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REMARKS

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MELENDY LECTURE

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Pharmaceutical Health Care Structure

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

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

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

Tagging

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

↳ We made a start during the 1960's.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Science
Needs*

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

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

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

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

How healthy is our nation?

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

.... In comparative standings in life expectancy, America shows up dismally, time and again, below the top dozen.

(The men of seventeen countries and the women of eleven countries live longer than American men and women.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Adequate manpower
2. Built-in cost controls and incentives
3. Efficient and rational organization and administration
4. Quality service in order to narrow the gap between the kind of health services available to the rich and the poor in our nation today.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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