

REMARKS OF HONORABLE BOB DOLE

NATIONAL ASSOCIATION OF RETAIL DRUGGISTS
STATLER-HILTON HOTEL
WASHINGTON, D. C.
WEDNESDAY, JANUARY 20, 1971

IT IS A PLEASURE TO BE HERE TODAY WITH REPRESENTATIVES OF ONE OF THE MOST WIDESPREAD BUSINESS-PROFESSIONAL GROUPS IN THIS NATION. YOU ARE ESTABLISHED IN NEARLY EVERY COMMUNITY AND NEIGHBORHOOD ACROSS THE COUNTRY. AND IN YOUR DUAL CAPACITIES AS MEMBERS OF ONE OF THE MOST HIGHLY REGARDED AND IMPORTANT PROFESSIONS AND AS BUSINESSMEN WHO MUST COPE WITH THE REALITIES OF COMMERCE EACH DAY, YOU OCCUPY A UNIQUE POSITION IN AMERICAN LIFE. YOU HAVE A UNIQUE VANTAGE POINT IN AMERICA, AND YOU HAVE A VITAL INTEREST IN BOTH THE PHYSICAL AND ECONOMIC WELL-BEING OF OUR COUNTRY. AND, AS FEW OTHERS CAN, YOU HAVE AN APPRECIATION FOR THE INTERRELATIONSHIP BETWEEN THE TWO. YOU UNDERSTAND THAT WE CANNOT HAVE A STRONG, VIGOROUS AND PROGRESSIVE NATION IF MAJOR SEGMENTS OF ITS POPULATION ARE AFFLICTED WITH CHRONIC POOR HEALTH AND SUFFER INADEQUATE HEALTH AND MEDICAL ATTENTION.

-2-

YOU ALSO UNDERSTAND THAT A PROBLEM-SOLVING SYSTEM, WHETHER IN BUSINESS, GOVERNMENT, OR THE PROFESSIONS, CANNOT BE EFFECTIVE IF IT IS HAPHAZARDLY ORGANIZED, INEFFICIENTLY DIRECTED AND AIMED AT THE WRONG TARGETS.

SO, BECAUSE OF YOUR SPECIAL UNDERSTANDING AND YOUR MULTI-FACETED ORIENTATION, I WOULD LIKE TO SPEND A FEW MOMENTS TODAY DISCUSSING A SUBJECT WHICH IS OF VITAL IMPORTANCE TO ALL AMERICANS AND TO THE ~~THE~~ FUTURE OF OUR COUNTRY.

THE CRISIS IN HEALTH CARE

OVER A YEAR AND A HALF AGO, PRESIDENT NIXON VOICED HIS ALARM THAT WE ARE FAST REACHING THE CRISIS POINT, INDEED, A VIRTUAL BREAKDOWN IN OUR HEALTH CARE SYSTEMS. SINCE THAT TIME, THE CRISIS IN HEALTH CARE HAS BECOME EVEN MORE WIDELY RECOGNIZED, AND THE NEED FOR MEANINGFUL AND EXPEDITED REFORM EVEN GREATER. TODAY, I WANT TO RE-SOUND THAT ALARM AND EMPHASIZE THE NEED FOR REFORM AND BOLD NEW INITIATIVES IN BRINGING THE NATION'S HEALTH AND MEDICAL RESOURCES TO BEAR ON THE NEEDS OF THE AMERICAN PEOPLE.

-3-

AS WITH ANY PROBLEM OF SUCH DIMENSIONS, THERE IS NO SINGLE CAUSE, NO ONE COMPONENT IN OUR HEALTH DELIVERY SYSTEM WHICH SHOULD RECEIVE FULL BLAME FOR THE PRESENT STATE OF AFFAIRS. ALL BUT INVISIBLE TO THE PUBLIC EYE, THE CRISIS HAS BEEN BREWING FOR MANY YEARS AND IN NUMEROUS AREAS.

WE CAN IDENTIFY MANY FACTORS WITH REASONABLE CERTAINTY AS IMPORTANT CONTRIBUTORS TO THE IMMINENT BREAKDOWN OF OUR HEALTH-CARE SYSTEMS. BUT MANY OF THESE, IT SHOULD BE NOTED, ARE THE PRODUCTS OF PROGRESS RATHER THAN THE SIGNS OF DEFICIENCY AND AILING SOCIETY. INCREASED AFFLUENCE AND CONSUMPTION ARE MIXED BLESSINGS IN THE HEALTH-CARE FIELD, AS WELL AS IN OTHER AREAS.

-4-

AS A BROAD INDICATION OF THE COST SQUEEZE IN HEALTH CARE, LET US LOOK AT SOME BASIC FACTS:

- INFLATION IN MEDICAL COSTS IS RACING AT MORE THAN DOUBLE THE RATE FOR THE OVERALL COST-OF-LIVING;
- ONE DAY'S AVERAGE HOSPITAL CHARGES, WHICH WERE \$44 IN 1965, ARE \$70 TODAY, AND WILL PROBABLY RISE TO \$100 WITHIN FIVE YEARS;
- TOTAL NATIONAL HEALTH CARE COSTS FOR 1970 WERE UP TO \$70 BILLION, AN INCREASE OF \$10 BILLION OVER THE PREVIOUS YEAR. THE FEDERAL SHARE OF THIS TOTAL WAS \$20 BILLION, WITH MEDICARE AND MEDICAID ACCOUNTING FOR APPROXIMATELY \$15 BILLION OF THAT;
- MEDICAID IS COSTING MORE THAN DOUBLE THE ESTIMATES MADE WHEN THE PROGRAM WAS LAUNCHED FOUR YEARS AGO; AND
- AT THIS RATE, ANNUAL FEDERAL COSTS FOR MEDICAID ALONE COULD GO TO \$12 BILLION BY 1975, WITH THE STATES PAYING ANOTHER \$12 BILLION.

-5-

ALL OF THIS IS ON TOP OF CURRENT FEDERAL EXPENDITURES FOR HEALTH THAT EXCEED THE ENTIRE ANNUAL BUDGET OF ANY FEDERAL DOMESTIC DEPARTMENT.

QUALITY OF CARE

YET, DESPITE THESE SKYROCKETING COSTS, THE INDICATORS 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., THE RICHEST AND MOST HIGHLY DEVELOPED OF ALL, RANKS 14th IN INFANT MORTALITY, 12th IN THE PERCENTAGE OF MOTHERS DYING IN CHILDBIRTH, AND 18th IN MALE LIFE EXPECTANCY;
- AMERICA IS SPENDING AT TWICE THE PER CAPITA RATE OF GREAT BRITAIN AND SWEDEN TO PROVIDE A MUCH LOWER STANDARD OF HEALTH CARE;
- THE CORRELATION BETWEEN LOW INCOME GROUPS AND POOR HEALTH CARE HAS BEEN ESTABLISHED BEYOND QUESTION, AND THE IMPACT HAS BEEN PARTICULARLY SEVERE IN BLACK AMERICA. MATERNAL MORTALITY RATES AMONG NEGRO MOTHERS ARE APPROXIMATELY FOUR TIMES THOSE FOR WHITE MOTHERS, AND THE INFANT MORTALITY RATE FOR BLACKS IS ALMOST DOUBLE THE RATE FOR WHITES.

-6-

-- 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 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 AND MALDISTRIBUTION OF EXISTING MANPOWER IN EVERY PROFESSIONAL AND PARAPROFESSIONAL CATEGORY -- PHYSICIANS, SURGEONS, DENTISTS, NURSES AND ALL THE AUXILIARY FIELDS INCLUDING PHARMACY. 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.

-7-

SOLUTIONS AND DIRECTIONS

OUT OF THIS WELTER OF FACTS AND FIGURES, ONE GREAT QUESTION EMERGES: WHAT ARE WE GOING TO DO ABOUT IT? IT IS OBVIOUS THAT WE MUST PROVIDE A RATIONAL, EFFICIENT SYSTEM FOR DELIVERY OF HEALTH CARE AND SERVICES AT THE ~~THE~~ TIME AND PLACE OF PATIENT NEED. BUT HASTY MEASURES WOULD BE FOREORDAINED TO COMPOUND THE PROBLEM, AS HAPPENED WITH MEDICARE AND MEDICAID.

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". AND ONLY RECENTLY HAVE TIGHTER ADMINISTRATIVE CONTROLS AND RATIONAL FEE SCHEDULES BEGUN TO BE IMPOSED AS A STEP TOWARD BRINGING THESE PROGRAMS INTO LINE.

-8-

BUT REPAIR AND REMODELING OF THESE OLD PROGRAMS CANNOT PROVIDE THE REAL, LONG-TERM SOLUTION TO THE CRISIS WHICH IS FACING US. WHAT IS REQUIRED -- INDEED DEMANDED -- IS A THOROUGH AND FUNDAMENTAL PROGRAM TO REFORM OUR NATION'S HEALTH CARE SYSTEMS.

SINCE PRESIDENT NIXON SOUNDED THE ALARM, THE ADMINISTRATION HAS BEEN GIVING INCREASING ATTENTION TO THE HEALTH-CARE CRISIS. A WHOLESALE RE-EXAMINATION OF THIS NATION'S MEDICAL-HEALTH SYSTEM HAS BEEN UNDERTAKEN. ALL ASPECTS OF PAST AND EXISTING HEALTH CARE SYSTEMS, AND THE EFFECTS WHICH THEY HAVE HAD ON AMERICANS AT EVERY LEVEL OF SOCIETY AND IN EVERY REGION OF THE COUNTRY, HAVE BEEN PAINSTAKINGLY SCRUTINIZED. THE MONETARY AND HUMAN COSTS HAVE BEEN ANALYZED. THE ROLES OF FEDERAL STATE AND LOCAL GOVERNMENTS HAVE BEEN PUT UNDER THE MICROSCOPE, AS WELL AS THE PERFORMANCE OF ALL THE MEDICAL, PARAMEDICAL AND AUXILIARY FORCES INVOLVED IN THE JOB OF ATTENDING TO THE HEALTH NEEDS OF OUR PEOPLE. AND OUT OF THIS EXAMINATION AND STUDY WILL SOON EMERGE ONE OF THE MOST IMPORTANT DOMESTIC LEGISLATIVE PROPOSALS IN RECENT DECADES.

-9-

THE PRESIDENT HAS INDICATED THAT A PROGRAM TO BRING ABOUT FUNDAMENTAL HEALTH CARE REFORM IS ONE OF HIS HIGHEST PRIORITY LEGISLATIVE GOALS FOR THE NEW CONGRESS. AND SOON AFTER CONGRESS CONVENES, I EXPECT TO SEE PRESENTED ONE OF THE MOST INNOVATIVE AND FORWARD-LOOKING REFORM PROGRAMS EVER UNDERTAKEN IN THIS COUNTRY, AND I BELIEVE SOME OF THE BROAD OUTLINES OF THESE PROGRAMS CAN BE VISUALIZED.

THEY WILL DEPART FROM TRADITIONAL PIECEMEAL PRACTICE OF MERELY ADDING PROGRAM-UPON-PROGRAM TO AN ALREADY UNMANAGEABLE AND INEFFECTIVE WEB OF BUREAUCRATIC STAGNATION. INSTEAD, AS THE PRESIDENT HAS INDICATED, THESE REFORMS WILL BE APPROACHED WITH A BROAD PATTERN OF PROPOSALS, TAKING A COMPREHENSIVE AND SYSTEMATIC VIEW OF THE PROBLEMS AND NEEDS OF OUR SOCIETY.

THEY WILL SEEK TO BUILD INTO OUR HEALTH CARE SYSTEM INCENTIVES TOWARD MORE RATIONAL USE OF OUR EXISTING FACILITIES AND RESOURCES. A PRIMARY EMPHASIS WILL BE ON THE STIMULATION OF PREVENTIVE MEDICINE, DELIVERED WHERE THE NEED IS MOST CRITICAL, BY THE MOST EFFICIENT MEANS POSSIBLE, AND AT THE LOWEST COST. THIS THEME WILL INVOLVE NEARLY EVERY ELEMENT OF THE OVERALL HEALTH CARE SYSTEM. IT WILL AFFECT TRAINING, DISTRIBUTION AND ORGANIZATION OF MEDICAL AND PARAMEDICAL PERSONNEL.

-10-

IT WILL INVOLVE THE MEANS WHEREBY WE ASSURE ADEQUATE SUPERVISION OF ROUTINE HEALTH NEEDS IN ADDITION TO SUPPLYING EFFECTIVE RESPONSE TO CRISIS SITUATIONS IN THE LIVES OF AMERICANS. IN SHORT, THESE PROGRAMS, WITH THIS THEME UNDERLYING THEM, WILL TOUCH VIRTUALLY EVERY ASPECT OF WHAT WE KNOW TODAY AS OUR HEALTH-MEDICAL SYSTEM.

CONCLUSION

THE PROMISE OF AMERICAN LIFE WILL NEVER BE FULFILLED SO LONG AS OUR EXPECTATIONS AND OUR CAPABILITIES OTRUN OUR PERFORMANCE, AN OUR ACTUAL IMPACT ON HUMANS IN NEED.

I AM, NONETHELESS, OPTIMISTIC ABOUT THE POSSIBILITIES FOR CONTRIBUTIONS FROM THE MEDICAL ARTS IN THE YEARS AHEAD. THOMAS JEFFERSON ONCE SAID: " I WOULD RATHER DREAM OF THE FUTURE THAN READ THE HISTORY OF THE PAST."

I RECALL THAT PREFERENCE WHENEVER I READ OR HEAR OF ADVANCES IN MEDICAL TECHNOLOGY, IN PATIENT CARE, IN THE DEVELOPMENT OF SOME NEW LIFESAVING DRUG, OR IN THE OUTREACH OF THE HEALING ARTS. INDEED, WHENEVER I SEE THE SHORT DISTANCE REMAINING, COMPARED TO ALL THAT HAS BEEN COVERED, TO FULFILL THE DREAM OF QUALITY HEALTH CARE FOR ALL AMERICANS.

-11-

LOOKING AHEAD TO THE LAST THREE DECADES OF THE CENTURY, I SHARE
HOPES ONCE EXPRESSED BY ARNOLD TOYNBEE IN HIS GRAND PREDICTION:

"THE TWENTIETH CENTURY WILL BE CHIEFLY REMEMBERED, NOT
AS AN AGE OF POLITICAL CONFLICTS AND TECHNICAL
INVENTIONS, BUT AS AN AGE IN WHICH HUMAN SOCIETY DARED
TO THINK OF THE HEALTH OF THE WHOLE HUMAN RACE AS A
PRACTICAL OBJECTIVE."

WE ALL SHARE MOST HEARTILY IN THAT OBJECTIVE.