REMARKS BY SENATOR HUBERT H. HUMPHREY

MINNESOTA MEDICAL POLITICAL ACTION COMMITTEE

Public Affairs Workshop

Minneapolis, Minnesota
June 15, 1974

It is a privilege to have this opportunity to speak to you today about the state of our nation's health care and some measures that I believe would substantially improve it.

But first, I want to compliment Dr. Engwall and all of those who have made this workshop possible.

I have been convinced for years that programs like the one planned for today -- bringing together providers of health care and those having public responsibility in this area -- are an essential prerequisite to meeting our common goal of providing quality health care to all our citizens -- rich or poor, black or white, urban or rural -- at prices they can afford to pay.

It is about time we all realized that, like it or not, each of us, and the interests we represent, will play an important role in determining how health care will be provided to Minnesotans and all Americans.

For too long we have been isolated from each other, with consumers complaining to fellow consumers, providers talking mainly with each other, and public officials often in a position of having to choose between two extremes. Only by workshops like we have today can a basis of understanding develop that can lay a solid foundation for the improvements in our health care system that we all desire.

The timing of this workshop is most appropriate. Decisions will be made in the next several months here in Minnesota, and in other states around the country, as well as by the federal government, that will profoundly influence our ability to meet the health care needs of our citizens for generations to come.

Despite great strides that have been made through the efforts of dedicated health professionals in prevention and treatment of illness, injury, and disability, 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.

We need more people like you making an input into our health policy decision-making process.

For millions of Americans, our health delivery and financing systems are a failure.

It is incredible that the United States, the richest nation in the world in natural, financial, and human resources, ranks well below many other industrialized nations in the health of our people.

This is particularly disturbing when we consider the cost of health care to our people.

Americans spent over $83 billion for health care services in 1973, and it will rise to almost $100 billion this year.

Medical care costs rose more than 81% from 1960 through February, 1974, over one-third faster than the rise in consumer prices as a whole.

Another disturbing fact is the continuing critical health manpower shortage in our country. While Congress has taken several steps to alleviate this problem, more must be done.

Today 20% of our nation's doctors are foreign trained, and we bring in over 5,000 new foreign doctors each year -- many coming from nations that can ill afford to give up these highly trained and desperately needed physicians.

Perhaps even more serious than the absolute shortage of doctors, nurses, and other health professionals is their maldistribution.

Unbelievable as it is, many central city and rural areas in the United States have fewer doctors 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.

More must be done to correct these intolerable conditions.

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

Moreover, 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 cents of each consumer dollar spent on medical care in the country. The remainder must come out of his or her pocket.

For some people this means making choices they should not be forced to make.

Will a senior citizen pay the light bill or go to the dentist?

Will a young mother buy her child new shoes or a check-up with the pediatrician?

Will a middle-aged father use up the money set aside for his son's education to have surgery to prevent a worsening of his heart condition?

But for the very poor, these may be no choices at all.

Adequate health care cannot be allowed to continue to be available on a "cash and carry" basis, limited in availability to those who can pay the price.

I believe that good health care is a basic right of every American citizen. Without it, he cannot possibly exercise his inalienable right to pursue happiness.

For this reason, I have fully supported, for 25 years in the Senate, enactment of a comprehensive national health insurance plan.

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

No one can predict today the exact details of the national health insurance plan that will be enacted. Congress has a number of proposals before it for consideration, including most recently the Kennedy-Mills Bill, the Long-Ribicoff Bill, and The Administration Bill.

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 groups like this.

I believe that whatever plan is adopted must conform with three basic principals:

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 cost objectives will be met.

Two areas of special concern to me, and in which I have proposed specific legislation, are maternal and child health care and care of the chronically ill. I would like to briefly outline my concerns and recommendations in these special problem areas for your consideration.

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.

And 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% of all children 0-5 years old and 39.2% of the children 6-16 years of age had not seen a physician in the year prior to the study.

In reviewing recent data it becomes painfully apparent that the failure to regularly visit a physician is most serious among low-income families. For example, 62% of the children under 17 in low-income families, according to a recent study, have never been in a dentist's chair, compared to 27% from higher income families.

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

The fundamental purpose of this legislation is to provide a solid foundation of hard facts and in-depth analysis for establishing a firm commitment to an ongoing program of long-term health care for the chronically ill.

Given the skyrocketing costs of hospital care, the excessive portion of hospital costs resulting from treatment of chronic conditions, and the tremendous potential of alternative delivery systems for providing quality care to the chronically ill at lower costs, 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.

Another area of continuing major concern to me is care for the mentally and physically handicapped. I have and will continue to give this important area my special, personal attention. The neglect in this area is shameful!

In this regard, and attempting to remain non-partisan here today, I will fight with all my power to prevent a further erosion in these programs by an indifferent Administration.

No action by this Administration has infuriated me as much as the President's callous veto, on economic grounds, of the original Rehabilitation Act of 1973. This was incomprehensible, insensitive, and inhumane. It will always stay in my mind as the low point in the American Presidency.

Finally, I would like to mention a silent crisis that our nation faces. It does not receive the attention of Watergate, the environment, or the energy crisis. But it is a crisis and a problem that saps the strength of our nation's most valuable resource -- its people.

That crisis is malnutrition.

Malnutrition is not a hypothetical problem or one only affecting underdeveloped nations of the world. It is a problem of incredible proportions right here in our own country -- particularly in our hard-pressed cities and declining rural areas, and especially among the young.

Hundreds of thousands of American children are robbed of their God-given potential before they are even born or begin to walk.

Research findings clearly show that malnutrition during the last three months of pregnancy, and certainly during the first month of life, may seriously hurt a child's intellectual development and learning ability.

Malnutrition slows the body's growth, retards its maturation, limits its ultimate size, and makes it much more susceptible to damaging diseases.

If prolonged, malnutrition seriously reduces productivity throughout life.

While malnutrition affects many groups in our society, its greatest price is extracted from the children.

Our nation cannot afford -- in dollars and cents -- to let these children grow up without their full mental and physical abilities because they were deprived of proper food.

We cannot afford this tragic loss -- and we can prevent it.

This is why I have constantly fought to expand our federally-assisted school lunch and other child nutrition programs.

In addition, two years ago I sponsored legislation to establish a Special Supplemental Food Program for Women, Infants, and Children.

The purpose of this program, now law, is to insure that pregnant women, infants, and young children, living in poverty, are provided with the proper highly nutritious diet that they need. This program may have its shortcomings, but it has brought some fantastic results.

I have seen the terrible effects of hunger on innocent children.

I have seen the small stature, the weak and underdeveloped muscles.

I have seen the anemia that drains all vitality from the body.

And I have seen the yearning for help in the glazed eyes of hungry children.

But, I have had the joy that comes with watching the light of life begin to flicker and then glow in these children when they have a decent diet.

Child nutrition is one of those rare problems that appear to be within our power to solve. All that is presently lacking is the will to solve it. I challenge all of you to join me in my commitment to eliminate the scourge of hunger and malnutrition from Minnesota and the entire nation.

In conclusion, as one who believes that adequate health care is a right of every American, I find the extent to which this right continues to be reserved to those who can afford to purchase it, simply intolerable.

There is no more justification for marketing health care today on the auction bloc to the highest bidder, than there was a man's freedom in the past.

Both are basic human rights, and should not be matters for decision in the marketplace.

I ask all of you to keep in mind in your important work the wisdom in the old proverb which says:

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

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ADDRESS OF SENATOR HUBERT H. HUMPHREY

MINNESOTA MEDICAL POLITICAL ACTION COMMITTEE

PUBLIC AFFAIRS WORKSHOP

MINNEAPOLIS, MINNESOTA

JUNE 15, 1974

IT IS A PRIVILEGE TO HAVE THIS OPPORTUNITY TO SPEAK TO YOU TODAY ABOUT THE STATE OF OUR NATION'S HEALTH CARE AND SOME MEASURES THAT I BELIEVE WOULD SUBSTANTIALLY IMPROVE IT.

BUT FIRST, I WANT TO COMPLIMENT DR. ENGWALL AND ALL OF THOSE WHO HAVE MADE THIS WORKSHOP POSSIBLE.

I HAVE BEEN CONVINCED FOR YEARS THAT PROGRAMS LIKE THE ONE PLANNED FOR TODAY -- BRINGING TOGETHER PROVIDERS OF HEALTH CARE AND THOSE HAVING PUBLIC RESPONSIBILITY IN THIS AREA -- ARE AN ESSENTIAL PREREQUISITE TO MEETING OUR COMMON GOAL OF PROVIDING QUALITY HEALTH CARE TO ALL OUR CITIZENS -- RICH OR POOR, BLACK OR WHITE, URBAN OR RURAL -- AT PRICES THEY CAN AFFORD TO PAY.

IT IS ABOUT TIME WE ALL REALIZED THAT, LIKE IT OR NOT, EACH OF US, AND THE INTERESTS WE REPRESENT, WILL PLAY AN IMPORTANT ROLE IN DETERMINING HOW HEALTH CARE WILL BE PROVIDED TO MINNESOTANS AND ALL AMERICANS.

FOR TOO LONG WE HAVE BEEN ISOLATED FROM EACH OTHER, WITH CONSUMERS COMPLAINING TO FELLOW CONSUMERS, PROVIDERS TALKING MAINLY WITH EACH OTHER, AND PUBLIC OFFICIALS OFTEN IN A POSITION OF HAVING TO CHOOSE BETWEEN TWO EXTREMES. ONLY BY WORKSHOPS LIKE WE HAVE TODAY CAN A BASIS OF UNDERSTANDING DEVELOP THAT CAN LAY A SOLID FOUNDATION FOR THE IMPROVEMENTS IN OUR HEALTH CARE SYSTEM ~~THAT WE ALL DESIRE~~.

THE TIMING OF THIS WORKSHOP IS MOST APPROPRIATE.

DECISIONS WILL BE MADE IN THE NEXT SEVERAL MONTHS HERE IN MINNESOTA, AND IN OTHER STATES, ~~AROUND THE COUNTRY~~, AS WELL AS BY THE FEDERAL GOVERNMENT, THAT WILL PROFOUNDLY INFLUENCE OUR ABILITY TO MEET THE HEALTH CARE NEEDS OF OUR CITIZENS FOR GENERATIONS TO COME.

DESPITE GREAT STRIDES THAT HAVE BEEN MADE THROUGH THE EFFORTS OF DEDICATED HEALTH PROFESSIONALS IN the PREVENTION AND TREATMENT OF ILLNESS, INJURY, AND DISABILITY, 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.

WE NEED MORE PEOPLE LIKE YOU MAKING AN INPUT INTO OUR HEALTH POLICY DECISION-MAKING PROCESS.

FOR MILLIONS OF AMERICANS, OUR HEALTH DELIVERY AND FINANCING SYSTEMS ARE A ~~FAILURE~~ inadequate + for others a failure

IT IS INCREDIBLE THAT THE UNITED STATES, THE RICHEST NATION IN THE WORLD IN NATURAL, FINANCIAL, AND HUMAN RESOURCES, RANKS WELL BELOW MANY OTHER INDUSTRIALIZED NATIONS IN THE HEALTH OF OUR PEOPLE.

THIS IS PARTICULARLY DISTURBING WHEN WE CONSIDER THE COST OF HEALTH CARE TO OUR PEOPLE.

AMERICANS SPENT OVER '90 BILLION FOR HEALTH CARE SERVICES and medications IN 1973, AND IT WILL RISE TO ALMOST $100 BILLION THIS YEAR.

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

ANOTHER DISTURBING FACT IS THE CONTINUING CRITICAL HEALTH MANPOWER SHORTAGE IN OUR COUNTRY. WHILE CONGRESS HAS TAKEN SEVERAL STEPS TO ALLEVIATE THIS PROBLEM, MORE MUST BE DONE.

TODAY 20% OF OUR NATION'S DOCTORS ARE FOREIGN TRAINED, AND WE BRING IN OVER 5,000 NEW FOREIGN DOCTORS EACH YEAR -- MANY COMING FROM NATIONS THAT CAN ILL AFFORD TO GIVE UP THESE HIGHLY TRAINED AND DESPERATELY NEEDED PHYSICIANS.

PERHAPS EVEN MORE SERIOUS THAN THE ABSOLUTE SHORTAGE OF DOCTORS, NURSES, AND OTHER HEALTH PROFESSIONALS IS THEIR MALDISTRIBUTION.

UNBELIEVABLE AS IT IS, MANY CENTRAL CITY AND RURAL AREAS IN THE UNITED STATES HAVE FEWER DOCTORS 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.

MORE MUST BE DONE TO CORRECT THESE INTOLERABLE CONDITIONS.

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

MOREOVER, 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 CENTS OF EACH CONSUMER DOLLAR SPENT ON MEDICAL, hospital CARE IN THE COUNTRY. THE REMAINDER MUST COME OUT OF HIS OR HER POCKET.

FOR SOME PEOPLE THIS MEANS MAKING CHOICES THEY SHOULD NOT BE FORCED TO MAKE.

WILL A SENIOR CITIZEN PAY THE LIGHT BILL OR GO TO THE DENTIST?

WILL A YOUNG MOTHER BUY HER CHILD NEW SHOES OR A CHECK-UP WITH THE PEDIATRICIAN?

WILL A MIDDLE-AGED FATHER USE UP THE MONEY SET ASIDE FOR HIS SON'S EDUCATION TO HAVE SURGERY TO PREVENT A WORSENING OF HIS HEART CONDITION?

BUT FOR THE VERY POOR, THESE MAY BE NO CHOICES AT ALL.

ADEQUATE HEALTH CARE CANNOT BE ALLOWED TO CONTINUE TO BE AVAILABLE ON A "CASH AND CARRY" BASIS, LIMITED IN AVAILABILITY TO THOSE WHO CAN PAY THE PRICE.

I BELIEVE THAT GOOD HEALTH CARE IS A BASIC RIGHT OF EVERY AMERICAN CITIZEN. WITHOUT IT, HE CANNOT POSSIBLY EXERCISE HIS INALIENABLE RIGHTS ~~TO PURSUE HAPPINESS~~ of life, liberty, & the pursuit of Happiness.

FOR THIS REASON, I HAVE [redacted] SUPPORTED, FOR 25 YEARS IN THE SENATE, ENACTMENT OF A COMPREHENSIVE NATIONAL HEALTH INSURANCE PLAN.

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

NO ONE CAN PREDICT TODAY THE EXACT DETAILS OF THE NATIONAL HEALTH INSURANCE PLAN THAT WILL BE ENACTED. CONGRESS HAS A NUMBER OF PROPOSALS BEFORE IT FOR CONSIDERATION, INCLUDING MOST RECENTLY THE KENNEDY-MILLS BILL, THE LONG-RIBICOFF BILL, AND THE ADMINISTRATION BILL.

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.

4 I HOPE ITS BASIC FEATURES WILL BE THE RESULT OF COUNSEL AND ADVICE FROM GROUPS LIKE THIS.

I BELIEVE THAT WHATEVER PLAN IS ADOPTED MUST CONFORM WITH certain ~~THREE~~ BASIC PRINCIPALS:

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 COST OBJECTIVES WILL BE MET.

4. Doctor Patient relationship be protected

Wide Variety of Health care plans. HMO's, Group Health,

TWO AREAS OF SPECIAL CONCERN TO ME, AND IN WHICH I HAVE PROPOSED SPECIFIC LEGISLATION, ARE MATERNAL AND CHILD HEALTH CARE AND CARE OF THE CHRONICALLY ILL. I WOULD LIKE TO BRIEFLY OUTLINE MY CONCERNS AND RECOMMENDATIONS IN THESE SPECIAL PROBLEM AREAS FOR YOUR CONSIDERATION.

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.

AND 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%~~ about 19% OF ALL CHILDREN 0-5 YEARS OLD AND 39.2% OF THE CHILDREN 6-16 YEARS OF AGE HAD NOT SEEN A PHYSICIAN IN THE YEAR PRIOR TO THE STUDY.

IN REVIEWING RECENT DATA IT BECOMES PAINFULLY APPARENT THAT THE FAILURE TO REGULARLY VISIT A PHYSICIAN IS MOST SERIOUS AMONG LOW-INCOME FAMILIES. FOR EXAMPLE, 62% OF THE CHILDREN UNDER 17 IN LOW-INCOME FAMILIES, ACCORDING TO A RECENT STUDY, HAVE NEVER BEEN IN A DENTIST'S CHAIR, COMPARED TO 27% FROM HIGHER INCOME FAMILIES.

OBVIOUSLY SOMETHING NEEDS TO BE DONE TO IMPROVE THE ACCESS TO GOOD HEALTH CARE FOR THESE CHILDREN. (Edens too)

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~~ the would be 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.

THE FUNDAMENTAL PURPOSE OF THIS LEGISLATION IS TO PROVIDE A SOLID FOUNDATION OF HARD FACTS AND IN-DEPTH ANALYSIS FOR ESTABLISHING A FIRM COMMITMENT TO AN ONGOING PROGRAM OF LONG-TERM HEALTH CARE FOR THE CHRONICALLY ILL.

GIVEN THE SKYROCKETING COSTS OF HOSPITAL CARE, THE EXCESSIVE PORTION OF HOSPITAL COSTS RESULTING FROM TREATMENT OF CHRONIC CONDITIONS, AND THE TREMENDOUS POTENTIAL OF ALTERNATIVE DELIVERY SYSTEMS FOR PROVIDING QUALITY CARE TO THE CHRONICALLY ILL AT LOWER COSTS, 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.

ANOTHER AREA OF CONTINUING MAJOR CONCERN TO ME IS CARE FOR THE MENTALLY AND PHYSICALLY HANDICAPPED. I HAVE AND WILL CONTINUE TO GIVE THIS IMPORTANT AREA MY SPECIAL, PERSONAL ATTENTION. THE NEGLECT IN THIS AREA IS SHAMEFUL!

IN THIS REGARD, AND ATTEMPTING TO REMAIN NON-PARTISAN HERE TODAY, I WILL FIGHT WITH ALL MY POWER TO PREVENT A FURTHER EROSION IN THESE PROGRAMS BY AN INDIFFERENT ADMINISTRATION.

NO ACTION BY THIS ADMINISTRATION HAS INFURIATED ME AS MUCH AS THE PRESIDENT'S [redacted]US VETO, ON ECONOMIC GROUNDS, OF THE ORIGINAL REHABILITATION ACT OF 1973. THIS WAS INCOMPREHENSIBLE, INSENSITIVE, AND INHUMANE. IT WILL ALWAYS STAY IN MY MIND AS THE LOW POINT IN THE AMERICAN PRESIDENCY.

FINALLY, I WOULD LIKE TO MENTION A SILENT CRISIS THAT OUR NATION FACES. IT DOES NOT RECEIVE THE ATTENTION OF WATERGATE, THE ENVIRONMENT, OR THE ENERGY CRISIS. BUT IT IS A CRISIS AND A PROBLEM THAT SAPS THE STRENGTH OF OUR NATION'S MOST VALUABLE RESOURCE -- ITS PEOPLE.

THAT CRISIS IS MALNUTRITION.

MALNUTRITION IS NOT A HYPOTHETICAL PROBLEM OR ONE ONLY AFFECTING UNDERDEVELOPED NATIONS OF THE WORLD. IT IS A PROBLEM OF INCREDIBLE PROPORTIONS RIGHT HERE IN OUR OWN COUNTRY -- PARTICULARLY IN OUR HARD-PRESSED CITIES AND DECLINING RURAL AREAS, AND ESPECIALLY AMONG THE YOUNG.

HUNDREDS OF THOUSANDS OF AMERICAN CHILDREN ARE ROBBED OF THEIR GOD-GIVEN POTENTIAL BEFORE THEY ARE EVEN BORN OR BEGIN TO WALK.

RESEARCH FINDINGS CLEARLY SHOW THAT MALNUTRITION DURING THE LAST THREE MONTHS OF PREGNANCY, AND CERTAINLY DURING THE FIRST MONTHS OF LIFE, MAY SERIOUSLY HURT A CHILD'S INTELLECTUAL DEVELOPMENT AND LEARNING ABILITY.

MALNUTRITION SLOWS THE BODY'S GROWTH, RETARDS ITS MATURATION, LIMITS ITS ULTIMATE SIZE, AND MAKES IT MUCH MORE SUSCEPTIBLE TO DAMAGING DISEASES.

IF PROLONGED, MALNUTRITION SERIOUSLY REDUCES PRODUCTIVITY THROUGHOUT LIFE.

WHILE MALNUTRITION AFFECTS MANY GROUPS IN OUR SOCIETY, ITS GREATEST PRICE IS EXTRACTED FROM THE CHILDREN.

OUR NATION CANNOT AFFORD -- IN DOLLARS AND CENTS -- TO LET THESE CHILDREN GROW UP WITHOUT THEIR FULL MENTAL AND PHYSICAL ABILITIES BECAUSE THEY WERE DEPRIVED OF PROPER FOOD.

WE CANNOT AFFORD THIS TRAGIC LOSS -- AND WE CAN PREVENT IT.

THIS IS WHY I HAVE CONSTANTLY FOUGHT TO EXPAND OUR FEDERALLY-ASSISTED SCHOOL LUNCH AND OTHER CHILD NUTRITION PROGRAMS.

IN ADDITION, TWO YEARS AGO I SPONSORED LEGISLATION TO ESTABLISH A SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN.

THE PURPOSE OF THIS PROGRAM, NOW LAW, IS TO INSURE THAT PREGNANT WOMEN, INFANTS, AND YOUNG CHILDREN, LIVING IN POVERTY, ARE PROVIDED WITH THE PROPER HIGHLY NUTRITIOUS DIET THAT THEY NEED. THIS PROGRAM MAY HAVE ITS SHORTCOMINGS, BUT IT HAS BROUGHT SOME FANTASTIC RESULTS.

I HAVE SEEN THE TERRIBLE EFFECTS OF HUNGER ON INNOCENT CHILDREN.

I HAVE SEEN THE SMALL STATURE, THE WEAK AND UNDERDEVELOPED MUSCLES.

I HAVE SEEN THE ANEMIA THAT DRAINS ALL VITALITY FROM THE BODY.

AND I HAVE SEEN THE YEARNING FOR HELP IN THE GLAZED EYES OF HUNGRY CHILDREN.

BUT, I HAVE HAD THE JOY THAT COMES WITH WATCHING THE LIGHT OF LIFE BEGIN TO FLICKER AND THEN GLOW IN THESE CHILDREN WHEN THEY HAVE A DECENT DIET.

CHILD NUTRITION IS ONE OF THOSE RARE PROBLEMS THAT APPEAR TO BE WITHIN OUR POWER TO SOLVE. ALL THAT IS PRESENTLY LACKING IS THE WILL TO SOLVE IT. I CHALLENGE ALL OF YOU TO JOIN ME IN MY COMMITMENT TO ELIMINATE THE SCOURGE OF HUNGER AND MALNUTRITION FROM MINNESOTA AND THE ENTIRE NATION.

IN CONCLUSION, AS ONE WHO BELIEVES THAT ADEQUATE HEALTH CARE IS A RIGHT OF EVERY AMERICAN, I FIND THE EXTENT TO WHICH THIS RIGHT CONTINUES TO BE RESERVED TO THOSE WHO CAN AFFORD TO PURCHASE IT, SIMPLY INTOLERABLE.

THERE IS NO MORE JUSTIFICATION FOR MARKETING HEALTH CARE TODAY ON THE AUCTION BLOC TO THE HIGHEST BIDDER, THAN THERE WAS A MAN'S FREEDOM IN THE PAST.

BOTH ARE BASIC HUMAN RIGHTS, AND SHOULD NOT BE MATTERS FOR DECISION IN THE MARKETPLACE.

I ASK ALL OF YOU TO KEEP IN MIND IN YOUR IMPORTANT WORK THE WISDOM IN THE OLD PROVERB WHICH SAYS:

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

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PARTICIPANTS

U.S. Representative Bob Bergland
A farmer by occupation, Congressman Bergland was elected to Congress in 1970 and re-elected in 1972. A native of the Seventh Congressional District which he now represents, Rep. Bergland's committee assignments include Agriculture and Science and Astronautics. He is a Democrat and has been endorsed by his party for re-election in 1974.

U.S. Representative Bill Frenzel
Congressman Frenzel has served as Minnesota's Third District Congressman since 1970. A Republican businessman, he was elected to the Minnesota House of Representatives in 1962 and re-elected in 1964, 1966 and 1968 before seeking the Congressional seat. He is a member of the House Committee on Banking and Currency and House Administration, and has been endorsed for re-election this year.

State Senator J. Robert Stassen
Senator Stassen resides in South St. Paul and was elected to the Minnesota State Senate in 1972 from District 52. Long active in the GOP, Sen. Stassen presently serves as treasurer of the Minnesota Republican State Central Committee. He is a nephew of former Minnesota Governor and presidential contender Harold Stassen. His committee assignments are Governmental Operations and Education. He is employed as a vice president with the brokerage house of Dain, Kalman and Quail in St. Paul.

State Representative Tom Berg
A Minneapolis attorney, Representative Berg was elected to the House from District 56B in 1970 and re-elected in 1972. He is chairman of the House Health Subcommittee and was chief House author of the new Ethics and Campaign Disclosure Act of 1974. Rep. Berg will seek re-election this fall and has been endorsed by the DFL.

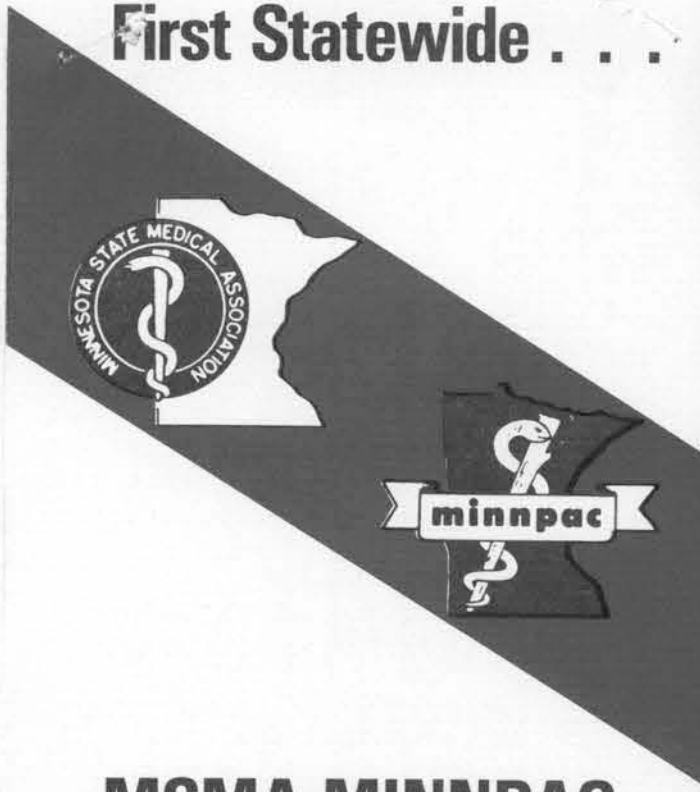
State Representative John J. Salchert
Minnesota's only physician-legislator, Dr. Salchert has served his North Minneapolis, District 54A, constituency since 1966. A solo family practitioner, Dr. Salchert is a member of the House Health and Welfare Committee, and Chairman of the Metropolitan and Urban Affairs Committee. He caucuses with the DFL. Dr. Salchert has chosen not to seek re-election again in 1974.

William G. Sumner, St. Paul
A well known editorial page columnist, Mr. Sumner has served as Editor of the *St. Paul Dispatch and Pioneer Press* since 1964. From 1961-64 he was a Washington Correspondent for Ridder Publications, and previous to that held positions with a number of West Coast newspapers. Mr. Sumner is a recipient of the Ramsey County Liberty Bell Award given once annually by the Ramsey County Bar Association.

Roy Pfautch, St. Louis, Missouri
Roy Pfautch is founder and President of Civic Services, Inc., a professional campaign management firm based in St. Louis, Mo. Organized in 1963, Civic Services, Inc. has managed campaigns for the U.S. Senate, U.S. House of Representatives, and various mayoral races. In addition to campaign management Mr. Pfautch has served as a consultant to the Republican National Committee, AMPAC, ADPAC (American Dental Political Action Committee), and the Life Underwriters Political Action Committee. Mr. Pfautch holds a graduate degree in divinity and is an ordained Presbyterian minister.

Rex Kenyon, M.D., Oklahoma City, Oklahoma
A pathologist, Dr. Kenyon has been a member of the AMPAC Board of Directors since 1972. He is also a member of the AMA's Speakers Bureau, the AMA Council on Legislation, and an alternate delegate to the AMA. He is a past president of the Oklahoma Medical Society, and served as OMPAC Chairman from 1966-70.

First Statewide . . .



MSMA-MINNPAC

PUBLIC AFFAIRS WORKSHOP

Radisson South Hotel
Bloomington
June 15, 1974

MSMA/MINNPAC PUBLIC AFFAIRS WORKSHOP

RADISSON SOUTH HOTEL

Saturday, June 15, 1974

VERANDAS 1-4

9-9:30 a.m. REGISTRATION, Rolls, Coffee

9:30 **WELCOME**
Barnard Hall, M.D., President, Minnesota State Medical Association
OPENING REMARKS
Richard L. Engwall, M.D., Chairman, MINNPAC Board of Directors

9:45 **LEGISLATIVE OBJECTIVES AND POLITICAL ACTION**
Chester A. Anderson, M.D., Chairman, MSMA Committee on Public Policy

10:00 **POLITICAL RESPONSIBILITY AND THE PHYSICIAN'S WIFE**
Mrs. Lois Fischer, Legislative Liaison, Woman's Auxiliary to the MSMA

10:15 **CANDIDATE SUPPORT COMMITTEES - WHAT THEY ARE AND HOW THEY WORK**
Rex E. Kenyon, M.D., AMPAC Board of Directors

10:45 **POLITICAL OUTLOOK '74**
William Sumner, Editor, St. Paul Dispatch and Pioneer Press

11:15 **CAMPAIGN FINANCING - PUBLIC AND/OR PRIVATE?**
PANEL:
Congressman Bill Frenzel, Rep., Minnesota Third District
Congressman Bob Bergland, DFL, Minnesota Seventh District
Senator Robert Stassen, Rep., Minnesota Senate
Representative Tom Berg, DFL, Minnesota House of Representatives
MODERATOR:
Rep. John Salchert, M.D., Minneapolis

12:15 p.m. LUNCHEON
Presiding: Richard L. Engwall, M.D., MINNPAC, Chairman
Speaker: U.S. Senator Hubert H. Humphrey - invited

1:30 **MANAGING THE CAMPAIGN - A PRO TELLS YOU HOW**
Mr. Roy Pfautch, Civic Service, Inc., St. Louis, Missouri

3:30 **MINNPAC MEMBERSHIP**
Merle Mark, M.D., MINNPAC Membership Chairman

3:45 **SUMMING UP**
Richard L. Engwall, M.D.

ADJOURNMENT

Minnesota
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