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REMARKS OF
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HERITAGE HALL OF FAME AWARDS DINNER
BLOOMINGTON, MINNESOTA
JANUARY 29, 1971

COSPONSORING THE 1971 HEALTH ACT

THE TIME HAS COME FOR A COMPLETE, COMPREHENSIVE OVERHAUL OF THE HEALTH CARE SYSTEM IN THIS COUNTRY. BECAUSE THIS TIME IS SO VERY EVIDENT, I HAVE JOINED WITH 22 OTHER UNITED STATES SENATORS, MEN FROM BOTH POLITICAL PARTIES, TO COSPONSOR A BILL TO PROVIDE A COMPREHENSIVE HEALTH CARE SYSTEM FOR ALL AMERICANS, THE HEALTH SECURITY ACT OF 1971.

WE ARE BLESSED IN THIS COUNTRY WITH EXCELLENT MEDICAL TECHNOLOGY, THE WORLD'S BEST TRAINED DOCTORS AND NURSES, THE FINEST SCIENTIFIC RESEARCH AND TREATMENT FACILITIES.

COMPREHENSIVE HEALTH CARE IS NO LONGER A MATTER OF PARTISAN DISPUTE. THE ONLY QUESTION IS WHAT SYSTEM CAN BRING THE BEST OF MODERN MEDICINE TO ALL OF OUR PEOPLE AND HOW CAN IT BEST BE FINANCED.

IN THE PREVIOUS CONGRESS ALONE, MORE THAN 50 SEPARATE MEASURES WERE INTRODUCED TO STRENGTHEN AND IMPROVE HEALTH SERVICES FOR THE AMERICAN PEOPLE. IN THIS FIRST WEEK OF THE NEW 92ND CONGRESS, THERE HAVE ALREADY BEEN AT LEAST A HALF-DOZEN PROPOSALS AND THERE WILL BE MANY, MANY MORE.

THEY WILL BE COMING FROM ALL KINDS OF SOURCES-- FROM DOCTORS; FROM PROFESSIONAL ASSOCIATIONS LIKE THE AMERICAN MEDICAL ASSOCIATION, WHICH HAS A PLAN CALLED MEDICREDIT; FROM THE AMERICAN HOSPITAL ASSOCIATION, WHICH CALLS ITS PROPOSAL AMERIPLAN;

FROM THE INSURANCE INDUSTRY; FROM THE LABOR MOVEMENT; FROM THE HIGHLY RESPECTED COMMITTEE (OF 100) FOR NATIONAL HEALTH INSURANCE; FROM HEALTH CONSUMERS AND OTHERS.

IT IS IMPERATIVE THAT WE HAVE AN OPEN MIND AND NOT GET LOCKED INTO AN INFLEXIBLE POSITION. WHAT WE ARE SEEKING TO DO IS FIND THE SYSTEM THAT WILL WORK BEST. THE SYSTEM THAT WILL ASSURE DELIVERY OF PROPER HEALTH AND MEDICAL CARE TO ALL AMERICANS, AT A PRICE EVERYONE CAN AFFORD, AND THAT WILL PRESERVE THAT ALL-IMPORTANT DOCTOR-PATIENT RELATIONSHIP.

THIS PROPOSED PROGRAM WHICH I AM COSPONSORING-- THE HEALTH SECURITY ACT OF 1971 -- IS A GIANT STEP IN THE RIGHT DIRECTION.

IT WILL MAKE POSSIBLE A HEALTH CARE SYSTEM THAT STRESSES PREVENTIVE MEDICINE AS WELL AS PROVIDING CARE IN TIME OF ILLNESS; OUTPATIENT SERVICES AS WELL AS IN-HOSPITAL TREATMENT.

IT WILL MAKE HEALTH CARE MORE CONVENIENT FOR THE CONSUMER THROUGH A SYSTEM OF NEIGHBORHOOD HEALTH CENTERS, AMBULATORY CLINICS, MATERNITY AND WELL-BABY CLINICS.

IT WILL CONSOLIDATE THE PRESENT DIVERSITY OF SERVICES THROUGH COMPREHENSIVE GROUP PRACTICES, AND IT WILL RELIEVE THE DOCTORS AND NURSES OF THE NEEDLESS BURDEN OF ALSO BEING OFFICE MANAGERS AND BOOKKEEPERS.

IT WILL PROVIDE COVERAGE NOT JUST FOR THE POOR AND THE ELDERLY BUT FOR EVERYONE -- AND AT PRICES WE CAN ALL AFFORD.

HEALTH CARE SHOULD NOT BE A MATTER OF
PRIVILEGE. IT IS A RIGHT AS BASIC AS THOSE ITEMIZED
IN THE BILL OF RIGHTS.

NURSING HOMES

THE BILL PROVIDES FOR SKILLED NURSING HOME CARE. RIGHT NOW THAT IS LIMITED TO 120 DAYS PER BENEFIT PERIOD. THE PERIOD MAY BE EXTENDED, HOWEVER, IF THE NURSING HOME IS OWNED BY OR AFFILIATED WITH A HOSPITAL OR A COMPREHENSIVE HEALTH SERVICE ORGANIZATION AND IF PAYMENT FOR CARE IS MADE THROUGH THE BUDGET OF THE HOSPITAL OR THE ORGANIZATION.

IN THE WEEKS AND MONTHS AHEAD, WE WILL BE HOLDING HEARINGS ON THIS BILL AND LOOKING CLOSELY AT ALL DETAILS, EXPECIALLY THOSE CONCERNING NURSING HOMES.

I WANT YOU, WITH YOUR PRACTICAL WISDOM AND PROFESSIONAL BACKGROUND, TO GET INVOLVED IN THIS.

I WANT YOU TO SHARE YOUR THOUGHTS AND PARTICIPATE IN THE FORMULATION OF THIS NEW POLICY SO THAT WHATEVER LEGISLATION EVOLVES, IT REFLECTS SOME OF YOUR OWN THINKING.

WE MUST BEAR IN MIND THE NEED FOR ADDITIONAL, MODERN, DECENT HOUSING FOR THE ELDERLY, AND WE MUST DO ALL WE CAN TO PROMOTE HIGH STANDARDS OF CARE AND SERVICE IN NURSING HOMES.

THE HEALTH ISSUE

THERE ARE GOING TO BE TREMENDOUS CHANGES OVER THE NEXT FEW YEARS IN THE DELIVERY OF HEALTH CARE AND THE METHODS OF FINANCING IT. THIS CHANGE IS INEVITABLE AND DESIRABLE. TAKE MY ADVICE AND DON'T MAKE THE MISTAKE OF KING CANUTE, WHO TRIED TO COMMAND THE TIDE TO STOP.

HEALTH CARE IS ONE OF THE PARAMOUNT ISSUES OF THE 1970S. IT IS CERTAINLY GOING TO BE A SIGNIFICANT TOPIC IN THE 1972 PRESIDENTIAL CAMPAIGN. IT IS DESTINED TO BE ONE OF THE MAJOR PIECES OF LEGISLATION THAT WILL GO BEFORE THE 92ND CONGRESS.

THIS BILL THAT I AM COSPONSORING -- THE HEALTH SECURITY ACT OF 1971 -- WILL NOT SET UP A NATIONAL HEALTH SERVICE IN WHICH THE GOVERNMENT OWNS AND OPERATES THE FACILITIES, AND EVERYBODY WORKS FOR THE GOVERNMENT. NO SIR.

IT IS A PROGRAM OF PARTNERSHIP BETWEEN PRIVATE AND PUBLIC SECTORS. THERE WILL BE GOVERNMENT FINANCING AND ADMINISTRATIVE MANAGEMENT, ACCOMPANIED BY PRIVATE PROVISION OF PERSONAL HEALTH SERVICES THROUGH PRIVATE PRACTITIONERS, INSTITUTIONS AND OTHER PROVIDERS OF MEDICAL CARE.

THE HUMPHREY RECORD

IMPROVED HEALTH CARE -- AVAILABLE TO EVERYONE
AND AT A PRICE ALL CAN AFFORD -- IS SOMETHING I
HAVE BEEN WORKING FOR SINCE THE PEOPLE OF
MINNESOTA FIRST SENT ME TO THE U. S. SENATE
22 YEARS AGO.

THE FIRST BILL I INTRODUCED AS A SENATOR IN
1949 WAS FOR HOSPITAL AND NURSING HOME CARE UNDER
SOCIAL SECURITY, AND I WAS TOLD THAT TO EVEN PROPOSE
SUCH A THING WAS TO COMMIT POLITICAL SUICIDE.

NOTHING HAPPENED ON THAT BILL IN 1949 ...
OR IN 1950 ... OR IN 1951... BUT I KEPT RIGHT ON
POLISHING IT UP AND IMPROVING IT AND IMPROVING IT
EVERY YEAR.

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FINALLY, IN 1965 IT BECAME THE MEDICARE PROGRAM --
THE MOST COMPREHENSIVE NATIONAL HEALTH PLAN FOR OLDER
PEOPLE EVER ADOPTED.

I ALSO INTRODUCED BILLS PROVIDING FOR GRANTS
AND LOANS TO COOPERATIVES AND NON-PROFIT
ASSOCIATIONS OPERATING MEDICAL AND HOSPITAL CARE
PLANS; INSURANCE AGAINST HOSPITAL AND NURSING COSTS
FOR PERSONS ELIGIBLE FOR OLD AGE AND SURVIVORS
INSURANCE BENEFITS; A FIVE-YEAR PROGRAM OF GRANTS
AND SCHOLARSHIPS FOR POST-GRADUATE EDUCATION IN
PUBLIC HEALTH, AND EXTENSION OF THE HOSPITAL
SURVEY AND CONSTRUCTION ACT.

IN ADDITION TO MEDICARE, I ALSO PROPOSED OTHER MEASURES TO AID OLDER CITIZENS: EXPANDED SOCIAL SECURITY COVERAGE AND INCREASED MAXIMUM INCOME LIMITS FOR BENEFICIARIES, A BAN ON AGE DISCRIMINATION IN HIRING; CREATION OF A NATIONAL COMMISSION ON AGING, AND CREATION OF AN ADMINISTRATION ON AGING WITHIN THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE.

IT TOOK 16 YEARS TO GET MEDICARE. THIS TIME WE'RE NOT GOING TO WAIT SO LONG. THE AMERICAN PEOPLE ARE TIRED OF WATCHING HEALTH CARE COSTS SOAR HIGHER AND HIGHER, BEYOND THE REACH OF ALL BUT THE RICH.

COST VS. RETURN

THERE IS NO CONCEIVABLE REASON WHY THE WEALTHIEST, MOST SCIENTIFICALLY ADVANCED NATION IN THE HISTORY OF THE WORLD -- THE UNITED STATES OF AMERICA -- IS NOT ALSO THE HEALTHIEST NATION ON EARTH.

BUT, UNFORTUNATELY, WE ARE NOT. DESPITE THE FACT THAT AMERICANS LAST YEAR SPENT SOME \$70 BILLION ON HEALTH CARE, WE RANK 13TH AMONG INDUSTRIALIZED NATIONS IN INFANT MORTALITY, 11TH IN LIFE EXPECTANCY FOR WOMEN AND 18TH IN LIFE EXPECTANCY FOR MEN.

ALL THIS INDICATES THAT AMERICANS ARE LESS HEALTHY NOW THAN THEY WERE 20 YEARS AGO WHEN THE NATIONAL ANNUAL HEALTH EXPENDITURE WAS LESS THAN ONE-FIFTH WHAT IT IS TODAY.

"SICKNESS" INSURANCE

BASED ON MINIMUM STANDARDS SET BY MEDICARE,
ONE-THIRD OF ALL THE HOSPITALS ARE NOT ACCREDITED
AND 10% OF ALL HOSPITAL PATIENTS ARE ADMITTED
TO NON-ACCREDITED HOSPITAL BEDS.

TWO-THIRDS OF ALL PERSONAL HEALTH COSTS
REMAIN UNINSURED. FORTY MILLION AMERICANS HAVE NO
HEALTH INSURANCE OF ANY KIND. NO ONE ACTUALLY
HAS HEALTH INSURANCE, IT'S REALLY SICKNESS
INSURANCE. AND YOU'VE GOT TO BE SICK, REALLY
SICK, BEFORE YOU GET ANY BENEFITS.

WITH ONLY A FEW EXCEPTIONS, NO INSURANCE ON
THE MARKET TODAY PROVIDES ANY BENEFITS FOR PREVENTIVE
MEDICAL CARE -- FOR ANNUAL CHECK-UPS, FOR ROUTINE
CANCER TESTS, FOR IMMUNIZATION OR INNOCULATIONS

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AGAINST KILLER DISEASES.

MEDICAL CARE IN THIS COUNTRY IS ORGANIZED AS "CRISIS" MEDICINE RATHER THAN PREVENTIVE MEDICINE. WE ARE THE ONLY MAJOR WESTERN NATION THAT DOES NOT HAVE A NATIONAL HEALTH CARE PLAN FOR THE MAJORITY OF ITS CITIZENS.

THERE IS NO INCENTIVE FOR HEALTH IN OUR SO-CALLED HEALTH PLANS, ONLY PARTIAL REIMBURSEMENT TO PREVENT SICKNESS FROM BEING A FINANCIAL CATASTROPHE -- FOR THOSE WHO CAN AFFORD THAT COVERAGE.

HEALTH COALITION

RESTRUCTURING THE HEALTH CARE SYSTEM, TO BE EFFECTIVE, WILL REQUIRE THE CONCERTED EFFORT OF ALL CITIZENS, OF MEMBERS OF THE HEALTH PROFESSIONS AND THEIR ASSOCIATIONS -- OF PUBLIC HEALTH OFFICIALS, THE HOSPITALS, NURSING HOMES, THE INSURANCE INDUSTRY, THE PHARMACEUTICAL INDUSTRY, LABOR AND MANAGEMENT, AND PERHAPS MOST IMPORTANTLY -- OF THE HEALTH CONSUMER.

SUCH A HEALTH COALITION WOULD BE A WORKING FORCE OF DEDICATED, CREATIVE INDIVIDUALS AND ORGANIZATIONS MANNING MEDICAL THINK-TANKS AND STAFFING MEDICAL TASK FORCES.

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SUCH A HEALTH COALITION 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.

THE HUMPHREY COMMITMENT

I HAVE COMMITTED MYSELF TO MAKING IMPROVED HEALTH SERVICES FOR ALL 206 MILLION AMERICANS A MATTER OF TOP PRIORITY. I WANT TO SEE THIS 92ND CONGRESS GO DOWN IN HISTORY AS THE HEALTH CONGRESS. AND IT CAN! WE NOW KNOW WHAT TO DO. OUR JOB IS TO GET IT DONE.

LET US DEDICATE OURSELVES HERE TO THE TASK BEFORE US. LET US RESOLVE THAT BY 1976, WHEN OUR GREAT NATION CELEBRATES ITS 200TH BIRTHDAY, THAT NO AMERICAN LACKS INSTANT AND TOTAL ACCESS TO THE VERY BEST MEDICAL CARE IN THE WORLD. LET AMERICA BE KNOWN AS THE HEALTHIEST NATION IN THE WORLD.

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IF WE WISH TO ACHIEVE THIS GOAL, AND I AM SURE THERE IS NOT A PERSON HERE OR ANYWHERE IN THIS LAND, WHO DOES NOT ALSO SHARE THIS DREAM, THERE ARE SOME BASIC STEPS WE MUST TAKE:

-- THERE MUST BE A SIGNIFICANT INCREASE IN PUBLIC FUNDS FOR EXPANDING THE SUPPLY OF MEDICAL MANPOWER, INCLUDING PERSONS FROM MINORITY GROUPS.

-- WE MUST TRAIN NEW TYPES OF MEDICAL AIDES SUCH AS ASSISTANT PHYSICIANS, FAMILY PLANNING AIDES AND COMMUNITY HEALTH WORKERS.

-- FINANCIAL AID MUST BE MADE AVAILABLE FOR STARTING HUNDREDS OF ADDITIONAL GROUP PRACTICE PLANS.

-- WE SHOULD OFFER FINANCIAL INCENTIVES FOR INNOVATIVE, MORE ECONOMICAL AND EFFICIENT ARRANGEMENTS, AND COORDINATED MEDICAL SERVICE PLANS.

-- WE MUST INCREASE THE NUMBER OF NEIGHBORHOOD HEALTH CENTERS, AMBULATORY CLINICS, MATERNITY AND WELL-BABY CLINICS.

-- WE MUST AID THE MENTALLY ILL. WE NEED MORE COMMUNITY HEALTH CENTERS. WE MUST ACCELERATE RESEARCH INTO THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AND RETARDATION.

-- WE MUST ESTABLISH A CHILD HEALTH OPPORTUNITY PROGRAM TO INSURE THAT NEEDY EXPECTANT MOTHERS AND CHILDREN RECEIVE GOOD MEDICAL CARE.

-- WE MUST EXPAND MEDICARE AND MEDICAID COVERAGE, WITH APPROPRIATE COST CONTROLS. WE CANNOT IGNORE THESE TWO IMPORTANT PROGRAMS, WHICH WILL EVENTUALLY BE SUPPLANTED BY ADOPTION OF THE

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NATIONAL HEALTH SECURITY ACT I'VE BEEN
TELLING YOU ABOUT.

-- RESEARCH FUNDS MUST BE RESTORED.

MEDICAL STATESMEN

THE PRESENT HEALTH CARE SYSTEM IN THIS COUNTRY, WITH ITS ASTRONOMICALLY RISING COSTS AND ITS EMPHASIS ON "CRISIS" MEDICINE RATHER THAN PREVENTIVE MEDICINE, SUFFERS FROM SERIOUS DEFICIENCIES IN BASIC PLANNING, DESIGN AND OPERATION.

THESE DEFICIENCIES REVEAL A FAILURE OF OUR SOCIETY TO ESTABLISH NATIONAL PRIORITIES. THE TIME HAS COME TO GET BOTH OUR PRIORITIES AND OUR SYSTEMS STRAIGHTENED OUT AND FUNCTIONING PROPERLY.

THEREFORE, I SAY IT IS TIME FOR THE HEALING ARTS, THE MEDICAL STATESMEN, TO INVADE THIS JUMBLE OF UNPLANNED, UNCOORDINATED, UNSOPHISTICATED, UNRESPONSIVE HEALTH CARE SYSTEMS AND COME UP WITH

SIGNIFICANT CHANGES THAT WILL ENABLE US TO
UTILIZE OUR HEALTH RESOURCES EFFICIENTLY AND
ECONOMICALLY.

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