REMARKS BY SENATOR HUBERT H. HUMPHREY

OHIO STATE PHARMACY LECTURE

Columbus, Ohio

November 1, 1971

American health care is the most progressive, most technologically advanced, and the most comprehensive of any in the world.

The life expectancy of our citizens has increased to over 74 years. The infant mortality rate has declined to less than 22 per 1,000 births. New drugs control pain and assist delicate surgical operations.

And most of us have access to adequate medical care. Why? Because most of us make over $3,000 a year. Most of us live outside a ghetto.

Few of us live in medical isolation in rural America.

Most of us have some kind of hospitalization insurance.

And most of us have some kind of insurance or savings to cover the cost of drugs.

But therein lies the paradox: Most of us is not all of us.

If you are poor, if you live in the inner city, if you are a migrant laborer, if you live in Appalachia -- then there are six chances in ten that you will not have health insurance.

The chances are nine out of ten that you cannot afford $75 dollars a day for hospitalization.

The chances are eight out of ten that you cannot afford to buy the medicinal drugs you may require.

The blunt fact is that 30 million Americans do without adequate health care because they cannot afford it.

The blunt fact is that we do not have basic minimum health care standards for all our people.

And the fundamental reason is not that we lack the resources. It is because we have failed to use them advantageously.

I am reminded of the famous remark by Pogo, the comic strip character. "We have met the enemy, and it is us."

So it is with health care.

And so it is with current reform attempts in the health care field.

There are four or five major health care plans before Congress.

But, so far, the debate has centered almost entirely on the financing of health care rather than the delivery of health care services.

We have concentrated too much energy on "who pays" rather than on "who receives" or how to improve what they receive.

Now, certainly financing is important.

-- We spend over 7 percent of our GNP for health care cost.

-- Physicians' services totalled $12.9 billion in 1970.

-- Medicaid assistance for the needy has increased to over $6 billion dollars.

-- In 1970 alone, total national health costs were over $70 billion.

And these costs are increasing.

But, even if we solve the financial crisis, the health care crisis will remain.

How are we going to solve it?

First, we need better utilization of hospital facilities. We have over 7,000 hospitals to serve over 200 million people.

That's a ratio of roughly 28,000 to one.

And, we are not serving well those who are hospitalized.

We hospitalize too many people when they could be treated on an out-patient basis.

-- Too many hospitals focus on acute care to the exclusion of ambulatory and extended care.

-- Hospitals are seldom operated on a seven-day-a-week, full-service basis.

If we are going to have better health care delivery, then hospitals are going to have to bring management, personnel, and facilities into structures with the capacity to deliver comprehensive health care to the community.

The management and governance of our hospitals is too critical to be left to practicing physicians alone.

Second, we must greatly increase the supply of trained manpower.

Current estimates are that by 1975, the United States will need over 400,000 physicians and over one million registered nurses.

But doctors and nurses are only part of the problem.

What is essential is a new concept in the use of health manpower -- and here is where pharmacy fits in.

I believe we must develop total health care teams -- teams of health professionals that interact together, that practice not only in the clinic but in the field -- in the rural areas, in the ghetto.

The crucial variable that pharmacy schools must face in the 1970's is the preparation of students to serve as effective members of health care teams, to work side by side with the physician and other health professionals.

Above all, what we should strive for in the utilization of health manpower is a relevance to the people we serve.

Third, improving the delivery of health services also means that health professionals must become involved with the problems of our society.

No single issue, for example, is so all-pervading today as the drug problem.

The so-called "turned on" generation is in danger of being turned off -- permanently.

One national magazine estimates that more than 60 percent of college students have used pot.

According to some estimates:

-- The use of speed -- amphetamines -- is up about 12 percent over last year.

-- The use of downers -- barbituates of all kinds -- is up about 22 percent.

On the other hand, students are more cautious about the use of the so-called hard drugs.

LSD, cocaine, heroin -- less than 7 percent of campus students report using them.

But off the campuses the use of hard drugs is increasing.

In Viet Nam alone, some estimates put the number of servicemen addicted as high as 17 percent.

What role should pharmacy students play in the battle against hard narcotics? What are you -- as experts in the field -- doing about it?

If we are to make a dent in the drug problem, then you must be enlisted in the battle.

Finally, the better use of our health manpower means greater emphasis on preventive medicine.

It means using our clinics and laboratories not just as repositories of medical knowledge, but as launching pads, to go into the community, to search out illness where it begins, to prevent disease and the human toll it takes.

To do so means more use of neighborhood health clinics. It means expanded use of home health agencies. It means workable programs with model cities groups.

And it means reorienting our national health policy.

Forty years ago, federal policy focused on communicable diseases, maternal and child health, public health services.

After World War II the major national investment was in construction and medical research. The Congress passed the Hill-Burton Act, which in the last 25 years, has helped over 3,700 communities build hospitals, treatment centers, and rehabilitation facilities. The Congress also funded biomedial research in the amount of more than $14 billion in the last 20 years.

These programs were sound. They met a need. But they are only partial solutions. By themselves they do not guarantee quality or equity in health services.

Congress moved next toward direct federal participation in the funding of health care through Medicare and Medicaid and an attempt through regional medical programs OEO centers, and the partnerships for Health Amendments of 1967 to bring some rationality to health care planning.

The shift today is to expand the federal role in financing and delivery. And I support it.

I call now for a national recognition that quality health care is a basic right of every American.

And I am convinced that we will not make that right a reality unless we adopt National Health Insurance. And a national health insurance structure that focuses on equity and quality in the delivery of health care.

This is a challenge all of us must accept.

We cannot be satisfied with the fact that American health care is the most progressive and technologically advanced in the world.

The fact that most Americans receive adequate health care is no cause for satisfaction. For we are misusing our wealth, our professional talent, our technology and our resources, unless all Americans have quality medical care.

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OHIO STATE PHARMACY LECTURE

COLUMBUS, OHIO
NOVEMBER 1, 1971

Autumn Quarter
Kaufman Memorial Lecture.

Incredible.

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AMERICAN HEALTH CARE IS THE MOST PROGRESSIVE, MOST TECHNOLOGICALLY ADVANCED, AND THE MOST COMPREHENSIVE OF ANY IN THE WORLD. It is also the most expensive.

THE LIFE EXPECTANCY OF OUR CITIZENS HAS INCREASED TO OVER 74 YEARS. THE INFANT MORTALITY RATE HAS DECLINED TO LESS THAN 22 PER 1,000 BIRTHS. NEW DRUGS CONTROL PAIN AND ASSIST DELICATE SURGICAL OPERATIONS.

AND MOST OF US HAVE ACCESS TO ADEQUATE MEDICAL CARE.

WHY? BECAUSE MOST OF US MAKE OVER $3,000 A YEAR. MOST OF US LIVE OUTSIDE A GHETTO. - most of us do not live in Rural America.

FEW OF US LIVE IN MEDICAL ISOLATION IN RURAL AMERICA.

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MOST OF US HAVE SOME KIND OF HOSPITALIZATION INSURANCE.

AND MOST OF US HAVE SOME KIND OF INSURANCE OR SAVINGS TO COVER THE COST OF DRUGS.

BUT THEREIN LIES THE PARADOX: MOST OF US IS NOT ALL OF US.

- MEDICAID DOES HELP, BUT IT IS NOT SUFFICIENT.
- IF YOU ARE POOR, IF YOU LIVE IN THE INNER CITY, IF YOU ARE A MIGRANT LABORER, IF YOU LIVE IN APPALACHIA -- THEN THERE ARE SIX CHANCES IN TEN THAT YOU WILL NOT HAVE HEALTH INSURANCE — or Health Care
- THE CHANCES ARE NINE OUT OF TEN THAT YOU CANNOT AFFORD $75 A DAY FOR HOSPITALIZATION.
- THE CHANCES ARE EIGHT OUT OF TEN THAT YOU CAN NOT AFFORD TO BUY ~~MEDICINAL~~ the DRUGS YOU MAY REQUIRE.

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THE BLUNT FACT IS THAT 30 MILLION AMERICANS DO WITHOUT ADEQUATE HEALTH CARE BECAUSE THEY CANNOT AFFORD IT OR IT IS NOT ~~IMMEDIATELY AVAILABLE~~ accessible.

NEARLY ONE-HALF MILLION PEOPLE LIVE IN 134 COUNTIES THAT DO NOT HAVE EVEN ONE PRACTICING PHYSICIAN. MORE THAN 60,000 PERSONS IN TEXAS, 53,000 IN GEORGIA, AND 96,300 IN MISSOURI HAVE TO SEEK PHYSICIAN CARE AWAY FROM THEIR HOME COUNTY.

AND, SEVEN OF OUR STATES HAVE LESS THAN 85 PHYSICIANS PER 1000,000 POPULATION.

~~WE DO NOT~~ nowhere HAVE BASIC MINIMUM HEALTH CARE STANDARDS FOR ALL OUR PEOPLE.

AND THE FUNDAMENTAL REASON IS NOT THAT WE LACK THE RESOURCES - IT IS BECAUSE WE HAVE FAILED TO USE THEM

ADVANTAGEOUSLY.

I AM REMINDED OF THE FAMOUS REMARK BY POGO, THE COMIC STRIP CHARACTER. "WE HAVE MET THE ENEMY, AND IT IS US."

SO IT IS WITH HEALTH CARE.

AND SO IT IS WITH CURRENT REFORM ATTEMPTS IN THE HEALTH CARE FIELD.

THERE ARE FOUR OR FIVE MAJOR HEALTH CARE PLANS BEFORE CONGRESS.

BUT, SO FAR, THE DEBATE HAS CENTERED ALMOST ENTIRELY ON THE FINANCING OF HEALTH CARE RATHER THAN THE DELIVERY OF HEALTH CARE SERVICES.

WE HAVE CONCENTRATED [redacted] ON "WHO PAYS" RATHER THAN ON "WHO RECEIVES" OR HOW TO IMPROVE WHAT THEY RECEIVE.

NOW, CERTAINLY FINANCING IS IMPORTANT.

-- WE SPEND OVER 7 PERCENT OF OUR GNP FOR HEALTH CARE COST.

-- PHYSICIANS' SERVICES TOTALLED $12.9 BILLION IN 1970.

-- MEDICAID ASSISTANCE FOR THE NEEDY HAS INCREASED TO OVER $6 BILLION DOLLARS.

-- IN 1970 ALONE, TOTAL NATIONAL HEALTH COSTS WERE OVER $70 BILLION.

AND THESE COSTS ARE INCREASING!

BUT, EVEN IF WE SOLVE THE FINANCIAL CRISIS, THE HEALTH CARE CRISIS WILL REMAIN.

HOW ARE WE GOING TO SOLVE IT?

FIRST, WE NEED BETTER UTILIZATION OF HOSPITAL FACILITIES. WE HAVE OVER 7,000 HOSPITALS TO SERVE OVER 200 MILLION PEOPLE.

THAT'S A RATIO OF ROUGHLY 28,000 TO ONE.

AND, WE ARE NOT SERVING WELL THOSE WHO ARE HOSPITALIZED.

WE HOSPITALIZE TOO MANY PEOPLE WHEN THEY COULD BE TREATED ON AN OUT-PATIENT BASIS.

-- TOO MANY HOSPITALS FOCUS ON ACUTE CARE TO THE EXCLUSION OF AMBULATORY AND EXTENDED CARE. ONLY FOUR PERCENT OF OUR HOSPITALS ARE LONG TERM CARE FACILITIES.

ESTIMATES ARE THAT THIS PERCENTAGE MUST BE DOUBLED OR TRIPPLED IN THE NEXT FIVE YEARS TO ADEQUATELY MEET THE NEED.

-- HOSPITALS ARE SELDOM OPERATED ON A SEVEN-DAY-A-WEEK, FULL SERVICE BASIS.

-- FEW HOSPITALS HAVE DEFINITIVE PROGRAMS FOR MODERNIZATION

AND, JUST LAST YEAR, CONGRESS HAD TO OVERRIDE A PRESIDENTIAL

VETO FOR A MAJOR HOSPITAL PROGRAM THAT WOULD PROVIDE OVER 455,000 BED SPACES AND 250,000 NEW HOSPITAL UNITS.

IF WE ARE GOING TO HAVE BETTER HEALTH CARE DELIVERY, THEN HOSPITALS ARE GOING TO HAVE TO BRING MANAGEMENT, PERSONNEL, AND FACILITIES INTO STRUCTURES WITH THE CAPACITY TO DELIVER COMPREHENSIVE HEALTH CARE TO THE COMMUNITY.

NEIGHBORHOOD HEALTH CENTERS OFFER AN OPPORTUNITY TO EXPAND CARE IN THE INNER CITY. THESE PROGRAMS MUST BE TRANSFORMED FROM AN EXPERIMENTAL PROJECT INTO A GREATLY EXPANDED, PERMANENT PROGRAM. THESE CENTERS OFFER THE POSSIBILITY OF MAKING "OUT-PATIENT" SERVICES DIRECTLY ACCESSIBLE AND READILY AVAILABLE TO THE COMMUNITY RESIDENTS.

THEY OFFER THE KINDS OF SERVICES THAT THE PEOPLE IN THE COMMUNITY NEED--WHAT THE CHILDREN NEED, WHAT THE INFANTS NEED,

WHAT THE PREGNANT MOTHERS NEED.

AND, TO BE COMPLETELY EFFECTIVE, THESE NEIGHBORHOOD HEALTH CENTERS MUST BE TIED IN WITH MEDICAL SCHOOLS, AND EXISTING COMMUNITY HOSPITALS TO PROVIDE THE ESSENTIAL BACK-UP OF SPECIALIZED RESOURCES AND SERVICES.

THE MANAGEMENT [redacted]E OF OUR HOSPITALS IS TOO CRITICAL TO BE LEFT TO PRACTICING PHYSICIANS ALONE.

#2 SECOND, WE MUST GREATLY INCREASE THE SUPPLY OF TRAINED MANPOWER. + Better utilization & retraining manpower

CURRENT ESTIMATES ARE THAT BY 1975 THE UNITED STATES WILL NEED 400,000 PHYSICIANS AND OVER ONE MILLION NURSES.

BUT, TODAY, IN 1971, WE ARE ALREADY SHORT 50,000 DOCTORS, 18,000 DENTISTS, 150,000 NURSES, AND THOUSANDS OF ALLIED AND PARAPROFESSIONAL HEALTH PERSONNEL LIKE YOURSELVES.

AND, THE TRAGEDY IS THAT LAST YEAR MORE THAN ONE HALF OF OUR MEDICAL SCHOOLS WERE DRAWING FEDERAL DISTRESS FUNDS SIMPLY TO REMAIN IN OPERATION.

WE PUT LESS MONEY INTO SOME OF OUR MEDICAL SCHOOLS THAN WE SPEND ON ONE AIR-CRAFT CARRIER OR ONE AIR FORCES FIGHTER PLANE.

BUT DOCTORS AND NURSES ARE ONLY PART OF THE PROBLEM.

WHAT IS ESSENTIAL IS A NEW CONCEPT IN THE USE OF HEALTH MANPOWER -- AND HERE IS WHERE PHARMACY FITS IN.

I BELIEVE WE MUST DEVELOP TOTAL HEALTH CARE TEAMS--TEAMS OF HEALTH PROFESSIONALS THAT INTERACT TOGETHER, THAT PRACTICE NOT ONLY IN THE CLINIC BUT IN THE FIELD--IN RURAL AREAS, IN THE GHETTO.

AND, WE MUST MOVE AHEAD WITH THE DEVELOPMENT OF COMPREHENSIVE GROUP MEDICAL PRACTICE. PLANS SUCH AS THESE OFFER AN ALTERNATIVE HEALTH CARE DELIVERY SYSTEM. THIS IS A SYSTEM THAT ENCOURAGES

PREVENTIVE CARE, THAT ELIMINATES THE ARTIFICIAL BIAS TOWARDS EXPENSIVE HOSPITAL CARE, THAT CENTRALIZES BOOKKEEPING AND ADMINISTRATIVE FUNCTIONS.

THE OBJECTIVE MUST BE TO ORIENT THE HEALTH SYSTEM TOWARDS HELPING PEOPLE STAY WELL RATHER THAN JUST GETTING THEM WELL.

GROUP MEDICAL PRACTICES CAN MEAN MORE HEALTH SERVICES IN A LESS EXPENSIVE SETTING, IT CAN MEAN UNCOVERING ILLNESS BEFORE IT BECOMES SERIOUS, IT CAN MEAN GREATER USE OF PARA-PROFESSIONAL PERSONNEL, AND IT CAN MEAN "ONE STOP" MEDICAL SERVICE FOR THE PATIENT.

THE HEALTH MAINTENANCE OF ALL PEOPLE--RICH AND POOR ALIKE--IS THE GOAL.

THIS NATION NEEDS A HEALTH MAINTENANCE-HEALTH CARE DELIVERY SYSTEM THAT ATTACKS THE DISEASE OF ARTERIOSCLEROSIS WHICH ACCOUNTS FOR ALMOST ONE HALF OF ALL DEATHS IN THE UNITED STATES.

WE NEED A HEALTH MAINTENANCE SYSTEM THAT MASSIVELY ATTACKS CANCER, THAT COMPASSIONATELY ASSISTS THE 20 MILLION PEOPLE SUFFERING FROM MENTAL ILLNESS, AND THAT PROMISES HOPE FOR THE 126,000 RETARDED CHILDREN BORN THIS YEAR.

THE CRUCIAL VARIABLE THAT PHARMACY SCHOOLS MUST FACE IN THE 1970'S IS THE PREPARATION OF STUDENTS TO SERVE AS EFFECTIVE MEMBERS OF HEALTH CARE TEAMS TO WORK SIDE BY SIDE WITH THE PHYSICIAN AND OTHER HEALTH PROFESSIONALS.

ABOVE ALL, WHAT WE SHOULD STRIVE FOR IN THE UTILIZATION OF HEALTH MANPOWER IS A RELEVANCE TO THE PEOPLE WE SERVE.

IMPROVING THE DELIVERY OF HEALTH SERVICES ALSO MEANS THAT HEALTH PROFESSIONALS MUST BECOME INVOLVED WITH THE PROBLEMS OF OUR SOCIETY.

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NO SINGLE ISSUE, FOR EXAMPLE, IS SO ALL-PERVADING TODAY AS THE DRUG PROBLEM.

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Some say,

THE SO-CALLED "TURNED ON" GENERATION IS IN DANGER OF

BEING TURNED OFF -- PERMANENTLY. whether this is true or not, it's cause for concern -

~~ONE NATIONAL MAGAZINE ESTIMATES THAT MORE THAN 60 PERCENT~~

~~OF COLLEGE STUDENTS HAVE USED POT.~~

ACCORDING TO SOME ESTIMATES: - smoking or popping

-- THE USE OF SPEED -- AMPHETAMINES -- IS UP ABOUT 12 PERCENT

OVER LAST YEAR.

-- THE USE OF DOWNERS -- BARBITUATES OF ALL KINDS -- IS

UP ABOUT 22 PERCENT.

ON THE OTHER HAND, STUDENTS ARE MORE CAUTIOUS ABOUT THE

USE OF THE SO-CALLED HARD DRUGS.

LSD, COCAINE, HEROIN -- LESS THAN 7 PERCENT OF CAMPUS

STUDENTS REPORT USING THEM.

BUT OFF THE CAMPUSES THE USE OF HARD DRUGS IS INCREASING.

IN VIETNAM ALONE, SOME ESTIMATES PUT THE NUMBER OF SERVICEMEN ADDICTED AS HIGH AS 17 PERCENT.

WHAT ROLE SHOULD PHARMACY STUDENTS PLAY IN THE BATTLE AGAINST HARD NARCOTICS? WHAT ARE YOU - - AS EXPERTS IN THE FIELD -- DOING ABOUT IT?

IF WE ARE TO MAKE A DENT IN THE DRUG PROBLEM, THEN YOU MUST BE ENLISTED IN THE BATTLE.

FINALLY, IMPROVING HEALTH CARE DELIVERY MEANS REORIENTING OUR NATIONAL HEALTH POLICY.

FORTY YEARS AGO, FEDERAL POLICY FOCUSED ON COMMUNICABLE DISEASES, MATERNAL AND CHILD HEALTH, PUBLIC HEALTH SERVICES.

AFTER WORLD WAR 11 THE MAJOR NATIONAL INVESTMENT WAS IN CONSTRUCTION AND MEDICAL RESEARCH. THE CONGRESS PASSED THE HILL-BURTON ACT, WHICH IN THE LAST 25 YEARS, HAS HELPED OVER 3,700 COMMUNITIES BUILD HOSPITALS, TREATMENT CENTERS, AND

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REHABILITATION FACILITIES. THE CONGRESS ALSO FUNDED BIOMEDIAL RESEARCH IN THE AMOUNT OF MORE THAN $14 BILLION IN THE LAST 20 YEARS.

THESE PROGRAMS WERE SOUND. THEY MET A NEED. BUT THEY ARE ONLY PARTIAL SOLUTIONS. BY THEMSELVES THEY DO NOT GUARANTEE QUALITY OR EQUITY IN HEALTH SERVICES.

CONGRESS MOVED NEXT TOWARD DIRECT FEDERAL PARTICIPATION IN THE FUNDING OF HEALTH CARE THROUGH MEDICARE AND MEDICAID AND AN ATTEMPT THROUGH REGIONAL MEDICAL PROGRAMS, OEO CENTERS, AND THE "PARTNERSHIPS FOR HEALTH AMENDMENTS OF 1967" TO BRING SOME RATIONALITY TO HEALTH CARE PLANNING.

THE SHIFT TODAY IS TO EXPAND THE FEDERAL ROLE IN FINANCING, AND DELIVERY. AND I SUPPORT IT.

I CALL NOW FOR A NATIONAL RECOGNITION THAT QUALITY HEALTH CARE IS A BASIC RIGHT OF EVERY AMERICAN.

AND I AM CONVINCED THAT WE WILL NOT MAKE THAT RIGHT A REALITY UNLESS WE ADOPT A COMPREHENSIVE PLAN NATIONAL HEALTH INSURANCE. AND A NATIONAL HEALTH INSURANCE STRUCTURE THAT FOCUSES ON EQUITY AND QUALITY IN THE DELIVERY OF HEALTH CARE.

~~THIS IS A CHALLENGE ALL OF US MUST ACCEPT.~~

WE CANNOT BE SATISFIED WITH THE FACT THAT AMERICAN HEALTH CARE IS THE MOST PROGRESSIVE AND TECHNOLOGICALLY ADVANCED IN THE WORLD.

THE FACT THAT MOST AMERICANS RECEIVE ADEQUATE HEALTH CARE IS NO CAUSE FOR SATISFACTION. FOR WE ARE MISUSING OUR WEALTH, OUR PROFESSIONAL TALENT, OUR TECHNOLOGY AND OUR RESOURCES, UNLESS ALL AMERICANS HAVE QUALITY MEDICAL CARE.

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