

REMARKS OF SENATOR BOB DOLE  
HEALTHY AMERICA CONFERENCE  
JUNE 10, 1980

I'VE LONG MAINTAINED THAT 1980 IS A WATERSHED YEAR FOR THE AMERICAN PEOPLE, IN WHICH A NUMBER OF LONG-DEBATED ISSUES CAN BE RESOLVED. THE HEALTH OF OUR PEOPLE RANKS WITH THE DOMESTIC ECONOMY AND OUR NATIONAL DEFENSE AS A CRUCIAL ITEM ON THE NATIONAL AGENDA. IN YOUR PUBLIC-SPIRITED EFFORTS TO ADDRESS HEALTH CARE WITHIN THE PRIVATE SECTOR, YOU HAVE DISPLAYED EVIDENT AGREEMENT.

HOW DO WE ADDRESS HEALTH CARE IN A MODERN INDUSTRIALIZED NATION?  
HOW DO WE RECONCILE EVIDENCE OF REAL NEED WITH A FINITE BUDGET AND AN ECONOMY AT LEAST TEMPORARILY WEAKENED BY INFLATION AND RECESSION?  
HOW DO WE STRUCTURE HEALTH CARE SO AS TO PRESERVE A MAXIMUM AMOUNT OF INDIVIDUAL CHOICE AND PHYSICAL FREEDOM, WHILE STILL INSURING THAT EVERYONE WHO NEEDS CARE WILL RECEIVE IT?

THESE ARE NOT SIMPLE QUESTIONS. AND THEY PRODUCE NO SIMPLE ANSWERS. BUT THAT DOES NOT MEAN THERE ISN'T A RIGHT WAY AND A WRONG WAY TO ATTACK THE PROBLEMS THAT EXIST.

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### THE PROBLEMS OF SUCCESS

THE FIRST THING WE OUGHT TO REALIZE IS THAT MOST OF OUR PROBLEMS ARE PROBLEMS OF SUCCESS, OF FINE TUNING, OF PERFECTING WHAT IS ESSENTIALLY THE FINEST HEALTH CARE SYSTEM IN THE WORLD. LET ME GIVE YOU SOME EXAMPLES.

- SINCE THE IMPLEMENTATION OF THE MEDICARE AND MEDICAID PROGRAMS, FINANCIAL BARRIERS TO HEALTH CARE HAVE DIMINISHED FOR THE ELDERLY AND THE POOR.
- THE TREND IN THE LAST DECADE HAS BEEN TOWARD EQUAL USE OF PHYSICIAN SERVICES BY INCOME AND RACE.
- IN 1978, NATIONAL HEALTH EXPENDITURES IN THE UNITED STATES TOTALED \$192.4 BILLION, AN AVERAGE OF \$863 PER PERSON AND COMPRISING 9.1 PERCENT OF THE GROSS NATIONAL PRODUCT.
- IN OUR DISCUSSIONS ON HEALTH INSURANCE, WE CAME TO REALIZE THAT THE GREAT MAJORITY OF THE AMERICAN PUBLIC DO HAVE SOME FORM OF HEALTH CARE COVERAGE, EITHER THROUGH THE PRIVATE SECTOR OR THE PUBLIC SECTOR PROGRAMS: MEDICARE AND MEDICAID.



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HOWEVER ALL IS NOT WELL. THERE ARE PROBLEMS WHICH RELATE TO NOT ONLY ACCESS TO CARE, BUT ALSO TO THE WAYS WE DEAL WITH DISEASE -- THERE REMAINS AN INSTITUTIONAL BIAS: THERE IS ALSO A PROBLEM IN OUR FAILURE TO PROMOTE AND SUPPORT PREVENTATIVE MEASURES.

IT IS COMMONLY OBSERVED THAT SOME AMERICANS ARE BORN HEALTHY AND MAKE THEMSELVES ILL. FOR TOO MANY OF US, THIS SEEMS THE SAD TRUTH.

- 70-90 PERCENT OF CANCERS ARE SAID TO BE ENVIRONMENTALLY CAUSED.
- IT IS SAID THAT WITH IMPROVED DIET WE COULD ELIMINATE 25 PERCENT OF DEATHS FROM CARDIOVASCULAR DISEASE.
- IT IS SAID THAT WITH SIMPLE CHANGES IN LIFE STYLE WE COULD ADD 7-11 YEARS TO OUR LIFE EXPECTANCY.
- SOCIO-ECONOMIC STATUS CONTINUES TO INFLUENCE THE NEED FOR MEDICAL CARE, WITH THE POOR REPORTING MORE ILLNESS AND DISABILITY THAN THE NONPOOR.
- THE BLACK INFANT MORTALITY RATE IN 1977 WAS STILL TWICE AS HIGH AS THE RATE FOR WHITE INFANTS -- 23.6 VERSUS 12.3 INFANT DEATHS PER 1,000 LIVE BIRTHS.

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WHEN CONFRONTED WITH THESE FIGURES, MANY HEALTH EXPERTS THROW UP THEIR HANDS. THEY FEEL THAT CHRONIC DISEASE -- CANCER, STROKE, HEART ATTACK, ARTHRITIS -- IS THE PRICE WE PAY FOR AFFLUENCE AND THAT OUR PEOPLE WILL NEVER WILLINGLY SURRENDER THE PERSONAL HABITS WHICH TOO OFTEN SEEM TO MAKE THEIR OLD AGE A TIME OF ILLNESS AND DISABILITY.

I DISAGREE. I FIND CAUSE FOR HOPE, NOT DESPAIR, IN OUR GROWING AWARENESS THAT SO MUCH DISEASE IS PREVENTABLE. I THINK THE SKEPTICS GIVE US TOO LITTLE CREDIT FOR PERSONAL STRENGTH AND SELF-DISCIPLINE, AND I THINK THE EVIDENCE IS ALREADY PROVING THEM WRONG.

- OUR DEATH RATE FROM HEART DISEASE HAS DECREASED BY 25 PERCENT OVER THE LAST 25 YEARS.
- SOME STUDIES SHOW AVERAGE CHOLESTEROL LEVELS HAVE DROPPED BY AS MUCH AS 3-5 PERCENT IN THE LAST DECADE.
- THE PERCENTAGE OF PEOPLE WITH HIGH BLOOD PRESSURE WHOSE CONDITION IS UNDER CONTROL HAS INCREASED FROM 16 TO 29 PERCENT SINCE 1962.
- CANCER MORTALITY CONTINUES TO DECREASE FOR THE POPULATION UNDER 45 YEARS OF AGE AND HAS RECENTLY BEGUN TO DECLINE FOR THOSE 45-49 YEARS OF AGE.



-- LIFE EXPECTANCY AT BIRTH CONTINUES TO INCREASE, REACHING A RECORD 73.2 YEARS FOR AMERICANS IN 1977.

MOST OF THIS PROGRESS HAS BEEN ACHIEVED WITH LITTLE OR NO SYSTEMATIC GOVERNMENT EFFORT TO ENCOURAGE HEALTH PROMOTION OR DISEASE PREVENTION. IN FACT, AS A NATION, WE SPEND LESS THAN 2 PERCENT OF OUR TOTAL HEALTH DOLLAR ON HEALTH EDUCATION. MUCH OF THE SUCCESS IS CLEARLY DUE TO THE EFFORTS OF PRIVATE INDUSTRY, AND INDIVIDUAL CITIZENS. IT IS THESE EFFORTS THAT WE MUST ENCOURAGE AND SUPPORT.

#### THE PRIVATE SECTOR

THE NATURAL INVENTIVENESS OF THE FREE ENTERPRISE SYSTEM IN ALL AREAS OF BUSINESS HAS MADE SIGNIFICANT CONTRIBUTIONS TOWARDS IMPROVING HEALTH CARE DELIVERY.

IN AT LEAST 20 COMMUNITIES ACROSS THE NATION, LOCAL CHAMBERS OF COMMERCE AND OTHER BUSINESS ORGANIZATIONS ARE WORKING WITH COMMUNITY LEADERS TO ASSESS THE NEEDS OF THE CITIZENS OF THOSE COMMUNITIES.

IN-HOUSE HEALTH PROMOTION ACTIVITIES SPONSORED BY MANY BUSINESSES FOR THEIR EMPLOYEES ARE ALSO ENHANCING ATTITUDES TOWARD HEALTH AND,

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IN THE POSSIBLE EVENT OF ILLNESS, TEACHING PEOPLE HOW TO BE WISE PURCHASERS OF SERVICES.

ANOTHER EFFORT WORTHY OF NOTE, THOUGH IT IS ILLNESS ORIENTED, IS THE GROWTH IN THE HOSPICE MOVEMENT. BECAUSE OF THE INTEREST SHOWN BY INDIVIDUALS AND BUSINESSES, THIS HUMANE METHOD OF CARE IS EXPERIENCING A REAL GROWTH IN THIS NATION. FOR INSTANCE, COMPANIES SUCH AS GENERAL ELECTRIC ARE BEGINNING TO OFFER THESE SERVICES AS PART OF THEIR INSURANCE BENEFIT PACKAGES. AND, AS I AM SURE MANY OF YOU ARE AWARE, DEMONSTRATIONS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WILL PROVIDE AN OPPORTUNITY FOR A NUMBER OF HOSPICES ACROSS THE NATION TO PROVIDE SERVICES TO INDIVIDUALS SEEKING THIS SERVICE.

IT SHOULD BE NOTED, HOWEVER, THAT GOVERNMENT INVOLVEMENT HAS BEEN VERY LIMITED TO DATE, BECAUSE WE WANT TO PROVIDE THIS MOVEMENT AN OPPORTUNITY TO DEVELOP WITHOUT THE BIAS THAT FEDERAL FUNDS AND RESULTING CONTROLS MIGHT PRODUCE.



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### INCREASING ROLE OF PRIVATE SECTOR

IT IS INTERESTING TO NOTE THAT IN DISCUSSIONS ABOUT HEALTH CARE, AND HEALTH CARE EXPENDITURES, WE CONTINUE TO FOCUS ON FEDERAL AND STATE GOVERNMENT SPENDING AND ACTIVITIES. CERTAINLY NOW, WITH BUDGET CONSTRAINTS FACING US, IT IS NOT SURPRISING THAT TWO OF THE CENTRAL ISSUES OF PUBLIC DEBATE TODAY REVOLVE AROUND MEDICAL ECONOMICS. I SPEAK, OF COURSE, OF COST CONTAINMENT AND HEALTH INSURANCE.

THE SOLUTIONS THAT HAVE BEEN PROPOSED BY THE ADMINISTRATION AND OTHERS, TO DEAL WITH ESCALATING HEALTH CARE COSTS RELY HEAVILY ON MANDATORY FEDERAL AND STATE HOSPITAL CONTROLS. THE ADMINISTRATION SEEMS TO IGNORE THE FACT THAT THE LEVEL OF HEALTH CARE SPENDING IS DETERMINED NOT SIMPLY BY HOSPITALS , BUT BY THE QUANTITIES OF VARIOUS PURCHASED SERVICES AND THE PRICE OF EACH SERVICE.

BUT MORE IMPORTANTLY, THE ADMINISTRATION SEEMS TO HAVE FORGOTTEN THE ROLE OF BUSINESS. BUSINESS IS THE LARGEST PRIVATE PURCHASER OF HEALTH INSURANCE. IN FACT, BUSINESS PAID WELL OVER \$40 BILLION DOLLARS OF THE NATIONS HEALTH BILL IN 1978. THIS IS IN ADDITION TO THE AMOUNTS PAID IN SOCIAL SECURITY TAXES. IN ONE MAJOR COMPANY WITH SALES OF \$11 BILLION DOLLARS ANNUALLY, EMPLOYEE HEALTH CARE COVERAGE COST \$208 MILLION IN 1978.

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A RECENT ARTICLE IN THE NATIONAL JOURNAL HIGHLIGHTED MANY OF THE INNOVATIVE HEALTH CARE COST CONTAINMENT STRATEGIES USED BY BUSINESS, IN ADDITION TO SPECIFIC EFFORTS TO PROMOTE HEALTH AMONG THEIR EMPLOYEES. THESE ACTIVITIES INCLUDE EXERCISE PROGRAMS AND SCREENING PROGRAMS TO DETECT ILLNESS.

WE OWE ALL OF YOU A DEBT OF GRATITUDE FOR THESE EFFORTS. BUT WE MUST NOT STOP HERE, COMPLACENT WITH OUR SUCCESSES TO DATE.

#### USE OF INSURANCE PLANS TO CHANGE CARE

ONE OF THE MOST IMPORTANT TOOLS THAT YOU HAVE AVAILABLE TO YOU TO CHANGE PEOPLES BEHAVIOR REGARDING HEALTH IS YOUR EMPLOYEE HEALTH INSURANCE BENEFIT PACKAGE.

COMPANY PLANS INCREASINGLY PAY FOR OUT-PATIENT SURGERY, PRE-ADMISSION TESTING AND HOME CARE. MANY ALSO PROVIDE EMPLOYEE INCENTIVES FOR HEALTH PROMOTION.

THE EFFECTS OF THE CHANGES ON BEHAVIOR WILL BE FELT NOT ONLY IN YOUR OWN COMPANY BUT THROUGHOUT THE NATION. THIS IS TRUE BECAUSE, AS ANY OF YOU WHO HAVE FOLLOWED THE CURRENT DEBATE IN



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HEALTH INSURANCE KNOW, WE CONTINUE TO LOOK TO THE PRIVATE SECTOR FOR DIRECTION, KNOWING FULL WELL THAT ANY CHANGE RELATED TO HEALTH INSURANCE MUST BE BUILT ON THE CURRENT EMPLOYER/EMPLOYEE PLANS.

### A YEAR FOR CRITICAL DECISIONS

I SAID AT THE START OF MY REMARKS THAT 1980 WAS A WATERSHED YEAR, IN WHICH CRITICAL DECISIONS WOULD CONFRONT THE AMERICAN PEOPLE. HEALTH CARE IS ONE SUCH AREA OF DECISION. WHAT WE DO IN THE BALLOT BOXES THIS NOVEMBER WILL CAST A LONG SHADOW ON WHAT KIND OF HEALTH CARE SYSTEM THIS COUNTRY HAS FOR YEARS TO COME.

I KNOW WHAT KIND I WANT: I WANT AN EXTENSION OF WHAT WE HAVE NOW, WITH ITS EMPHASIS ON DIVERSITY, AVAILABILITY, AND DYNAMIC FLEXABILITY AND AN INCREASED EMPHASIS ON HEALTH PROTECTION. I WANT NO RATIONING OF HEALTH CARE, NO GREY FACELESSNESS, NO MISGUIDED MANDATE FOR CONFORMITY.

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YOUR COMMITMENT TO CHANGE GIVES ME CONFIDENCE THAT WE CAN ACHIEVE  
THE FIRST AND AVOID THE SECOND. WITH YOUR CONTINUED ACTIVE  
INVOLVEMENT IN POLITICAL DISCUSSIONS AS WELL AS HEALTH CARE ISSUES,  
THE HOPES THAT PERMEATE THIS SUMMER OF 1980 CAN BECOME REALITY.