

Thos A.M.
N.Y.
Common Cold
Pharmacist

Dr Mattison -
Dr Diehl -
+ family
Dr Carr
Dr Hummer
Dr Cutler

REMARKS BY
SENATOR HUBERT H. HUMPHREY
FOURTH ANNUAL HAROLD S. DIEHL LECTURE
99TH ANNUAL MEETING
AMERICAN PUBLIC HEALTH ASSOCIATION
MINNEAPOLIS, MINNESOTA
OCTOBER 11, 1971

I AM HONORED BY YOUR INVITATION TO DELIVER THE
FOURTH ANNUAL HAROLD S. DIEHL LECTURE, HOWEVER UNCERTAIN
I MAY FEEL ABOUT FOLLOWING THE DISTINGUISHED PRESENTATIONS
BY DR. ROBERT Q. MARSDEN, SIR GEORGE GODBER, AND BY MY GOOD
FRIEND, DR. LUTHER TERRY, See Godber

IT HAS BEEN MY HIGH PRIVILEGE AND GENUINE PLEASURE TO
HAVE KNOWN DR. DIEHL AS A PERSONAL FRIEND SINCE THE DAYS WHEN
I SERVED AS MAYOR OF THIS GREAT CITY AND HE WAS DEAN OF THE
UNIVERSITY OF MINNESOTA MEDICAL SCHOOL. ~~WE HAVE WARM MEMORIES~~
~~OF QUIET HOURS SPENT TOGETHER AT CASS LAKE, MINNESOTA -- ALL~~
~~TOO BRIEF MOMENTS WHEN I WAS THE STUDENT AND HE THE TEACHER~~
~~ABOUT THE PROFOUND PROBLEMS OF MAJOR ILLNESSES AND THE HEALTH~~
~~CARE DELIVERY SYSTEM IN AMERICA.~~ AND THIS NATION REMAINS IN
DEBT TO THIS GREAT MAN FOR HIS INTENSIVE EFFORTS IN THE
AMERICAN CANCER SOCIETY TO FOCUS PUBLIC ATTENTION ON THE HEALTH
HAZARDS OF CIGARETTE SMOKING.

23 yrs
Dr A. Medicine
Dr Wagner

THERE IS AN OLD ARABIC PROVERB THAT SPEAKS TO A
PROFOUND CONCERN OF THE AMERICAN PEOPLE TODAY:

"HE WHO HAS HEALTH, HAS HOPE,

HE WHO HAS HOPE, HAS EVERYTHING."

HOPE IS WHAT MAKES FOR A DYNAMIC PEOPLE, FOR CHANGE,
AND FOR IMPROVEMENT. BUT HOPE IN THE PROMISE OF THE FUTURE
IS DIMINISHED IN DIRECT PROPORTION TO THE DIFFICULTIES

PEOPLE CONFRONT IN OBTAINING ADEQUATE HEALTH CARE, AND TO THE

Disregard our remarkable advances in the
CONTINUING PREVALENCE OF MAJOR DISEASES IN AMERICA DESPITE

prevention, treatment & cure of disease, all too
REMARKABLE ADVANCES IN THEIR PREVENTION, TREATMENT, AND

many of our fellow citizens suffer from
any unbalanced inadequate, yet costly health care
system

I AM SPEAKING ABOUT CROWDED HOSPITAL WARDS --

ABOUT ENTIRE RURAL COUNTIES WITHOUT A DOCTOR -- ABOUT THE
HEAVY BURDEN OF HIGH MEDICAL COSTS -- ABOUT THE POOR MOTHER IN
THE CITY GHETTO WHO MUST TAKE HER SICK CHILD MILES TO A
HOSPITAL CLINIC AND THEN WAIT IN LINE FOR HOURS,

I AM TALKING ABOUT ARTERIOSCLEROSIS THAT ACCOUNTED

FOR ALMOST ONE-HALF OF ALL DEATHS FROM ALL CAUSES IN THE

UNITED STATES IN 1968 -- ABOUT CANCER THAT WILL STRIKE

TWO OF EVERY THREE FAMILIES OVER THE YEARS -- ABOUT THE

20 MILLION PEOPLE IN AMERICA SUFFERING FROM SOME FORM OF

MENTAL OR EMOTIONAL ILLNESS AND THE 126,000 CHILDREN BORN

THIS YEAR WHO WILL BE DIAGNOSED AS RETARDED --

that dynamic force of hope is diminished
when we learn
~~from~~

ABOUT THE 17 MILLION AMERICANS AFFLICTED WITH SEVERE
ARTHRITIS REQUIRING MEDICAL CARE, WHILE ARTHRITIS AND
RHEUMATISM RANK SECOND AMONG THE CHRONIC CONDITIONS WHICH
PREVENT PEOPLE FROM CARRYING ON THEIR MAJOR ACTIVITY --
AND ABOUT THE HARSH FACT THAT 94 TIMES EVERY DAY OF THE YEAR
AN AMERICAN MAN, WOMAN, OR CHILD WILL LOSE HIS OR HER SIGHT.

← THESE KILLING AND CRIPPLING DISEASES CAN AND MUST BE
OVERCOME.

THE RIGHT TO HEALTH MUST ~~BE~~ ^{be regarded as} A BASIC RIGHT
~~GUARANTEED BY THE UNITED STATES~~ ^{for} TO EVERY CITIZEN.

~~mentos,~~
AND WE MUST RECOGNIZE THAT THE CONQUEST OF MAJOR
DISEASES AND THE ESTABLISHMENT OF EFFECTIVE HEALTH
CARE DELIVERY SYSTEMS DEMAND A COMPREHENSIVE AND SUSTAINED
INTERNATIONAL PROGRAM OF CLOSE COOPERATION. ← FAR TOO OFTEN,
THE POLITICAL LEADERS OF THE WORLD, IN THEIR ATTEMPT TO
SOLVE MAJOR PROBLEMS, HAVE FORGOTTEN THAT IN VAST REGIONS
OF THE GLOBE -- IN MANY AREAS OF AFRICA, SOUTH ASIA, THE MIDDLE EAST,
AND LATIN AMERICA -- WE ARE DEALING WITH LARGELY SICK
POPULATIONS. ← THE SOLUTION OF THE SOCIAL AND ECONOMIC
PROBLEMS OF THESE AREAS IS DIRECTLY INTER-RELATED WITH THE
SOLUTION OF THE HEALTH PROBLEMS OF THE PEOPLE, ← AND THE MAJOR
DISEASES KNOWN TO MAN DO NOT RESPECT NATIONAL BOUNDARIES. ← THERE
CAN BE NO EAST-WEST IDEOLOGICAL CONFLICT, FOR EXAMPLE, IN
THE CONQUEST OF CANCER.

① BUT IN AMERICA WE MUST BEGIN NOW, TODAY, TO LAUNCH AN ALL-OUT ATTACK ON THE CAUSES OF ILL HEALTH AND DISEASE. THIS DEMANDS A FUNDAMENTAL POLITICAL DECISION AT THE NATIONAL LEVEL TO CHANNEL RESOURCES, KNOWLEDGE, AND HARD CASH INTO THE ESTABLISHMENT OF A SUSTAINED AND COMPREHENSIVE DRIVE TO MAKE HEALTH CARE AND BIOMEDICAL RESEARCH IN AMERICA SECOND TO NO OTHER NATION.

① Government
FIRST, ~~THE PRESENT ADMINISTRATION~~ MUST RECOGNIZE THAT EFFECTIVE MEDICAL RESEARCH DEMANDS A CONTINUITY IN FEDERAL FUNDING. It takes time FOR A RESEARCH TEAM TO WORK TOGETHER AND TO DEVELOP A PRECISE AND INSTANTANEOUS INFORMATION EXCHANGE NETWORK WITH OTHER RESEARCH CENTERS. A TEMPORARY SHUT DOWN OF LABORATORY EXPERIMENTATION AND CLINICAL TREATMENT CREATES A LAG PERIOD MANY TIMES OVER IN THE PROGRESS OF RESEARCH.

Research

① YET, THE ADMINISTRATION "DEFUNDED" SOME 19 RESEARCH CLINIC PROGRAMS UNDER THE NATIONAL INSTITUTES OF HEALTH IN 1970, AND ITS ORIGINAL BUDGET REQUEST FOR NIH RESEARCH PROGRAMS FOR FISCAL 1972, WITH THE EXCEPTION OF THE \$100 MILLION SPECIAL CANCER RESEARCH APPROPRIATION, ACTUALLY REPRESENTED A DECREASE OF \$20 MILLION BELOW THE LEVEL OF APPROPRIATIONS FOR THESE RESEARCH PROGRAMS IN 1971.

↳ HOWEVER, THE WILL OF CONGRESS WAS MADE ABSOLUTELY CLEAR IN THE ENACTMENT OF THE FINAL APPROPRIATIONS BILL IN AUGUST, WHICH INCLUDED AN INCREASE OF \$142 MILLION IN NIH RESEARCH PROGRAM FUNDS. AND IT WILL PROBABLY BE NECESSARY, ONCE AGAIN, FOR CONGRESS TO STRONGLY OPPOSE THE IMPOUNDMENT OF ANY OF THESE APPROPRIATED FUNDS BY THE EXECUTIVE BRANCH.

↳ ON-GOING, WIDESPREAD, AND DIVERSE BIOMEDICAL RESEARCH PROGRAMS ARE ABSOLUTELY ESSENTIAL IN THE DISCOVERY OF NEW CURES AND NEW METHODS OF TREATMENT FOR MAJOR DISEASES.

↳ ~~TO MAKE THIS POINT ABUNDANTLY CLEAR~~ WE NEED ONLY RECALL THE SHARP DECLINE IN DEATH RATES FOR POLIO, WHOOPING COUGH, HYPERTENSIVE HEART DISEASE, AND TUBERCULOSIS THAT HAVE RESULTED FROM THESE DISCOVERIES.

2
↳ BUT THE SECOND PART OF A NEW NATIONAL PROGRAM TO PROTECT THE HEALTH OF THE AMERICAN PEOPLE BEARS DIRECTLY ON THE PROCESS OF ACHIEVING THESE DISCOVERIES. AND THAT IS THE ESTABLISHMENT OF AN EXTENSIVE INFORMATION SYSTEM TO COLLATE, INDEX, EVALUATE, AND DISSEMINATE THE RESULTS OF NEW DEVELOPMENTS IN MEDICAL SCIENCE.

↳ AN IMPORTANT BEGINNING WAS MADE BY CONGRESS IN THE ENACTMENT OF LEGISLATION ESTABLISHING THE NATIONAL LIBRARY OF MEDICINE.

↳ BUT EXCEPT FOR THE RECENT PASSAGE OF APPROPRIATIONS FOR BUILDING CONSTRUCTION AND FACILITIES IMPROVEMENT, THE LIBRARY HAS BEEN FORCED TO OPERATE ON A MINIMAL BUDGET.

#3

↳ THIRD, THE FEDERAL GOVERNMENT MUST TARGET ALL HEALTH RESOURCES ASSISTANCE ON BRINGING ^{Health} ~~MEDICAL~~ CARE TO THE PEOPLE. MEN, WOMEN, AND CHILDREN WHO ARE SICK AND WITHOUT HOPE MUST BE THE FOCUS OF OUR CONCERN -- NOT EXPANDED RESEARCH FOR THE SAKE OF PUBLISHING MORE TECHNICAL MONOGRAPHS; NOT IMPROVED HOSPITAL FACILITIES FOR THE GREATER CONVENIENCE OF DOCTORS ALONE.

↳ THERE ARE TWO PROGRAMS OF DIRECT RELEVANCE HERE: REGIONAL MEDICAL ^{Centers} PROGRAMS AND NEIGHBORHOOD HEALTH CENTERS. AND BOTH ARE FEW AND FAR BETWEEN.

↳ REGIONAL MEDICAL ^{Centers} PROGRAMS PLAY A VITAL ROLE IN THE DELIVERY OF HEALTH CARE THROUGHOUT THIS COUNTRY, PARTICULARLY IN RURAL AREAS WHERE THERE IS A SERIOUS SHORTAGE OF DOCTORS AND MEDICAL FACILITIES. YET THIS YEAR IT WAS CLEAR THAT THE ADMINISTRATION HAD ^{cut} TURNED IT'S BACK ON THIS PROGRAM.

} Rural Health Care!

~~OVER~~ FISCAL 1971, CONGRESS HAD APPROPRIATED A TOTAL OF \$121.6 MILLION FOR THE REGIONAL MEDICAL PROGRAMS, RECOGNIZING THE ~~PROGRESS~~ PROGRESS BEING MADE IN EXPERIMENTAL HEALTH DELIVERY SYSTEMS IN RURAL AREAS, IN ADVANCED TRAINING PROGRAMS FOR NURSES TO HANDLE PHYSICAL EXAMINATIONS SO THAT DOCTORS COULD CONCENTRATE THEIR ATTENTION ON SPECIAL MEDICAL PROBLEMS, OR IN THE DEVELOPMENT OF A COLLEGE TRAINING PROGRAM IN THE ALLIED HEALTH PROFESSIONS, TO CITE ONLY A FEW EXAMPLES.

↳ IN MINNESOTA, THE RMP HAS HELPED TRAIN 631 NURSES, 544 DOCTORS, AND 114 MEDICAL ELECTRONIC TECHNICIANS FOR INTENSIVE CORONARY CARE UNITS. ↳ THE PROGRAM HAS ALSO WORKED TO IMPROVE 119 MEDICAL LIBRARIES IN COMMUNITY HOSPITALS.

↳ BUT THE ADMINISTRATION IMPOUNDED \$44.5 MILLION IN FUNDS APPROPRIATED BY CONGRESS FOR THESE PROGRAMS. ↳ IN ITS ORIGINAL BUDGET REQUEST FOR THE CURRENT FISCAL YEAR, THE ADMINISTRATION WENT EVEN FURTHER, ASKING FOR LESS THAN HALF OF WHAT THE CONGRESS HAD APPROPRIATED THE PREVIOUS YEAR. ↳ ~~AND IN AN ATTEMPTED FISCAL SLIGHT OF HAND, IT PROPOSED TO APPLY MOST OF THE PREVIOUSLY IMPOUNDED FUNDS TO THE CURRENT YEAR'S PROGRAM.~~ ↳ BUT CONGRESS WAS NOT FOOLED, AND IT APPROPRIATED ALMOST \$103 MILLION.

NEVERTHELESS, THERE IS MORE TO BE DONE. THE REGIONAL MEDICAL CENTERS ARE NOT YET EFFECTIVELY TIED IN TO MEDICAL SCHOOLS AND TO BOTH PUBLIC AND PRIVATE RESEARCH CENTERS. NOR IS THERE YET A CLOSE COOPERATION OF THE PRIVATE AND PUBLIC HEALTH PROFESSIONS IN THESE PROGRAMS.

Inner city

< BUT THERE MUST ALSO BE AN INTENSIVE EFFORT TO IMPROVE HEALTH CARE IN THE INNER CITY. < THE VITAL PROGRAM OF NEIGHBORHOOD HEALTH CENTERS, RECEIVING ASSISTANCE FROM THE OFFICE OF ECONOMIC OPPORTUNITY, MUST BE TRANSFORMED FROM AN EXPERIMENTAL PROJECT INTO A SUBSTANTIALLY EXPANDED, PERMANENT PROGRAM WHERE PREVENTIVE AS WELL AS CURATIVE MEDICINE IS PRACTICED, AND WHERE DIAGNOSIS THROUGH MULTIPHASIC HEALTH SCREENING MAKES THE DETECTION OF DISEASE AS IMPORTANT AS ITS TREATMENT. AND THERE MUST BE AN EMPHASIS UPON MAKING "OUT-PATIENT SERVICES DIRECTLY ACCESSIBLE AND READILY AVAILABLE TO COMMUNITY RESIDENTS, PARTICULARLY TO ASSURE GOOD HEALTH CARE FOR CHILDREN AND INFANTS."

Preventive

*Proposed
Westside
St. Paul
Sydney
Speaks
Pilot
city
Health
Center
for speakers*

*out patient
Patients*

(Perinatal-Postnatal)

< NEIGHBORHOOD HEALTH CENTERS CANNOT STAND ALONE, HOWEVER, >
< THEY MUST BE TIED IN WHEREVER POSSIBLE WITH MEDICAL SCHOOLS AND COMMUNITY HOSPITALS, PROVIDING THE ESSENTIAL BACK-UP OF SPECIALIZED RESOURCES AND SERVICES.

1 NOR CAN HEALTH PROFESSIONALS INVOLVED IN NIEGHBORHOOD
HEALTH CENTERS OVERLOOK THE VITAL IMPORTANCE OF SUSTAINED
PROGRAMS OF EDUCATION IN PERSONAL HEALTH CARE AND NUTRITION
FOR NEIGHBORHOOD RESIDENTS.

Health
Educa-
Nutrition

#4

2 THE FOURTH PART OF A NEW HEALTH PROGRAM FOR AMERICA
MUST BE THE SUBSTANTIAL EXPANSION OF PROFESSIONAL PERSONNEL
RESOURCES. WE KNOW THAT OUR NATION IS CURRENTLY SHORT
50,000 DOCTORS, 18,000 DENTISTS, 150,000 NURSES AND THOUSANDS
MORE ALLIED AND PARA-PROFESSIONAL HEALTH PERSONNEL. BUT
EVEN LAST YEAR, 61 OF OUR 101 MEDICAL SCHOOLS WERE DRAWING
FEDERAL DISTRESS FUNDS SIMPLY TO REMAIN IN OPERATION.

3 AND THE TOTAL SUPPLY OF HEALTH PERSONNEL IS ONLY
PART OF THE PROBLEM. THE HEALTH MANPOWER THAT EXISTS
IS MALDISTRIBUTED -- IT IS CONCENTRATED IN MIDDLE-CLASS,
SUBURBAN AMERICA.

4 IT HAS REMAINED FOR CONGRESS TO ADDRESS THESE PROBLEMS.
IT HAS HAD TO REVERSE ~~ADMINISTRATION~~ CUTBACKS IN FUNDS FOR
MEDICAL SCHOOL CONSTRUCTION GRANTS. IT HAS HAD TO ACT AND
ACT AGAIN, IN THE FACE OF ADMINISTRATION VETOES, TO EXPAND
MEDICAL EDUCATION RESOURCES. RIGHT NOW, ADDITIONAL HEALTH
MANPOWER AND NURSES TRAINING BILLS ARE IN CONFERENCE,
AWAITING FINAL ACTION.

I CANNOT UNDERSTAND THE ADMINISTRATION'S SENSE OF PRIORITIES IN MEDICAL EDUCATION. THOUGH THE SOVIET UNION'S POPULATION IS ONLY 17 PERCENT LARGER THAN OURS, THEIR MEDICAL SCHOOLS TURN OUT 350 PERCENT MORE GRADUATES. MEANWHILE, THE UNITED STATES IS IMPORTING ABOUT 1,700 FOREIGN-TRAINED PHYSICIANS EVERY YEAR, WHO NOW MAKE UP ABOUT 14 PERCENT OF OUR AVAILABLE MEDICAL MANPOWER, AND ACCOUNT FOR A MUCH HIGHER PERCENTAGE OF OUR HOSPITAL INTERNSHIPS AND RESIDENCIES.

WE MUST CONTINUE TO EXPAND THE RANGE OF HEALTH EDUCATION OPPORTUNITIES -- THROUGH INCREASED SCHOLARSHIPS, PARTICULARLY FOR YOUTHS OF LOWER-INCOME FAMILIES; THROUGH EXPANDED AND IMPROVED MEDICAL SCHOOL RESOURCES AND STREAMLINED CURRICULA; AND THROUGH A GREATER EMPHASIS ON THE PARA-PROFESSIONAL FIELDS. AND WE MUST PLACE THE EMPHASIS ON GETTING THE GRADUATES WHERE THEY ARE NEEDED, THROUGH APPROPRIATE INCENTIVES.

AND I BELIEVE THE REDISTRIBUTION OF MEDICAL MANPOWER CAN BE GREATLY FURTHERED BY MAKING FINANCIAL AID AVAILABLE FOR STARTING HUNDREDS OF ADDITIONAL GROUP PRACTICE PLANS AND ~~ALIGNED~~ ^{aligned} THESE WITH EFFICIENTLY ADMINISTERED HOSPITALS, WHERE THERE IS PROFESSIONAL AND PUBLIC PARTICIPATION IN THE FORMULATION OF POLICIES, AND WHERE THERE IS AN AREA-WIDE COORDINATION OF TOTAL HEALTH CARE RESOURCES.

Minister
Alaska
Chesno's
P. Reson
Spanish
Speaking

These should be

IN ANY SUCH PROGRAM, THE HEALTH PROFESSIONAL SHOULD BE ASSURED REASONABLE AND ADEQUATE COMPENSATION, AND THE PERSON SEEKING HEALTH CARE SHOULD BE GRANTED A REASONABLE FREEDOM OF CHOICE.

Hospitals

LAST YEAR, CONGRESS HAD TO OVER-RIDE A PRESIDENTIAL VETO OF A MAJOR NEW PROGRAM OF HOSPITAL CONSTRUCTION AND MODERNIZATION WHICH IT HAD ENACTED TO MEET A NATIONAL NEED FOR THE MODERNIZATION OF 455,000 BED SPACES, AND THE PROVISION 250,000 NEW HOSPITAL BED UNITS. HOSPITAL COSTS HAVE SOARED, WHILE AGAIN AND AGAIN WE WITNESS PATIENT BEDS CRAMMED INTO HOSPITAL CORRIDORS. THIS IS UNCONSCIONABLE, AND EVERY EFFORT MUST BE MADE TO BRING THE SUPPLY IN LINE WITH THE DEMAND BEFORE HOSPITAL COSTS CAN BE BROUGHT UNDER CONTROL.

MATCHING SUPPLY AND DEMAND -- THAT IS THE KEY. I BELIEVE TO THE ESTABLISHMENT OF AN EFFECTIVE NATIONAL PROGRAM OF INSURANCE TO MEET THE COSTS OF HEALTH CARE, THERE CAN BE NO QUESTION, HOWEVER, THAT CONGRESS MUST ENACT SUCH A PROGRAM TO ADDRESS A MAJOR AND RIGHTFUL CONCERN OF THE AMERICAN PEOPLE. AND AS AN ORIGINAL SPONSOR OF HEALTH SECURITY ACT, I INTEND TO DO EVERYTHING POSSIBLE IN SUPPORT OF ITS PASSAGE.

any effective comprehensive Health Care system.

must design an insurance system to meet the costs of health care.

medicare & medicaid } Hi-costs
why not more auto Patient

↳ BUT A NEW PROGRAM OF HEALTH CARE FOR AMERICA CANNOT BE ADDRESSED SOLELY TO THE PROBLEMS OF COSTS AND OF RESOURCES.

Care of People

↳ FOR WE ARE TALKING ABOUT THE CARE OF PEOPLE, AND HEALTH CARE PROFESSIONALS ~~HAVE GOT TO~~ ^{must} EXPAND THE HORIZON OF THEIR PERCEPTION AND STUDY TO RECOGNIZE THE IMPACT OF THE PHYSICAL AND SOCIAL ENVIRONMENT ON HEALTH.

Physical
Social
Environment

(Slums, Computers, noise, Pollution)

↳ I AM TALKING ABOUT THE TENSIONS OF EVERYDAY LIFE THAT CONTINUE TO RISE WITH THE PACE OF OUR EXISTENCE, WHAT HAS BEEN TERMED THE THREAT OF "FUTURE SHOCK", AN ADAPTATIONAL BREAKDOWN IN THE FACE OF THE PACE OF SOCIAL CHANGE, IS ALREADY VERY MUCH WITH US,

↳ THAT IS WHY PREVENTIVE AS WELL AS CURATIVE PSYCHIATRIC CARE MUST BE MADE AN INTEGRAL PART OF GROUP-PRACTICE OR HEALTH CENTER PROGRAMS. ↳ THAT IS WHY WE MUST RECOGNIZE THE IMPACT OF THE POLITICAL ENVIRONMENT ON HEALTH -- THE DEEP NEED OF PEOPLE FOR LIVABLE, DECENT, AND SAFE CITIES. ↳ AND THAT IS WHY THE DESPAIR OF POVERTY MUST BE ASSIGNED A KEY ROLE IN THE CAUSES OF ILL HEALTH.

Drug Scene

AND I AM TALKING ABOUT THE EXTENSIVE EVIDENCE OF MALNUTRITION AMONG CHILDREN, EVEN CHILDREN OF HIGHER-INCOME FAMILIES.

Malnutrition

THE DEPARTMENT OF AGRICULTURE RECENTLY RAISED FEDERAL REIMBURSEMENT LEVELS FOR SCHOOL LUNCHES IN THE FACE OF INTENSIVE CONGRESSIONAL PRESSURE THAT THE LAW, GUARANTEEING EVERY NEEDY CHILD AT LEAST ONE GOOD MEAL A DAY, BE CARRIED OUT. BUT IT APPARENTLY INTENDS TO SAVE PENNIES BY LIMITING THIS ASSISTANCE TO CHILDREN OF FAMILIES EARNING LESS THAN \$3,940 -- THE CURRENT POVERTY GUIDELINE.

I FIND THIS MORALLY REPREHENSIBLE, AND I INTEND TO PRESS FOR FINAL ACTION IN CONGRESS ON LEGISLATION, WITH FURTHER REVISIONS, TO ASSURE GOOD MEALS FOR CHILDREN IN NEED. WE ALL KNOW THAT LIVING COSTS VARY ACROSS THE COUNTRY, AND THAT THE LEVEL OF POVERTY CAN BE MUCH HIGHER THAN THE NATIONAL GUIDELINE IN HIGH-COST AREAS. NOR DO I WANT TO SEE SOME CHILDREN TAGGED WITH THE PSYCHOLOGICALLY DAMAGING STIGMA OF "POOR" BECAUSE THEY ARE CLEARLY THE ONLY ONES WHO RECEIVE FREE AND REDUCED PRICE LUNCHES. AND HERE WE HAVE YET ANOTHER CHANGE OF REGULATIONS DELAYING THE FULL OPERATION OF THIS VITAL PROGRAM AND OVERWHELMING SCHOOL ADMINISTRATORS IN PAPERWORK.

THAT IS WHY I INTEND TO PRESS FOR LEGISLATIVE ACTION ON THE UNIVERSAL CHILD NUTRITION AND NUTRITION EDUCATION ACT, WHICH I RECENTLY INTRODUCED, TO ELIMINATE THE INCREDIBLE PATCHWORK OF LIMITING LEGISLATION AND REGULATIONS THAT AFFLICT OUR CHILD NUTRITION PROGRAMS.

WE MUST ASSURE THAT EVERY CHILD HAS THE RIGHT TO GOOD NUTRITION.

~~THESE ARE THE COMPREHENSIVE AND SUBSTANTIAL AND PERCEPTIVE INVESTMENTS THAT THE UNITED STATES SIMPLY MUST MAKE IF THE HEALTH OF THE AMERICAN PEOPLE IS TO BE PROTECTED, BUT THEY ARE PAYMENTS THAT CAN AND MUST BE MADE FOR OUR GOAL SHOULD BE TO ASSURE EACH CHILD BORN A RIGHT THAT IS AS PRECIOUS AS THE RIGHT OF CITIZENSHIP -- THE RIGHT TO HEALTH, FOR IT IS HEALTH THAT NOURISHES HOPE, AND IT IS HOPE THAT HAS ALWAYS BEEN THE STRENGTH OF THIS GREAT NATION.~~

↳ BUT WE CANNOT BE SATISFIED WITH DOING THE JOB OF ESTABLISHING EFFECTIVE HEALTH CARE WITHIN OUR OWN BOUNDARIES,
↳ NOR WILL WE SUCCEED IN THIS EFFORT UNLESS WE RECOGNIZE THE INTERNATIONAL CHALLENGES OF MAJOR DISEASE AND SICKNESS, WHICH DEMAND A COMPREHENSIVE AND SUSTAINED ATTACK BY THE ENTIRE COMMUNITY OF NATIONS.

↳ IT IS IN RECOGNITION OF THIS BASIC TRUTH THAT I UNDERTOOK THE CHAIRMANSHIP OF THE INTERNATIONAL HEALTH STUDY OF THE U.S. SENATE IN THE LATE 1950'S. ↳ THE WORK OF THAT SENATE COMMITTEE OPENED A WHOLE NEW RANGE OF CHALLENGES AND OPPORTUNITIES IN THE CONQUEST OF DISEASE TO THE AMERICAN PUBLIC.

↳ WE PRESSED HARD FOR THE ENACTMENT OF A JOINT RESOLUTION TO ESTABLISH A NATIONAL INSTITUTE FOR INTERNATIONAL MEDICAL RESEARCH. ↳ I CALLED UPON CHAIRMAN KRUSCHEV TO AGREE TO A PROGRAM OF UNLIMITED SOVIET-UNITED STATES COOPERATION IN A UNITED WAR AGAINST CANCER,

↳ THESE WERE STARTLING PROPOSALS AT THE TIME, BUT I STRONGLY FEEL THEY ARE ABSOLUTE REQUIREMENTS NOW. ↳ WE MUST LAUNCH AN OFFENSIVE FOR HEALTH, AND IT MUST BE INTERNATIONAL IN SCOPE.

↳ THERE IS AN ACCELERATION OF ACTIVITY IN THIS DIRECTION. VITAL PROGRAMS OF MEDICAL RESEARCH, VACCINATION, AND TREATMENT UNDER THE AUSPICES OF THE WORLD HEALTH ORGANIZATION ARE HAVING INCREASING SUCCESS IN COMBATING TROPICAL DISEASES, SUCH AS MALARIA, AND IN TURNING BACK TUBERCULOSIS AND SMALLPOX AND YAWS. CHOLERA HAS BEEN RESURGENT, HOWEVER, AND THE CONTROL OF TRACHOMA AND LEPROSY IS MADE DIFFICULT BY LIMITED RESOURCES AND MANPOWER.

↳ ~~THE INTERNATIONAL CANCER CENTER (?) CONTINUES WITH INTENSIVE RESEARCH ON THE PREVENTION AND TREATMENT OF THIS DISEASE THAT POLLS HAVE SHOWN IS OF THE GREATEST CONCERN TO THE AMERICAN PEOPLE.~~

Pan American Health Organization

AND THE STOCKHOLM CONFERENCE ON POLLUTION ~~OF THE~~
~~SEA~~ REPRESENTS AN IMPORTANT RECOGNITION OF THE BROADER
SCOPE THAT MUST BE GIVEN TO AN ATTACK ON THE CAUSES
OF DISEASE AND ILL HEALTH.

↳ IMPORTANT PROGRAMS ARE UNDERWAY TO EXCHANGE MEDICAL
KNOWLEDGE AND RESEARCH, AS EXEMPLIFIED BY THE ENACTMENT
OF THE INTERNATIONAL HEALTH FOR PEACE ACT, PROVIDING
VITAL FINANCIAL ASSISTANCE AND SCHOLARSHIPS.

↳ THESE ARE BUT A FEW EXAMPLES OF WHAT CAN BE
ACCOMPLISHED. BUT FURTHER OPPORTUNITIES CAN BE SEIZED.

↳ WE MUST CONTINUE TO SUPPORT THE ESTABLISHMENT OF AMERICAN
SPONSORED RESEARCH HOSPITALS IN AREAS OF GREATEST NEED,
AS HAS BEEN DONE IN POLAND, ↳ THIS CAN BE FURTHERED BY
THE USE OF GENERATED CURRENCIES UNDER AMERICAN AID PROGRAMS,
AND ADMINISTERED THROUGH THE ESTABLISHMENT OF BI-NATIONAL
FOUNDATIONS.

↳ WE MUST GIVE CENTRAL IMPORTANCE TO THE EXPANSION OF
BASIC RESEARCH ACROSS THE WORLD -- A CRITICAL RESOURCE FOR
MEDICAL SCIENCE, THAT IS IN INCREDIBLY SHORT SUPPLY.

↳ THE UNITED STATES SHOULD MAKE A SUBSTANTIAL INVESTMENT
IN THE WORLD HEALTH ORGANIZATION PROGRAM FOR THE MASS
ERADICATION OF SELECTED DISEASES.

means AND THE UNITED STATES PUBLIC HEALTH SERVICE MUST *have the*
~~BE ENABLED~~ TO MAKE ITS TECHNICAL KNOW-HOW AVAILABLE TO THE
WORLD ON A ~~MORE EXPANDED BASIS THAN AT PRESENT.~~

LET US, THEN, LAUNCH AN INTERNATIONAL WAR AGAINST
~~THE ONLY ENEMY MANKIND SEEKS~~ THE ENEMY WHICH LIMITS *mankind,*
~~HIM,~~ DEPRIVES HIM OF HIS BIRTHRIGHT, CUTS HIM DOWN
PREMATURELY -- THE ENEMY OF DISEASE AND DISABILITY.

~~AND LET US RECOGNIZE THAT AN IMPORTANT STEP CAN BE
TAKEN, THROUGH AN UNSELFISH AND COOPERATIVE HEALTH EFFORT,
TO CREATE A CLIMATE OF RELATIONSHIPS OUT OF WHICH FURTHER
POLITICAL AGREEMENTS BETWEEN EAST AND WEST MAY SOME DAY
BE REACHED, AND THE BASIC RIGHT OF THE NEW NATIONS OF THE
WORLD TO EQUALITY OF OPPORTUNITY FOR DEVELOPMENT BE GIVEN
FULL RECOGNITION.~~

IT IS THIS CLIMATE OF HOPE AND PROMISE FOR ALL
PEOPLES THAT WE EARNESTLY SEEK.

LET US, THEREFORE, DARE TO TRY!

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