

REMARKS OF SENATOR BOB DOLE
PUBLIC POLICY AND PRIVATE HEALTH

ST. LOUIS, MISSOURI

MARCH 31, 1979

I AM HONORED BY YOUR INVITATION TO TAKE UP THE CRITICAL ISSUES OF WELLNESS AND PUBLIC POLICY; PARTICULARLY HONORED TO SHARE THE PROGRAM WITH SUCH DISTINGUISHED EXPERTS AS DR. BETTELHEIM AND HIS COLLEAGUES IN THE FIELD. I DON'T HAVE TO REMIND YOU HOW MUCH GREATER IS THEIR PROFESSIONAL EXPERTISE.

THEY ARE THE MEDICAL AND SCIENTIFIC EXPERTS. BUT MODERN LIFE HAS DEMONSTRATED BEYOND DOUBT THAT NO FIELD IS EXEMPT FROM PUBLIC SCRUTINY. GOVERNMENT TODAY ALLOCATES BILLIONS OF DOLLARS FOR HEALTH CARE, RESEARCH AND EDUCATION. FEDERAL DOLLARS CAN NEVER TAKE THE PLACE OF SCIENTIFIC OR MEDICAL GENIUS. BUT, IDEALLY, THEY SHOULD PROVIDE AN ECONOMIC FOUNDATION, A RELIABLE SOURCE OF ENCOURAGEMENT AND DIRECT ASSISTANCE TO THE MEN AND WOMEN WHOSE PROFESSIONAL LIVES ARE DEVOTED TO THE WAR AGAINST ILLNESS.

-2-

THIS GATHERING INVITES ALL OF US TO RE-EXAMINE THE VERY NATURE OF THAT EFFORT. IT SUGGESTS THAT WELLNESS IS A BETTER GOAL THAN MERE RESPONSE TO SICKNESS, HOWEVER EXPERT. IT RAISES STRIKING POSSIBILITIES IN THE WHOLE WAY IN WHICH AMERICANS APPROACH THEIR HEALTH AND THEMSELVES.

INEVITABLY, THE PUBLIC SECTOR WILL BE CALLED UPON TO GIVE DIRECTION TO THESE STILL-EVOLVING CONCEPTS. THIS MORNING, I'D LIKE TO CONSIDER: FIRST, THOSE FACTORS WHICH ACT TO SLOW OR EVEN PREVENT SUCH CONCERTED ACTIONS, AND, SECOND, SOME SPECIFIC PROPOSALS TO COUNTERACT THE TREND TOWARD FRAGMENTATION.

OBSTACLES TO PREVENTIVE HEALTH CARE

IN 1900, THE LEADING KILLERS IN AMERICA WERE PNEUMONIA, INFLUENZA, AND TUBERCULOSIS. SINCE THEN, A MAJOR SHIFT HAS OCCURRED, AND TODAY'S GREATEST HEALTH BURDENS ARE IMPOSED BY CHRONIC DISEASES, ACCIDENTS AND VIOLENCE. THE FACTORS INVOLVED ARE NUMEROUS: ENVIRONMENTAL POLLUTION, INCREASED STRESS, A DECREASE IN PHYSICAL ACTIVITY, AND CHRONIC CONSUMPTION OF CIGARETTES, ALCOHOL AND FOODS THAT ARE POLITELY LABELLED JUNK.

-3-

IT REQUIRES LITTLE IMAGINATION TO PICTURE THE TYPICAL AMERICAN PASTIME; LIFE BEFORE THE TELEVISION SET, INTELLECTUALLY AS WELL AS NUTRITIONALLY UNNOURISHING. T.V. GUIDE IN ONE HAND, POTATO CHIPS, PRETZELS OR PIZZA GRASPED FIRMLY IN THE OTHER, THE BULK OF THE AMERICAN POPULATION MIGHT PERVERT PATRICK HENRY'S FAMOUS CRY FOR FREEDOM TO READ SOMETHING LIKE: "GIVE ME CHEF BOYARDI OR GIVE ME DEATH."

HE FAILS TO REALIZE THAT HIS NUTRITIONAL AND EXERCISE HABITS INVITE DEATH AT AN EARLY AGE.

SO THE NEED FOR PREVENTIVE HEALTH CARE EXISTS. THAT WE CAN ALL AGREE UPON. WHY, YOU MIGHT LOGICALLY ASK, HAS GOVERNMENT FAILED TO ADDRESS IT WITH ALL THE ENTHUSIASTIC CONVICTION IT SUMMONS IN TRYING TO REGULATE THE ECONOMY, ABOLISH POVERTY, OR UPROOT ANY OTHER PERVASIVE WRONG IN THE LAND?

-4-

THE REASONS ARE AS NUMEROUS AS THEY ARE COMPLEX. BASICALLY, DISEASE RESULTS FROM THE INTERACTION BETWEEN AN INDIVIDUAL'S GENETIC ENDOWMENT AND THE ENVIRONMENT IN WHICH THAT INDIVIDUAL MUST FUNCTION. DISEASE PREVENTION INVOLVES ENVIRONMENTAL AND BEHAVIORAL MODIFICATION: IT REQUIRES A DEGREE OF SOPHISTICATION AND PLANNING FOR WHICH THE CONGRESS IS POORLY EQUIPPED. THE POLITICAL FACT IS THAT CONGRESS RARELY INITIATES HEALTH-PROMOTING ACTIONS WHICH MAY APPEAR TO THREATEN INDIVIDUAL FREEDOM OF CHOICE, OR WHICH PROMISE RESULTS ONLY IN THE LONG TERM.

ONE NEED LOOK NO FURTHER THAN OUR EXPERIMENT WITH PROHIBITION TO DRAW LESSONS IN HOW NOT TO MAKE HEALTH-RELATED PUBLIC POLICY. IN A MORE MODERN CONTEXT, TAKE THE CASE OF INDUSTRIAL REGULATIONS FORMULATED BY OSHA. DO THEY ALWAYS CONTRIBUTE TO A HEALTHIER WORK ENVIRONMENT, AND AT WHAT COST TO ECONOMIC GROWTH?

-5-

BEYOND SUCH CASES, THERE IS NO STRONG CONSTITUENCY LOBBYING FOR PREVENTION. WHAT GROUPS DO BECOME INVOLVED ARE HANDICAPPED BY INADEQUATE DATA, INCLUDING THAT ON COST-EFFECTIVENESS. WITHIN THE MEDICAL PROFESSION ITSELF, THERE IS NOT ENOUGH EMPHASIS ON THE VALUE OF DISEASE PREVENTION OR HEALTH EDUCATION. OCCUPATIONAL MEDICINE, TO CITE BUT ONE EXAMPLE, CARRIES LESS PROFESSIONAL OR FINANCIAL STATUS THAN ITS COUSINS IN THE FIELD.

FINALLY, AND PERHAPS MOST IMPORTANT IN THE IMMEDIATE SENSE, NATIONAL HEALTH RESOURCES IN AMERICA ARE LIMITED. THE ANNUAL HEALTH CARE BILL FOR ALL AMERICANS IS RAPIDLY APPROACHING \$200 BILLION. FACED WITH SUCH STAGGERING COSTS, THE POLITICAL SYSTEM REACTS WITH INBRED CAUTION. POLITICAL CROSSWINDS BLOW FURIOUSLY WHENEVER THE SUBJECT OF HEALTH ARISES. FOR THE DEBATE OVER HEALTH CARE GOES TO THE VERY HEART OF OUR UNIQUE STATUS AS A FREE NATION--WHAT KIND OF HEALTH SYSTEM DO WE PREFER, WITH WHAT DEGREE OF PRIVATE OVER PUBLIC MANAGEMENT, AND WHAT FOCUS TO MEDICAL RESEARCH AND APPLICATION?

-6-

THESE ARE THE CONSTRAINTS UPON PUBLIC POLICY REGARDING WELLNESS. THEY ARE REAL, THEY ARE IMMENSELY COMPLEX, AND THEY WILL NOT VANISH OVERNIGHT.

BUT THEY DO NOT PRECLUDE SPECIFIC LEGISLATIVE ACTIONS THAT CAN AT LEAST BEGIN TO REDIRECT OUR ENERGIES AND OUR DOLLARS AWAY FROM TREATMENT OF DISEASE ALONE AND TOWARD A NATIONAL POLICY OF PREVENTIVE MEDICINE.

THE NUTRITION FACTOR

AMIDST ALL THE CONFLICTS, A FEW UNIVERSAL TRUISMS STAND OUT. PERHAPS THE MOST OBVIOUS IS ALSO ONE IN WHICH PUBLIC POLICY CAN BE MADE EFFECTIVE QUICKLY AND WITH LEAST RESISTANCE. QUITE SIMPLY, GOOD NUTRITION IS GOOD HEALTH.

ALL ACROSS AMERICA, CONSUMERS ARE INCREASING THEIR AWARENESS OF AND DEMAND FOR USEFUL INFORMATION ABOUT DIET AND HEALTH. OVER THREE-QUARTERS OF THOSE INTERVIEWED IN ONE RECENT SURVEY INDICATED AN INTEREST IN THE SUBJECT GREATER THAN THAT OF A FEW YEARS AGO.

THE TAXPAYERS' REVOLT, AS IT IS CALLED, DOESN'T MEAN THE AMERICAN PEOPLE WANT TO TURN A DEAF EAR TO THE UNQUESTIONED NEEDS OF THE POOR OR THE ELDERLY OR THE SCHOOL CHILD. WHAT THE TAXPAYERS CAN AND SHOULD EXPECT FROM GOVERNMENT IS THAT THEIR HARD-EARNED DOLLARS WILL BE SPENT ON PROGRAMS WHICH PROVIDE A REAL SERVICE TO PEOPLE WITH A REAL NEED.

BY THAT STANDARD, I THINK FEDERAL NUTRITION PROGRAMS WOULD RANK HIGH ON ANYONE'S LIST OF PRIORITIES. INDEED, I THINK MORE OF OUR ADMITTEDLY LIMITED FEDERAL TAX DOLLARS SHOULD BE SPENT ON NUTRITION, NUTRITION RESEARCH AND FEEDING PROGRAMS.

INADEQUATE NUTRITION-CANCER RESEARCH

I AM PARTICULARLY CONCERNED ABOUT THE INADEQUATE SUMS BEING BUDGETED BY THE NATIONAL CANCER INSTITUTE FOR RESEARCH INTO THE RELATIONSHIP BETWEEN NUTRITION AND CANCER.

-8-

WE NOW KNOW THAT OVER 80 PERCENT OF ALL CANCERS ARE ENVIRONMENTALLY INDUCED AND THAT ABOUT 50 PERCENT OF CANCER IN AMERICA IS NUTRITION-RELATED. YET THE FEDERAL GOVERNMENT SPENDS A PITTANCE OF ALL RESEARCH FUNDS ON DIET-NUTRITION-RELATED CANCER RESEARCH.

LAST YEAR THE NATIONAL CANCER INSTITUTE SPENT LESS THAN 1 PERCENT OF ITS RESEARCH BUDGET ON SUCH RESEARCH.

I, FOR ONE, THINK THIS IS UNCONSCIONABLE. WE NEED TO KNOW WHAT KINDS OF DIETS AND WHAT NUTRITIONAL PRACTICES BEST PREVENT THE DEVELOPMENT OF CANCER AND OTHER DISEASES IN LATER LIFE. IF MORE MONEY IS BUDGETED, MORE INFORMATION COULD BE DEVELOPED, AND MORE NUTRITIOUS, HEALTHY MEALS COULD BE SERVED IN OUR NATION'S SCHOOLS, HOMES AND OTHER FEDERALLY-SPONSORED NUTRITION PROGRAMS.

-9-

LAST YEAR, AS RANKING REPUBLICAN ON THE NUTRITION SUBCOMMITTEE, I INTRODUCED AN AMENDMENT TO CREATE A LINE ITEM OF \$30 MILLION FOR SUCH RESEARCH WITH THE NCI BUDGET. TO DO ANYTHING LESS, IN LIGHT OF EVIDENCE LINKING MORE THAN HALF THE INCIDENCE OF CANCER TO NUTRITION AND DIET, SEEMED A DERILCTION OF DUTY.

THE SUBCOMMITTEE COMPROMISED, AS SUBCOMMITTEES ARE WONT TO DO, WHILE NOT WRITING MY \$30 MILLION REQUEST INTO THIS YEAR'S BUDGET, IT DID RECOMMEND IN STRONG LANGUAGE THE NEED FOR NCI TO SUBSTANTIALLY BOOST ITS RESEARCH BUDGET. THIS IS A SMALL STEP FORWARD, BUT ONE WHICH MUST BE FOLLOWED UP BY CONTINUED PRESSURE.

PRESSURE ON N.C.I.

OTHER ACTIONS CAN BE TAKEN BY THE NATIONAL CANCER INSTITUTE. VACANCIES ON THE CANCER ADVISORY BOARD AT NCI SHOULD BE FILLED WITH PERSONS HOLDING EDUCATIONAL BACKGROUNDS IN NUTRITION. THE NUTRITION RESEARCH COMMUNITY SHOULD BE MADE AWARE OF AND AWARDED GRANTS WITH AN APPLIED NUTRITION EMPHASIS. AND MATERIAL SHOULD BE DEVELOPED AND DISTRIBUTED TO THE GENERAL PUBLIC WHICH CAN OFFER PEOPLE THE BEST AVAILABLE DATA ON DIET AND NUTRITION AND CANCER PREVENTION, INFORMATION SIMILAR TO THAT WE PROVIDE PEOPLE ONCE THEY GET CANCER.

-10-

FRANKLY, PART OF THE PROBLEM IN SECURING MORE FUNDING FOR NUTRITION RESEARCH INTO CANCER-CAUSING DIETS IS WITH THE NATIONAL CANCER INSTITUTE'S "PEER REVIEW SYSTEM". AS IT NOW STANDS, THE SAME SCIENTIFIC ESTABLISHMENT WHICH DETERMINES WHERE NATIONAL CANCER INSTITUTE RESEARCH MONEY GOES ACTUALLY WINDS UP WITH THE VAST MAJORITY OF THE FUNDS AVAILABLE. THIS "BUDDY SYSTEM" WOULD NEVER BE TOLERATED IN THE PENTAGON OR OTHER AGENCIES OF GOVERNMENT, AND SUCH PRACTICES SHOULDN'T BE TOLERATED AT THE NATIONAL CANCER INSTITUTE.

NUTRITION AND THE FOOD STAMP PROGRAM

ANOTHER USEFUL EXPENDITURE OF FEDERAL FUNDS TO PROMOTE NUTRITION, AS WELL AS BASIC HUMANITARIAN CONCERNS, IS THE FOOD STAMP PROGRAM. TWO YEARS AGO, AMIDST MUCH CONTROVERSY, SENATOR McGOVERN AND I SUCCEEDED IN ELIMINATING THE "PURCHASE REQUIREMENT" WHICH TENDED TO LIMIT THE PARTICIPATION IN THE PROGRAM BY THE VERY POOR AND THE ELDERLY--PRECISELY THE GROUPS WITH THE GREATEST UNMET NUTRITIONAL NEEDS.

-11-

NO PROGRAM IS MORE INDICATIVE OF THE COMPLEX AND INTERLOCKING FORCES WHICH INFLUENCE PUBLIC POLICY IN THE FIELD OF WELLNESS. FOOD STAMPS ARE AN ECONOMIC NECESSITY FOR MANY, AND A RARE INCENTIVE FOR THE WORKING POOR. TO SOME, THEY SEEM A FEDERAL FRILL, OR AT LEAST A BUDGETARY BOONDOGGLE TO BE DISPENSED IN TIME OF ECONOMIC PROSPERITY.

I PERCEIVE THE FOOD STAMP PROGRAM FIRST AND FOREMOST AS A PREVENTIVE HEALTH MEASURE--A NUTRITIONAL BASE WHICH SHOULD NOT BE SUBJECTED TO POLITICAL JOCKEYING. IN FACT, WHILE SUPPORTING THE PLACEMENT OF INCOME LIMITS ON PARTICIPATION IN THE PROGRAM, I ALSO OPPOSE PLACING ANY MANDATORY CAP ON ITS BUDGET. THE NEED IS TOO GREAT, AND THE COSTS OF POOR NUTRITION ULTIMATELY EXCEED THE FEDERAL COMMITMENT TO EVEN THIS SKELETAL ATTEMPT AT FEEDING THE POOR, AND FEEDING THEM WELL.

-12-

HEALTH EDUCATION AND THE SCHOOLROOM

NEXT TO THESE NUTRITIONAL ADVANCES, PERHAPS THE BEST NEWS FOR HEALTH EDUCATION COMES IN THE CLASSROOM. LAST YEAR, THE CONGRESS ESTABLISHED AN IMPORTANT PRECEDENT, BY ALLOCATING FUNDS FOR SUCH INSTRUCTION THROUGH THE ELEMENTARY AND SECONDARY EDUCATION ACT.

THIS MEANS THAT THE FEDERAL GOVERNMENT IS TRYING TO INTEGRATE HEALTH AND EDUCATION TO THE BETTERMENT OF BOTH. THE BILL IS NOT PERFECT--FEW PRODUCTS OF CONGRESSIONAL COMPROMISE ARE. I WAS PERSONALLY DISAPPOINTED THAT WE DID NOT SPECIFICALLY MANDATE FUNDS FOR CARDIO PULMONARY RESUSCITATION TRAINING. BUT, LIKE FOOD STAMPS AND CANCER RESEARCH, IT IS A START. THE PRINCIPLE HAS BEEN ACCEPTED, AND WRITTEN INTO LAW. NOW WE MUST REFINE THE PRINCIPLE, AND FUND OUR EFFORTS GENEROUSLY ENOUGH TO ATTAIN IT.

HOME HEALTH CARE

AT THE OTHER END OF THE AGE SPECTRUM, PROMISING DEVELOPMENTS ARE TAKING PLACE IN THE FIELD OF HOME HEALTH CARE FOR THE ELDERLY. THE CONGRESS HAS ACCEPTED THE VALIDITY OF THE CONCEPT, AND IS BEGINNING TO FUND ITS IMPLEMENTATION. BUT MORE HAS TO BE DONE. THERE ARE THOUSANDS OF OLDER AMERICANS WHO ARE BEING INSTITUTIONALIZED UNNECESSARILY. THOUSANDS MORE LINGER IN DEADLY ISOLATION, IN THE LONELINESS AND ILL HEALTH IMPOSED BY PHYSICAL OR EMOTIONAL ISOLATION.

I WANT TO UPGRADE THE CALIBER OF HOME HEALTH SERVICES. I THINK THAT SOME PATIENTS NOW IN EXPENSIVE SKILLED NURSING OR ACUTE CARE FACILITIES MIGHT BE ENCOURAGED TO PARTICIPATE IN LIMITED ACTIVITIES SUCH AS ADULT DAY CARE. MORE SPECIFICALLY, I HAVE INTRODUCED LEGISLATION TO DELETE THE CURRENT 100 VISIT LIMITATION ON HOME HEALTH SERVICES, AND TO STRIKE OUT A 3 DAY PRIOR HOSPITALIZATION REQUIREMENT WHICH CLOSSES THE PROGRAM TO MANY.

-14-

HEALTH INSURANCE AND HEALTH PROTECTION

THIS HOME HEALTH AMENDMENT IS PART OF MY CATASTROPHIC HEALTH INSURANCE AND MEDICARE IMPROVEMENTS ACT OF 1979, CO-SPONSORED BY MY COLLEAGUES, SENATORS DOMENICI AND DANFORTH.

NEEDLESS TO SAY, IRRESPECTIVE OF WHAT WE DO IN THE AREA OF PREVENTION, PEOPLE STILL NEED TO BE PROTECTED AGAINST CATASTROPHIC ILLNESS EXPENSES. IN ALL HONESTY, I MUST TELL YOU OF MY CONCERN OVER THE ECONOMIC IMPLICATIONS OF THE SO-CALLED CRADLE-TO-GRAVE APPROACH FAVORED BY OTHERS. I MUST CONCLUDE THAT ONLY A LIMITED PROGRAM SUCH AS THE ONE WE HAVE SUGGESTED, CAN REALISTICALLY HOPE TO ACHIEVE PASSAGE ANY TIME SOON.

BUT, AS MY HOME HEALTH CARE PROPOSALS INDICATE, A PROGRAM THAT EMPHASIZES PROTECTION AGAINST CATASTROPHIC ILLNESS NEED NOT NEGLECT PREVENTIVE ASPECTS. INDEED, IT CANNOT AFFORD TO DO SO, LEST IT ENCOURAGE HABITS AND LIFESTYLES WHICH LEAD TO MEDICAL CATASTROPHY.

ONCE AGAIN, IT IS USUALLY THE POOR, THE ELDERLY, THE HIGH-RISK INDIVIDUAL WHO IS LEAST LIKELY TO BE COVERED BY EXISTING PROGRAMS. RECENT FIGURES ARE SHOCKING IN THEIR REVELATIONS: SOME 22 MILLION AMERICANS HAVE NO HEALTH INSURANCE OF ANY KIND. FOUR TIMES AS MANY HAVE INADEQUATE INSURANCE TO COVER VERY LARGE MEDICAL BILLS.

LAST YEAR, AN ESTIMATED 7 MILLION FAMILIES HAD OUT-OF-POCKET MEDICAL BILLS EXCEEDING 15 PERCENT OF THEIR INCOMES.

I DON'T PRETEND THAT PLUGGING THE CATASTROPHIC INSURANCE GAP WILL PROMOTE OF ITSELF A POLICY OF WELLNESS. BUT IT IS THE BEST AFFORDABLE WAY I KNOW TO PREVENT THE THREAT OF BANKRUPTCY TO MILLIONS OF AMERICANS. THE BILL ALSO CONTAINS NUMEROUS OTHER MEDICARE AMENDMENTS WHICH ARE DESIGNED TO PROTECT OUR ELDERLY AND DISABLED CITIZENS.

POLITICS AND PUBLIC HEALTH

POLITICS, THE BACKBONE OF PUBLIC POLICY, IS AN INCREMENTAL ACT. IT IS THE IMPERFECT SCIENCE OF THE POSSIBLE, PART COMPROMISE, PART CONDITION. UNFORTUNATELY, IT MAKES DECISIONS BASED ON POLL RESULTS AS OFTEN AS PROGRAMMATIC NEED.

I INDICATED EARLIER IN MY REMARKS THAT A NUMBER OF FACTORS, MOST OF THEM POLITICAL, CONSPIRE TO LIMIT THE PROGRESS WE MAKE IN PROMOTING NATIONAL WELLNESS. ULTIMATELY IN A NATION OF INDIVIDUALS, WHERE FREEDOM CAN BE ABUSED AS LONG AS IT DOESN'T BREAK THE LAW, PEOPLE ARE BOUND TO SATISFY THEIR APPETITES AT THE EXPENSE OF THEIR LIFE EXPECTANCY. AT WHAT POINT DOES PUBLIC EDUCATION AND GOVERNMENT'S URGING BECOME DIRECTION OF A DANGEROUS SORT?

THIS IS A LEGITIMATE QUESTION. IT IS ONE THAT MUST BE ADDRESSED BY ALL WHO WOULD GEAR PUBLIC POLICY TOWARD THE PREVENTION OF PERSONAL ILLNESS.

-17-

BUT RAISING SUCH A QUESTION SHOULD NOT IN THE LEAST DETER US FROM PRESSING FORWARD WITH THE ADVANCES ALREADY BEGUN. IN THE LAST FEW YEARS ALONE, WE HAVE ESTABLISHED HEALTH EDUCATION IN THE NATION'S CLASSROOMS. WE HAVE ACCEPTED AND EXPANDED THE IDEA OF HOME HEALTH SERVICES FOR THE ELDERLY. WE HAVE INSTITUTIONALIZED THE FOOD STAMP PROGRAM, NOT ONLY AS AN ANTIDOTE TO ECONOMIC HARD TIMES, BUT AS A POSITIVE STEP TOWARD GOOD NUTRITION FOR THOSE LEAST ABLE TO AFFORD IT.

MOST IMPORTANT OF ALL, THE PUBLIC AND PRIVATE SECTORS HAVE AROUSED THE CONSCIENCE OF MILLIONS. WE HAVE DRAWN ATTENTION TO THE NUTRITIONAL SCANDAL OF SEDENTARY AMERICA, AND INSPIRED MANY, ON THEIR OWN, TO COMBAT THE SLOTH AND INDULGENCE THAT UNDERMINES HEALTH AND HAPPINESS.

-18-

WE MUST CONTINUE TO PRESS OUR CASE ON THE PUBLIC SECTOR. BUT WE MUST REMEMBER ALSO THE CONFLICTING FACTORS OF ECONOMICS AND INDIVIDUAL RIGHTS. THE ROAD IS LONG, AND THE JOURNEY FILLED WITH FRUSTRATION. BUT WE ARE ON THE WAY, AND I LOOK FORWARD TO WORKING WITH YOU, THE HEALTH EXPERTS, AS WE CONTINUE TO MAKE THE POLITICAL WORLD MORE RESPONSIVE TO A WELL AMERICA.