

News from Senator

BOB DOLE



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REMARKS OF SENATOR BOB DOLE
DEDICATION OF THE MULTISPECIALTY CLINIC
AT THE UNIVERSITY OF OSTEOPATHIC MEDICINE
DES MOINES, IOWA
MARCH 27, 1987

THANK YOU VERY MUCH. I APPRECIATE THE INVITATION TO HELP INAUGURATE WHAT PROMISES TO BE ONE OF THE FINEST HEALTH CARE FACILITIES IN IOWA. AND, IN FACT, COULD WELL BE A MODEL FOR ALL OF RURAL AMERICA.

I UNDERSTAND THAT THE UNIVERSITY TOWER CLINIC WAS PATTERNED AFTER THE MAYO AND CLEVELAND CLINICS -- TWO PRETTY FAIR MODELS -- SO I SALUTE THE VISION AND THE DEDICATION IT TOOK TO MAKE THIS WONDERFUL FACILITY A REALITY.

PUTTING OUR MONEY WHERE IT COUNTS

I'D LIKE TO BEGIN THIS EVENING BY FOCUSING NOT SO MUCH ON CARE FOR THE SICK; BUT ON A MUCH MORE FUNDAMENTAL TENET OF MODERN MEDICINE -- THE PREVENTION OF SICKNESS. IN MY VIEW, OUR NATION'S HEALTH CARE SYSTEM MUST BE JUDGED NOT ONLY IN ITS ABILITY TO CURE US, BUT ALSO ON ITS ABILITY TO KEEP US WELL.

THE EMPHASIS ON PREVENTION HAS BEEN THE CORNERSTONE OF THIS INSTITUTION FROM THE DAY IT FIRST OPENED ITS DOORS IN 1898. OSTEOPATHIC PHYSICIANS HAVE ALWAYS BEEN AT THE VANGUARD OF PREVENTIVE HEALTH CARE.

BUT NOT LONG AGO A NEW STUDY TOLD US THAT THE NATION STILL HAS A LONG WAY TO GO ON THE PREVENTION FRONT.

FIRST, THE GOOD NEWS: BETWEEN 1965 AND 1980 WE REDUCED THE INFANT MORTALITY RATE IN THE UNITED STATES BY MORE THAN 50 PERCENT.

BUT THE OTHER SIDE OF THE COIN SAYS WE'VE STILL NOT GIVING INFANTS THE FIGHTING CHANCE THEY DESERVE TO BE BORN HEALTHY. AND THAT'S WHERE THIS NATION'S RECORD IS NOT SO HOT.

AS YOU NOW, PRENATAL CARE IS THE KEY, INCLUDING EVERYTHING FROM REGULAR EXAMS, TO NUTRITION COUNSELING TO EDUCATION ABOUT PREGNANCY RISK FACTORS SUCH AS SMOKING. THESE ARE SOME CONCERNS THAT THIS INSTITUTION -- WITH ITS COMPREHENSIVE APPROACH TO MEDICINE -- UNDERSTANDS ONLY TOO WELL.

LIKE OTHER PREVENTIVE MEASURES, PRENATAL CARE SAVES LIVES -- IT CAN ALSO SAVE DOLLARS. AND IN THE REAL WORLD, FILLED WITH GROWING EXPENSES AND FINITE RESOURCES, SAVING MONEY -- YOUR TAX DOLLARS -- IS THE NAME OF THE GAME.

THE SAD TRUTH IS, ONLY ONE PERCENT OF ALL FEDERAL HEALTH DOLLARS ARE SPENT ON PREVENTION.

WHY NOT SPEND MORE MONEY UP FRONT TO REDUCE THE NEED FOR HIGH COST CARE LATER ON. IN ORDER TO ACHIEVE THESE GOALS WE BEGAN SOME YEARS AGO TO TRY TO GET THE COST OF OUR EXISTING SYSTEM UNDER CONTROL.

WE DON'T HAVE TO RATION CARE

THE SEARCH FOR COST-CUTTING HAS LED TO SOME FAIRLY FRIGHTENING SPECULATION. SOME PEOPLE ARE NOW TALKING ABOUT THE NEED TO "RATION" HEALTH CARE SERVICES -- IN OTHER WORDS, TO DECIDE WHOSE LIFE WE SHOULD PROLONG WITH OUR SCARCE DOLLARS, AND WHOSE WE SHOULD NOT.

RATIONING MEANS MAKING DECISIONS ABOUT WHETHER TO KEEP A VERY LOW BIRTHWEIGHT BABY ALIVE, OR HOW LONG A FRAIL 85-YEAR-OLD SHOULD BE MAINTAINED ON A LIFE SUPPORT SYSTEM. THAT'S NOT MY IDEA OF HUMANE HEALTH CARE.

RATIONING IS NOT THE SOLUTION, BUT RATIONALIZING OUR HEALTH CARE DOLLARS IS. LET'S SPEND EACH DOLLAR MORE WISELY SO WE DON'T HAVE TO RATION. LET'S MAKE CERTAIN THESE LIFE AND DEATH QUESTIONS ARE ANSWERED WITH COMPASSION AND WISDOM, NOT WITH FEDERALLY-MANDATED SOLUTIONS. THE BOTTOM LINE IS WE NEED TO REASSESS OUR PRIORITIES.

AGAIN, PREVENTION CAN BE A PART OF THE KEY. THAT IS WHY I HAVE BEEN A LONG-TIME ADVOCATE FOR NUTRITION PROGRAMS -- FOR THE POOR, THE UNBORN AND THE DISADVANTAGED. AS THE RANKING MEMBER OF THE NUTRITION SUBCOMMITTEE, I WILL CONTINUE TO SUPPORT NECESSARY FUNDING FOR THE WIC PROGRAM, AND THE OTHER NUTRITION PROGRAMS THAT ARE ABSOLUTELY ESSENTIAL FOR THE NATION'S HEALTH. I WILL ALSO CONTINUE TO SUPPORT EFFORTS TO ENCOURAGE THE STATES AND PRIVATE INSURERS TO MAKE A BIGGER INVESTMENT IN MATERNAL AND CHILD HEALTH CARE.

IT'S A TOUGH CHORE TO FIND THE FUNDS FOR ALL OF THIS, BUT I BELIEVE THESE DOLLARS WILL PAY BIG DIVIDENDS DOWN THE ROAD.

POOR PEOPLE ARE BEING SQUEEZED OUT

STILL, THERE ARE MILLIONS OF AMERICANS WHO CANNOT EVEN AFFORD HEALTH CARE -- PREVENTIVE OR OTHERWISE!

THE SAD FACT IS ONE OUT OF EVERY FIVE CHILDREN HAVE NO HEALTH INSURANCE OF ANY KIND, PUBLIC OR PRIVATE AND NOT ALL OF THEM ARE POOR. THEN THERE ARE SELF-EMPLOYED PEOPLE OR SEASONAL WORKERS WHO AREN'T COVERED AND ARE EXPOSED TO MEDICAL AND FINANCIAL DISASTER. IN A COUNTRY LIKE OURS, THIS IS UNACCEPTABLE. BUT DON'T EXPECT UNCLE SAM TO PICK UP THE ENTIRE TAB. OUR OBLIGATION TO TAKE CARE OF THE DISADVANTAGED MUST BE A SHARED RESPONSIBILITY AT THE FEDERAL, STATE AND LOCAL LEVELS, WITH THE PRIVATE SECTOR SHARING THE LOAD, TOO. THE DIFFICULT QUESTION IS HOW TO SHARE THAT BURDEN. SO, HOW DO WE DO IT?

I CONTINUE TO FAVOR A METHOD OF SUBSIDIZING THE PURCHASE OF PRIVATE INSURANCE FOR SOME OF THE UNINSURED. THE CREATION OF STATE POOLS WOULD GO A LONG WAY IN HELPING TO MAKE THIS COVERAGE AVAILABLE. ADDITIONALLY, WE MAY NEED TO CREATE SOME ADDED INCENTIVES TO ENCOURAGE SMALL EMPLOYERS TO PROVIDE COVERAGE FOR THEIR EMPLOYEES AND THEIR FAMILIES.

I AM COMMITTED TO KEEPING AS MANY PEOPLE IN THE PRIVATE INSURANCE SYSTEM AS POSSIBLE. BUT I AM PREPARED TO SUPPORT NEEDED MODIFICATIONS IN PROGRAMS LIKE MEDICARE AND MEDICAID WHERE NECESSARY SO WE REALLY HAVE A SAFETY NET. OUR CURRENT WORK ON CATASTROPHIC HEALTH INSURANCE FOR THOSE OVER THE AGE OF 65 IS AN INDICATION OF THIS INTEREST, BUT ALSO AN ACKNOWLEDGEMENT OF VERY REAL BUDGET CONSTRAINTS THAT WILL NOT ALLOW US TO BROADEN THIS DEBATE TO INCLUDE ISSUES LIKE LONG-TERM CARE.

PRESERVING ACCESS IN RURAL AREAS

AND NOW I COME TO A SUBJECT THAT ALL OF YOU HERE IN IOWA HAVE AN INTEREST IN -- HEALTH CARE DELIVERY TO RURAL AMERICA.

I REALIZE I'M PREACHING TO THE CHOIR WHEN I SAY THAT THE AVAILABILITY OF HEALTH SERVICES TO RURAL AREAS IS AN ABSOLUTE MUST IF WE ARE TO HAVE A TRULY COMPREHENSIVE, HEALTH CARE SYSTEM.

PEOPLE DESERVE ACCESS TO HIGH QUALITY PRIMARY HEALTH CARE. PEOPLE DESERVE ACCESS TO ACUTE EMERGENCY CARE, CLOSE ENOUGH TO HOME TO MAKE THE CRITICAL DIFFERENCE IN AN EMERGENCY SITUATION. AND THEY DESERVE ACCESS TO LONG-TERM CARE, CLOSE TO HOME AND TO FAMILY. I'M WILLING TO BET THAT SOME STUDY SHOWS THAT GRANDMA RECOVERS FASTER FROM HIP SURGERY IF SHE'S VISITED REGULARLY BY HER GRANDCHILDREN.

BUT, THAT DOESN'T MEAN THAT EVERY FACILITY WE NOW CALL "HOSPITAL" HAS TO BE THE BE-ALL, END-ALL. NOR DOES EVERY "HOSPITAL" HAVE TO BE A WONDERLAND OF EXPENSIVE TECHNOLOGY.

LET'S FACE IT, THERE'S NO REPLACEMENT I KNOW OF FOR GOOD OLD FASHIONED HEALTH CARE -- FROM THE FAMILY DOCTOR, TO THE HOSPITAL NURSE, TO THE DEDICATED VOLUNTEER. THERE'S NO REASON WE CAN'T BUILD ON THAT TRADITION OF CARE TO KEEP THE FOCUS ON PREVENTION AND "WELLNESS" ALONG WITH CONTINUED ACCESS TO ACUTE SERVICES AND DIAGNOSTIC TECHNOLOGY THAT CLINICS SUCH AS THIS ONE HAVE. I STRONGLY BELIEVE THAT THE HOSPITAL AS A COMMUNITY INSTITUTION WILL CONTINUE TO PLAY A VITAL ROLE IN EVERY PART OF THIS COUNTRY. THE FUNCTION OF ALL THESE HOSPITALS -- INCLUDING -- RURAL HOSPITALS -- WILL HAVE TO EVOLVE DURING THE NEXT FEW YEARS, HOWEVER, TO MEET THE CHANGING HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE.

THE NEW MEDICARE PAYMENT SYSTEM HAS INCREASED THE MOVEMENT OF MANY PATIENTS FROM SMALLER COMMUNITIES INTO REGIONAL CENTERS, LARGER URBAN HOSPITALS, AND MULTI-SPECIALTY CLINICS LIKE THE ONE WE ARE HELPING DEDICATE TODAY. THAT MOVEMENT MAKES A GREAT DEAL OF SENSE. CLINICS LIKE THE TOWER CLINIC OFFER THE VERY BEST THAT SCIENCE HAS TO OFFER. BUT DURING THIS TIME OF TRANSITION WE HAVE A RESPONSIBILITY TO OUR RURAL COMMUNITIES TO ASSIST THEM IN REBUILDING AND REORIENTING THEIR SERVICES.

DURING THIS TRANSITION PERIOD, IT IS CRITICAL THAT THE MEDICARE SYSTEM PLAYS AN ACTIVE ROLE IN MAINTAINING ACCESS TO QUALITY HEALTH SERVICES IN RURAL AREAS.

I HAVE RECENTLY SPONSORED LEGISLATION THAT WOULD PROVIDE SMALL RURAL HOSPITALS WITH GRANTS TO HELP FINANCE SOME OF THE CHANGES THEY NEED TO MAKE. WE MAY NEED TO FIND EVEN MORE WAYS TO ASSIST THEM.

RURAL HOSPITALS WILL CONTINUE TO PLAY AN ESSENTIAL ROLE IN DELIVERING HEALTH CARE SERVICES IN PLACES LIKE IOWA AND KANSAS, BUT IN ORDER TO STAY ALIVE, THEY'RE GOING TO HAVE TO CHANGE AND IT'S UP TO US TO HELP THEM.

CHALLENGES AHEAD

RECENT PUBLIC AND PRIVATE SECTOR REFORMS INCLUDING THOSE THAT ARE CAUSING THE PROBLEMS IN OUR RURAL AREAS REPRESENT AN IMPORTANT DEPARTURE FROM THE "MORE IS BETTER" MENTALITY THAT HELPED DRIVE HEALTH COSTS UPWARD IN THE PAST TWO DECADES, AND IT IS A TREND WE SHOULD CONTINUE. AT THE SAME TIME, HOWEVER, WE MUST ENSURE THAT OUR COST CONSCIOUSNESS DOESN'T LEAD TO A LOWER STANDARD OF CARE.

IN SCIENCE, OUR GENIUS FOR INVENTION IS SERVING UP INCREDIBLE DIAGNOSTIC, SURGICAL AND BIOMEDICAL BREAKTHROUGHS THAT BLUR THE LINES BETWEEN LIFE AND DEATH, AND HOLD THE PROMISE OF REMARKABLE CURES AND THE THREAT OF UNACCEPTABLE COSTS.

THE "GRAYING" OF AMERICA PRESENTS ANOTHER MAJOR CHALLENGE, AS A BURGEONING POPULATION OF ELDERLY CITIZENS WHO CONSUME THE MOST EXPENSIVE HIGH-TECH MEDICINE AND WHO PUT A SEVERE STRAIN ON

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OUR CAPACITY TO PROVIDE ADEQUATE MEDICAL, NURSING HOME, AND HOME HEALTH CARE. IN LAW AND RELIGION, OUR JUDGES, ETHICISTS, AND MORAL THEOLOGIANS ARE CONFOUNDED BY THE PANDORA'S BOX OF MEDICAL DISCOVERIES THAT INSISTS THEY REEXAMINE QUESTIONS AS FUNDAMENTAL AS WHEN LIFE BEGINS AND ENDS.

WITH SUCH POTENT SCIENTIFIC, DEMOGRAPHIC, POLITICAL AND ECONOMIC FORCES AFOOT, THE FERMENT AND TURMOIL THROUGHOUT THE HEALTH CARE INDUSTRY HAVE REACHED THE HIGH PITCH OF REVOLUTION. GUIDING THIS REVOLUTION IS A DELICATE BUSINESS BECAUSE THERE IS SO MUCH OF VALUE TO PRESERVE. THE AMERICAN WAY OF HEALTH HAS BEEN NOTHING SHORT OF MIRACULOUS.

HUBERT HUMPHREY ONCE SAID "THE MORAL TEST OF GOVERNMENT IS HOW THAT GOVERNMENT TREATS THOSE WHO ARE IN THE DAWN OF LIFE, THE CHILDREN; THOSE WHO ARE IN THE TWILIGHT OF LIFE, THE ELDERLY; AND THOSE WHO ARE IN THE SHADOWS OF LIFE; THE SICK, THE NEEDY AND THE HANDICAPPED".

IN OUR THIRD CENTURY WE HAVE TO WONDER IF WE CAN SUSTAIN THE COMMITMENT. WITH YOUR HELP, I BELIEVE WE CAN.

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