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**SENATOR EDMUND MUSKIE URGES
MORE IMAGINATIVE APPROACH
TO HEALTH CARE PROBLEMS**

HON. PETER N. KYROS

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 25, 1970

Mr. KYROS. Mr. Speaker, as a member of the Public Health and Welfare Subcommittee of the Interstate and Foreign Commerce Committee, I have been continually made aware of the need to provide adequate health care for all Americans. While we can be very proud of the quality of medical science in our Nation, it is increasingly more obvious that the delivery of health care to our citizens is less than satisfactory. Speaking before the National Kidney Foundation Convention in Washington, D.C., last Saturday night, November 14, Maine's Senator Ed Muskie expressed important ideas about steps which should be considered in improving our

medical delivery systems. Senator Muskie has long been concerned about the availability of proper health care in Maine and throughout the Nation, and I would like to bring his ideas to the attention of my colleagues.

His remarks follow:

REMARKS BY SENATOR EDMUND S. MUSKIE (D-ME), BEFORE THE NATIONAL KIDNEY FOUNDATION, SHIRAZ HOTEL, WASHINGTON, D.C., SATURDAY, NOVEMBER 21, 1970

Thank you for permitting me to join you this evening . . . to honor those who have promoted the cause—not only of health—but of life itself.

Some of these men are good and close friends.

They are men whose judgment I have come to respect . . . whose profound human decency I have come to admire.

And I am proud to share this evening with them—with Abe Abel—with Arnold Picker.

I think it is appropriate—on an occasion such as this . . . with a gathering such as this . . . at a time in our nation's history such as this—to ask the question: How can we better secure the right to life?

After all, the goal of a more healthy society is not new. It is as old as the Republic.

Almost 200 years ago, the Declaration of Independence declared life to be—not a privilege—not a commodity—but an unalienable right.

It is now we who must protect and enhance that right . . . for every American.

The right to life requires health care of quality—health care that is accessible . . . that is comprehensive . . . that is available on fair and equitable terms.

We have not yet satisfied those requirements—the requirements of a healthy society.

Of course, we have passed legislation.

We have appropriated funds.

We have made enormous strides in medical knowledge and medical capability.

Yet, as the Carnegie Commission on Higher Education recently stated, "Better health care is clearly a high national priority."

Indeed, we seem confronted today by a serious crisis in our health care system—in terms of availability . . . in terms of cost . . . in terms of excellence.

It is a crisis that threatens not only our well-being as individuals . . . but also our vitality as a nation.

To our shame, this crisis has been apparent to poor Americans for many years.

To our surprise, this crisis has fast become apparent to Americans of all incomes.

You know how disturbing the figures are in only one area of concern, 4,000 children . . . between the ages of one and six . . . stricken annually with nephrosis; 8 million Americans of all ages . . . afflicted by some form of kidney ailment; from 80 to 100,000 of whom . . . die each year.

These people can be helped to live—by surgery . . . by drug treatment . . . by mechanical devices.

Yet the fact of the matter . . . is that not nearly enough men and women have been trained . . . to help them live.

The Public Health Service estimates a current shortage of, almost 60,000 physicians; 150,000 nurses and more than 250,000 allied health personnel.

These shortages affect not only the delivery of health care . . . but also its price.

Last year alone, doctor's fees rose 7.3 percent.

That rate of increase was not much different from what it was in 1968 . . . in 1967 . . . or in 1966.

Part of the reason, of course, has been inflation in general.

But another important part has been the added demand for medical services with no

comparable growth in the supply of medical personnel. This manpower shortage is also costly in human terms. In many of our clinics—both public and private—medical records are all too often misplaced . . . service is frustratingly slow . . . and no one really seems to be concerned with patients as individual and essentially fragile human beings.

No one has the time to try to get to know them.

That kind of health care can in fact do more to diminish the quality of life, than to enhance it.

What, then, can we do?

Clearly, we can help medical schools grow . . . as well as survive.

He can insist that government be intelligent enough not to force these schools to resort to their endowment funds in order to meet their operational budgets.

We can insist that government aid those men and women who seek entry to our health profession . . . and not—as has happened in the last two years—reduce the number of student loans by 60 percent.

However, we must realize that even expanding our M.D. degree programs will not—by itself—cure all the deficiencies in our manpower supply.

It has been estimated that a doubling in medical school enrollment—under present conditions of training—would result in only about 8,000 more doctors . . . by 1978.

One alternative to more doctors . . . that has been suggested . . . is more productivity from the doctors we already have.

Yet many of them are—*even now*—working to the limits of their physical endurance.

Of course, we should encourage them to improve their efficiency and their effectiveness—by organizing together . . . wherever practicable; by emphasizing the *prevention* of illness as well as its treatment; by recognizing the potential of the general practitioner as *more* than a conduit to the specialist.

But we cannot rely on *even these* approaches alone.

We must also—at this point in time—make a commitment to increase substantially the number of our paramedical personnel.

And that commitment must be accepted—without reluctance—by the entire medical profession.

Men and women can and must be trained to reform many of the tasks which do not really require a medical diploma.

They must be offered opportunities for advancement in these indispensable careers.

And they must be treated with respect by the medical profession . . . so that they can gain the confidence of their patients.

Physicians' assistants, like physicians themselves, cannot succeed without that confidence.

One area of improvement immediately comes to mind—that of the medical corpsman.

In light of the fact that nearly 30,000 of them are discharged from the Armed Forces every year . . . including veterans from Vietnam . . . isn't it time we offer them the full opportunity to pursue their work in civilian life?

At least 6,000 of them have delivered primary medical care on a regular basis.

In some cases, they can take over as much as 70 percent of a physician's workload.

Each of them represents an investment of roughly \$23,000 in medical skills.

Yet currently, only several hundred of them are licensed as medical assistants in civilian life.

They are capable of making a substantial contribution toward the goal of a more healthy society . . . if we give them the chance to do so.

Clearly, our health care crisis is not *impossible* to overcome.

We must, however, exercise imagination with respect to how we can better organize ourselves to respond to that crisis.

We must begin asking ourselves some fundamental questions in the area of medical manpower.

We must examine the medical school curriculum and—if reasonable—reduce the time it takes to enter the practice of medicine.

We must explore whether solo practice on a fee-for-service basis is the most sensible avenue to success and—if it is not—develop more rewarding ways of organizing a physician's time and talent.

We must review the professional licensing statutes in our States and—where they are no longer up-to-date—change them to reflect the reality of new kinds of medical personnel.

We need to consider these proposals thoughtfully, and promptly.

And don't forget that we must—at the same time—address ourselves to the problems of designing a program of comprehensive health insurance; of developing incentives and management techniques to reduce medical costs and paperwork; of establishing new kinds of health care facilities for people who do not really require hospital beds.

Responding to our health care crisis will obviously require us to apply the resources and the compassion which Americans are capable of applying.

It will require a new spirit of cooperation between the Federal Government, institutions of medical learning, and members of the medical and paramedical professions.

And it will require the support, the dedication, and the continued persistence of organizations such as yours, and of those persons and organizations you have chosen to honor tonight.

It was once written by Hippocrates that "Healing is a matter of time . . . but it is sometimes also a matter of opportunity." That opportunity is ours to seize.