

REMARKS BY SENATOR HUBERT H. HUMPHREY

HENNEPIN COUNTY SCHOOL OF NURSING

Minneapolis, Minnesota

June 14, 1974

Nothing could please me more than to be here with you on this most important day. I would like to thank William Kreykes and the Hennepin County General Hospital School of Nursing for extending their gracious invitation to me.

You are fortunate to have been trained in a hospital environment, because you know what will await you in your new jobs when you leave Hennepin. Some nurses are rudely awakened when they first start working.

I remember hearing a story about a head nurse showing a pretty young nursing school graduate around the hospital on her first day. At one point, the head nurse stopped in front of the men's convalescent section. "This is the Dangerous ward," the head nurse remarked. "These patients are almost well."

Seriously, all of you are entering a crucially important field in which there is a tremendous need for more personnel. Hennepin County General Hospital has done an outstanding job of training you, and I am saddened that you will be its last graduating class.

I understand that since this program's inception in 1947, seven hundred and six nurses, including yourselves, will have received diplomas. Of course, clinical experience for students from other institutions still will be learned at Hennepin for collegiate-based associate degrees and baccalaureate degree programs. For this we are grateful.

The shortage of trained nurses becomes more crucial every year. This shortage extends through Minnesota and the whole country. In fact, the latest Health, Education and Welfare statistics show that we need 157,000 registered nurses. This acute nursing shortage will affect you as soon as you start working, as it adversely affects the entire health care delivery system.

There are nearly 20,000 registered nurses here in Minnesota, over 6,000 licensed practical nurses and almost 12,500 nursing aids and orderlies. One-third of these are meeting patients' needs in our hospitals.

Nurses perform an invaluable service to those who need medical assistance. With all the furor about health care these days, more of us should realize that nurses have a very crucial role to play in utilizing services. Forty-six percent of all health care personnel - by far the largest component of the nation's health manpower - are made up of nurses, aids and orderlies.

You are called upon daily to administer and assist with the latest breakthroughs in medical technology, while remaining a compassionate and calm human being, sometimes in the face of great pressure and tragedy.

Tremendous strides have been made through the efforts of dedicated health professionals like yourselves in prevention and treatment of illness, injury, and disability. Despite this, and despite the fact that many Americans receive excellent health care at prices they can afford, far too many of our people remain outside or on the periphery of our nation's health care system.

The best medical care America presently has to offer may still be the best in the world. Why do you think so many ailing kings and potentates frequently come to our famous medical centers? Yet many of the standard health statistics comparing the United States with other industrialized nations suggest that something is very much amiss.

Why do we rank 15th in infant mortality?

Why do we rank 12th in life expectancy among females and 27th among males?

Why is our relative rating in each of these categories worse now than it was 20 years ago?

A single example will highlight the mortal meaning of these figures. If the U.S. infant death rate last year had been proportional to Sweden's 50,000 fewer babies would have died in this country.

Such figures tell us much about our peculiarly destructive way of life -- our dietary habits, our air pollution, our lack of regular exercise, our emotional pressures.

But by now nearly everyone recognizes that the system itself is also to blame.

A large portion of Americans are saying that medical services are unaffordable or unobtainable, and that the practitioners are frequently unaccountable.

Americans are disturbed with the cost of health care. In 1973, \$441.00 was paid out for health services for every man, woman, and child in this nation -- over 91.4 billion dollars, and fully 7.7 percent of our entire Gross National Product. Medical costs rose more than 81 percent from 1960 through February, 1974, over one-third faster than the rise in consumer prices as a whole.

The staggering increases in the cost of medical care, and the failure of public and private health programs to keep up with them, has caused great hardship for millions of Americans. Health insurance today covers only 37 percent of each consumer dollar spent on medical care in the country. The remainder must come out of his or her pocket.

Another disturbing fact is the continuing critical health manpower shortage in our country.

Unbelievable as it is, many central city and rural areas in the United States have fewer doctors and nurses per person than many Latin American countries, and some doctor-to-people ratios in these areas are comparable to those found in India and Bangladesh.

Doctors, like all entrepreneurs, tend to cluster where the money is, therefore short-changing large areas in America. The state of Mississippi, for instance, has only 82 physicians for every 100,000 persons, compared to 371 physicians for every 100,000 in Washington, D.C. At last count, some 5,000 towns in 130 counties throughout the nation had no doctor at all.

A 1965 study of 1,500 towns and cities in the upper-Midwest found two-thirds of those communities doctorless; 200 other cities were down to only one doctor, and more often than not he was in his 60s or 70s.

The pattern is repeated in countless urban ghettos. Albuquerque has 250 physicians per 100,000 population overall, but its Chicano and Indian section has only three physicians per 200,000. Boston's Roxbury district hasn't a single pediatrician. Washington Park, another **huge** Boston ghetto, has just seven doctors, and their average age is 66.

More must be done to correct these intolerable inequities.

We cannot continue to accept the rationalization of this situation as an unfortunate by-product of free enterprise.

Because of the continuing health care manpower shortages and maldistribution, increasing numbers of nurses are assuming broader roles in health care. Nurses are assuming greater responsibilities in community mental health centers, school needs, home health needs, in maternal and child health, and in the care of the chronically ill.

With this in mind, I would like to tell you briefly about two areas of special concern to me, and in which I have proposed specific legislation. I am speaking of maternal and child health care and care of the chronically ill.

Even more serious than the general shortage and maldistribution of medical manpower is the critical scarcity of medical personnel providing primary health care to children.

More than 1,600 counties with over 23 million people do not have a single active resident pediatrician.

It was very disturbing for me to learn just how many children either have not visited a physician or do so far too infrequently to receive adequate health care.

A recent study revealed that 18.7 percent of all children up to 5 years old and 39.2 percent of the children 6 to 16 years of age had not seen a physician in the year prior to the study.

Obviously something needs to be done to improve the access to good health care for our children.

I have introduced the Child and Maternal Health Care Extension Act to help solve this serious problem.

It would signal the initiation of a new child and maternal health care policy for the United States. It would authorize a program guaranteeing that all infants, children, and pregnant women without regard to their place of residence or family income, will have equal access to medical diagnosis, screening, and comprehensive medical care.

Among other things this bill would:

-- Establish mobile health care facilities in physician shortage counties across the nation;

-- Authorize an extensive program of grants to institutions of higher learning, specifically for the training of pediatric nurse practitioners; and

-- Provide a number of new programs to assure that children suffering from life-threatening and catastrophic illnesses will receive needed medical care, regardless of their parents' income.

A second area demanding urgent attention is the treatment of the chronically ill.

Today, over 700,000 Americans are long-term hospital patients, and over one million more are patients in nursing homes. In addition, almost 20 million people who are not in institutions have disabilities severe enough to restrict or prohibit major activities.

At present, we do not have a comprehensive, humane, and cost-effective system to meet the health care needs of chronically ill or disabled persons. Such a system must be developed in fairness to these people and in order to remove a severe burden from our hospital facilities.

For this reason, I have proposed enactment of the National Chronicare Demonstration Center Act of 1974.

Basically, this proposal would provide grants for the development of programs offering a comprehensive range of services to the chronically ill residents of areas with different needs and health care capabilities.

More specifically, HEW would make grants to a limited number of community chronicare health centers serving rural, suburban, and urban populations. These projects would then be closely monitored and evaluated for the lessons they might provide for other similar communities.

I believe we need this legislation and the answers it can provide. And we need the answers just as soon as it is possible to get them.

There is another pressing issue affecting nurses and facing Congress this month, the Public Health Service Act. The Public Health Service Act authorizations originally were supposed to expire on June 30, 1973, but were extended another fiscal year until June 30, 1974. Therefore, well over a dozen major Federal health programs are due to expire this month.

Although there has been major legislation introduced to extend these programs -- most notably by Congressman Rogers in the House and Senator Kennedy in the Senate -- nothing substantive has been signed into law yet. Many of these programs directly affect the nursing professions and provide a substantial Federal financial input into our health care system.

I would like to mention one provision which is of direct concern to me and should be of concern to you. Title VIII of the Public Health Service Act is of crucial importance to nurses.

Its provisions are designed to meet some of the most pressing needs in nursing, including the need for more nurses, more teachers in schools of nursing, education programs to expand the qualifications of nurses for primary care responsibilities, and accelerated activity to recruit persons with nursing potential into the profession.

Some of you here today have received your training through courses provided under Title VIII. The accelerated courses especially were designed to allow an individual to receive his or her accreditation with the least possible financial burden and in the least amount of time.

This program needs to be continued. Last year's budget request by the Administration proposed to cut back on this important health program. This year's request is more frugal and stringent than last year. Congress must keep on the vanguard and press for adequate funding for the medical professions and especially the nursing profession.

I will fight with all my power to prevent a further erosion in health programs such as Title VIII by an indifferent Administration.

Finally, I would like to discuss with you briefly one of the most important issues facing Congress and American today -- national health insurance.

The urgent need for reform is evident to all of us.

It is time that all Americans, regardless of ability to pay or geographic location, are able to obtain adequate medical care.

I have been attempting to deal with this most urgent health need of our population for 25 years.

In 1949, I introduced my first health insurance bill in the Senate. Finally, in 1964, a revised version of that legislation was enacted as the Medicare program.

Medicare, and now the Medicaid health program, have enabled those most in need of assistance - the elderly and the poor - to obtain some health care. But the average Medicare patient now pays more out-of-pocket expenditures for health care than he did before the inception of the program.

Many poor persons and the aged are unable to meet either the Federal or State eligibility requirements for these medical insurance programs. For a person on the Medicaid rolls, the State of residence is the single most important factor determining the scope of coverage to which he is entitled. While some States have generous benefits packages and eligibility criteria, other poorer states offer a more limited scope of services and have restricted the size of their Medicaid population.

The time for reform is now, not only for the elderly and the poor, but for all of our citizens.

I want you to know that I support the enactment of a comprehensive national health insurance plan as I did over 25 years ago.

The Senate now has before it three proposals which are providing the basis for the health insurance debate. These are the Kennedy-Mills bill, the Administration proposal and the Long-Ribicoff bill.

No one can predict today the exact details of the national health insurance plan that will be enacted. But one thing is certain: We will have a national health insurance program that goes well beyond anything the government has done in the health field in the past -- and we will have it soon.

I hope its basic features will be the result of counsel and advice from professionals in the health care field, like you of this graduating class.

Whatever plan is adopted it must conform with three basic principles:

1. That every American must be treated equally in having access to quality health care.

2. That comprehensive health care services must be readily available at the lowest possible cost.

3. That government has a direct responsibility in seeing to it that these services will be provided and that these objectives will be met.

In conclusion, let me emphasize that we really need the help of medical professionals like you. I am proud of your successes here at Hennepin -- you are an important part of America's health service. I hope you keep in mind that adequate health care is a right of every American and that you play a crucial role in making sure that Americans receive the best possible health care.

In your professional work in the coming years, I ask all of you to keep in mind the wisdom of the old proverb which says:

"He who has health, has hope,
He who has hope, has everything."

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REMARKS BY SENATOR HUBERT H. HUMPHREY

HENNEPIN COUNTY HOSPITAL SCHOOL OF NURSING

MINNEAPOLIS, MINNESOTA

JUNE 14, 1974

Chaplain Beebe

- ✓ William Kraykes - ^{Head Hosp.} Administrator
- ✓ Richard O. Hanson - ^{Henepin county} Commissioner
- ✓ ^{Tom Tipson} Marion Howe - ^{Henepin Nursing} Educator

Rev. Lloyd Beebe

Judy Reeve - (Class 7/1974)

NOTHING COULD PLEASE ME MORE THAN TO BE HERE WITH YOU ON
THIS MOST IMPORTANT DAY. / I WOULD LIKE TO THANK WM. KRAYKES
WILLIAM KREYKES

AND THE HENNEPIN COUNTY GENERAL HOSPITAL SCHOOL OF NURSING

FOR EXTENDING THEIR GRACIOUS INVITATION TO ME.

/ YOU ARE FORTUNATE TO HAVE BEEN TRAINED IN A HOSPITAL
ENVIRONMENT, BECAUSE YOU KNOW WHAT WILL AWAIT YOU IN YOUR NEW

JOBS WHEN YOU LEAVE HENNEPIN. ~~SOME NURSES ARE RUDELY AWAKENED~~
~~WHEN THEY FIRST START WORKING.~~

/ I REMEMBER HEARING A STORY ABOUT A HEAD NURSE SHOWING A
PRETTY YOUNG NURSING SCHOOL GRADUATE AROUND THE HOSPITAL ON

HER FIRST DAY. / AT ONE POINT, THE HEAD NURSE STOPPED IN FRONT OF
THE MEN'S CONVELESCENT SECTION. "THIS IS THE DANGEROUS WARD," THE
HEAD NURSE REMARKED. "THESE PATIENTS ARE ALMOST WELL,"

L SERIOUSLY, ALL OF YOU ARE ENTERING A CRUCIALLY IMPORTANT

FIELD IN WHICH THERE IS A TREMENDOUS NEED FOR MORE PERSONNEL,

L HENNEPIN COUNTY GENERAL HOSPITAL HAS DONE AN OUTSTANDING JOB

OF TRAINING YOU, AND I AM SADDENED THAT YOU WILL BE ITS LAST

GRADUATING CLASS.

L I UNDERSTAND THAT SINCE THIS PROGRAM'S INCEPTION IN 1947,

SEVEN HUNDRED AND SIX NURSES, INCLUDING YOURSELVES, WILL HAVE

RECEIVED DIPLOMAS. / OF COURSE, CLINICAL EXPERIENCE FOR STUDENTS

FROM OTHER INSTITUTIONS STILL WILL BE LEARNED AT HENNEPIN FOR

COLLEGIATE-BASED ASSOCIATE DEGREES AND BACCALAUREATE DEGREE

PROGRAMS. FOR THIS WE ARE GRATEFUL.

THE SHORTAGE OF TRAINED NURSES BECOMES MORE CRUCIAL EVERY
YEAR. THIS SHORTAGE EXTENDS THROUGH MINNESOTA AND THE WHOLE
COUNTRY. IN FACT, THE LATEST HEALTH, EDUCATION AND WELFARE
STATISTICS SHOW THAT WE NEED 157,000 REGISTERED NURSES. THIS
ACUTE NURSING SHORTAGE WILL AFFECT YOU AS SOON AS YOU START
WORKING, AS IT ADVERSELY AFFECTS THE ENTIRE HEALTH CARE DELIVERY
SYSTEM.

THERE ARE NEARLY 20,000 REGISTERED NURSES HERE IN MINNESOTA,
OVER 6,000 LICENSED PRACTICAL NURSES AND ALMOST 12,500 NURSING
AIDS AND ORDERLIES. ONE-THIRD OF THESE ARE MEETING PATIENTS'
NEEDS IN OUR HOSPITALS.

~~NURSES PERFORM AN INVALUABLE SERVICE TO THOSE WHO NEED MEDICAL~~

~~ASSISTANCE~~ / WITH ALL THE FUROR ABOUT HEALTH CARE THESE DAYS, MORE

OF US SHOULD REALIZE THAT NURSES HAVE A VERY CRUCIAL ROLE TO PLAY

in Healthcare Services.
~~IN HEALTHCARE SERVICES.~~ / FOURTY-SIX PERCENT OF ALL HEALTH CARE

PERSONNEL - BY FAR THE LARGEST COMPONENT OF THE NATION'S HEALTH

MANPOWER - ARE MADE UP OF NURSES, AIDS AND ORDERLIES.

L YOU ARE CALLED UPON DAILY TO ADMINISTER AND ASSIST WITH THE

LATEST BREAKTHROUGHS IN MEDICAL TECHNOLOGY, WHILE REMAINING

A COMPASSIONATE AND CALM HUMAN BEING, SOMETIMES IN THE FACE OF

GREAT PRESSURE AND TRAGEDY.

L TREMENDOUS STRIDES HAVE BEEN MADE THROUGH THE EFFORTS OF
DEDICATED HEALTH PROFESSIONALS LIKE YOURSELVES IN PREVENTION

AND TREATMENT OF ILLNESS, INJURY, AND DISABILITY. DESPITE THIS,

AND DESPITE THE FACT THAT MANY AMERICAN RECEIVE EXCELLENT HEALTH
CARE AT PRICES THEY CAN AFFORD, FAR TOO MANY OF OUR PEOPLE
REMAIN OUTSIDE OR ON THE PERIPHERY OF OUR NATION'S HEALTH CARE
SYSTEM.

↳ THE BEST MEDICAL CARE AMERICA ~~RECEIVES~~ HAS TO OFFER MAY
STILL BE THE BEST IN THE WORLD. ↳ WHY DO YOU THINK SO MANY AILING
KINGS AND POTENTATES FREQUENTLY COME TO OUR FAMOUS MEDICAL CENTERS?

↳ YET MANY OF THE STANDARD HEALTH STATISTICS COMPARING THE UNITED
STATES WITH OTHER INDUSTRIALIZED NATIONS SUGGEST THAT SOMETHING
IS VERY MUCH AMISS.

↳ WHY DO WE RANK 15TH IN INFANT MORTALITY?

↳ WHY DO WE RANK 12TH IN LIFE EXPECTANCY AMONG FEMALES AND

27TH AMONG MALES?

WHY IS OUR RELATIVE RATING IN EACH OF THESE CATEGORIES WORSE
NOW THAN IT WAS 20 YEARS AGO?

A SINGLE EXAMPLE WILL HIGHLIGHT THE MORTAL MEANING OF THESE
FIGURES. IF THE U.S. INFANT DEATH RATE LAST YEAR HAD BEEN
PROPORTIONAL TO SWEDEN'S, 50,000 FEWER BABIES WOULD HAVE DIED IN
THIS COUNTRY.

SUCH FIGURES TELL US MUCH ABOUT OUR PECULIARLY DESTRUCTIVE
WAY OF LIFE -- OUR DIETARY HABITS, OUR AIR POLLUTION, OUR LACK
OF REGULAR EXERCISE, OUR EMOTIONAL PRESSURES. *our Poverty.*

BUT BY NOW NEARLY EVERYONE RECOGNIZES THAT THE ^{Healthcare} SYSTEM ITSELF
needs to be reexamined and improved
~~IS ALSO TO BLAME.~~

~~A LARGE PORTION OF AMERICANS ARE SAYING THAT MEDICAL SERVICES
ARE UNAFFORDABLE OR UNOBTAINABLE, AND THAT THE PRACTITIONERS
ARE FREQUENTLY UNACCOUNTABLE.~~

AMERICANS ARE DISTURBED WITH THE COST OF HEALTH CARE, IN
1973, [#]441.2 WAS PAID OUR FOR HEALTH SERVICES FOR EVERY MAN,
91.4 Billion
WOMAN, AND CHILD IN THIS NATION -- OVER 91.4 BILLION DOLLARS,
almost 8%
AND FULLY 77 PERCENT OF OUR ENTIRE GROSS NATIONAL PRODUCT. MEDICAL

COSTS ROSE MORE THAN 81 PERCENT FROM 1960 THROUGH FEBRUARY, 1974,
OVER ONE-THIRD FASTER THAN THE RISE IN CONSUMER PRICES AS A WHOLE.

THE STAGGERING INCREASES IN THE COST OF MEDICAL CARE, AND THE
FAILURE OF PUBLIC AND PRIVATE HEALTH PROGRAMS TO KEEP UP WITH THEM,
HAS CAUSED GREAT HARDSHIP FOR MILLIONS OF AMERICANS. HEALTH

INSURANCE TODAY COVERS ONLY 37 PERCENT OF EACH CONSUMER DOLLAR SPENT
ON MEDICAL CARE IN THE COUNTRY. THE REMAINDER MUST COME OUT OF HIS
OR HER POCKET.

ANOTHER DISTURBING FACT IS THE CONTINUING CRITICAL HEALTH
MANPOWER SHORTAGE IN OUR COUNTRY.

UNBELIEVABLE AS IT IS, MANY CENTRAL CITY AND RURAL AREAS IN
THE UNITED STATES HAVE FEWER DOCTORS AND NURSES PER PERSON THAN
MANY LATIN AMERICAN COUNTRIES, AND SOME DOCTOR-TO-PEOPLE RATIOS
IN THESE AREAS ARE COMPARABLE TO THOSE FOUND IN INDIA AND BANGLADESH.

~~DOCTORS, LIKE ALL ENTREPRENEURS, TEND TO CLUSTER WHERE THE MONEY~~
~~IS. THEREFORE SHORT-CHANGING LARGE AREAS IN AMERICA.~~ THE STATE OF
MISSISSIPPI, FOR INSTANCE, HAS ONLY 82 PHYSICIANS FOR EVERY 100,000

~~IN WASHINGTON, D.C.~~ AT LAST COUNT, SOME 5,000 TOWNS IN 130 COUNTIES
THROUGHOUT THE NATION HAD NO DOCTOR AT ALL.

A 1965 STUDY OF 1,500 TOWNS AND CITIES IN THE UPPER-MIDWEST
FOUND TWO-THIRDS OF THOSE COMMUNITIES ~~DOCTORLESS~~ ^{without a Doctor}; 200 OTHER CITIES
WERE DOWN TO ONLY ONE DOCTOR, AND MORE OFTEN THAN NOT HE WAS IN

HIS 60s OF 70s.

THE PATTERN IS REPEATED IN COUNTLESS URBAN GHETTOES, ALBUQUERQUE
HAS 250 PHYSICIANS PER 100,000 POPULATION OVERALL, BUT ITS CHICANO
AND INDIAN SECTION HAS ONLY THREE PHYSICIANS PER 200,000, BOSTON'S
(Black)
ROXBURY DISTRICT HASN'T A SINGLE PEDIATRICIAN, WASHINGTON PARK,
ANOTHER BOSTON GHETTO, HAS JUST SEVEN DOCTORS, AND THEIR AVERAGE
AGE IS 66.

MORE MUST BE DONE TO CORRECT THESE INTOLERABLE INEQUITIES.

WE CANNOT CONTINUE TO ACCEPT THE RATIONALIZATION OF THIS
SITUATION AS AN UNFORTUNATE BY-PRODUCT OF FREE ENTERPRISE.

BECAUSE OF THE CONTINUING HEALTH CARE MANPOWER SHORTAGES AND
MALDISTRIBUTION, INCREASING NUMBERS OF NURSES ARE ASSUMING BROADER
ROLES IN HEALTH CARE. NURSES ARE ASSUMING GREATER RESPONSIBILITIES
IN COMMUNITY MENTAL HEALTH CENTERS, ^{in meeting} SCHOOL NEEDS, HOME HEALTH NEEDS,
IN MATERNAL AND CHILD HEALTH, AND IN THE CARE OF THE CHRONICALLY
ILL.

WITH THIS IN MIND, I WOULD LIKE TO TELL YOU BRIEFLY ABOUT TWO
AREAS OF SPECIAL CONCERN TO ME, AND IN WHICH I HAVE PROPOSED SPECIFIC
LEGISLATION. I AM SPEAKING OF MATERNAL AND CHILD HEALTH CARE AND
CARE OF THE CHRONICALLY ILL.

EVEN MORE SERIOUS THAN THE GENERAL SHORTAGE AND MALDISTRIBUTION
OF MEDICAL MANPOWER IS THE CRITICAL SCARCITY OF MEDICAL PERSONNEL
PROVIDING PRIMARY HEALTH CARE TO CHILDREN, *Children*

LESS THAN 1,600 COUNTIES WITH OVER 23 MILLION PEOPLE DO NOT
HAVE A SINGLE ACTIVE RESIDENT PEDIATRICIAN.

IT WAS VERY DISTURBING FOR ME TO LEARN JUST HOW MANY CHILDREN
EITHER HAVE NOT VISITED A PHYSICIAN OR DO SO FAR TOO INFREQUENTLY
TO RECEIVE ADEQUATE HEALTH CARE,

A RECENT STUDY REVEALED THAT ^{19%} ~~18~~ PERCENT OF ALL CHILDREN UP
TO 5 YEARS OLD AND 39 PERCENT OF THE CHILDREN 6 TO 16 YEARS OF
AGE HAD NOT SEEN A PHYSICIAN IN THE YEAR PRIOR TO THE STUDY.

Obviously something needs to be done to improve the access
to good health care for our children.

I have introduced the Child and Maternal Health Care Extension
Act to help solve this serious problem.

It would signal the initiation of a new child and maternal
health care policy for the United States. It would authorize a
program guaranteeing that all infants, children, and pregnant woman,
without regard to their place of residence or family income, will
have equal access to medical diagnosis, screening, and comprehensive
medical care.

Among other things this bill would:

-- Establish mobile health care facilities in physician
shortage counties across the nation;

L-- AUTHORIZE AN EXTENSIVE PROGRAM OF GRANTS TO INSTITUTIONS OF HIGHER LEARNING, SPECIFICALLY FOR THE TRAINING OF PEDIATRIC NURSE PRACTITIONERS; AND

L-- PROVIDE A NUMBER OF NEW PROGRAMS TO ASSURE THAT CHILDREN SUFFERING FROM LIFE-THREATENING AND CATASTROPHIC ILLNESSES WILL RECEIVE NEEDED MEDICAL CARE, REGARDLESS OF THEIR PARENTS' INCOME.

L A SECOND AREA DEMANDING URGENT ATTENTION IS THE TREATMENT
OF THE CHRONICALLY ILL.

TODAY, OVER 700,000 AMERICANS ARE LONG-TERM HOSPITAL PATIENTS,
AND OVER ONE MILLION MORE ARE PATIENTS IN NURSING HOMES. IN ADDITION,
ALMOST 20 MILLION PEOPLE WHO ARE NOT IN INSTITUTIONS HAVE DISABILITIES
SEVERE ENOUGH TO RESTRICT OR PROHIBIT MAJOR ACTIVITIES.

4 AT PRESENT, WE DO NOT HAVE A COMPREHENSIVE, HUMANE, AND
COST-EFFECTIVE SYSTEM TO MEET THE HEALTH CARE NEEDS OF CHRONICALLY
ILL OR DISABLED PERSONS. / SUCH A SYSTEM MUST BE DEVELOPED IN
FAIRNESS TO THESE PEOPLE AND IN ORDER TO REMOVE A SEVERE BURDEN
FROM OUR HOSPITAL FACILITIES.

FOR THIS REASON, I HAVE PROPOSED ENACTMENT OF THE NATIONAL
CHRONICARE DEMONSTRATION CENTER ACT OF 1974.

BASICALLY, THIS PROPOSAL WOULD PROVIDE GRANTS FOR THE DEVELOPMENT
OF PROGRAMS OFFERING A COMPREHENSIVE RANGE OF SERVICES TO THE
CHRONICALLY ILL RESIDENTS OF AREAS WITH DIFFERENT NEEDS AND HEALTH
CARE CAPABILITIES.

~~MORE SPECIFICALLY,~~ ^{there} ~~WE~~ WOULD MAKE GRANTS TO A LIMITED NUMBER

OF COMMUNITY CHRONICARE HEALTH CENTERS SERVING RURAL, SUBURBAN,

AND URBAN POPULATIONS. THESE PROJECTS WOULD THEN BE CLOSELY

MONITORED AND EVALUATED FOR THE LESSONS THEY MIGHT PROVIDE FOR

OTHER SIMILAR COMMUNITIES.

I BELIEVE WE NEED THIS LEGISLATION AND THE ANSWERS IT CAN
PROVIDE. AND WE NEED THE ANSWERS JUST AS SOON AS IT IS POSSIBLE
TO GET THEM.

THERE IS ANOTHER PRESSING ISSUE AFFECTING NURSES AND FACING
CONGRESS THIS MONTH, THE PUBLIC HEALTH SERVICE ACT. ~~THE PUBLIC~~

~~HEALTH SERVICE ACT AUTHORIZATIONS~~ ORIGINALLY WERE SUPPOSED TO

EXPIRE ON JUNE 30, 1973, BUT WERE EXTENDED ANOTHER FISCAL YEAR

UNTIL JUNE 30, 1974. THEREFORE, WELL OVER A DOZEN MAJOR FEDERAL

HEALTH PROGRAMS ARE DUE TO EXPIRE THIS MONTH.

ALTHOUGH THERE HAS BEEN MAJOR LEGISLATION INTRODUCED TO EXTEND
THESE PROGRAMS -- MOST NOTABLY BY CONGRESSMAN ROGERS IN THE HOUSE
AND SENATOR KENNEDY IN THE SENATE -- NOTHING SUBSTANTIVE HAS BEEN
SIGNED INTO LAW YET. MANY OF THESE PROGRAMS DIRECTLY AFFECT
THE NURSING PROFESSIONS AND PROVIDE A SUBSTANTIAL FEDERAL
FINANCIAL INPUT INTO OUR HEALTH CARE SYSTEM.

~~I WOULD LIKE TO MENTION ONE PROVISION WHICH IS OF DIRECT~~
~~CONCERN TO ME AND SHOULD BE OF CONCERN TO YOUR~~ ⁸ TITLE VIII OF THE
PUBLIC HEALTH SERVICE ACT IS OF CRUCIAL IMPORTANCE TO NURSES.

ITS PROVISIONS ARE DESIGNED TO MEET SOME OF THE MOST PRESSING
NEEDS IN NURSING, INCLUDING THE NEED FOR MORE NURSES, MORE
TEACHERS IN SCHOOLS OF NURSING, EDUCATION PROGRAMS TO EXPAND
THE QUALIFICATIONS OF NURSES FOR PRIMARY ^{health} CARE RESPONSIBILITIES,

~~AND ACCELERATED ACTIVITY TO RECRUIT PERSONS WITH NURSING POTENTIAL~~

~~INTO THE PROFESSION:~~

2 SOME OF YOU HERE TODAY HAVE RECEIVED YOUR TRAINING THROUGH
THIS PROGRAM.
 COURSES PROVIDED UNDER TITLE VIII THE ACCELERATED COURSES

ESPECIALLY WERE DESIGNED TO ALLOW AN INDIVIDUAL TO RECEIVE HIS

OR HER ACCREDITATION WITH THE LEAST POSSIBLE FINANCIAL BURDEN

AND IN THE LEAST AMOUNT OF TIME.

2 THIS PROGRAM NEEDS TO BE CONTINUED. LAST YEAR'S BUDGET REQUEST

BY THE ADMINISTRATION PROPOSED TO CUT BACK ON THIS IMPORTANT

HEALTH PROGRAM. THIS YEAR'S REQUEST IS MORE FRUGAL AND STRINGENT

THAN LAST YEAR. CONGRESS MUST ~~KEEP ON THE VANGUARD AND PRESS~~ ^{provide}

~~2~~ FOR ADEQUATE FUNDING FOR THE MEDICAL PROFESSIONS AND ESPECIALLY

THE NURSING PROFESSION.

~~I WILL FIGHT WITH ALL MY POWER TO PREVENT A FURTHER EROSION~~
~~IN HEALTH PROGRAMS SUCH AS TITLE VIII BY AN INDIFFERENT~~
~~ADMINISTRATION.~~

Share with you some of my
L FINALLY, I WOULD LIKE TO DISCUSS WITH YOU BRIEFLY ONE OF
thoughts on one of
A THE MOST IMPORTANT ISSUES FACING CONGRESS AND AMERICAN TODAY -- NATIONAL
HEALTH INSURANCE.

in favoring comprehensive health care
THE URGENT NEED FOR REFORM IS EVIDENT ~~TO ALL OF US.~~
IT IS TIME THAT ALL AMERICANS, REGARDLESS *of their income or* ~~ABILITY TO PAY OR~~
to be
GEOGRAPHIC LOCATION, BE ABLE TO OBTAIN ADEQUATE MEDICAL CARE.

L I HAVE BEEN ATTEMPTING TO DEAL WITH THIS MOST URGENT HEALTH NEED
OF OUR POPULATION FOR 25 YEARS.

L IN 1949, I INTRODUCED MY FIRST HEALTH INSURANCE BILL IN THE
SENATE. FINALLY, IN 1964, A REVISED VERSION OF THAT LEGISLATION
WAS ENACTED AS THE MEDICARE PROGRAM.

MEDICARE, AND NOW THE MEDICAID HEALTH PROGRAM, HAVE ENABLED
THOSE MOST IN NEED OF ASSISTANCE - THE ELDERLY AND THE POOR - TO
OBTAIN ^{Better} ~~THE~~ HEALTH CARE. ~~BUT THE AVERAGE MEDICARE PATIENT NOW PAYS~~
~~MORE OUT-OF-POCKET EXPENDITURES FOR HEALTH CARE THAN HE DID, BEFORE~~
~~THE INCEPTION OF THE PROGRAM.~~

But ^{elderly} MANY POOR PERSONS AND THE ~~AGED~~ ARE UNABLE TO MEET EITHER THE
FEDERAL OR STATE ELIGIBILITY REQUIREMENTS FOR THESE MEDICAL

INSURANCE PROGRAMS. ~~FOR A PERSON ON THE MEDICAID ROLLS, THE STATE~~
~~OF RESIDENCE IS THE SINGLE MOST IMPORTANT FACTOR DETERMINING THE~~
~~SCOPE OF COVERAGE TO WHICH HE IS ENTITLED. WHILE SOME STATES HAVE~~
~~GENEROUS BENEFITS PACKAGES AND ELIGIBILITY CRITERIA, OTHER POORER~~
~~STATES OFFER A MORE LIMITED SCOPE OF SERVICES AND HAVE RESTRICTED~~
~~THE SIZE OF THEIR MEDICAID POPULATION.~~

THE TIME FOR REFORM IS NOW, NOT ONLY FOR THE ELDERLY AND THE
POOR, BUT FOR ALL OF OUR CITIZENS.

~~I WANT YOU TO KNOW THAT~~ I SUPPORT THE ENACTMENT OF A COMPREHENSIVE
NATIONAL HEALTH INSURANCE PLAN AS I DID OVER 25 YEARS AGO.

~~THE SENATE~~ ³ ~~THE CONGRESS~~ HAS BEFORE IT THREE PROPOSALS WHICH ARE PROVIDING

THE BASIS FOR THE HEALTH INSURANCE DEBATE, ~~THESE ARE THE KENNEDY-~~

~~MILLS BILL, THE ADMINISTRATION PROPOSAL AND THE LONG-RIBICOFF BILL.~~

NO ONE CAN PREDICT TODAY THE EXACT DETAILS OF THE NATIONAL
HEALTH INSURANCE PLAN THAT WILL BE ENACTED, BUT ONE THING IS

CERTAIN: WE WILL HAVE A NATIONAL HEALTH INSURANCE PROGRAM THAT GOES

WELL BEYOND ANYTHING THE GOVERNMENT HAS DONE IN THE HEALTH FIELD

IN THE PAST -- AND WE WILL HAVE IT SOON.

I HOPE ITS BASIC FEATURES WILL BE THE RESULT OF COUNSEL AND
ADVISE FROM PROFESSIONALS IN THE HEALTH CARE FIELD, ~~LIKE YOU~~
~~OF THIS GRADUATING CLASS.~~

WHATEVER PLAN IS ADOPTED IT MUST CONFORM WITH THREE BASIC
PRINCIPLES:

1. THAT EVERY AMERICAN MUST BE TREATED EQUALLY IN HAVING
ACCESS TO QUALITY HEALTH CARE - *with respect for the*

Doctor - Patient Relationship.

2. THAT COMPREHENSIVE HEALTH CARE SERVICES MUST BE READILY
AVAILABLE AT THE LOWEST POSSIBLE COST.

3. THAT GOVERNMENT HAS A DIRECT RESPONSIBILITY IN SEEING TO
IT THAT THESE SERVICES WILL BE PROVIDED AND THAT THESE OBJECTIVES
WILL BE MET.

IN CONCLUSION, LET ME EMPHASIZE THAT WE REALLY NEED THE HELP
OF MEDICAL PROFESSIONALS LIKE YOU I AM PROUD OF YOUR SUCCESSES
HERE AT HENNEPIN -- YOU ARE AN IMPORTANT PART OF AMERICA'S HEALTH
SERVICE. I HOPE YOU KEEP IN MIND THAT ADEQUATE HEALTH CARE IS A
RIGHT OF EVERY AMERICAN AND THAT YOU PLAY A CRUCIAL ROLE IN MAKING
SURE THAT AMERICANS RECEIVE THE BEST POSSIBLE HEALTH CARE.

IN YOUR PROFESSIONAL WORK IN THE COMING YEARS, I ASK ALL OF
YOU TO KEEP IN MIND THE WISDOM OF THE OLD PROVERB WHICH SAYS:

"HE WHO HAS HEALTH, HAS HOPE,
HE WHO HAS HOPE, HAS EVERYTHING."

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