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Floor Statement on Health Professions Educational Assistance Amendments of 1971

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HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE AMENDMENTS OF 1971

AMENDMENT NO. 141

Senate

Mr. MUSKIE. Mr. President, I am delighted to join with the Senator from Missouri (Mr. EAGLETON) in sponsoring the amendment which he has so well described in his remarks this morning. It is an amendment to the health manpower legislation that is about to be considered by the Health Subcommittee of the Committee on Labor and Public Welfare.

This amendment, which contains four separate provisions, will add substantially to this legislation by providing an immediate release of funds for medical school construction, premedical training, and an increase in the number of doctors trained to treat the normal medical needs of American families.

The distinguished Senator from Missouri has described the amendment. I should like to speak briefly as to the health care crisis in America, which has only recently emerged into the public consciousness.

We have begun to realize that our health care system does not do an adequate job of keeping Americans healthy. The health crisis affects every American. For those who are very poor, health care is unavailable because of cost. For those who live in our inner cities or in our rural areas, health services are too far away. For the average American family, health care is a problem because costs are rising at alarming rates; routine health care drains our pocketbooks, and serious health care can mean economic catastrophe to a family.

These are some of the stark facts:

Between 1966 and 1980, the number of workers who cannot work due to illness will climb from 18 million to 21 million.

That 75,000 newborn babies die in the United States each year.

The number of general practitioners has declined 35 percent since 1957—and foreign physicians now constitute more than 25 percent of our Nation's doctors.

That 150 counties across the country have absolutely no health professionals of any kind. In most central cities, the situation is as bad—or just a little better. In the Kenwood section of Chicago, for example, there are only two physicians for 46,000 people.

The cost of medical care has skyrocketed to over $60 billion annually. At the same time, the health insurance industry has used its actuarial studies to exclude segment after segment of our society from access to medical protection. The poor are abandoned to unsven and often inhuman public health services. The poor are abandoned to unsven and often inhuman public health services. And the average family is caught squarely in the middle—too well off to qualify for government help—too pressured to help themselves with comprehensive insurance.

In the end, millions of Americans go without adequate medical care. They cannot afford it. They are afraid it will break them. Or they cannot find a doctor. Some of them die. Others are left destitute. And most of them fall victim to needless pain and needless suffering. Who are they? They are our parents—our children—our friends and our fellow citizens.

As chairman of the Health Care Subcommittee of the Senate Committee on Aging, I held hearings in California during May to see what kind of health care our older citizens are receiving under the medicare and medicaid programs. The hearing clearly demonstrated that because of rising costs and because of poorly designed systems, literally tens of thousands of older Americans receive poor health care or no health care at all. Part of this is due to cutbacks in medicare and medicaid that put even the most basic health care beyond the reach of our elderly citizens. Part of this is a result of rigid and shortsighted regulations of the medicare and medicaid programs.

But the hearing made clear that even if the regulations were changed and finances made available, we still would not be able to have decent health care for our older Americans because we do not have the institutions that can deliver it. In minority communities, there are not enough doctors nor clinics. There are not the kind of people who can communicate with the community and earn their sense of trust. There are no means for getting older people to the doctors or, even better, the doctors to the older people.

To remedy this health crisis, we need a medical bill of rights for all Americans.

The first medical right of all Americans is care within their means. Admission to a hospital or a doctor's office should depend on the state of an individual's health, not the size of his wallet. And we cannot depend upon reform by half-way measures and half-hearted compromise. A right to medical care which would leave the burden of cost on the poor and the near poor would mock its own purpose. The only sure security is federally funded universal health insurance. That is our best hope for the future—and a priority goal in 1971.

Senator KENNEDY is leading the battle for this legislation, and I support his efforts in every way. National health insurance will mean that all Americans, no matter what their means, no matter what their needs, can afford quality health care. When this legislation is passed, it will be a landmark in the history of social justice in our Nation.

The second medical right of all Americans is care within their reach. For even if we guaranteed the payment of health costs, millions of our citizens could not find sufficient medical services. The system is not only inequitable—it is also undermanned and inefficient. It is on the verge of collapse. The Nation must now respond with Federal financial incentives that will insure real reform.

So health insurance alone is not enough. We need enough doctors and related medical personnel to treat those who will be able to afford decent health care under national health insurance. And we must provide the institutions to bring that health care to every American. We will need special health clinics and out-reach efforts for our inner cities. In rural areas, different systems for health care delivery must be developed. For the aged, we must create home health care teams that can move doctors to the elderly, when the elderly cannot move to the doctors. And we must devise the techniques to insure that every family in America can and will utilize health care facilities for its children.

Finally, the third medical right is health care on a regular basis so that everyone can receive the benefits of preventive medicine. We must provide enough health education, supervision, and periodic checkups so that health problems are caught in the beginning, when they can be cured, rather than in the end, when it is too late for cure. Not only is this health care maintenance approach vastly more economical than our system today, but it is also the only humane way to provide for health care treatment.

These tasks will require great changes. They will require great imagination. They will require great resources. But they must be done, if we are to guarantee to every American a healthy life. I plan to contribute to this effort by offering various proposals to increase our health manpower and to create new institutions for health care delivery. Today Senator Eagleton and I are introducing legislation that will allow us to overcome some of these health manpower problems.

Today, Senator EAGLETON and I are introducing a measure that would allow us to overcome some of these health manpower problems. I intend to propose others as time goes on.

First, we need more doctors and more medical personnel. By 1980 our estimated shortage of doctors will be 26,000; of dentists, 56,000; of nurses, 210,000; and of allied health manpower, 432,000. We simply do not have enough people being trained today to provide the health care for America tomorrow. In fact, we are losing ground, because the increase in the number of medical personnel has not kept up with the increase in our population.

Second, we must reorient our medical training so that doctors are trained in those types of medical practice where we have critical manpower shortages. The largest such category is the "primary care" area. This includes the practice of family medicine—a new kind of general practitioner—internal medicine, pediatrics, obstetrics, and gynecology. An estimated 90 percent of the health care needs of Americans can be handled by these doctors. It is only the unusual case, on a statistical basis, that requires the medical specialist. Yet, only one-third of medical students are now being trained in these areas. It does not make sense to train only one-third of our new medical personnel to take responsibility for about 90 percent of our health care needs.

Third, as I mentioned above, we must directly focus on the problem of training medical personnel to work in our inner cities and rural areas.

Fourth, we must take immediate steps to train ancillary medical personnel. These physicians' assistants and nurses should be trained to assume the routine tasks of examination and medical practice so that doctors will be free to spend more of their time to use their special skills. If we do not use our doctors more efficiently, we will never be able to provide decent health care for everyone.

Fifth, we must begin to introduce into our medical schools more training for interdisciplinary care and the health team approach. The physician and the

supporting personnel must be prepared to work together effectively on a single health problem so that we can break down the fractured, disjointed approach to the health care of particular individuals that too often prevails today.

Finally, we must increase the number of minority and disadvantaged group members into medical training at all levels. Without these people we will never be able to fully serve the communities from which they come. Only they can establish the trust and communication with medical consumers which will introduce health care into many of our communities.

The legislation now being considered in the Senate Health Subcommittee begins to remedy many of these problems. I support this legislation. Today, the distinguished Senator from Missouri (Mr. EAGLETON) and I offer an amendment containing four proposals that our staffs have drafted jointly, and that we both feel will substantially improve the bill now under consideration by the Health Subcommittee. I hope the subcommittee will adopt these proposals to make its manpower bill even better.

Mr. President, may I say, in tribute to the Senator from Missouri, that without his leadership and his great assistance and that of his staff, we would not be in a position this morning to present this legislation. I am delighted and proud to join him in this effort.