

MUSKIE: HEALTH TECHNOLOGY

Revolution: this is the only way to describe the current state of the nation in health and scientific affairs. The headlines of the last year prove this point. Man today is already able to increase or decrease his own number, modify his genetic constitution, trade almost any tissue or organ, develop his own intelligence, and even change his own mood.

Heart transplants and creation of artificial viral cores may have captured the press coverage this year, but they are only two eruptions in the explosion of knowledge now going on in the medical and biological sciences.

Indeed, on the horizon, if not at our elbows are days when disease and even death will lose their old meanings, and when life may be prolonged or altered in ways never before available to man.

All of us must marvel at these health science breakthroughs. Yet while we dream of the future, our eyes must focus on another kind of present news story.

"Technically, murder may be committed in transplanting or organs from one human to another," Deputy District Attorney John W. Miner of Los Angeles said yesterday.

"I didn't give legal approval, but I told him I would neither file nor press charges," said Joseph Jachimczyk of the Nicks-Stuckwish heart transplant in Houston, Texas.

"It was not donation," said a bitter William Tucker of the

transplant of his brother's heart in a Richmond, Virginia operation.

Social institutions and attitudes seem always in a race with advancing technology. Most of the time they lag far behind. It was true in atomic energy, and it is true now in health. The evidence of this lag is to be found in the backlog of unresolved moral, legal, ethical, and public policy questions raised by the recent breakthroughs.

The quotes from the newspapers just cited referred to the complex of legal questions surrounding tissue transplantation. Existing state laws are simply inadequate to guide physicians, donors, recipients, and medical examiners, all of whom may be involved in heart transplant cases.

But there are other questions raised by the possibility of tissue transplantation:

-- 80,000 people could benefit from heart transplant operations each year, if enough organs, transplant teams, and facilities were available. 7-15,000 Americans die each year for lack of kidney transplant operations and dialysis facilities. Who shall live and who shall die?

-- Each heart transplant operation costs \$50,000-\$75,000; each kidney transplant, \$10,000-\$22,000. Who pays for what?

- For \$1.2 billion, we could save the 25,000 or more kidney disease patients who will need transplantation or dialysis in the next ten years. For the same amount of money we could extend routine health care to the 1,350,000 poor who desperately need it. What shall priorities be?

Genetics raises other issues:

- Current knowledge of genetics makes it likely that with \$10 billion dollars, knowledge could be developed of cures to some forms of cancer and mental retardation. Similar amounts of money could be used to equip men for Vietnam or space.

What is the importance of science as compared with space and defense?

- Within the next quarter century, asexual reproduction of human beings may be possible. Husband and wife may be able to choose which of them a child will resemble. Which of two parents perfects the race?
- In Australia, a man was acquitted on a murder charge because of a genetic abnormality linked with criminal behavior. Should this country have a genetic test for legal insanity?

Behavior control is a third area:

- Within the next decade, psychological and chemical measures will permit much control over the development of man's intellectual capacities. Who will decide what happens to whom and on what basis?

-- IQ's and groups of abilities may be raised and lowered at will. Who will decide what gets raised, and who will do the work of the world.

These are but a few of the questions now confronting our society, from but three biomedical developments.

This revolution in health science is much like the history of atomic energy. It is incremental, built up over long periods of time through accumulation of scientific knowledge. It is international, with knowledge spread across many countries. It is irreversible, for we cannot turn back. But health science is like atomic science in another fashion as well. In it is the potential for social costs as well as benefits. Whether on balance research advance will benefit mankind depends not only on the scientist, but on society as well. The line between good and evil is fine. Whether we realize it or not, all of us are involved in the determining the lines of demarkation.

We are sitting on top of a health science time bomb. It seems clear to me that there is a large and growing gap between the potential health science offers, and our ability to control and use this knowledge to the best benefit of mankind.

Perhaps also we still have time to prevent and avoid the problems of atomic research if we start now to deal with the social side of health science.

The evidence seems clear; secrecy about research findings in health science has bred fear in the public; the sensationalism of recent breakthroughs has raised unwarranted expectations. Public support for research has declined, while demands for more equitable distribution of the benefits of health research has increased.

The public demands a role. The scientific community demands their rights. The question is what to do.

The genius of democratic government is that decisions evolve through discussion and consensus. The question is how best to move this nation toward a new consensus on the relationship between health science and social consequences.

The answer surely ~~was~~ for Congress to cut off research funds. On the other hand, the nation clearly will not stand for the medical equivalent of the mushroom cloud. The answer probably lies in increasing both research and service funds -- but with new criteria to guide decision-makers.

A beginning has to be made, and made now. And it seems to me the most logical place to start is by resuming the democratic progress through penetrating, public debate of the public policy issues at hand and on the foreseeable horizon.

Current action in this field is interesting and important. The Commissioners on Uniform States Laws have recently had approved

the final draft of the Uniform Anatomical Gift Act. Four states have already adopted draft versions of this Act, designed to eliminate several of the legal issues in tissue transplantation. It is essential that other states move quickly to adopt this Act. I also commend the important work being done by professional groups all over the country, and by the National Science Foundation's Board on Medicine.

Nevertheless, while each of these efforts is important in a narrowly defined area, something more is needed. For none of the groups now operating is considering the entire range of public policy questions implicit in research developments. None is performing the educational function for the general public that is needed, though each may be communicating with a segment of the professional community. And none is working broadly and effectively to advise and counsel Congress and the President on goals, priorities, and alternatives.

Senator Mondale of Minnesota has proposed the creation of a Presidential Advisory Commission on Health Science and Society. Indeed such a Commission is urgently needed.

The hearings on the Commission proposal held last spring gave fascinating documentation to the issues I have raised with you today. Experts from medicine, science, government, the

universities, and business all discussed the need for a multi-disciplinary examination now, before it is too late.

I applaud the Senator's idea, and hope the Commission can soon be created. For it seems to me this nation today has crucially important decisions to make in the field of health. We need to establish a process to make those decisions. We need to establish a relationship between health science possibilities and the future of our society, such that each reflects and influences the other to the benefit of all mankind.

This nation so far advanced in health science technology must begin to break through on the social ~~front~~iers of medicine as well. We need not stumble into the future the way we blundered into the bomb. Through public discussion, we can begin to confront and resolve the question of what our 1984 will be -- and turn it from the Orwellian nightmare, to a Brave New World of better health for mankind.

Those of us in this room today are using a lot of H's lately. We are here today because of a man whose name constitutes a monopoly of that letter of the alphabet. H is for HHH. H is also for health. And it is the issue of the health of this nation that I wish to discuss briefly with you today.

"The most basic opportunity of all -- the opportunity without which there is no other -- is the opportunity for health," said Hubert H. Humphrey.

He did much to promote that opportunity, both for those here in Minnesota, and for the nation. As Mayor of Minneapolis, Hubert H. Humphrey made Minneapolis the first city in the nation to sponsor free chest x-rays. He also helped found the Minnesota Polio Research Commission.

As a member of the Senate of this United States, he has been part of every major battle in the field of health for years.

He was in on the very beginnings of the Medicare fight. That piece of legislation finally was enacted sixteen years after he first introduced a health insurance bill in 1949.

-- He led the fight on Thalidomide that led to eventual regulation of the drug that maims children.

-- He introduced and worked for legislation covering both health facilities and health personnel, including far-sighted proposals for training health specialists and increased medical facilities.

-- He has worked consistently for a better understanding of problems of mental illness, and to control air and water pollution.

-- He was advocate for the consumers long before it became a fashionable cause, working for legislation to maintain high food and drug standards, improve automobile safety, and extend the Flammable Fabrics Act.

-- He has fought for increased funds for health research, including international research.

No matter what the need -- research, medical care, improved facilities, personnel, training -- Hubert H. Humphrey's record is clear. Although another H -- the distinguished Senator Hill has received the praise, in truth, Humphrey deserves to share the title "Mr. Health."

Now let us move further down the alphabet. Neither Richard M. Nixon nor George Wallace have said very much about health.

Mr. Nixon introduced no important health legislation as a senator.
But two of Nixon's statements indicate his attitude.

--"We've got the best medical care in the world," he said in a speech.

--"The moment you have a compulsory health insurance program, that is the first step toward socializing the medical profession in this country," he said in another.

Here is Nixon in a nut shell: A man who has bought the myth that our medical care is best, and needs no change. A man who bought the "socialized medicine" line from the AMA as easily as he bought the soft-on-communism line from the McCarthyites.

What is past is prologue.

Let us move on now to consider the health issues of today.

Health is the most basic opportunity of all, said Hubert H. Humphrey.

Yet the reality of this era is that this opportunity is cruelly denied many Americans.

"Hunger, U.S.A.," and the C.B.S. television graphically illustrated the paradox of hunger in this nation -- 10 million or more hungry Americans in a land that spends millions to keep food off the market. Hungry people are not healthy people. Malnourished children die. Their brains are damaged. They grow up deformed and disabled.

Surely hunger is a health issue we all can understand. I introduced a bill to deal with this issue. I am a member of the Senate Select Committee on Hunger set up to produce a set of proposals well worth the full consideration both of the Congress and of the country. But doing something about hunger is going to take stepping on some toes -- both in the South and in the North. With Strom Thurmond at the Senate helm, I can predict what will happen to the "hunger disaster" counties of South Carolina, and the rest of this nation as well. Nothing.

Millions are hungry. Millions also lack adequate medical care. "We've got the best medical care in the world," said Mr. Nixon. The facts do not support this view. ^{For while some people get good care,} This nation is fifteenth ^{millions don't.} in infant mortality. 25 children in every 1000 die in this country

before they reach their first birthdays. Half this country's poor children have not had immunizations; more than 2/3 have not seen a dentist. 30% of all families with incomes of less than 2,000 suffer from chronic health deficiencies.

As Hubert H. Humphrey pointed out in 1967, "The poor in America have four times as much heart disease, six times as much arthritis and rheumatism, six times as much mental and nervous illness as the rest of our population."

If the facts and statistics shock us, they should.

- Spending up to \$75,000 for single heart transplants, this nation still fails to provide the \$135 per person it would take to provide routine health care to one third of our population who are poor;
- Boasting of sophisticated health systems in research centers, this nation still tolerates fragmented, low-quality, inaccessible health care, particularly for the poor.
- Saving thousands of lives in Vietnam through emergency care, this nation allows 630,000 Americans die on the highways each year for lack of similar techniques here at home.

Ladies and gentlemen, all of us, Congressmen and constituents alike, must share in the collective guilt for this state of affairs. For there was nothing inevitable about the gap between health research and service. Many factors helped create the problems, and American citizens played a role in all of them.

The capacity of medical schools should be increased by 40% over the next 25 years to meet the minimum needs of the population. Can we expect this from Mr. Nixon who stated support for government assistance in education and research, then who ~~rejected~~ voted "no" to subsidies to students under professional health training programs, and against the Emergency Professional Health Training Act?

The average per person expenditure for personal health is more than \$200 a year for all Americans. Migrant workers today get only an average of \$12 worth. Yet medical care costs are projected to rise 140% within the decade. Mr. Nixon calls government involvement in health insurance "socialization". He would leave the private sector alone. Would he move affirmatively to meet the problem of rising medical care costs?

State health departments report that only 40% of health service areas have met 100% of their general hospital bed needs. Over 500,000 additional long-term care beds are needed for patients suffering from chronic illness. Mr. Nixon called for State and local programs, then rejected moves to restore cuts in funds for hospitals, medical care, research, and the public health service programs. Mr. Agnew cut his state health budget. Can we expect adequate funding for existing government programs?

high for some people, some millions are getting 100 quality service or none at all,

The truth is that while ^{the quality of medical care may be} ~~some of the medical care~~ is good, it is ~~unequally distributed~~. Operating on the implicit principle that health care is a privilege, not a right, this nation today sees the results of two systems of health care, one for the rich, another for the poor, separate, and unequal.

We have made tremendous strides in health research. ~~Minnesota has provided proud leadership in this area.~~ But the next President of this United States must not only maintain the health research capacity of this nation, but also see to it that the products of this research are delivered more equitably to all the people of this land.

Achieving this goal is going to take many layers of change -- change in the way health services are delivered, so that ^{high quality care} they are accessible and available to all, including the poor. It is going to take training many more health professionals, and making better use of the people we have. It is going to take more facilities, and equipment, and a redistribution of hospitals and health centers so that rural areas as well as metropolitan areas are served. And

it is going to take change -- radical change -- in the way health care is financed.

difficult to dispel than the flu, and the victim may be a carrier of the disease long after he appears to have recovered.

In 1957 a record was kept of 300 persons who were infected with salmonella organisms for at least 10 months. In 1961 another 145 persons were infected with salmonella for six months, and in 1963 over 1,000 cases were reported in the Northeastern states and many of these cases persisted for two years.

This, I tell you, is a serious national problem and you must do everything within your power to eliminate it from our society. The states have not seen fit to attack this problem and you are the last resort if we are to retard this completely unnecessary explosion of disease caused by food poisoning and salmonella infections.

A good example of the reliability of the states in protecting the consumer can be witnessed in an incident which occurred in Edina, Minn. as recently as June 20, 1968. Edina Sanitarian James Hensley discovered New York dressed chickens at an Edina grocery store. New York dressed chickens are those which have been plucked but not cleaned.

A call to the state Department of Agriculture drew no sign of concern and no action. Adly enough Minnesota State Statute 31.602 very clearly prohibits sale of animals in this condition and the Department of Agriculture is charged with the responsibility of policing this industry.

In the June issue of "The Fact Finder", the house organ for Local 653 and Local 653-A, meat cutters and food handlers' unions in Minnesota, the union secretary-treasurer very kindly salutes me as "... that same journalist who broke the egg contamination case that resulted in prompt congressional action to clean up that part of the business." I'm not entirely certain about the accuracy of the union reporter, but I appreciate his kind words and implore you gentlemen to make his statement of prompt congressional action to clean up that part of his business a reality.

Thank you gentlemen.

Ladies and gentlemen, the Johnson years will be remembered for decades to come as years of tremendous progress in the field of health care.

-- The Medicare and Medicaid legislation removed financial barriers to adequate care for many elderly persons, and some of the medically indigent;

-- The partnership for health legislation created the basis for comprehensive health planning at the local level;

-- The Manpower training programs of the Labor Department and Departments of Health, Education, and Welfare provided some of the funds necessary to increase the supply of health manpower;

-- The Neighborhood Health Center programs of the Office of Economic Opportunity became a model for family medical care for the nation.

But with so much further to do, this is not the time to look back. The formulas of the fifties will not serve to guide us in the seventies.

"Socialized medicine" is a scare phrase describing a mythical possibility. Like the "Communist conspiracy" theory of history, it serves only to distort and obscure the issues before us.

Democrats are not suggesting a British-style National Health Service, but we are saying we need to spread medical care more equitably;

Democrats are not suggesting the Federal Government pay all costs of medical care; but we are saying we need to study ways to meet the financing problem;

Democrats are not suggesting Federal Government regulation of all aspects of the doctor-patient relationship, but we are saying that public debate is needed over spending priorities, and means of meeting the needs for personnel, facilities, and equipment.

Health care in the United States traditionally has been based primarily on private enterprise, with individual practitioners serving patients who could pay themselves for health services. This system served us relatively well during the youthful years of medical science, when physicians' skills were few, and facilities and charges minimal. But the growing array of skills, and escalating costs make that model obsolete. The "invisible hand" has not dealt out equally the opportunity for health.

What is needed ~~is~~ action, not passivity; affirmative leadership in mixing public enterprise, and private health care efforts. Men biased against public involvement never will help us meet this need.

A skillful pharmacist is called for. Starting with the present system of public and private initiatives, this druggist must then add a strong portion of incentives to innovation. The mixture must be closely watched. Other ingredients will be needed. For it will be like a suspension solution. Many different particles representing different approaches will have to co-exist together before the best ones begin to filter down as recognizable patterns.

Hubert H. Humphrey is such a pharmacist. Hubert H. Humphrey is such a leader.

In 1967, Hubert Humphrey called for "a new and pragmatic partnership -- a working voluntary partnership between government and the institutions and professions ~~is~~ concerned with the health of the people -- a partnership in which no partner is all-dominant ... in which all partners retain their independence and identity."

"Without intermention, the poor get sicker, and the sick get poorer," said one OEO health program administrator.

The health affairs of this nation today demand intervention, not apathy; active leadership, not passive acquiescence. They demand a man whose constituency is not just the AMA, but all consumers of health care.

With the leadership ~~of Humphrey and Muskie~~ at the Presidential level; and with the support of the Democratic Congressional slate -- this nation can overcome its health care deficits.

Freedom from hunger and the right to good health can be achieved.

I urge you to join me, and ----- in working toward that end.

NEED FOR MEDICAL CARE

This nation today confronts a gigantic credibility gap in domestic affairs. The Riot Commission Reports, the martyrdom of Dr. King, and all carry the same terrible message: there is a wide and growing gulf between the principles, potential, and practice of this nation. We who are dedicated to unity and equality are moving toward separation and inequality in our institutions and in our treatment of people. And what is true in housing, education, and welfare also is true in health.

Let me explain what I mean.

Present advances, and those on the horizon, give this nation a glimpse of what could be a new golden age of better health for mankind. Breakthroughs in prevention and treatment of disease already rid men of the need to suffer from age-old maladies like measles, polio, and other infectious diseases. And recent events like heart transplants and the DNA discoveries seem the prelude to almost infinite improvement and prolongation of life.

But while health research gives us the potential, we have yet to make actual good health for millions of Americans. It is one thing to have the knowledge, and quite another to exercise it well. Individual and institutional wisdom is necessary if benefits are to be spread equally to all men. Our performance so far shows we are not yet wise enough to be so smart.

There is a tremendous gap between research developments, and our delivery of the products of this research to people. Operating on the implicit principle that health care is a privilege, not a

right, this nation today sees the results of two systems of health care, one for the rich, another for the poor, separate and unequal.

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Ladies and gentlemen, all of us, Congressmen and constituents alike, must share in the collective guilt for this state of affairs. For there was nothing inevitable about the gap between health research and service. Many factors helped create the problems, and American citizens played a role in all of them.

The truth is that while good medical care is available to some, millions are getting few health services, or none at all.

Operating on the implicit principle that health care is a privilege, not a right, this nation today sees the results of two systems of health care, one for the rich, another for the poor, separate and unequal.

Sickness and poverty reinforce one another. The poor live in conditions which undermine physical and mental health. Illness generated by these circumstances keeps the poor from getting out of poverty through education, better jobs, and other opportunities the healthy can use.

There is little hope that this self-perpetuating cycle can be broken without a better approach to providing health services. Health services, particularly for the poor, today are too often insufficient, both in scope and quantity; inaccessible geographically, or in time; so impersonal the normal therapeutic relationship cannot be maintained; so fragmented among clinics and offices even a Ph.D. would have trouble putting the pieces together; often lacking in continuity among services and family members; and finally, are often of poor quality.

We have made tremendous strides in health research. But the next President of this United States must not only maintain the health research capacity of this nation, but also see to it that the products of this research are delivered more equitably to all the people of this land.

Achieving this goal is going to take many layers of change -- change in the way health services are delivered, so that high quality care is accessible and available to all, including the poor. It is going to take training many more health professionals, and making better use of the people we have. It is going to take more facilities, and equipment, and a redistribution of hospitals and health centers so that rural areas as well as metropolitan areas are served. And it is going to take change -- radical change -- in a way health care is financed.

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