

**ADDRESS BY SENATE REPUBLICAN LEADER ROBERT DOLE (R-KAN.) AT  
THE ANNUAL MEETING OF THE AMERICAN UROLOGICAL ASSOCIATION  
Location: Washington Convention Center, 900 Ninth St. NW  
Time: 8:30 a.m., May 12, 1992**

SENATOR ROBERT DOLE (R-KS): Well, thank you very much. I'm very honored to be here. Never seen so many urologists in one room. I don't know who's doing the work back home. But I know this is a very important convention. I'm very proud to be a small part of it.

I'll just start out by saying I've been called a lot of things in my political career. Some have said that I'm the Betty Ford of prostate cancer. I'm very proud of that too. Because she was a courageous pioneer in raising the awareness of breast cancer. And now I think it's time to get the word out on prostate cancer. I know urology covers a lot of other things, because I've experienced a lot of the other things, like kidneys and things of that kind.

So I've been trying, since Dr. McCloud finished me up out here at Walter Reed to spread the word to men across the country about the importance of early detection. I'm going to talk about this only about a minute.

So I've literally talked to hundreds of men and their wives across the country by telephone, men who've written me and men who've asked me a lot of advice. And of course not being a physician I don't give any medical advice. But I do urge them to see their doctor. And I do believe we've having some success. Because I see others, whether it's Justice Stevens or whether it's Len Dawson out in Kansas City, the former Chiefs' quarterback, or others across the country, Stan Musial, who was, I guess, here today. And I saw him last night, others who are willing to stand up and tell other men they ought to go in and get an examination.

So I'm very happy to be here as one of those who was a beneficiary of early detection and good care. And I thank all my physicians and the staff at Walter Reed hospital. And I'm certain that hundreds of thousands of men across the country could stand up and say the same thing.

As I've said, I've learned a great deal about it. Some things I didn't like about it. Some things I'm still learning about it. But I do believe that the advances being made are something you can be proud of. I've been working with Senator Stevens in an effort to have more research on prostate cancer. More money available for prostate cancer. And I think we have to take a look at how we spend money obviously, because we don't have very much of it at the federal level. But I do believe that there has to be more balance. And I certainly am not quarreling with any other program. But we have increased the amount of research, at least in the authorization from about \$24 million a year to \$120 million. Now we have to get the appropriations to have that money. And that is a step in the right direction. It's still less than we have for research for breast cancer. We spend \$2.1 billion a year for AIDS research. And all these areas are very important. But it seems to me with a disease where about 34,000 men estimated die a year, we have some responsibility at the federal level to find out what can be done to at least reduce that number.

But I didn't come to talk about myself. I came to talk just a little bit about health care. And of course to remind everybody in this room that this is a presidential election year, you don't need to be reminded of that. And everything that we do in the Congress has some political importance, or at least some think it has some importance, or some little political taint, because we're not far from November, when we will elect a president of the United States.

And this year, we have--we will have, I think, three candidates running for president. Ross Perot has not yet announced. He's indicating he's waiting for the people to speak, and he's out there trying to stimulate that. You remember Jerry Brown's line, he had this 800 number and he'd call you and ask you for \$100. Ross Perot has an 800 number, you call him he sends you \$100. So if you want to get in on that.

(Laughter)

I don't know where Ross Perot stands on health care. I'm not certain where President Bush is on health care. Nor am

I'm certain where Bill Clinton is on health care. But I am certain of one thing, if I'm any judge of what will happen in Congress. We're not there yet. We're not ready to pass some big national health care plan or universal coverage or whatever it might be or the Canadian plan or the German plan or the pay-or-play plan or even the Republican plan of tax credits.

But I think also that it will dominate the agenda, if not this year, the next couple of years, and we can talk about health care reform, but you might interpret health care reform in one way and there might be 99 other different interpretations. So I think we have to be certain what we're talking about.

Some of us have been saying for a long time that health care should be and would be one of the top issues of 1992. And candidates at every level, whether they're running for Congress, president or governor are out there talking about health care, and probably they should be talking about health care. They're talking about reform. They're scrambling like they've just discovered the issue, and many of them have just discovered the issue, but better late than never.

Presidential candidates can't seem to agree on a solution and Congress is still sharply divided on a plan. And I can tell you, I think there are at least 24 plans in Congress and I doubt that a single one of those 24 plans would have enough votes to pass. So we have a lot to do.

It's a high stakes debate, not only for folks without access to quality health care but for employers across the nation who are barely surviving because of the bite that health care costs are taking out of their business. And that's sort of the pay-or-play plan. If you don't pay, if you don't want to join the plan then you have to pay and somebody else will provide the care.

A lot of us have cosponsored legislation. We're not certain we have the answer, but we're looking at it, trying to create incentives and trying to keep what we have and build on what we have, maybe with some cost containment, maybe with some incentives, but not destroy the insurance system and not destroy the doctor-patient relationship, without crippling our economy and without putting employers on the critical list with mandates and new taxes, as I believe the pay-or-play crowd would have it.

You all are health care providers, but many, I suspect, are small businesses, as well, and I don't have to tell you that a big increase in the payroll tax or increase for any reason, whether it's a mandate from the federal government, is in effect a tax. It means higher operating costs and fewer jobs and fewer business opportunities.

And the way I see it, we can either help small businesses buy insurance on the free market or we can bury them under a mountain of mandates. And I believe that most small employers would agree that Americans want affordable health care, but they shouldn't have to pay for it with their jobs, or they shouldn't have to pay for it with their business. And if you come from a small state like Kansas and you get out into western Kansas, and I know Dr. Worth is here from out in western Kansas and certainly others, and it's pretty tough just to keep your doors open in a small town. And if somebody mandates you start paying a certain amount, additional amount for health care, you're going to have difficulty keeping that business open.

And if you ask me, the American people are probably a little sick and tired of inaction on Capitol Hill and maybe ought to sue Congress for legislative malpractice if we can't work on a bipartisan basis to reform the American health care system.

And the American people have expressed dissatisfaction over how we in Congress are handling the health care issue. But maybe you've seen the recent research conducted over the last two years by the Gallup organization and the Public Agenda Foundation, which I think has shed a lot of new light on what the American people think, what the people in your communities think and what they think about the providers of health care, yes, and the leaders in politics and other places that are going to be dealing with this issue.

Everyone wants to know, when you take a poll, why health care costs continue to go up. For leaders and experts, the answer is that the cost issue is a complex one. They refer

to factors such as duplication of technology and services, defensive medicine, health costs associated with crime and drug abuse and an aging population. That's how the providers see it in many areas, and some of us in politics see it.

For the American people, though, according to this two-year survey, the cost issue can be summed up in one simple word: greed. The survey shows that Americans blame high costs on unnecessary tests, overpaid doctors, wasteful hospitals, overpriced pharmaceuticals and ambulance-chasing malpractice lawyers. And from the public's perspective, we don't have a cost problem. From their perspective we have a profits problem. They don't talk about costs. They talk about everybody making too much profit.

The American people believe that the American health care system is riddled with waste and greed. Therefore, no one is eager to talk about hard choices. They don't want to give up anything. They say it's not necessary to give up anything. We just make less profit, the doctor makes less, the hospital makes less, the lawyer may make less. And not many want to consider solutions that will increase their own costs or reduce the services they get. I'll give you an example of that.

We passed a catastrophic coverage bill in Congress about three or four years ago. We thought it was a pretty good idea. We said to people who had money, you ought to pay a little more. Made a lot of sense. We thought it was good legislative policy. It was a tough decision. It passed the Congress by an overwhelming vote. Less than a year later it was repealed because the people you had asked to pay more have a very effective lobby and they all came to Washington and they said we're senior citizens; we don't want to pay more; we earned this; it's ours; we ought to have it; even though we have money, we shouldn't pay one cent more.

And so you know what happened? Even though the leaders in Congress were standing up saying this is a good idea, this is fairness, this is the way it ought to work, it was repealed.

So we found then and we're finding again in the survey that most Americans, and I don't suggest there's anything wrong with that, they want more care, better quality care, more accessible care, more affordable care, without any additional costs. And that's a dilemma that's being faced by those who are running for president, by members of this audience and other providers all across America.

So I just say we have our work cut out for us. The solutions aren't going to be easy but what's essential with any plan that we adopt is that we not only address the current deficiencies in the present system but also preserve the many strengths that our health care system offers. And I believe there are a lot of strengths in our present system. I don't want to throw it all out and start over, have some "big, bold plan" that, in effect, disrupts everything.

And my view is we're not going to have that. We are going to build on what we have. We have a great system in many, many ways. After all, America is the medical miracle-worker. We're living longer than ever before, maybe not as long in the United States as other industrialized countries. We can point to infant mortality, where we don't do very well, but in many other cases we're number one, and in most cases we're number one. We've defeated plagues. We have made medical advances that can save the life of the smallest, frailest newborn, and we have learned how to make spare body parts for nearly every body organ. The quality of health care that you American health professionals deliver is envied and admired worldwide and in my view is second to none. That's the good news.

The bad news is that we spend over \$800 billion and it's headed for \$1 trillion, \$800 billion per year on health care delivery, far too much considering that many still lack access to care, and we can agree that if there are 37 million or 35 million--I don't know who counts all these people but somebody says 30, 37 million without care--we can all agree that 37 or 35 or 30 million without insurance is far too many.

So we have to start solving the problems. And the American people I think are demanding action. I went around my state last summer at a meeting in every county in Kansas. We have not as many people but a lot of counties, 105 town meetings. And in every meeting, almost the first or the second

question was about some insurance company amending their policy, the preexisting condition or some other problem with health care, with the hospital or with the physician or someone, and people are looking for help, people who had worked all their lives and got to the point of retirement and they couldn't afford to keep their health coverage. So there are some real cases dealing with real people that need real solutions.

So my hope is that we don't have the debate disintegrate into some political contest, who can point the finger at the Democrat or the Republican, but that we really look for a solution. And I think that's what the American people are looking for.

So we have to work together, whether we're providers or whether we're in the business of politics or whether we're nurses, drug and insurance companies, consumers, the government. And I'm convinced that reform can take place, and I'm convinced it can be done without creating another bureaucracy or another government program. And I'm not certain how many watched ``60 Minutes'' on Sunday night but it had a story about all the doctors who were leaving medicine to go out and open up pet shops and do other things just because they were tired of spending half their time filling out forms and papers, and that's got to change if we're going to have anything done.

(Applause.)

And we ought to be able to do that. So the bottom line is giving the American people the best care we can, the best care for their tax dollars without killing jobs and businesses with an overdose of mandates and taxes.

I say as I conclude I think in the final analysis it's going to be up to members of this audience and other providers across the country, insurance countries, business, government, consumers--all going to have to be a part of the public debate if we're going to build a system that's affordable and can meet the reasonable expectations of the American people.

So for all the reasons that I can think of, in addition to just being happy to be here, I certainly congratulate you on what you've done in the past and look forward to working with this association and others in the provider category in the weeks and months and years ahead.

We're not going to get it done this year. There may be an effort for political reasons to offer some plan, have it voted down, but I think realistically we're looking at the next year or the following year, after we have a lot of study, a lot of witnesses, a lot of input by a lot of people, so that we can come up with the right kind of health care plan.

And for all those here who are out daily saving lives or trying to save lives, I congratulate you and thank you for your efforts and look forward to working with you. Thank you very much.

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