

Politics - What's the ?? - my money
000557 - Contact Pay

Student (1) what's going to take
REMAINDER
Scholarship Awardment

THE HONORABLE HUBERT H. HUMPHREY

ASSOCIATION OF MINNESOTA INTERNISTS

MINNEAPOLIS, MINNESOTA

MAY 21, 1969

Cherokee
Dr. Sullivan
Dean Howard

(2) President
Dr. Johnson
Pres. Elect
Henry Blumberg
Dr. Kolars
Dr. Schurgen

You probably know the story of the woman who dashed
into an office, asking, "Doctor, what is wrong with me?"

She was told, "Madame, you are obviously over-weight;
you shouldn't be smoking, and besides, you're in the wrong
place; the doctor's office is next door."

Well, this is the right place for expert diagnosis.

The Association of Minnesota Internists is committed to
excellence in care of patients, and to building in this country
a health system capable of serving all our citizens.

I've read
your bulletin #2 - of April 1969 and
specifically the Report on your Regional
Meetings.

000557

-2-

✓ Your concern is justified. ✓ A long series of professional reports have sounded the alarm. ✓ In 1967, the National Advisory Commission on Health Manpower concluded in its report to President Johnson, *in these words,* "there is a crisis in American health care."

✓ The report pointed to numerous "indicators of such a crisis" -- "long delays to see a physician for routine care;... hurried and sometimes impersonal attention; difficulty in obtaining care nights and week-ends, except through hospital emergency rooms; unavailability of beds in one hospital while some beds are empty in another; reduction of hospital services because of lack of nurses, needless duplication of certain sophisticated services in the same community..."

-3-

Some critics contend we do not really have a medical
system at all. They assert that there is, instead, only a
jumble of unplanned, uncoordinated, unevaluated skills and
facilities bearing little relationship to communities' changing
needs.

The fact is that American medicine -- while now at new peaks
of achievement in many fields, especially research -- is riddled
with inconsistencies and paradoxes which are -- at the least --
troubling, and -- at the worst -- tragic.

We recognize the basic incongruity -- unexcelled benefits
for the few and lack of uniformly high quality, ~~high speed~~ *affordable*
service for the many. And to Americans of conscience -- like
yourselves -- this is no longer acceptable.

The contrast is most stark in the ghettoes of the inner city. Millions of second class citizens, long consigned to

'charity medicine,' ~~to~~ jammed ~~and~~ depressing clinics and

wards, are just beginning to see the light of dignity and quality

care, thanks to neighborhood health centers. *(But too few)*

Despite its flaws, Medicaid has opened physicians' doors *to millions* long shut by inability to pay. And in the core city, too, Family

Planning Centers now offer a way out of the endless cycle of

misery from generation to generation,

But the health gap continues between the health services ~~and those living in small towns~~ available to the poor and those available to persons of middle and

higher income. ~~and~~ Worst of all, medicine within the ghetto has only

begun to join with other skills in coping with the socio-economic

rot which breeds and is bred by disease.

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Shocking statistics confirm the old story of the interplay of unemployment, under-education, malnutrition, illegitimacy and other slum malignancies -- the intolerably high levels of maternal and pre-natal mortality, the high incidence of birth defects including mental retardation, the disproportionately high rate of narcotics addiction and alcoholism.

Sorry
Picture.

To heal the poor, medicine dare not be divorced from reform on behalf of decent jobs, housing, education, recreation, day care. Nor can medicine turn its back on the appalling shortages of skilled minority manpower -- black, Spanish-speaking and Indian.

Central to the issue of health or illness is the problem of the continued economic barriers to quality health care.

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↳ ^{medical} The profession can no longer take a back-seat as it watches insurance -- both public and private -- lag in meeting the rising costs of illness. ↳ Medicine must take the driver's seat on the road to broader social insurance.

↳ The fact that less than one-third of medical costs are covered by insurance should impel the profession to insist on comprehensive protection against the economic vulnerability of the average family.

↳ A ~~universal~~ system of pre-paid health coverage should be devised without in any way undermining the doctor-patient relationship.

↳ Prescription drugs should be included under Medicare while precautions are taken to prevent excessive costs or misuse. and

↳ The severely disabled should be brought under Medicare's coverage.

-7-

Step by step, this Nation has been groping toward the day when good health for everyone would not involve a financial nightmare for anyone. Now we must move forward with a bold blueprint to make good health care a reality for all.

But let us be absolutely clear about what we want and how we want it. We ~~absolutely~~ reject any monolithic bureaucratic patterns, particularly one involving nationalized medicine. To the contrary, we seek a democratic, voluntary partnership between government, the healing arts, Universities, Foundations, voluntary health organizations, the private insurance and pharmaceutical industries to develop a cooperative plan -- one which capitalizes on the strengths of our pluralistic society.

What this pattern will be is difficult to predict - But the Medical Profession should lead the way - not impede it.

At a recent meeting of the New York Academy of Medicine, a hospital administrator said, "We have organized the purposes of our medical care system around our resources instead of organizing its resources around our purposes."

~~We must, for example, recognize that~~ group practice offers numerous advantages over solo medicine. While many reports since 1932 have commended group practice, only 7% of the nation's ambulatory health care visits were, at most recent count, to group offices and only 3% to pre-paid group practice.

As one who for many years has supported aid to pre-paid group practice, I strongly urge reinforced efforts in its behalf.

But this is only the beginning step in the re-structuring of the health care system.

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Three years ago, Congress enacted at President Johnson's request the Comprehensive Health Planning Act. For the first time, the States were given both mandate and means to rationalize health programs and facilities. Comprehensive area-wide health planning agencies were likewise provided for.

It is still too early to evaluate results in our own State, much less in all others. Suffice it to say that four ingredients are essential to make a success of it and of the Regional Medical Program and other recent Statutes: --

-- The will to effect institutional change wherever change is necessary.

-- The courage to combat inertia and reaction by reactionary forces.

-- The vision to seek new forms -- to propose bold experiments in the highest tradition of science.

-10-

-- The perseverance to follow through and give new methods and forms the chance they deserve.

I have noted with deep regret that the present Administration proposes not to advance, but to retreat ^{on the health front} -- a slash of \$900 million from the already modest, hold-the-line budget which had been proposed in January, including more than \$500 million cut from Medicaid.

I know the difficult choices confronting budget decision-makers. But, unlike many other appropriations, a dollar spent to save a human life, to reduce pain, to lessen or end disability -- is not postponeable except at the cost of life itself, or of suffering or invalidism.

We must also think imaginatively about ways to use our available resources more effectively.

The President of the United States annually submits to the Nation an Economic Report on the vitality of our economy.

-II-

I urge that an annual Health Report be prepared on the state of the Nation's health, including our progress toward meeting Presidentially-presented and Congressionally-approved health goals. A 3-man Council of Health Advisers, paralleling the Council of Economic Advisers, equipped with a small but highly qualified staff, should bring together the finest minds in the land, representing the healing arts, the drug industry, economists, insurance experts, social workers, communicators and others, to advise on breaking through to higher levels of health achievement.

Only by imaginative and forceful planning can we shift today's emphasis from trying to cure or ameliorate disease after it occurs to a more enlightened approach of providing incentives to prevent disease in the first place, detect and treat it in its earliest stages.

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↳ I seek, as I am sure you do, the dynamism which can make more vital the teamwork between education, research and patient care.

-- Dynamism between internist, pediatrician, psychiatrist and surgeon -- with each functioning at the highest level of his or her proficiency, leaving to para-medical workers those tasks which can be better performed at lower levels of training.

-- Dynamism which refuses to accept as "inevitable" any human condition, any disease acute or chronic, any economic barrier, any result but ultimate-postponeable-death itself.

-- Dynamism which makes real what the beloved Pope John XXIII proclaimed in his encyclical, Paccem in Terris, as "the right to life."

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↳ This is the essence of all human rights. ↳ It is no accident that our Founding Fathers articulated it as first in the phrase, "Life, liberty and the pursuit of happiness."

↳ Life means health -- not just the absence of disease, but the presence of vigor, of hope.

↳ Life means health -- for the unborn, for the infant, the young, the middle years and the elderly -- now and in greater measure in a still brighter tomorrow.

#

~~DRAFT~~

Remarks
The Honorable N.H.H.

~~May 21, 1969~~

ASSOCIATION OF MINNESOTA INTERNISTS

~~May 21, 1969~~
~~May 21, 1969~~

Memorandum
Minneapolis

[You probably know the story of the
~~a recent medical meeting heard of a woman who dashed into~~
an office, asking, "Doctor, what is wrong with me?"

*[*She was told, "Madame, you are obviously over-weight; you
shouldn't be smoking, and besides, you're in the wrong
place; the doctor's office is next door."
]

[Well, this is the right place]

~~This Association is the right source for expert diagnosis.~~

[The Association of Minnesota Internists is

~~Your members are committed to excellence in care of patients,
and to building in this country a health system
and you care, too, about the well-being of our entire health
capable of serving all our citizens.~~
system.

*[*Your concern is justified. A long series of professional
reports has sounded the alarm. In 1967, the National
Advisory Commission on Health Manpower concluded in its
report to President Johnson, "there is a crisis in American

health care". The report pointed to numerous "indicators of such a crisis" -- "long delays to see a physician for routine care;.....hurried and sometimes impersonal attention; difficulty in obtaining care nights and week-ends, except through hospital emergency rooms; unavailability of beds in one hospital while some beds are empty in another; reduction of hospital services because of lack of nurses, needless duplication of certain sophisticated services in the same community..."

~~So serious are these and other gaps and inefficiencies in delivery of health care, that~~ some critics contend we do not really have a medical system at all. They assert that there is, instead, only a jumble of unplanned, uncoordinated, unevaluated skills and facilities bearing little relationship to communities' changing needs.

The fact is that American medicine -- while now at new peaks of achievement in many fields, especially research --

is riddled with inconsistencies and paradoxes which are --
at the least -- troubling, and ^{-- at} ~~all~~ the worst, ⁻⁻ tragic.

You are well aware of superb advances at the frontiers of discovery in internal medicine, as well as by your colleagues in fields such as cardio-vascular and other surgery. But neither you nor surgeons nor laymen can realistically ignore the fact that recent headlines of "miracle therapy" usually spell hope for but the tiniest fraction of present and foreseeable patients.

Spectacular pioneering in aerospace medicine is another awesome accomplishment. Our astronauts who will rocket 230,000 miles to the moon will have the benefit of the most exquisite bio-medical sensors through telemetry, as well as split-second counsel. But here on earth, as you know, in much shorter trips, 250,000 of the 800,000 victims of coronaries will never make it to the hospital alive.

[We recognize the basic

~~this recurrent~~ incongruity -- ~~between~~ unexcelled benefits

for the few and lack of uniformly high quality, high speed

service for the many, *And to American of conscience --*

like yourselves -- this is no longer acceptable.
~~of conscience. It is least acceptable to you whose range~~

~~of medical skills and concerns is both so broad and so~~
~~deep.~~

[The contrast is most stark]

~~Nowhere do the medical features of our affluent society~~

~~stand out in starker contrast than when viewed against~~

~~conditions~~ in the ghettos of the inner city. ~~There,~~

*M*illions of second class citizens, long consigned to

"charity medicine", to jammed and depressing clinics and

wards, are just beginning to see the light of dignity

and quality care, thanks to neighborhood health centers.

has opened
~~[~~ Despite its flaws, Medicaid ~~opens~~ physicians' doors,

long shut by inability to pay. And in the core city, too,

now
 Family Planning Centers [^] offer a way out of the endless

cycle of misery from generation to generation.

The health service

But the health gap continues to be wide between ~~health~~
~~available to~~ *those available to persons of*
~~care for~~ the poor and ~~for~~ middle and higher income.

Worst of all, medicine within the ghetto has only begun to join with other skills in coping with the socio-economic rot which breeds and is bred by disease.

Shocking statistics confirm the old story of the interplay of unemployment ~~statistics~~, under-education, malnutrition, illegitimacy and other slum malignancies. ~~We need not dwell on the reams of facts generated during the War against Poverty, and with which you are familiar -- the intolerably high levels of maternal and neo-natal mortality, the high incidence of birth defects including mental retardation, the disproportionately high rate of narcotics addiction and alcoholism. Nor need we recall at length the infants suffering from lead poisoning because they eat the paint flaking from tenement walls, the victims of rat bites, the sickly bodies whose resistance is lowered by freezing winter blasts and scorching summer heat, by~~

overcrowding, by uncollected garbage and non-functioning
sanitary plumbing.

L To heal the poor, medicine dare not be divorced from
reform on behalf of decent jobs, housing, education,
recreation, day care. ~~Least of all~~ ^{Not} can medicine turn its
back ^{on} ~~to~~ the appalling shortages of skilled minority
manpower -- black, Spanish-speaking and Indian.

~~Poverty is not the only disease-spawner which man can
choose to tolerate or eliminate. Every class, every
income bracket and age bracket confronts other types of
man-made hazards -- environmental blights -- which
challenge America's brain and backbone.~~

~~Uncontrolled pesticides, such as DDT residues, continue
to increase in human fat; chemical pollutants and cigarette
smoke abound in human lungs, machine-made decibels roar
in human ears. And on the nation's highways, autos crush~~

flesh and bone faster than medical science can patch them up. For the profession to watch these developments as a mere casual spectator would be a mockery of its responsibilities. If ever there was a time for medical statesmanship to lead in fields which might once have been regarded as only "tangential" to the profession, it is now.

Central to the issue of health or illness is the problem of the continued economic barriers to quality ^{health} care.

The profession can no longer take a back-seat as it watches insurance -- both public and private -- lag in meeting the rising costs of illness. Medicine ~~should~~ ^{must} take the driver's seat on the road to broader social insurance. The fact that less than one-third of medical costs are covered by insurance should impel the profession to insist on comprehensive protection against the economic vulnerability of the average family. A universal system of pre-paid health coverage ~~could~~ should be devised without in any way undermining

the doctor-patient relationship.

Prescription drugs ~~should~~ should be included under

Medicare while precautions are taken to prevent excessive

costs or misuse. The severely disabled ~~should~~ should

be brought under Medicare's coverage. ~~The recent disturbing~~

~~trend of wiping out Medicaid eligibility of vast numbers~~

~~of welfare families under the guise of "economy" should be~~

~~halted.~~

Step by step, ~~we as a nation have~~ ^{him} ~~has~~ been groping toward the

day when good health for everyone would not ~~lead to a~~ ^{involve a}

financial nightmare for anyone. ~~The time has come to~~

~~cease stumbling forward and backward in fits and starts.~~

^{Now} ~~We must write and advance~~ ^{move forward} with a bold blueprint ~~which~~ ^{to}

~~make a reality of "the impossible dream" of good health~~ ^{make} ~~care~~

^{a reality} ~~opportunity~~ for all. ^{H/} ~~But let us be absolutely~~

^{clear about}

~~what we want and how we want it.~~ We absolutely reject

^{bureaucratic} any monolithic pattern, particularly one involving nationalized

medicine, ^{1. T} to the contrary, we seek a democratic, voluntary partnership between government, the healing arts, Universities, Foundations, voluntary health organizations, the private insurance and pharmaceutical industries ~~to~~ to develop

-- one

a cooperative plan which capitalizes on ~~the best in~~ ^{the} *strengths of our pluralistic society.*
~~pluralistic America's strengths.~~

~~The very concept of democratic planning has only begun to take hold. For years, opponents have resisted any such efforts as if medical patterns had evolved by some sacred writ and could never be questioned, much less altered, despite many obsolescent features.~~

~~Over a dozen types of medical resources have -- like Topsy -- "just grewed". They include doctors' offices -- in three general forms -- individual practitioners, shared offices and group practice clinics; in addition to medical school-teaching hospitals; urban or regional teaching hospitals; community general hospitals; rural basic service hospitals;~~

children's hospitals; tuberculosis hospitals; facilities for the mentally ill; chronic disease hospitals; extended care facilities; family health centers and half-way houses. Long over-due are State, Regional and community programs to deploy these and new resources so that each does the best possible job in concert with others, rather than in isolation or needless overlapping.

At a recent meeting of the New York Academy of Medicine, a hospital administrator said, "We have organized the purposes of our medical care system around our resources instead of organizing its resources around our purposes."

~~Since our purpose is optimal health care, we cannot be~~

We must recognize that
~~indifferent to the fact that, in an age of specialization,~~

group practice offers numerous advantages over solo medicine. While many reports since 1932 have commended group practice, only 7% of the nation's ambulatory health care visits were, at most recent count, to group offices, and only 3% to pre-paid group practice. / As one who for

many years has supported aid to pre-paid group practice,

stumps

I urge reinforced efforts in its behalf.

Step
 [But this is only the beginning in ~~the~~ ^{the} ~~Far more is, however, necessary to permit~~ re-structuring
^{care}
 of the health system.

~~Fortunately,~~ [*I* three years ago, Congress enacted at President
 Johnson's request the Comprehensive Health Planning Act.

For the first time, the States were given both mandate and
 means to rationalize health programs and facilities.

Comprehensive area-wide health planning agencies were
 likewise provided for.

[It is still too early to evaluate results in our own State,
 much less in all others. Suffice it to say that four
 ingredients are essential to make a success of it and of
 the Regional Medical Program and other recent Statutes: --

- [*Lin* The will to effect institutional change wherever
 change is necessary.

~~6.1~~ ^{L--} The courage to combat inertia and reaction by ~~reactionary~~ ^{reactionary} ~~dis-hard~~ forces.

~~6.2~~ ^{L--} The vision to seek new forms -- to propose bold experiments in the highest tradition of science.

~~6.3~~ ^{L--} The perseverance to follow through and give new methods and forms the chance they deserve.

~~From the highest levels of government should come the clearest mandate for progress. It is with dismay, therefore,~~

~~L I have noted with ~~the~~ deep regret that~~ ^{L I have noted with deep regret that} that I note that the present Administration proposes not

to advance, but to retreat -- a slash of \$900 million

from the already modest, hold-the-line budget which had

been proposed in January, including ^{more than} ~~an even~~ \$500 million ^{cut from} ~~reduction in~~ Medicaid. ^{know} ~~I am well aware of the difficult~~

choices confronting budget decision-makers, ~~especially in~~

~~a time of severe crunch from conflicting fiscal demands.~~

But, unlike many other appropriations, a dollar spent to save a human life, to reduce pain, to lessen or end disability -- is not postponeable except at the cost of life itself, or

of suffering or invalidism.

Progress in medical policy-making is least likely to occur if ~~progressive-minded~~ *forward-looking* leadership is lacking in the Executive Branch. A distressing omen is the continued impasse over the proposed nomination of an able candidate as Assistant Secretary of Health and Scientific Affairs in the U. S. Department of Health, Education and Welfare.

~~I am convinced, however, that even more decisive, forward-looking measures than that appointment are necessary.~~ (The

President of the United States annually submits to the

nation an Economic Report on the vitality of our economy.

~~I urge nothing less than an annual report on the state of~~ *that Health Report be prepared*

the nation's health, including ~~its~~ *our* progress toward meeting

Presidentially-presented and Congressionally-approved

health goals. A 3-man Council of Health Advisers,

paralleling the Council of Economic Advisers, equipped with

a small but highly qualified staff, should bring together the finest minds in the land, representing the healing arts, the drug industry, economists, insurance experts, social workers, communicators and others, to advise on breaking

achievement.
through to higher levels of health ~~attainment.~~ Only by ~~national policies and national impetus can we close the~~

~~alarming health gaps among the 50 states.~~ Only by ~~short~~
imaginative & forceful
~~range and long range~~ planning can we shift today's

emphasis from trying to cure or ameliorate disease after it occurs to a more enlightened approach of providing incentives to prevent disease in the first place, detect and treat it in its earliest stages.

~~Then, too, responsibility for health should not remain submerged within the sprawling, multi-faceted Department of Health, Education and Welfare. I urge reconsideration of the concept of establishing a separate U. S. Department of Health with a physician Secretary at the helm.~~

Arguments for and against this concept were heard when the old Federal Security Agency evolved into the present Tripartite Cabinet Department. But each of the three functions of the then new Department were of far lesser magnitude and complexity than at present; the merger is probably no longer the best vehicle for fulfilling each of the three functions.

What I seek, however, is not bureaucratic re-shuffling, but the framework for a new health dynamism within government, as well as within the private sector.

I seek, as I am sure you do, ^{the} dynamism which ^{can make} ~~helps make~~

more vital the teamwork between education, research and patient care. ^{LA} Dynamism between internist, pediatrician, psychiatrist and surgeon -- with each functioning at the highest level of his or her proficiency, leaving to para-medical workers those tasks which can be better performed at lower levels of training.

L--Dynamism which refuses to accept as "inevitable" any human condition, any disease acute or chronic, any economic barrier, any result but ultimate-postponeable-death itself.

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human

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L Life means health -- for the unborn, for the infant, the young, the middle years and the elderly -- now and in greater measure in a still brighter tomorrow.



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