increase in old-age benefits is imperative.

But there is no magic in the age 65 which makes it good public policy to force people to leave employment while they are still vigorous healthy and productive. Full employment means jobs for all who are able and willing to work. Older workers are among the chief beneficiaries of a full employment program, just because they are especially vulnerable to unemployment in times of job scarcity.

Certainly we must do everything possible to prevent discrimination against older workers in the labor maaket.

We must provide suitable housing for our older people. We must make it possible for them to live out their years fruitfully in a community rather than in an institutional environment. One of the most promising developments in this direction is the provision recently written into the Housing Act of 1959 by the House Banking and Currency Committee, under the leadership of Congressman Rains, to make available direct low interest federal loans to non-profit corporations for housing for elderly people. The House of Representatives should be congratulated for refusing to delete this provision of the bill, and I hope fervently that the Senate will accept it and that the President will ~~forbear to~~ not veto it.

We must provide for medical and hospital care for our older people.

We must see that it is furnished to them in a way which will preserve their independence and their self respect and their peace of mind. These have been also, of course, the objectives of the old age and survivors insurance program. Consequently, it was logical and practicable to turn to the framework and machinery of Social Security as a means of providing the necessary health care

efficiently, economically, universally, and democratically.

I do not think we can ever overstate our debt to Congressman Forand for the courage and foresight of his efforts to bring this sound and workable idea to reality.

I realize that this is a much disputed subject and I wish to make my position perfectly clear.

I am in favor of providing hospital and nursing home care as part of the social security system immediately.

It will meet a pressing and urgent need. Costs associated with hospital and nursing home care account for a very large part of the total expenses of medical care for older people. By insuring these costs we lift a heavy burden of expense and of fear.

In my own state of Minnesota, the largest expense in the entire welfare program is for hospital care for the aged. Many of these people are victims of diseases which keep them in hospitals for months. Hospital and nursing home benefits under social security would help not only the beneficiaries, but would relieve local and

state governments of these very heavy burdens, thereby releasing public funds for ~~a positive health program.~~ other needed public services.

There is no question that a problem exists. The rising costs of medical care and hospital care, coupled with the greater medical needs and lower incomes of older people, have created the problem. But there are some who argue that it is not a problem which calls for action by the federal government.

The fact is that no satisfactory voluntary hospital + medical care plan has yet been brought forward which will give to people over 65 protection they need at costs they can afford to pay. Period. This is why I have advocated and will continue to advocate hospital insurance for social security beneficiaries as an integral part of our social security system.

I wish to make it plain that when we have reached this objective -- which we will, and soon, I hope -- we will not be finished, by any means. Important as hospital insurance is, there will be the need for a total health program for older people. The

primary emphasis should be on the prevention of illness and the maintenance of health. The first objective of a health program for older people should be to keep them out of the hospital and functioning in their homes and in the community.

The medical profession and those associated with it have a special obligation and a unique opportunity to develop programs and personnel to meet this total need. (I don't want Govt controls)

But Financing is not the only problem. Equally important is raising the quality of medical care and making it universally available.

If social security financing is required to make health services of high quality available to social security beneficiaries, I will be the first to support it.

I am perfectly aware that even a bill for hospital and nursing home insurance will provoke outcries of "socialism", "socialized medicine", and such. This does not worry me. As I said before, this has been the cry that has greeted every significant advance in this country. I do not believe that this is the view even of the doctors

of this country, though it is the cry of some who claim to speak for them. No one knows better than the doctors the devastating effects of expensive hospital and medical care on older people of limited means. I cannot believe that the doctors, who have done so much for medical welfare, wish to pauperize these most economically defenseless of their patients.

No one can forget that our doctors and hospitals have given of their services and facilities to people who could not afford to pay. For a long time this was the only way for poor people to get medical care at all. But by now we have progressed beyond the "free ward" concept of medical care.

Now medical care and hospital care for those on public assistance is a challenge to provide high quality, sensitive, individualized service equivalent to that we give to more fortunate patients.

These public assistance patients, young and old, are a first order of business in the search for comprehensive health services.

Here also is a challenge to the medical profession to cooperate with

government in working out programs to meet the need.

The search for solutions to our medical needs must go on -- on all fronts. Young and old, in high, middle or low incomes, Americans are entitled to the best medical care that science can invent and our economy can provide, without sacrifice of professional freedom or individual dignity.

The search must go on in private medicine, in group practice, in voluntary insurance, in labor health programs, and in government. It must go on in the medical school, in the laboratory, in the hospital and in the clinic. It must go on with open eyes and open minds. Let us not get bogged down in dogmas or in vested interests of the past.

I promise you this: as fast as you who are in the business of health come up with solutions that are workable and equitable, we who are in the business of government will do our best to ~~take the~~ cooperate in designing any legislative and administrative action needed to make them work.

Together we will get it done.

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When we enacted the social security system we embarked on a program which would provide not only the material basis for subsistence to those who could not be self-supporting. We embarked on a program which would also preserve their self-respect. Even so long as there is poverty in the United States, let there never be paupers.

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Our objective should be to do this as far as possible through voluntary means, by doctors and patients acting freely together. In this, developments like group practice, group health associations and HIP are important milestones. Legislation should encourage such voluntary action.

In the meantime, however, there are things we can do, things we can and must do quickly.

We must move on to overcome the shortage of health personnel -- doctors, nurses, therapists, medical social workers. The shortage of these is becoming acute and will become worse as our population increases. We need to expand our medical schools and other training facilities.

We need to expand our hospital facilities. Recent amendments to the Hill-Burton program have made possible the expansion of facilities for long-term medical care and for rehabilitation and out-patient services.

We need to encourage the establishment of group practice facilities for voluntary non-profit prepaid health service associations. Since the 81st Congress, I have introduced Community Health Facilities bills to provide long-term, low-interest loans for such facilities. I have reintroduced that bill within the last week. It is essential that we encourage and help these voluntary associations to bring health services to American people just as the principles of cooperative voluntary association brought electricity to rural

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And we must be sure that we train competent research personnel.

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One of these groups consists of those employed by the federal government. The 2-1/2 million federal employees have been denied the benefits of health plans under collective bargaining, but the federal government, their employer, has the same responsibility as private employers for the health of employees. Legislation is now pending before Congress to provide health insurance for these 2-1/2

million employees and their families. Under the leadership of Senator Neuberger a bill is now taking shape in the Senate. I intend to support it. I hope it will permit employees to choose from among various types of plans, including group practice plans.

The other group whose health needs require and permit special attention are our older citizens. They deserve special attention for a number of reasons. The reasons boil down to this: older people have low incomes, small liquid assets, and heavy medical needs. This alone would demand of us that we take special and tender cognizance of them.

I believe we should consider the health needs of our older citizens in the context not only of the nation's health needs and resources, but in the context of the total needs of our older citizens and our resources for meeting them. These basic needs include income adequate to their needs, employment opportunities and suitable housing, as well as health.

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The aim of any program for our older citizens must be to keep them functioning happily and usefully in the community. What we need is a many-sided program which insures their productiveness,

independence and self-reliance and which prevents physical and moral decay.

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Certainly we must do everything possible to prevent discrimination against older workers in the labor market.

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state governments of these very heavy burdens, thereby releasing public funds for a positive health program.

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Financing is not the only problem. Equally important is raising the quality of medical care and making it universally available. If social security financing is required to make health

services of high quality available to social security beneficiaries. I will be the first to support it.

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I promise you this: as fast as you who are in the business of health come up with solutions that are workable and equitable, we who are in the business of government will do our best to take the legislative and administrative action needed to make them work. Together we will get it done.

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