

REMARKS BY SENATOR HUBERT H. HUMPHREY

SPONSOR'S DAY LUNCHEON

MAYO CLINIC

ROCHESTER, MINNESOTA

MAY 17, 1973

Margaret
Thompson
Regulator

Gov Anderson
Cong Quill
Cong Nelson

(X) Dr Emerson Ward - chr Bd of
Mayo Clinic Governors

(V) Dr Theron Clagett -
chr Bd of Development -
Mayo Foundation

(X) Dr Corbin
Former chr Bd of Develop
Mayo Foundation

\$100 million by 1975
60 million now } Medical Research
Medical Education

001671

Dr Emerson Ward - Ch. Bd of Governors - Mayo Clinic

Dr Theron Clagett - Ch. Board of Development
Mayo Foundation

I HAVE BEEN ASKED TO ADDRESS MY REMARKS TO THE THEME OF

ⓧ Dr Corbin - Thanks

THE FUTURE PARTNERSHIP BETWEEN THE PRIVATE SECTOR AND

GOVERNMENT IN FINANCING PROGRAMS TO MEET THE MEDICAL NEEDS

OF THE NATION

~~I INTEND TO MAKE A STRAIGHTFORWARD COMMENTARY, BECAUSE~~

AT NO TIME IN RECENT YEARS HAS A CLEAR UNDERSTANDING OF THIS

SUBJECT BEEN MORE IMPORTANT. IT IS CRUCIAL THAT AN EFFECTIVE

PRIVATE-PUBLIC PARTNERSHIP IN SUPPORTING PROGRAMS IN MEDICAL

RESEARCH AND MEDICAL EDUCATION BE ESTABLISHED WITHOUT DELAY *in order*

TO COUNTERACT WHAT I REGARD AS A SERIOUS REGRESSION IN

POLICIES AND PRIORITIES OF THE FEDERAL GOVERNMENT IN THESE

VITAL AREAS.

-2-

L TODAY WE SALUTE THE MAYO FOUNDATION WITH ITS WORLD-FAMOUS
 CLINIC AND ITS FINE NEW MEDICAL SCHOOL. L BUT, TODAY I ALSO
 COME TO YOU WITH DEEP CONCERNS ABOUT THE FUTURE ABILITY OF
 SUCH INSTITUTIONS OF EXCELLENCE TO CONTINUE TO DEVELOP
 AND EXPAND PROGRAMS THAT ARE SO ESSENTIAL IN MEETING THE
EXTENSIVE HEALTH CARE NEEDS OF OUR NATION, UNLESS INCREASED *public*
private FINANCIAL SUPPORT IS PROVIDED.

L IT IS REGRETTABLE, BUT TRUE, THAT SO OFTEN NATIONAL
 POLICY IS NO MORE AND NO LESS THAN A RESPONSE TO AN IMMEDIATE
CRISIS, RATHER THAN A COMPREHENSIVE, SUSTAINED PLAN OF ACTION
 BASED UPON AN IN-DEPTH ANALYSIS OF FUTURE NATIONAL REQUIREMENTS.

yet, at the very heart of our health care
 challenge, is the need for an over-all
 comprehensive policy & program for
 a system health care delivery system.

SUPPORT FOR MEDICAL RESEARCH AND MEDICAL EDUCATION IS A
CASE IN POINT. IT WAS ONLY WITH THE INVOLVEMENT OF THE UNITED
 STATES IN WORLD WAR II THAT THE FEDERAL GOVERNMENT BEGAN TO
 MAKE A SIGNIFICANT INVESTMENT IN MEDICAL EDUCATION ^{this was done.} _{to} PROVIDE
 MORE PHYSICIANS FOR MILITARY AND CIVILIAN NEEDS. THE MEDICAL
 SCHOOLS ALSO RECEIVED FEDERAL FUNDS FOR ORGANIZED BIOMEDICAL
 RESEARCH DIRECTED AT ^{health} PROBLEMS IMPORTANT TO THE WAR EFFORT.

BUT IT WAS NOT UNTIL 1963, IN RESPONSE TO GROWING EVIDENCE
 OF ^{critical} MEDICAL MANPOWER SHORTAGES, THAT LEGISLATION WAS ENACTED

TO PROVIDE DIRECT FEDERAL SUPPORT FOR THE ^{training} EDUCATION OF

DOCTORS — ^{professional} and other ^{personnel} vital
 to quality health care.

THE HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT, *Juana Co-Sponsor*

AUTHORIZING ~~AWARDING~~ GRANTS FOR MEDICAL SCHOOL CONSTRUCTION,

+ fellowships

AS WELL AS STUDENT LOANS, MARKED A MAJOR NEW DIRECTION IN

FEDERAL POLICIES.

From this beginning the Congress developed the
~~THE LEGISLATION THAT HAS MEANT THE MOST TO MEDICAL~~
a greatly expanded program to aid medical education.

EDUCATION IS THE COMPREHENSIVE HEALTH MANPOWER TRAINING ACT

OF 1971, WHICH EXPIRES JUST ~~OVER~~ A YEAR FROM NOW. *This legislation*

HAS PERMITTED THE STRENGTHENING OF EXISTING EDUCATIONAL

PROGRAMS AND THE EXPANSION OF ENTERING CLASS SIZE OF MEDICAL

SCHOOLS FROM 8,772 IN 1963 TO 13,900 IN 1973. *RAM*

Federal

CONTRIBUTIONS TO OPERATING BUDGETS HAVE ENABLED FACULTIES TO

and improved thereby providing

BE ENLARGED TO PROVIDE THE EDUCATIONAL PROGRAMS REQUIRED BY

MODERN MEDICINE.

-5-

L SPECIAL PROJECT GRANTS HAVE STIMULATED INNOVATIONS IN
CURRICULA AND THE INTRODUCTION OF A VARIETY OF SELF-STUDY

PROGRAMS. L MATCHING GRANTS HAVE MADE POSSIBLE THE CONSTRUCTION

OF FACILITIES FOR LARGER CLASSES, ~~AND NEW COURSES~~

~~and new courses~~

with laboratories

LET'S TAKE JUST A FEW MOMENTS TO LOOK AT WHAT THIS KIND

OF SUPPORT, FEDERAL SUPPORT, HAS MEANT TO MEDICAL EDUCATION.

L FIRST, IT HAS HELPED TO INCREASE THE NUMBER OF MEDICAL

SCHOOLS. L CURRENTLY, 114 U.S. MEDICAL SCHOOLS ARE ACCEPTING

APPLICATIONS. L FOURTEEN OF THESE, LIKE THE MAYO MEDICAL SCHOOL,

ARE NEW SCHOOLS IN SOME STAGE OF DEVELOPMENT THAT HAVE NOT

YET REACHED FULL STATUS.

-6-

↳ JUST A YEAR AGO, FOR THE 1971-72 ACADEMIC YEAR, THERE WERE
108 MEDICAL SCHOOLS. ↳ TEN YEARS AGO THERE WERE ONLY 87.

THE NUMBER OF MEDICAL STUDENTS IS INCREASING MUCH FASTER.

TOTAL ENROLLMENT FOR THE CURRENT YEAR IS 47,259. ~~T~~ *this is*

3,600 MORE MEDICAL STUDENTS THAN IN THE PREVIOUS YEAR. AN

INCREASE OF 8.3 PERCENT. ↳ TODAY THERE ARE ABOUT 1,200 MORE

FIRST-YEAR STUDENTS THAN WERE IN LAST YEAR'S FRESHMAN CLASS.

↳ INCREASINGLY, THESE MEDICAL STUDENTS ARE WOMEN -- 12.8 PERCENT

OF THIS YEAR'S TOTAL ENROLLMENT -- AND REPRESENTATIVES OF

AMERICAN MINORITY GROUPS -- 8.3 PERCENT OF THE TOTAL

ENROLLMENT. ↳ FOR BOTH WOMEN AND MINORITIES, THE ANNUAL RATE

OF INCREASE IN MEDICAL SCHOOL ENROLLMENTS IS AROUND 25 PERCENT.

-7-

PERHAPS THE GREATEST CHANGE IN MEDICAL EDUCATION IN
RECENT YEARS IS CURRICULUM FLEXIBILITY. SIXTEEN MEDICAL SCHOOLS
HAVE ABANDONED THE STANDARD FOUR-YEAR CURRICULUM FOR A NEW
THREE-YEAR PROGRAM. TWENTY-FOUR OTHER SCHOOLS OFFER THEIR
STUDENTS A THREE-YEAR OPTION. IN 60 U.S. MEDICAL SCHOOLS,
THE FINAL ACADEMIC YEAR IS RESERVED ENTIRELY FOR ELECTIVES.

THIS ENABLES STUDENTS TO FOCUS THEIR CAREER INTERESTS BEFORE
GETTING THEIR DEGREE. FIFTEEN SCHOOLS ESSENTIALLY ALLOW THEIR
STUDENTS TO TAKE THEIR FOURTH YEAR AS AN INTERNSHIP, SO THAT
WHEN THEY RECEIVE THE M.D., THEY MAY BECOME RESIDENTS.

-8-

L MEDICAL SCHOOLS ALSO ARE WORKING ON ACADEMIC INTEGRATION
 WITH THEIR ASSOCIATED UNDERGRADUATE COLLEGES, ON THE
 DEVELOPMENT OF SELF-INSTRUCTION TECHNOLOGY, AND ON TEAM
 EDUCATION. L OF MOST IMPORTANCE TO THE IMMEDIATE COMMUNITIES
 THEY SERVE, ^{medical} SCHOOLS NOW ARE USING FACILITIES OUTSIDE THE
 ACADEMIC HEALTH CENTERS TO TEACH THEIR STUDENTS. L FOR EXAMPLE,
 MEDICAL STUDENTS, INTERNS AND RESIDENTS ^{in many instances} RECEIVE PART OF
 THEIR TRAINING IN RURAL HEALTH CLINICS, COMMUNITY HOSPITALS,
 SPECIAL OUT-PATIENT CLINICS, OR IN PRACTICING PHYSICIANS'
 OFFICES.

L I HAVE GONE ON AT SOME LENGTH TO DESCRIBE THE BENEFITS
 OF FEDERAL SUPPORT FOR MEDICAL EDUCATION, BUT I DO NOT WISH

✓ TO SLIGHT THE ENORMOUS IMPORTANCE OF FEDERAL SUPPORT FOR
 BIOMEDICAL RESEARCH THROUGH THE YEARS.

through advances in knowledge we
can develop the understanding of
the living process and its
modification

(X) ~~and~~ good medical care -
~~and~~ requires the continued
progress and advancement in
Biomedical Research
and the availability of
Professional health
Personnel - plus their efficient
utilization in the promotion
of health and the prevention,
diagnosis & treatment of disease.

The establishment of the National Institute of health with their vast research and Training programs in cooperation with Medical Colleges, Research, Scientific Research institutes ~~and has been~~.

OVER THE PAST DECADE, WIDE-RANGING EFFORTS IN BIOMEDICAL

RESEARCH HAVE ~~BUILT UP~~ ^{created} AN IMPRESSIVE MOMENTUM AGAINST THE

DISEASES AND IMPAIRMENTS OF OUR PEOPLE. ^{Bio-medical} THE AVAILABILITY,

^{research is the foundation of modern medicine.}

FOR EXAMPLE, OF APPROPRIATE VACCINES DEVELOPED THROUGH

RESEARCH HAS REDUCED THE DEATH RATES FROM POLIO AND WHOOPING

COUGH BY ^{almost} 100 PERCENT. THE AVILABILITY OF APPROPRIATE ANTI-

BIOTICS HAS REDUCED THE DEATH RATES FROM TUBERCULOSIS AND

DYSENTERY BY 50 PERCENT, AND THE DEATH RATES FROM MENINGITIS

AND SYPHILIS BY 30 PERCENT.

*Lives saved!
Pain Relieved!*

WHILE IT IS DIFFICULT TO MEASURE THE ECONOMIC BENEFITS

OF BIOMEDICAL RESEARCH, IT IS POSSIBLE IN SOME SPECIFIC

DISEASE AREAS TO PRODUCE MEANINGFUL INFORMATION.

-10-

*according to a task force study by the American
Biology Council,*

L FOR EXAMPLE, THE USE OF POLIO VACCINE RESULTED IN SAVINGS

IN MEDICAL CARE COSTS ALONE OF MORE THAN \$300 MILLION BETWEEN

1955 AND 1961, ~~ACCORDING TO A TASK FORCE STUDY FOR THE AMERICAN~~

~~BIOLOGY COUNCIL~~ *L* THE SAME STUDY ESTIMATED THAT THE BENEFIT

DUE TO IMMUNIZATION AGAINST MEASLES AMOUNTED TO MORE THAN

\$500 MILLION FROM 1963 TO 1968.

L OTHER STUDIES HAVE REPORTED ON RESEARCH SAVINGS IN OTHER

FIELDS. *L* IMPROVED TREATMENT OF TUBERCULOSIS PRODUCED SAVINGS *estimated*

at \$5 BILLION IN THE PERIOD FROM 1954 TO 1969. *L* STILL OTHER

ILLUSTRATIONS OF THE VALUE OF BASIC RESEARCH INCLUDE:

L L-DOPA FOR PARKINSON'S DISEASE, AN ANNUAL SAVING OF \$1.2

BILLION; *L* DETECTION AND TREATMENT OF CANCER OF THE CERVIX BY

THE "PAP" SMEAR, AN ANNUAL SAVING OF \$1.1 BILLION.

~~while for medical research and the education
of professional medical + scientific personnel
it is, in the long run, ~~the only~~~~

001681

L IN THE 20 YEARS FROM 1947 TO 1967, THE MOST DRAMATIC
CHANGE IN THE PATTERN OF FINANCIAL SUPPORT FOR MEDICAL
SCHOOLS WAS THAT FEDERALLY-SPONSORED RESEARCH REPLACED STATE
AND LOCAL APPROPRIATIONS AND UNIVERSITY TRANSFERS AS THE
LARGEST SOURCE OF FUNDS!

L IN THE DECADE OF THE SIXTIES, ~~A NUMBER OF IMPORTANT~~
~~SHIFT~~ OCCURRED WITHIN THE FUNDS FOR SPONSORED PROGRAMS
OF THE MEDICAL SCHOOLS. FEDERALLY-SPONSORED RESEARCH TRIPLED,
FEDERALLY-SPONSORED TEACHING AND TRAINING ALSO TRIPLED ~~NEARLY~~
~~ALL OF THE INCREASE~~ FROM 1965-66 TO 1970-71, ~~WAS~~ ACCOUNTED FOR
BY ~~INCREASED~~ FEDERAL SUPPORT FOR UNDERGRADUATE MEDICAL
EDUCATION, ~~WHICH ROSE~~ ^{increased} FROM \$16.4 MILLION TO \$97.3 MILLION IN
THOSE FIVE YEARS.

-12-

But,

THE MOST DRAMATIC CHANGE CAME IN SUPPORT

FOR PROJECTS THAT BRIDGE TEACHING, RESEARCH AND SERVICE

ACTIVITIES, INCLUDING REGIONAL MEDICAL PROGRAMS, HEALTH

SERVICES PROVIDED UNDER CONTRACT, AND COMMUNITY HEALTH

CENTERS AND CLINICS. By 1970-71, THESE PROGRAMS ACCOUNTED

FOR \$127.7 MILLION, OR 13.9 PERCENT OF ALL ^{Federally} SPONSORED

PROGRAMS.

(Insert)| *Now,*
THAT BRINGS US UP TO DATE, LET'S LOOK AT WHAT IS

HAPPENING TO FEDERAL SUPPORT FOR MEDICAL EDUCATION AND

MEDICAL RESEARCH RIGHT NOW.

To be sure some of these programs had their problems - were costly - and not always well administered.

L. Wells,
THE FEDERAL SUPPORT IS DIMINISHING. ~~THE ADMINISTRATION'S~~

[the
BUDGET FOR FISCAL 1974 BEGINS A WITHDRAWAL OF FUNDS FROM
MANY OF THE PROGRAMS THAT HAVE MEANT SO MUCH TO THE NATION'S
HEALTH IN RECENT YEARS,

~~IN TERMS OF THE AMOUNT OF DOLLARS THAT WOULD BE MADE
AVAILABLE DURING FISCAL 1974 THE ADMINISTRATION'S BUDGET
REQUEST FOR ALL THE HEALTH AGENCIES IN THE DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE IS 10 PERCENT LOWER THAN THE
FISCAL 1972 FUNDS APPROPRIATED BY THE CONGRESS AND APPROVED
BY THE PRESIDENT.~~

for Fiscal '74
and this figure doesn't take into consideration the erosion of purchasing power due to inflation

-14-

JUST TWO DAYS AGO IN WASHINGTON, THE PRESIDENT OF THE
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES, DR. JOHN A.D. COOPER,
 APPEARED BEFORE MY SUBCOMMITTEE ON CONSUMER ECONOMICS OF

THE JOINT ECONOMIC COMMITTEE AND TALKED ABOUT A NEW SURVEY

OF 78 U.S. MEDICAL SCHOOLS. *They schools enrolled 7 out of every 10 medical students -* THE ASSOCIATION TRIED TO ASSESS

THE PRECISE IMPACT OF THE ADMINISTRATION'S PROPOSED BUDGET

ON MEDICAL RESEARCH AND EDUCATION. HERE ARE SOME OF THE

THINGS THEY LEARNED:

-- FEDERAL FUNDS FOR RESEARCH, TEACHING AND COMMUNITY

SERVICE ARE 26 PERCENT BELOW THE FISCAL 1974 LEVELS EXPECTED

BY THE MEDICAL SCHOOLS.

*- will drop 11% below '72
and 15% below '73*

L -- THE REDUCED LEVELS OF FEDERAL SUPPORT WOULD REQUIRE THE SCHOOLS TO TERMINATE THE EMPLOYMENT OF ONE OUT OF EVERY 12 FACULTY MEMBERS.

L -- ONE-THIRD OF THE SCHOOLS REPORTED A STRONG POSSIBILITY OF HAVING TO CUT BACK ON THE SIZE OF FUTURE ENTERING CLASSES.

L -- A MAJORITY OF THE SCHOOLS REPORTED THAT PROGRAMS OF CURRICULUM IMPROVEMENT MAY HAVE TO BE CURTAILED OR ABANDONED.

L -- HALF OF THE SCHOOLS REPORTED THAT TERMINATING REGIONAL MEDICAL PROGRAMS MAY FORCE THEM TO RESTRICT OR PHASE OUT THEIR HEALTH CARE PROGRAMS IN RURAL OR ~~GHETTO~~ ^{inner city} AREAS; THEIR REFERRAL SERVICES IN SUCH MATTERS AS HEART DISEASE, CANCER, STROKE, KIDNEY TRANSPLANTS, RADIATION AND EMERGENCY CARE; AND THEIR PROGRAMS OF CONTINUING EDUCATION OF PHYSICIANS.

The association revealed that the budget for fiscal 1974 initiates plans to phase out the regular research grants, ~~and~~ training grants + fellowships of NIH

-16-

L THE SURVEY ALSO FOUND THAT WHILE MEDICAL SCHOOLS'
INCOME FROM OTHER SOURCES WILL INCREASE IN FISCAL 1974, THE
 INCREASE WILL NOT BE ABLE TO OFFSET THE DROP IN FEDERAL

← SUPPORT L MOST PRIVATE MEDICAL SCHOOLS HAVE NO SOURCE OF
INCOME TO REPLACE LOST FEDERAL FUNDS. *Dissent*

← L YOU MAY BE SURE THAT MANY OF US IN THE CONGRESS WILL
OPPOSE THESE BUDGET REDUCTIONS. WE ARE NOT GOING TO ACCEPT
 A BUDGET THAT WOULD REVERSE SO MANY OF THE GAINS WE HAVE MADE
FOR MEDICAL EDUCATION AND RESEARCH.

L ~~MANY OF YOU KNOW THAT I TAKE A FIRM STAND ON THIS MATTER.~~

L ~~YOU KNOW THAT~~ I AM A VETERAN OF RECENT BATTLES WITH THE

EXECUTIVE BRANCH OVER APPROPRIATIONS THAT ARE ESSENTIAL TO

THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL AND TO MAYO
 MEDICAL SCHOOL FOR FACILITIES AND START-UP OPERATING COSTS.

My Time

001688

L GOVERNMENT OFFICIALS HAD ASKED THESE SCHOOLS TO EXPAND THEIR
TEACHING PROGRAMS FOR DOCTORS AND HAD GIVEN ASSURANCES THAT
FEDERAL FUNDS WOULD BE FORTHCOMING TO HELP ACCOMPLISH THIS
VITAL MISSION. *Then,* LAST YEAR, THE DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE BROKE ITS COMMITMENT, ~~with no intention~~ AFTER EXPANDED
ENROLLMENTS AT THESE SCHOOLS HAD ALREADY BEEN UNDERTAKEN,
AND DENIED THE APPLICATIONS FOR THIS ESSENTIAL SUPPORT.

L SENATOR MONDALE AND I MADE EVERY POSSIBLE APPEAL TO
FEDERAL OFFICIALS TO KEEP THEIR PROMISES, AND WE TOOK DIRECT
ACTION ON THE APPROPRIATIONS LEGISLATION FRONT TO REQUIRE

THE ALLOCATION OF THESE FUNDS — *and we were unable*
to have the funds placed in the Senate
appropriations. - But we faced
a presidential veto.

-18-

AS FAR AS I AM CONCERNED, PRESIDENTIAL VETOES HAVE NOT
SETTLED THE MATTER, ~~AND~~ I AM SERVING NOTICE HERE AND NOW
THAT I WILL DO EVERYTHING POSSIBLE IN SUPPORT OF ADEQUATE
APPROPRIATIONS FOR MEDICAL EDUCATION AND RESEARCH IN FISCAL
1974. (N.Y. Times)

I MUST WARN YOU THAT THE ADMINISTRATION'S PROPOSED SHIFTS
IN FEDERAL SUPPORT ARE SERIOUS. THEY APPEAR EVEN MORE
SERIOUS WHEN COUPLED WITH ADMINISTRATION PLANS TO REORGANIZE
ACTIVITIES OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

SOME OF THESE PLANS ARE EVIDENT IN THE BUDGET PROPOSALS --
FOR EXAMPLE, IN THE ADMINISTRATION ARGUMENT THAT SUPPORT OF
MEDICAL RESEARCH TRAINING IS AN INAPPROPRIATE GOVERNMENT
ACTIVITY.

L OTHER PLANS ARE BEING CARRIED OUT ADMINISTRATIVELY,
WITHOUT RECEIVING CONGRESSIONAL APPROVAL.

L WHAT THIS MEANS IS THAT SUPPORT OF MEDICAL RESEARCH AND
MEDICAL EDUCATION, WHICH HAS CHANGED OVER THE YEARS, IS
CONTINUING TO CHANGE. ~~But I believe that~~ WHAT IT SHOULD
MEAN IS THAT A NEW PUBLIC AND PRIVATE PARTNERSHIP TO SUPPORT
THESE ENDEAVORS MUST EVOLVE IN THE YEARS AHEAD.

L EVEN IN THE DECADE OF THE SIXTIES, THE MOST IMPORTANT
CHANGE IN THE BASIC OPERATING BUDGETS OF THE MEDICAL SCHOOLS
WAS THE INCREASING INCOME FROM MEDICAL SERVICE PLANS, THE
INCOME EARNED BY THE FACULTY IN PRACTICE.

Partnership

L ANOTHER DEVELOPING TREND IS THAT THE STATES HAVE ACCEPTED
A GREATER RESPONSIBILITY FOR THE SUPPORT OF HEALTH PROFESSIONS
EDUCATION IN BOTH PUBLIC AND PRIVATE SCHOOLS.

L AFTER JUNE 30, 1974, WHEN THE COMPREHENSIVE HEALTH
MANPOWER TRAINING ACT IS SCHEDULED TO EXPIRE, MEDICAL SCHOOLS
MAY HAVE TO LOOK INCREASINGLY TO INCOME FROM PRACTICE BY
THE FACULTY AND HIGHER STATE SUPPORT. / IF THE TENDENCY TO
SHIFT FEDERAL SUPPORT AWAY FROM BROAD INVESTIGATOR-INITIATED
RESEARCH AND TOWARD TARGETED RESEARCH-BY-CONTRACT CONTINUES --
AND YOU SHOULD KNOW THAT MOST OF THE NATION'S LEADING SCIENTISTS
CONSIDER THIS A DANGEROUS TENDENCY -- THEN SOME ALTERNATIVE
SUPPORT WILL HAVE TO DEVELOP FOR BASIC BIOMEDICAL RESEARCH.

-21-

AND WHILE WE ARE PEERING INTO THE FUTURE, LET US NOT
IGNORE THE CHANGES THAT ARE TAKING PLACE IN HEALTH CARE
ITSELF. THE TREND CLEARLY IS TOWARD GROUP PRACTICE SITUATIONS,
WHICH SHOULD BECOME MORE ACCEPTABLE FOR BOTH PATIENTS AND
PHYSICIANS. LARGE GROUP PRACTICES EVENTUALLY WILL PROVIDE
ONE-STOP MEDICAL CARE. ALONG WITH THIS GOES GREATER PUBLIC
ACCEPTANCE OF PREVENTIVE HEALTH CARE, PROVIDED BY
INSTITUTIONS SUCH AS HEALTH MAINTENANCE ORGANIZATIONS AND
HEALTH SERVICE CENTERS.

THERE IS A GROWING DIVISION OF LABOR AMONG HEALTH CARE
PERSONNEL -- PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS,
BEHAVIORAL SCIENTISTS AND FAMILY COUNSELORS, AS WELL AS
MEDICAL SPECIALISTS.

In the absence of a comprehensive national health policy we are unlikely to restrain the rising costs of health care or to make quality care accessible and available to every citizen as a basic right.

-22-

L MEDICAL SCHOOLS TODAY ARE PREPARING NEW PHYSICIANS FOR
EMERGENCY MEDICAL SERVICES, RURAL MEDICAL TEAMS FEATURING
RAPID TRANSPORTATION, SPECIAL HEALTH SERVICES IN INNER
 CITIES, AND NEW TECHNOLOGY SUCH AS COMPUTERIZED MEDICINE.

L UNDOUBTEDLY, MAJOR CHANGES ARE ON THE WAY IN THE METHODS
 OF SUPPORTING HEALTH CARE FOR AMERICANS, INCLUDING SOME FORM
 OF NATIONAL HEALTH INSURANCE.

ALL OF THESE DEVELOPMENTS WE HAVE BEEN DISCUSSING ARE
 EXCITING, ALL OF THEM ARE CHALLENGING. THEY ARE ALSO OF

UTMOST IMPORTANCE.

*But, ~~equally~~ important
 is the necessity of reorganizing
 the System of Health Care
 Service + Delivery.*

DR. CLARK KERR, THE DISTINGUISHED CHAIRMAN OF THE CARNEGIE COMMISSION ON HIGHER EDUCATION, SAID IN A LECTURE ABOUT SIX MONTHS AGO THAT "THE HEALTH SCIENCES ARE NOW THE MOST IMPORTANT SINGLE PART OF ALL OF HIGHER EDUCATION IN THE UNITED STATES."

DR. KERR WENT ON TO SAY: "THE HEALTH SCIENCES ARE NOW MORE AT THE CENTER OF THE FURTHER SPREAD OF SCIENCE WITHIN HIGHER EDUCATION THAN IS ANY OTHER MAJOR FIELD OF ENDEAVOR. THUS THEY ARE ONE OF THE MAJOR COALESCING CENTERS FOR INTELLECTUAL ACTIVITY IN MODERN AMERICA. THEY DRAW TOGETHER MORE STRANDS OF SCIENTIFIC ENDEAVOR THAN DOES ANY OTHER SINGLE SEGMENT OF HIGHER EDUCATION. THEY ARE A PARTICULARLY DYNAMIC FOCAL POINT FOR THE DISCOVERY OF NEW KNOWLEDGE."

-24-

I AM PROUD TO BE AMONG THE MAYO SPONSORS WHO ARE
HELPING, HERE AND NOW, TO SUPPORT THIS IMPORTANT WORK. I AM
CONFIDENT THAT OUR EFFORTS, AND THE EFFORTS OF MILLIONS OF
OTHER CITIZENS, WILL SUCCEED IN DEVELOPING THE ESSENTIAL
SUPPORT FOR MEDICAL RESEARCH AND MEDICAL EDUCATION IN THE
YEARS THAT LIE AHEAD OF US.

#



Minnesota Historical Society

Copyright in this digital version belongs to the Minnesota Historical Society and its content may not be copied without the copyright holder's express written permission. Users may print, download, link to, or email content, however, for individual use.

To request permission for commercial or educational use, please contact the Minnesota Historical Society.



www.mnhs.org