REMARKS OF HONORABLE BOB DOLE

MIDWEST CANCER CONFERENCE
BROADVIEW HOTEL
SATURDAY, APRIL 11, 1970

THE MAJOR ORGANIZATION IN THE FEDERAL GOVERNMENT'S FIGHT AGAINST CANCER IS THE NATIONAL CANCER INSTITUTE. THE INSTITUTE WAS ESTABLISHED WITHIN THE PUBLIC HEALTH SERVICE IN 1937. SINCE THAT TIME, CONGRESS HAS APPROPRIATED MORE THAN $2 BILLION FOR NCI'S WORK, WELL OVER 80 PERCENT OF IT IN THE LAST 10 YEARS.

DURING THIS PAST DECADE CANCER RESEARCH HAS BEGUN TO PAY OFF IN TERMS OF REAL PROGRESS AGAINST MALIGNANT DISEASES IN MAN. IN THIS PERIOD, BROAD AVENUES OF RESEARCH ATTACK AGAINST SPECIFIC FORMS OF CANCER HAVE BEEN DELINEATED. MUCH OF THIS DIRRECTION AND ORIENTATION HAS BEEN BASED ON THE PAINSTAKING LABORATORY RESEARCH CARRIED ON IN EARLIER YEARS.

THE GOVERNMENT'S ATTACK ON CANCER IS NOW BEING MOUNTED IN TWO MAIN AREAS: CAUSATION AND TREATMENT.

VIRUS RESEARCH

ONE OF THE MOST ACTIVE AND PROMISING AREAS OF RESEARCH ON CANCER CAUSE AND PREVENTION IS THE VIRUS AREA. THE EXTENSIVE LABORATORY EVIDENCE THAT VIRUSES CAUSE MANY DIFFERENT KINDS OF CANCER IN ANIMALS HAS LED SCIENTISTS TO ASSUME THAT AT LEAST ONE AND PERHAPS SEVERAL FORMS OF HUMAN CANCER ARE ALSO CAUSED BY VIRUSES. YOU ARE PERHAPS FAMILIAR WITH THE WORK OF DR. ROBERT J. HUEBNER IN THE NATIONAL CANCER INSTITUTE, WHO POSTULATES THAT VIRUSES DESIGNATED AS C-TYPE ARE RESPONSIBLE FOR ALL HUMAN CANCER.

MORE THAN 80 VIRUSES -- ABOUT 20 OF WHICH WERE DISCOVERED IN THE PAST THREE YEARS --- HAVE BEEN SHOWN TO PRODUCE CANCER IN ANIMALS, AND ALTHOUGH NONE HAS AS YET BEEN DEMONSTRATED AS A CAUSATIVE AGENT IN HUMAN CANCER, ONE GROUP OF VIRUSES IS ASSOCIATED WITH SEVERAL TYPES OF MALIGNANCY IN MAN, INCLUDING HODGKIN'S DISEASE AND TUMORS OF THE UPPER THROAT AND BACK PART OF THE NASAL CAVITY.

VIROLOGY RESEARCH HAS BEEN GIVEN A HIGH PRIORITY, AT THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, AND MORE THAN $30 M MILLION HAS BEEN SOUGHT TO SUSTAIN AND EXPAND ITS FISCAL YEAR 1971 RESEARCH INTO VIRUS CAUSATION OF CANCER. THESE STUDIES WILL INCLUDE INVESTIGATIONS INTO TRANSMISSION OF VIRUSES, POSSIBLE IMMUNILOGICAL POTENTIALS, AND FURTHER PROBING INTO THE MECHANISMS BY WHICH VIRUSES EFFECT THE ORGANISMS AND CELLS THEY INVADE.

DRUG TREATMENT

SOME OF THE MOST IMPORTANT PROGRESS AGAINST CANCER IN RECENT YEARS HAS BEEN MADE IN THE AREA OF DRUG TREATMENT. SURGERY AND RADIATION, ALTHOUGH STILL THE TREATMENTS FOR MOST COMMON FORMS OF CANCER TODAY, ARE NEVERTHELESS OF LIMITED USEFULNESS IN DEALING WITH SYSTEMIC TYPES OF CANCER, SUCH AS LEUKEMIA OR HODGKIN'S DISEASE, OR OTHER FORMS OF THE DESEASE THAT HAVE SPREAD WIDELY THROUGH THE BODY. FOR CONDITIONS BEYOND THE REACH OF RADIATION AND SURGERY, DRUGS ARE THE BEST

HOPE BECAUSE CHEMICAL COMPOUNDS INJECTED INTO THE PATIENT CAN SEEK OUT AND ATTACK CANCER CELLS IN REMOTE PARTS OF THE BODY TO WHICH THEY HAVE SPREAD.

THE NATIONAL CANCER INSTITUTE HAS CONDUCTED A WORLDWIDE SEARCH FOR NEW ANTICANCER DRUGS. A NATIONAL VOLUNTARY, COOPERATIVE CLINICAL CHEMOTHERAPY RESEARCH PROGRAM HAS BEEN UNDER WAY FOR THE PAST 15 YEARS. IN THAT TIME ABOUT 327,000 SUBSTANCES HAVE BEEN TESTED FOR THEIR EFFECTS ON ANIMAL TUMORS. AS THE RESULT OF THESE PROGRAMS AND STUDIES WITH KNOWN DRUGS, THERE ARE NOW ABOUT 30 DRUGS AVAILABLE TO DOCTORS FOR TREATING CANCER. ALTHOUGH CURES BY DRUG TREATMENT ALONEE HAVE BEEN ACCOMPLISHED ONLY IN A FEW RARE FORMS OF CANCER, VERY ENCOURAGING RESULTS HAVE BEEN OBTAINED.

OTHER RESEARCH

IN ADDITION TO RESEARCH IN ITS OWN LABORATORIES AND CLINICS AT BETHESDA, MARYLAND, AND SUPPORT OF OUTSIDE RESEARCH THROUGH GRANTS AND CONTRACTS, THE NATIONAL CANCER INSTITUTE SUPPORTS THE TRAINING OF YOUNG SCIENTISTS AND PHYSICIANS THROUGH FELLOWSHIPS TO INDIVIDUALS AND TRAINING GRANTS TO MEDICAL SCHOOLS. THE INSTITUTE ALSO STIMULATES AND COOPERATES IN THE DISSEMINATION OF SCIENTIFIC INFORMATION BY SPONSORING A NUMBER OF SCIENTIFIC MEETINGS AND SYMPOSIA AND BY PUBLISHING THE JOURNAL OF THE NATIONAL CANCER INSTITUTE, ONE OF THE THREE SCIENTIFIC JOURNALS PUBLISHED EXCLUSIVELY IN THE CANCER FIELD IN THIS COUNTRY.

THE IMPORTANCE OF PRESSING ON WITH THE GOVERNMENT'S PROGRAM OF CANCER RESEARCH SHOULD NOT BE UNDERESTIMATED. DURING 1970 THERE WILL BE CLOSE TO A MILLION PERSONS UNDER TREATMENT FOR CANCER IN THE UNITED STATES, INCLUDING 625,000 NEWLY DIAGNOSED CASES. ALTHOUGH THERE WILL

BE 330,000 CANCER DEATHS THIS YEAR, REAL PROGRESS HAS BEEN MADE TOWARD SAVING LIVES FROM CANCER THROUGH EARLY DIAGNOSIS AND EFFECTIVE TREATMENT. TODAY ONE IN THREE CANCER PATIENTS CAN EXPECT TO LIVE FIVE YEARS OF LONGER, COMPARED WITH FEWER THAN ONE IN FIVE 30 YEARS AGO. BUT NEW CASES ARE OCCURRING FASTER THAN OUR ABILITY TO CURE THEM, SO IN TERMS OF LIVES LOST, WE ARE STILL LOSING GROUND.

THE GOAL OF CANCER RESEARCH AND TRAINING IS, THEREFORE, TO REDUCE DEATHS FROM CANCER BY REDUCING THE INCIDENCE THROUGH PREVENTION, AND BY SAVING MORE CANCER PATIENTS THROUGH MORE EFFECTIVE TREATMENT. WHEN THE CURE RATE OVERBALANCES THE INCIDENCE RATE, WE WILL HAVE REACHED THAT GOAL AND CAN SET NEW ONES.

CANCER TREATMENT

FROM THE STANDPOINT OF HEALTH CARE, THE CANCER PROBLEM DEMANDS A NEW APPROACH. WHEN WE SPEAK OF CANCER WE ARE TALKING NOT ABOUT A SINGLE DISEASE, BUT A WHOLE FAMILY OF DISEASES. TO DIAGNOSE A MALIGNANT DISEASE,

ADMINISTER EFFECTIVE TREATMENT, AND PROPERLY ASSESS THE RESULTS REQUIRES THE COOPERATION OF AN ENTIRE MEDICAL TEAM OF SPECIALISTS, WITH THE BACKING OF THE BEST POSSIBLE RESEARCH AND PATIENT CARE RESOURCES. OBVIOUSLY SUCH AN APPROACH CANNOT BE ATTEMPTED IN ALL HOSPITALS. IT CAN BEST BE MADE IN INSTITUTIONS DESIGNED OR DEVELOPED AS CANCER CENTERS AFFILIATED WITH MEDICAL SCHOOLS, WHERE THE RESOURCES OF ADVANCED MEDICAL PRACTICE, TRAINING AND RESEARCH CAN BE MOBILIZED FOR THE BENEFIT OF THE PATIENT. THERE ARE ABOUT TWO DOZEN INSTITUTIONS IN THE UNITED STATES THAT APPROACH THE CANCER CENTER IDEAL TO ANY APPRECIABLE DEGREE, BUT THESE ARE LOCATED PRINCIPALLY IN THE NORTHEASTERN REGION OF THE COUNTRY AND ARE NOT EASILY ACCESSIBLE TO PEOPLE IN OTHER AREAS. THE ORGANIZATION OF ADDITIONAL FACILITIES OF THIS TYPE THROUGHOUT THE COUNTRY WILL BE A GOAL OF THE FUTURE.

THE CRISIS IN HEALTH CARE

I WOULD LIKE TO TURN NOW TO THE BROADER ASPECTS OF HEALTH CARE IN AMERICA TODAY. EACH OF YOU INDIVIDUALLY, AS WELL AS THE AMERICAN CANCER SOCIETY, HAS BEEN CLOSELY CONNECTED WITH OUR NATION'S HEALTH CARE SYSTEMS FOR MANY YEARS. IN THAT TIME YOU KNOW PROGRESS HAS BEEN MADE. YOU ALSO KNOW MANY BOTTLENECKS HAVE DEVELOPED IN THE PATHWAYS FOR DELIVERY OF THIS CARE AND THAT MANY SHORTCOMINGS HAVE IMPAIRED OUR REACH TO SUPPLY QUALITY HEALTH CARE FOR EVERYONE.

PAGES NINE THRU SEVENTEEN ARE SAME AS PAGES TWO THRU TEN IN SPEECH GIVEN BEFORE THE UNITED CEREBRAL PALSY ASSOCIATIONS, INC., CINCINNATI, OHIO, APRIL 10, 1970

THE CRISIS IN HEALTH CARE

LAST JULY, PRESIDENT NIXON VOICED HIS ALARM THAT WE ARE FAST REACHING THE CRISIS POINT, INDEED, A VIRTUAL BREAKDOWN, IN OUR HEALTH CARE SYSTEMS. TODAY, I WANT TO RE-SOUND THAT ALARM AND SUGGEST SOME NEW DIRECTIONS IN WHICH OUR RESPONSES SHOULD PROCEED.

AS WITH ANY PROBLEM OF SUCH DIMENSIONS, THERE IS NO SINGLE CAUSE --- NO ONE COMPONENT IN OUR HEALTH DELIVERY SYSTEM ON WHICH THE BLAME CAN BE HEAPED. ALL BUT INVISIBLE TO THE PUBLIC EYE, THE CRISIS HAS BEEN A LONG TIME BREWING. BECAUSE THE PATHOLOGY IS COMPLEX AND DEEP-SEATED, THE THERAPY MUST BE APPLIED SIMULTANEOUSLY ON MANY FRONTS.

IT IS A PROBLEM OF DEMAND OUTRACING SUPPLY; OF GALLOPING MEDICAL COST INFLATION; OF MALDISTRIBUTED FACILITIES AND OF INCENTIVE AND DISINCENTIVE SYSTEMS THAT WORSEN ALL THESE FACTORS. ALSO IT IS A PROBLEM OF MANPOWER, PERHAPS THE CORE PROBLEM AROUND WHICH THE OTHERS REVOLVE AND THE KEYSTONE TO ANY MEANINGFUL, BROAD SOLUTIONS IN THE ENTIRE FIELD.

THERE ARE SOME FACTORS WE CAN IDENTIFY WITH REASONABLE CERTAINTY AS CONTRIBUTORS TO THE IMMINENT BREAKDOWN OF OUR HEALTH-CARE SYSTEMS; ALTHOUGH MANY OF THESE FACTORS, TO BE SURE, ARE INDICES OF PROGRESS RATHER THAN THE BENCHMARKS OF AN IMPOVERISHED AND AILING SOCIETY. AS ON THE ENVIRONMENTAL FRONT, INCREASED AFFLUENCE AND CONSUMPTION RESOLVE SOME PROBLEMS BUT CREATE OTHERS.

INCREASING DEMAND AND COSTS

THE DEMAND FOR HEALTH SERVICES HAS DRAMATICALLY INCREASED IN RECENT YEARS, AND WILL CONTINUE TO DO SO. IN PART, THIS IS A RESULT OF POPULATION GROWTH AND DEMOGRAPHIC CHANGE. NOT ONLY WILL THE AMERICAN POPULATION INCREASE BY SOME 17 PERCENT IN THE NEXT DECADE, BUT THOSE GROUPS THAT REQUIRE MORE HEALTH CARE ARE DUE THE GREATEST INCREASE. PEOPLE OVER 65, THE VERY YOUNG, AND MINORITY-GROUP CITIZENS, WILL ALL INCREASE IN NUMBERS FASTER THAN THE GENERAL POPULATION; AND ALL WILL IMPOSE HEAVIER BURDENS ON OUR HEALTH-CARE RESOURCES.

BEYOND MERE POPULATION GROWTH, INCREASED MOBILITY AND INFLUX INTO CENTRAL CITIES WILL ADD TO THE PRESSURE. THE PROFILE OF POPULATION DISTRIBUTION AND THAT OF EXISTING HEALTH-CARE FACILITIES WILL, INCREASINGLY, DIVERGE, AND WITH THAT DIVERGENCE THERE WILL BE UNDERUTILIZATION ALONG WITH OVER-DEMAND. IN SOME CASES, IT WILL BE THE WRONG KIND OF DEMAND: FOR EXAMPLE, PATIENT INSISTENCE ON TREATMENT IN AN ACUTE CARE FACILITY, EVEN THOUGH OUT-PATIENT CLINIC CARE WOULD BE APPROPRIATE. THERE WILL ALSO BE DUPLICATION OF SERVICES ALONG WITH SEVERE SHORTAGES.

NOT ONLY WILL THE COMING DECADE SEE MORE PEOPLE LIVING IN URBAN SETTINGS THAT TRADITIONALLY GENERATE GREATER HEALTH SERVICE DEMANDS, BUT THESE SAME INDIVIDUALS WILL HAVE MORE PURCHASING POWER AND THUS WILL DRIVE HEALTH COSTS EVEN HIGHER. AS RISING INCOMES ARE TRANSLATED INTO GREATER EDUCATIONAL ATTAINMENT, THIS VARIABLE TOO WILL HAVE ITS IMPACT, BECAUSE BETTER EDUCATED FAMILIES TRADITIONALLY DEMAND MORE DIVERSE AND MORE EFFECTIVE HEALTH SERVICES.

INCREASED INSURANCE COVERAGE ADDS FURTHER PRESSURE ON ALREADY OVERBURDENED SERVICES AND FACILITIES. THE EFFECTS OF INSURANCE ARE THE SAME WHETHER PRIVATELY PURCHASED OR OBTAINED THROUGH SUCH PUBLIC PROGRAMS AS MEDICARE AND MEDICAID. TO THE EXTENT THAT THESE INSURANCE SYSTEMS LACK BUILT-IN INCENTIVES TO LOWER COST, EXTENDED CARE, EARLY CARE, AND PREVENTIVE SERVICES, THE INFLATIONARY SPIRAL WILL BE INTENSIFIED.

AS A BROAD INDICATION OF THE COST SQUEEZE IN HEALTH CARE, LET ME RECITE SOME BARE FACTS:

---INFLATION IN MEDICAL COSTS IS RACING AT MORE THAN DOUBLE THE RATE FOR THE OVERALL COST-OF-LIVING;

---ONE DAY'S HOSPITAL CHARGES, WHICH WERE $44 IN 1965, ARE $70 TODAY, AND WILL PROBABLY RISE TO $100 WITHIN FIVE YEARS;

---MEDICAID IS COSTING $2 1/2 BILLION IN FEDERAL FUNDS ALONE, MORE THAN DOUBLE THE ESTIMATES MADE WHEN THE PROGRAM WAS LAUNCHED THREE YEARS AGO; AND

---AT THIS RATE, ANNUAL FEDERAL COSTS FOR MEDICAID COULD GO TO $12 BILLION BY 1975 WITH THE STATES PAYING ANOTHER $12 BILLION.

ALL THIS IS , MOREOVER, ON TOP OF A CURRENT FEDERAL EXPENDITURE FOR HEALTH THAT EXCEEDS THE ENTIRE ANNUAL BUDGET OF ANY FEDERAL DEPARTMENT IN AREAS OF DOMESTIC CONCERN.

QUALITY OF CARE

YET, DESPITE THESE SKYROCKETING COSTS, THE INDICES SUGGEST THAT THE AMERICAN PEOPLE ARE GETTING NOWHERE NEAR THE QUALITY OF HEALTH CARE THEY HAVE EVERY RIGHT TO EXPECT. AMONG ALL INDUSTRIALIZED NATIONS,

THE U.S. RANKS 14TH IN INFANT MORTALITY, 12TH IN THE PERCENTAGE OF MOTHERS DYING IN CHILDBIRTH, AND 18TH IN MALE LIFE EXPECTANCY.

THE CORRELATION BETWEEN LOW INCOME AND POOR HEALTH CARE HAS BEEN ESTABLISHED BEYOND QUESTION, AND THE IMPACT HAS BEEN PARTICULARLY SEVERE IN BLACK AMERICA. MATERNITY MORTALITY RATES AMONG NEGRO MOTHERS ARE APPROXIMATELY FOUR TIMES THOSE AMONG WHITE MOTHERS. INFANT MORTALITY RATE FOR NEGROES IS ALMOST DOUBLE THE RATE FOR WHITES.

DURING MY SERVICE ON THE SENATE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS, THE EFFECTS OF MARGINAL OR EVEN TOTALLY ABSENT MEDICAL SUPERVISION DURING PREGNANCY HAVE BEEN MADE VIVIDLY CLEAR TO ME. NUTRITIONAL AND OTHER HEALTH DEFICIENCIES BEFORE BIRTH CAUSING SEVERE CONGENITAL DEFECTS MAY ALSO LEAD TO CHRONIC ILLNESS, MENTAL DEFICIENCIES AND A WHOLE SYNDROME OF HEALTH AND ECONOMIC PROBLEMS.

MALDISTRIBUTED RESOURCES

MEDICAL MANPOWER IS SEVERELY MALDISTRIBUTED IN OUR NATION, BOTH IN THE RATIOS FOUND BETWEEN RURAL AND URBAN AREAS AND BETWEEN THE INNER CITY AND THE SUBURBS. IN THE BURROUGH OF THE BRONX IN NEW YORK CITY, THE PHYSICIAN-TO-PATIENT RATIO IS 1-TO-700. BUT IN THE AREAS SERVED BY AN O.E.O. NEIGHBORHOOD MEDICAL CARE DEMONSTRATION PROJECT, THE RATIO IS 1-TO-10,000.

ALTHOUGH ABOUT 30 PERCENT OF THE U.S. POPULATION IS STILL RURAL, ONLY ABOUT 12 PERCENT OF PHYSICIANS, 18 PERCENT OF NURSES, 14 PERCENT OF PHARMACISTS, 8 PERCENT OF PEDIATRICIANS, AND LESS THAN 4 PERCENT OF PSYCHIATRISTS LIVE AND WORK IN RURAL AREAS.

THERE ARE SEVERE SHORTAGES, ACCOMPANIED BY MALDISTRIBUTION OF EXISTING MANPOWER, IN EVERY PROFESSIONAL AND PARAPROFESSIONAL CATEGORY: PHYSICIANS, SURGEONS, DENTISTS, NURSES AND ALL THE AUXILIARY

FIELDS. THE EVIDENCE OF THESE SHORTAGES IS EVERYWHERE. WE SEE IT IN CRUSHING WORKLOADS, RISING INCOMES FOR HEALTH PROFESSIONALS, A QUADRUPLING OF THE HOSPITAL EMERGENCY ROOM CASE LOAD IN THE PAST 15 YEARS, AND IN OUR INCREASING DEPENDENCE ON FOREIGN-TRAINED MANPOWER. GRADUATES OF FOREIGN MEDICAL SCHOOLS NOW CONSTITUTE ONE OF EVERY THREE INTERNS AND RESIDENTS; ONE OF EVERY FOUR NEWLY-LICENSED PHYSICIANS, AND ONE OF EVERY SIX IN OUR POOL OF ACTIVE DOCTORS. MANY OF THESE DOCTORS ARE FROM NEWLY DEVELOPING COUNTRIES. THUS, ON TOP OF OUR OWN DIFFICULTIES, WE CREATE "BRAIN DRAIN" PROBLEMS FOR COUNTRIES WITH MEDICAL SERVICE SHORTAGES EVEN MORE GRAVE THAN OUR OWN.

SOLUTIONS AND DIRECTIONS

OUT OF THIS WELTER OF FACTS AND FIGURES, ONE GREAT QUESTION EMERGES: WHAT ARE WE GOING TO DO ABOUT IT? WE MUST PROVIDE A RATIONAL, EFFICIENT SYSTEM FOR DELIVERY OF HEALTH CARE AND SERVICES AT THE TIME AND PLACE OF PATIENT NEED. HASTY MEASURES WOULD BE FOREORDAINED TO

COMPOUND THE PROBLEM, AS HAPPENED DURING THE DEBATE ON MEDICARE. YOU MAY REMEMBER IN THE NOVEMBER 1965 LEGISLATIVE RUSH, MEDICAID WAS MERELY TACKED ON IN THE MIDST OF DEBATE FOR IMPLEMENTATION TWO MONTHS LATER. WE ARE STILL PAYING THE PRICE FOR SUCH PRECIPITOUS ACTION --- TO THE TUNE OF DOUBLE ORIGINAL COST ESTIMATES.

AS ENACTED, BOTH MEDICARE AND MEDICAID SIMPLY FUNNELED FRESH DOLLARS INTO COSTLY, EXISTING HEALTH-CARE SYSTEMS. BILLIONS OF DOLLARS WERE DISGORGED INTO THESE SYSTEMS WITHOUT A "GAME PLAN." ONLY IN RECENT MONTHS HAVE TIGHTER ADMINISTRATIVE CONTROLS AND RATIONAL FEE SCHEDULES BEGUN TO BE IMPOSED AS A STEP TOWARD BRINGING THESE PROGRAMS INTO LINE. THE ADMINISTRATION HAS SOUGHT TO BUILD INCENTIVES INTO MEDICARE AND MEDICAID FOR THE USE OF LOWER-COST, EARLY- AND EXTENDED-CARE SYSTEMS, AND THE FOCUS HAS BEEN SHIFTED TO PREVENTIVE MEDICINE AS A KEY ELEMENT IN CUTTING THE HUMAN AND SOCIAL COSTS OF OUR HEALTH-CARE SYSTEMS.

ON MARCH 25, THE ADMINISTRATION ANNOUNCED PROPOSALS WHICH WOULD BRING ABOUT A MAJOR EXPANSION OF HEALTH SERVICES FOR ELDERLY AND POOR AMERICANS. ALTHOUGH THE DETAILS OF THE PROPOSALS HAVE NOT BEEN FULLY DEVELOPED, THEY WILL SEEK TO STIMULATE DEVELOPMENT OF NEW CHANNELS FOR HEALTH CARE DELIVERY. THESE NEW CHANNELS WILL BE ONES WHICH ARE KNOWN TO AFFORD COST SAVINGS AND PRODUCTIVITY INCREASES THAT ARE UNATTAINABLE IN PIECEWORK MEDICAL PRACTICE. THE KEY ELEMENT OF THESE PROPOSALS, TO BE KNOWN AS MEDICARE PART C, WOULD BE AN OPTIONAL, PREPAID MEDICAL INSURANCE PROGRAM SIMILAR TO PRIVATE SYSTEMS PRESENTLY OPERATING IN SEVERAL AREAS OF THE COUNTRY. SUCH A PROGRAM WOULD HAVE THE DUAL ADVANTAGES OF MAKING MORE AND BETTER CARE AVAILABLE TO THOSE COVERED BY IT AND ENCOURAGING THE GROWTH OF PREPAID GROUP PRACTICE INSURANCE PLANS IN THE PRIVATE SECTOR. THE FOCUS ON PREVENTIVE MEDICINE AND EARLY CARE WOULD IN LARGE PART PAY THE MONETARY COSTS OF THE PROGRAM BY REDUCING THE AMOUNT OF INTENSIVE, CRISIS SERVICES REQUIRED BY THOSE TO BE COVERED. ~~THE SAVINGS IN HUMAN COSTS OF SUFFERING AND MISERY WOULD BE INCAPABLE OF ESTIMATE.~~

Insert (new page)

IT WOULD BE IMPOSSIBLE TO ESTIMATE THE SAVINGS IN HUMAN COSTS OF SUFFERING AND MISERY. OF ALL WEAPONS IN THE FIGHT AGAINST CANCER, AS YOUR PUBLICITY CAMPAIGNS EMPHASIZE, EARLY DETECTION AND TREATMENT ARE MOST IMPORTANT AND MOST EFFECTIVE.

AS A MATTER OF FACT, AN ARTICLE IN WEDNESDAY'S NEW YORK TIMES TOLD OF A WOMAN WHO DISCOVERED SHE HAD CANCER ONLY A WEEK AFTER ENROLLING IN COLUMBIA, MARYLAND'S NEW PREPAID GROUP PRACTICE PLAN. THE CANCER WAS DETECTED DURING A ROUTINE PHYSICAL CHECKUP. THE COST OF THE EXAMINATION WAS $2, AND IT PROBABLY SAVED HER LIFE. THE TOTAL COSTS FOR SURGICAL AND THERAPUTIC TREATMENT WERE $20 IN ADDITION TO THE REGULAR MONTHLY PREMIUMS.

MANPOWER

NO AMOUNT OF MONEY, NO INSURANCE PROGRAM, EITHER PUBLIC OR PRIVATE, CAN CONCEIVABLY BUY TOP-QUALITY HEALTH SERVICES FOR THE NATION AS A WHOLE UNLESS THERE IS ADEQUATE HEALTH MANPOWER. IF WE FAIL TO ZERO IN ON THE MANPOWER PROBLEM, WE INVITE THE EMERGENCE OF TWO PARALLEL HEALTH-CARE SYSTEMS, ONE FOR THE POOR AND ONE FOR THE AFFLUENT, SEPARATE AND UNEQUAL.

OF COURSE, WE WOULD DELUDE OURSELVES IN SUPPOSING THAT SOME INSTANTANEOUS REACTION IN THE MARKET PLACE WILL MAGICALLY TRANSFORM DOLLARS INTO THOROUGHLY TRAINED AND RATIONALLY ALLOCATED PERSONNEL. AS ALL OF YOU KNOW, THE LEAD TIME FOR FULL-SCALE PROFESSIONAL TRAINING IS VERY LONG. ALTHOUGH IT MIGHT BE SOMEWHAT REDUCED, AS IT WAS DURING WORLD WAR II AND AS THE PROFESSIONS ARE NOW ATTEMPTING TO DO, SUCH EFFORTS CAN ONLY PROVIDE PART OF THE ANSWER.

WHAT MUST BE DONE, STARTING IMMEDIATELY, IS TO MAKE THE MOST EFFECTIVE POSSIBLE USE OF WHAT WE DO HAVE AND STRETCH THE OUTREACH OF OUR EXISTING EXPERTISE. WAYS MUST BE FOUND TO REMOVE THE BARRIERS TO EFFICIENT UTILIZATION OF EXISTING MANPOWER, BECAUSE THE CURRENT WORK-LOAD OF HEALTH PROFESSIONALS IS JUST ABOUT AT THE THRESHHOLD OF CAPA-CITY.

AREAS OF SPECIAL PROMISE

BRIEFLY, LET ME RUN DOWN A CHECK LIST OF POSSIBLE NEW DIRECTIONS AND SOME WHOLLY NEW DEPARTURES TO LEAD US OUT OF THE CURRENT CRISIS AND TOWARD MEANINGFUL PROGRESS IN HEALTH CARE DELIVERY.

---GROUP PRACTICE, ON THE RECENT RECORD, HAS BEEN A SIGNIFICANT SOURCE OF INCREASED PRODUCTIVITY. IT HAS TO A MEASURABLE EXTENT REDUCED THE LOAD ON ACUTE-CARE FACILITIES, AND MANY OF THE TECHNIQUES AND PRO-CEDURES FOR EXTENDING SPECIALIZED CAPABILITIES ARE FEASIBLE ONLY IN A TEAM SETTING.

---THE GROUP SETTING ALSO LEADS TO THE MORE EFFECTIVE USE OF ALLIED HEALTH WORKERS WHO CAN BE DELEGATED A VARIETY OF PARAPROFESSIONAL AND SUPPORTIVE ROLES IN THE OVERALL HEALTH TEAM. TO CITE JUST ONE EXAMPLE,

PAGES TWENTY-TWO THRU TWENTY-SIX ARE SAME AS PAGES SIXTEEN THRU TWENTY IN SPEECH GIVEN BEFORE THE UNTIED CEREBRAL PALSY ASSOCIATIONS, INC., CINCINNATI, OHIO, APRIL 10, 1970

####