

19-13

Pleased to be Royce G. Larson Memorial Lecturer

Purpose is more than recalling - annually -
the memory of a man - albeit a gentle
gent

We are trying to keep alive a vision and
maintain the spirit of this remarkably
talented man. This is the first day of
my first vacation in 2 years and
I'm pleased to spend it in my

Unmet men rounder career in politics
or the ministry. Royce Larson considered
battles but chose Health Care administration.
We are the beneficiaries. He brought
the ideas of service to man & service
to God - together - in health
care administration.

In fact he gave mankind more just
put "a life devoted to serving God
and man"

We pay him tribute this day.

**WE'D FEEL GOOD ABOUT OURSELVES AND OUR HEALTH CARE
SYSTEM.**

NO LONGER.

IN A WORD --WE HAVE BIG PROBLEMS.

**SOMETIMES I USED TO WONDER IF THERE SHOULD NOT HAVE
BEEN ANOTHER SURGEON GENERAL'S WARNING:**

**"WARNING! THE AMERICAN HEALTH CARE SYSTEM CAN BE
HAZARDOUS TO YOUR HEALTH!**

**TO BEGIN WITH, THIS IS A TIME IN WHICH WE HAVE VERY HIGH
EXPECTATIONS FOR MEDICINE AND HEALTH.**

**WE'VE PUT A GREAT DEAL OF FAITH INTO NEW TECHNOLOGIES,
NEW PHARMACEUTICALS, NEW SURGICAL PROCEDURES, AND SO
ON, AND WE CONTINUE TO HAVE FAITH IN WHAT I LIKE TO CALL
THE MAGIC OF MEDICINE.**

**WE ROUTINELY EXPECT MIRACLES TO HAPPEN -- EVEN THOUGH
THE REAL WORLD OF MEDICINE ISN'T ALWAYS ABLE TO DELIVER.**

WE HAVE THAT SITUATION RIGHT NOW WITH AIDS.

FOR THE PAST 8 YEARS, SCIENTISTS AND CLINICIANS HAVE BEEN WORKING AROUND-THE-CLOCK TO UNDERSTAND AND CONQUER THE DISEASE OF AIDS. BUT IT STILL REMAINS SOMEWHAT OF A MYSTERY AND I DOUBT THAT WE'LL GET FULL CONTROL OVER THE AIDS VIRUS BEFORE THE TURN OF THE CENTURY. BUT, AS FAR AS THE GENERAL PUBLIC IS CONCERNED, THE AIDS SITUATION IS THE EXCEPTION AND NOT THE RULE.

**THE AMERICAN PEOPLE STILL MAINTAIN HIGH HOPES FOR WHAT
MEDICINE AND HEALTH CARE CAN DO FOR THEM.**

**BUT I THINK IT'S ALSO BECOMING CLEAR THAT THOSE HIGH
EXPECTATIONS ARE FAST OUT-RUNNING OUR ABILITY TO PAY
FOR THEM.**

**IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY
TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN
HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN
HEALTH CARE.**

**AND SO THE AMERICAN PEOPLE ARE ENGAGED IN A DEBATE IN
RESPECT TO ASPIRATIONS VERSUS RESOURCES.**

**THIS IS A DEBATE THAT TOUCHES ON MANY ASPECTS OF
AMERICAN LIFE... BUT I'LL FOCUS JUST ON HEALTH CARE, WHICH
IS PROFOUNDLY AFFECTED BY THAT GROWING TENSION
BETWEEN ASPIRATIONS AND RESOURCES.**

**MANY OF OUR GREAT EXPECTATIONS COME FROM OUR ABIDING
FAITH IN EVER-IMPROVING MEDICAL TECHNOLOGY.**

**BUT NOW, I BELIEVE THE PUBLIC WONDERS IF MEDICAL
TECHNOLOGY MIGHT BE A MIXED BLESSING.**

**THANKS TO AN EXPLOSION OF NEW KNOWLEDGE IN SCIENCE
AND TECHNOLOGY OVER THE PAST SEVERAL DECADES, WE KNOW
HOW TO DO MANY NEW AND FASCINATING THINGS:**

BUT KNOWING HOW TO DO SOMETHING HAS NEVER BEEN ENOUGH.

PEOPLE ALSO WANT TO KNOW WHY ... OR WHY NOT?

AND TODAY, AS THE COST OF OUR MAGIC TECHNOLOGY SOARS, WE'RE ASKING "WHY?" MORE OFTEN AND MORE INSISTENTLY.

IN REGARDS TO PROLONGING LIFE, FOR EXAMPLE, BOTH THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE EVEN NOW DEBATING THE WISDOM OF USING SO-CALLED "EXTRAORDINARY" MEASURES TO SAVE OR PROLONG THE LIVES OF PERSONS PROFOUNDLY TRAUMATIZED OR TERMINALLY ILL.

**FOR MANY PEOPLE WHO MUST DECIDE THE FATE OF LOVED
ONES, HIGH-TECH MEDICINE SOMETIMES ACTS LIKE A FRIEND ...
AND SOMETIMES IT ACTS LIKE AN ENEMY.**

**HENCE, SOME PEOPLE ARE TURNING TO LEGAL INSTRUMENTS
LIKE THE SO-CALLED "LIVING WILL" AND THE "DURABLE POWER
OF ATTORNEY" TO PROTECT THEMSELVES FROM RUNAWAY
MEDICAL TECHNOLOGY, IN THE EVENT THEY ONE DAY HAVE A
TERMINAL ILLNESS OR INJURY.**

HENCE, IN MANY REAL-LIFE SITUATIONS, TECHNOLOGY IS A MIXED BLESSING ... AT BEST ... AND CAN BE A CURSE, AT THE WORST.

IS OUR SOCIETY STILL READY AND WILLING TO DELIVER HIGH-QUALITY, TECHNOLOGY-INTENSIVE MEDICAL CARE TO EVERYONE, REGARDLESS OF COST?

I'D HAVE TO SAY THE ANSWER I GET AS I TRAVEL AROUND THE COUNTRY IS, "PROBABLY NOT."

**WHAT WE HAVE, THEN, IS A RISE IN THE NEW TECHNOLOGIES
AVAILABLE TO PHYSICIANS ...**

**BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR
A SUBSTANTIAL NUMBER OF PATIENTS.**

**IN ONE OF HIS PLAYS, GEORGE BERNARD SHAW ASKED WHY WE
PAY DOCTORS TO TAKE A LEG OFF BUT WE DON'T PAY THEM TO
KEEP A LEG ON. NOW, ALMOST 80 YEARS HAVE PASSED AND WE
STILL HAVEN'T COME UP WITH A GOOD ANSWER.**

**OUR TECHNOLOGY-DRIVEN REIMBURSEMENT SYSTEM --
WHETHER BY GOVERNMENT OR OUT-OF-POCKET -- IS STILL
PREDICATED ON TAKING THE LEG OFF.**

**AND TO FURTHER COMPLICATE THE ISSUE, THE STRUGGLE
BETWEEN OUR ASPIRATIONS AND OUR RESOURCES HAS ALSO
COME AT THE WORST POSSIBLE TIME,
A TIME WHEN DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US.**

TODAY, FOR EXAMPLE, FOR EACH PERSON WHO IS OVER THE AGE OF 65, THERE ARE 5 YOUNGER, TAX-PAYING WAGE-EARNERS TO PAY FOR THAT ONE PERSON'S MEDICARE COVERAGE.

IN ANOTHER 20 YEARS, HOWEVER, FOR EACH PERSON OVER THE AGE OF 65, THERE WILL BE ONLY 3 YOUNGER, TAX-PAYING WAGE-EARNERS CONTRIBUTING TO MEDICARE.

**THAT MEANS THAT IN A CLIMATE OF SCARCITY, AMERICANS WILL
HAVE TO WORK OUT AN EQUITABLE SHARING OF NEEDED
MEDICAL RESOURCES BETWEEN ONE POPULATION GROUP THAT
IS GROWING -- THAT IS, THE ELDERLY, PEOPLE OVER THE AGE OF
65 -- AND THE POPULATION GROUP THAT IS COMPARATIVELY
SHRINKING -- THAT IS, CHILDREN UNDER THE AGE OF 18.**

OVER THE PAST 8 YEARS I'VE DEALT WITH ADVOCATES FOR CHILDREN AND I'VE DEALT WITH ADVOCATES FOR THE ELDERLY. THEY ARE BOTH VERY DEDICATED AND VERY PERSUASIVE GROUPS. AND BOTH WILL BE QUITE RIGHTLY COMPETING FOR A LARGER PIECE OF A SMALLER PIE.

THIS HAS CHILLING ETHICAL IMPLICATIONS, AND WE MUST GUARD AGAINST LETTING OUR ETHICS BE DETERMINED BY OUR ECONOMICS, AND NOT THE OTHER WAY AROUND.

**I'M SURE YOU PEOPLE WHO DEAL WITH THE EVERYDAY ISSUES
OF HEALTHCARE PROVISION LOOK DOWN THE ROAD AS I DO AND
SEE THE PROBLEMS ON THE HORIZON.**

**SOME CRITICS WILL SAY THAT THE CHIEF CAUSE FOR THE
CRUNCH IS THE BUDGET DEFICIT. ONCE WE GET RID OF THE
DEFICIT, SAY THESE CRITICS, WE WILL ALSO GET RID OF THAT
GAP BETWEEN ASPIRATIONS AND RESOURCES ... BETWEEN
DREAMS AND REALITY.**

MAYBE ... BUT I DON'T THINK SO.

**WELL BEFORE WE TALKED ABOUT A BUDGET PROBLEM, WE
ALREADY HAD A HEALTH CARE ECONOMY THAT CONSISTENTLY
RAN AT AN ANNUAL INFLATION RATE THAT WAS 2 TO 3 TIMES THE
INFLATION RATE FOR THE REST OF THE AMERICAN ECONOMY.
BUT WE DIDN'T SEE IT ... OR, IF WE DID SEE IT, WE PREFERRED
NOT TO WORRY ABOUT IT.**

TODAY, WE STILL HAVE AN INFLATED HEALTH CARE ECONOMY ...

BUT WE ALSO HAVE INFLATED HEALTH CARE ASPIRATIONS. AND

WE SIMPLY CAN'T AFFORD ANY INFLATION AT ALL.

WHEN I OR OTHER PEOPLE TALK LIKE THIS, OUR CRITICS COME

BACK AT US AND SAY THAT THINGS REALLY AREN'T THAT BAD ...

THAT ALL WE NEED TO DO IS PUT A REIMBURSEMENT CAP ON

THIS ... OR CHANGE THE ELIGIBILITY REGULATIONS FOR THAT ...

OR CUT BACK A LITTLE HERE ... OR PRUNE BACK A LITTLE THERE.

**NOW, I CAN ALREADY HEAR THE CRITICS SAYING, "WAIT A
MINUTE, DR. KOOP. THE SYSTEM AIN'T BROKE, SO DON'T FIX IT."**

**TO WHICH I WOULD REPLY, "YOU'RE WRONG. THE SYSTEM IS
BROKEN ... AND IT MUST BE FIXED." BAND-AIDS WON'T DO.**

**HOSPITAL COSTS ARE STILL CLIMBING ... AND NO ONE CAN
PROVE TO THE AMERICAN PEOPLE THAT THE QUALITY OF
HOSPITAL-BASED CARE IS UNIFORMLY GOING UP AS WELL.**

**ON THE CONTRARY, OUR PEOPLE COMPLAIN THAT THEY ARE
PAYING MORE AND MORE FOR MEDICAL CARE, AND ARE GETTING
LESS AND LESS.**

**WORSE STILL, AS THE COST OF HOSPITAL-BASED CARE
INCREASES, SOME HOSPITALS THEMSELVES ARE TRYING TO
NARROW THEIR PATIENT POOL ... FOR EXAMPLE, ELIMINATING
THE NEED TO PROVIDE IN-PATIENT MEDICAL CARE FOR POOR
AND DISADVANTAGED AMERICANS.**

**I SAY THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF
HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE
FEWER AND FEWER PEOPLE.**

**AND WE HAVE MUCH THE SAME PROBLEM IN RESPECT TO
PHYSICIAN SERVICES AND FEES.**

**I CAN TELL YOU THAT MANY OF MY FRIENDS AND COLLEAGUES
IN MEDICAL PRACTICE ARE TRYING TO DO WHAT THEY CAN TO
INCREASE THE QUALITY OF CARE THEY DELIVER WITHOUT
INCREASING THEIR COSTS.**

**BUT THEY ARGUE THAT THEY HAVE LITTLE OR NO CONTROL
OVER SOME OF HE INFLATIONARY THINGS THEY DO.**

AND THAT'S TRUE.

**I'VE BEEN THERE -- SO IT'S NOT JUST GIVING THEM THE BENEFIT
OF THE DOUBT.**

**BUT THE FACT STILL REMAINS THAT PHYSICIAN FEES ARE GOING
UP, AND THEY DO ADD TO A BURDEN ON THE PUBLIC THAT IS
BECOMING INSUPPORTABLE.**

**AND, AGAIN -- AS WITH HOSPITAL-BASED CARE -- THE AMERICAN
PEOPLE HAVE NOT BEEN ASSURED, IN ANY RATIONAL AND
MEASURABLE WAY,
THAT THE HIGHER COSTS OF A PHYSICIAN'S CARE WILL IN FACT
BUY THEM A PROPORTIONATELY HIGHER QUALITY OF SUCH
CARE.**

**BEFORE I GO ANY FURTHER, LET ME SAY THAT IN GENERAL I
SUPPORT THE CONCEPT OF A LAISSEZ-FAIRE MARKETPLACE AND
I BELIEVE IN A FREELY COMPETITIVE ECONOMY.**



**I THINK A LAISSEZ-FAIRE ECONOMY WORKS BEST FOR ALL OUR
CITIZENS AND I'M THRILLED -- AS I'M SURE ALL AMERICANS ARE
THRILLED -- TO SEE SO MANY COUNTRIES WITH STATE-
CONTROLLED ECONOMIES COMING AROUND TO OUR POINT OF
VIEW.**

NOW, HAVING SAID THAT, LET ME GO ON TO SAY THAT THE

HEALTH CARE MARKETPLACE IS LAISSEZ-FAIRE ...

BUT IT'S NOT FREELY COMPETITIVE AND, HENCE, IT HAS

VIRTUALLY NO MODERATING CONTROLS WORKING ON BEHALF

OF THE CONSUMER, THAT I STILL PREFER TO CALL, THE PATIENT.

**IN MOST OTHER AREAS OF OUR ECONOMY, THE MARKETPLACE
DOES EXERCISE SOME CONTROL OVER ARBITRARY RISES IN
CHARGES TO THE CONSUMER. THERE REALLY IS COMPETITION.
HERE AND THERE IT MIGHT BE RATHER THIN ... BUT IT DOES
EXIST AND IT DOES PROVIDE SOME ASSURANCE THAT
INEFFECTIVE, UNCOMPETITIVE, HIGH-COST, LOW-QUALITY
ENTERPRISES WILL FAIL.**

**BUT IN HEALTH CARE, RIGHT ACROSS THE BOARD, PRICES HAVE
GONE UP IRRESPECTIVE OF THE QUALITY OF CARE BEING
DELIVERED OR OF ANY OTHER MARKETPLACE CONTROL.**

**TRY AS THEY MIGHT, I DON'T SEE THE MEDICAL PROFESSION
ACHIEVING MUCH SUCCESS IN SELF-REGULATION.**

GRANTED, IT'S NO SIMPLE TASK. BUT, UNTIL THE PURCHASING PUBLIC "BUYS RIGHT"-- AS WALTER MCCLURE PUTS IT-- THE MARKET CANNOT CHANGE.

PHYSICIANS CAN HELP PUT THE BRAKES ON SOME GENERAL EXPENDITURES, BUT THERE ARE VERY FEW PHYSICIANS WHO CAN HONESTLY AND EFFECTIVELY CONTROL EVEN THE DELIVERY OF SERVICE -- MUCH LESS CONTROL THE COSTS OF THAT SERVICE -- WHILE CARING FOR A SPECIFIC, INDIVIDUAL PATIENT AT THE BEDSIDE.

WE SEEM TO HAVE, THEREFORE, A SYSTEM OF HEALTH CARE THAT'S DISTINGUISHED BY A VIRTUAL ABSENCE OF SELF-REGULATION ON THE PART OF THE PROVIDERS OF THAT HEALTH CARE -- THAT IS, HOSPITALS AND PHYSICIANS -- AND DISTINGUISHED AS WELL BY THE ABSENCE OF SUCH NATURAL MARKETPLACE CONTROLS AS COMPETITION IN REGARD TO PRICE, QUALITY, OR SERVICE.

WHAT IS THE EFFECT OF SUCH A SYSTEM ANYWAY?

**ONE VERY SERIOUS EFFECT HAS BEEN THE EMERGENCE OF A
THREE-TIER FRAMEWORK OF HEALTH CARE.**

**WE'VE ALWAYS SAID WE NEVER WANTED EVEN A TWO-TIER
SYSTEM.**

BUT WE HAVE IT ... AND A THIRD TIER, ALSO.

**IN THE FIRST TIER ... THE BOTTOM TIER ... ARE UPWARDS OF
PERHAPS 30 MILLION AMERICANS -- ABOUT 12 PERCENT OF THE
POPULATION -- WHO FALL THROUGH THE CRACKS AND HAVE NO
HEALTH INSURANCE COVERAGE ... NO HIGH OPTIONS ... NO LOW
OPTIONS ... NO OPTIONS AT ALL.**

**THEY'RE NOT OLD ENOUGH FOR MEDICARE AND NOT POOR
ENOUGH FOR MEDICAID.**

**WHAT, THEN, DOES THIS "HEALTH CARE SYSTEM" OF OURS DO
FOR THE UNINSURED?**

**AS YOU KNOW, IN THE VAST MAJORITY OF CASES THE ANSWER IS
... VERY LITTLE ... OR NOTHING. AND THEY ARE SUFFERING THE
CONSEQUENCES.**

**STUDY AFTER STUDY INDICATES THE CORRELATION BETWEEN NO
MEDICAL INSURANCE AND INCREASING HEALTH PROBLEMS.**

**THE HEALTH PROBLEMS OF THE LOWEST TIER, IF IGNORED BY
SOCIETY NOW, WILL BE BORNE BY SOCIETY LATER.**

THEN WE HAVE A SECOND TIER.

THIS TIER RECEIVES A NARROW RANGE OF BASIC MEDICAL AND HEALTH SERVICES WITH MORE OR LESS FIXED LEVELS OF REIMBURSEMENT.

THIS IS LOW-OPTION COVERAGE ... MEDICARE AND MEDICAID COVERAGE ... WITH THE PATIENT PAYING MANY COSTS OUT-OF-POCKET OR WITH THE HELP OF SOME FORM OF SUPPLEMENTAL INSURANCE, WHICH IS -- IN MY BOOK -- JUST ANOTHER KIND OF OUT-OF-POCKET EXPENSE.

FINALLY, WE HAVE THE THIRD TIER, THE TOP TIER.

THE PEOPLE IN THIS TIER RECEIVE A FULL RANGE OF MEDICAL AND HEALTH SERVICES. THEY ARE COVERED BY HIGH-OPTION HEALTH INSURANCE AND ALSO HAVE A FEW DOLLARS LEFT OVER TO PAY THE 15 OR 20 PERCENT DIFFERENCE BETWEEN THE ACTUAL BILL FROM THE DOCTOR AND THE CHECK FROM THE INSURANCE COMPANY.

**MANY OF OUR LARGEST BUSINESS AND INDUSTRIAL
ORGANIZATIONS ARE IN THIS TOP TIER.**

**YEARS OF TOUGH COLLECTIVE BARGAINING MADE IT POSSIBLE
FOR MILLIONS OF THEIR UNIONIZED EMPLOYEES, AND THEIR
FAMILIES, TO BE IN THAT TOP THIRD TIER.**

**BUT NOW IT'S NO SECRET THAT HEALTH CARE INFLATION HAS
BECOME THE MAJOR STICKING-POINT IN THEIR COLLECTIVE
BARGAINING, ALSO.**

BUT HOW DOES THE BARGAINING END?

THAT'S EASY: MORE MONEY IS PROMISED FOR EMPLOYEE

HEALTH BENEFITS ... AND THE INCREASED HEALTH COSTS

TRANSLATE INTO HIGHER PRICES FOR THE CUSTOMER OR THE

UTILITY RATE-PAYER.

IN OTHER WORDS, EMPLOYEE HEALTH PLANS HAVE REALLY

BECOME "PASS-ALONG" MECHANISMS THROUGH WHICH

DOLLARS, ARE PASSED ALONG AND INTO THE HEALTH CARE

SYSTEM.

IT'S BEEN WORKING THAT WAY FOR THE PAST 20 YEARS OR SO.

**BUT I DON'T THINK AMERICANS CAN KEEP FEEDING THE HEALTH
CARE SYSTEM QUITE THAT WAY ANY MORE. WE'VE GOT TO MAKE
SOME CHANGES.**

**AND BUSINESS ITSELF IS FINALLY COMING AROUND TO
UNDERSTAND THIS. IT CANNOT CONTINUE TO BURY INFLATED
COSTS OF HEALTH CARE IN THE PRICE-TAGS OF THEIR GOODS
AND SERVICES.**

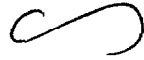
**SINCE 1984 THE AVERAGE PREMIUMS FOR EMPLOYER-PROVIDED
HEALTH INSURANCE HAVE APPROXIMATELY DOUBLED... TO \$3,117
PER YEAR,
AND HAVE RISEN FROM 8 PERCENT OF BUSINESS PAYROLL COSTS
TO 13.6 PERCENT LAST YEAR.
BUSINESSES CAN'T ABSORB THESE COSTS AND ALSO EXPECT TO
BE COMPETITIVE.**

**AMERICAN BUSINESSMEN AND LABOR LEADERS ARE FINALLY
COMING TO UNDERSTAND WHAT THIS MEANS. THERE IS A
"HEALTH BENEFITS SURCHARGE", IF YOU WILL, ON EVERY
MANUFACTURED PRODUCT. FOR EXAMPLE, ON EVERY CAR THAT
GENERAL MOTORS MANUFACTURES IN THIS COUNTRY, IT
AMOUNTS TO WELL OVER \$600 PER CAR. IN CONTRAST, CARS
MADE AT THE NEW NISSAN PLANT IN TENNESSEE , THE "HEALTH
BENEFITS SURCHARGE" IS ONLY SIXTY DOLLARS PER CAR.**

**THE GENERAL MOTORS HEALTH PLAN IS A GENEROUS ONE, AND
IT COVERS RETIRED EMPLOYEES AS WELL AS ACTIVE WORKERS.
NISSAN, ON THE OTHER HAND, OFFERS A LIMITED PLAN THAT
DOES NOT EVEN PROVIDE MATERNITY BENEFITS OR PEDIATRIC
CARE FOR ITS ACTIVE EMPLOYEES.**

**BUT, WHILE ECONOMIC PRESSURES MAKE BUSINESS CONSIDER
CUTTING BACK ON THE HEALTH-CARE BENEFITS THEY PROVIDE,
SOCIAL PRESSURE COMPELS PROVIDING EVEN MORE.**

**WE HAVE SEEN CURRENT LABOR DISPUTES FOCUS NOT ON
WAGES OR HOURS BUT ON HEALTH BENEFIT PACKAGES.**



**I'M REMINDED, OF THE RECENT REPORT OF THE "NATIONAL
COMMISSION TO PREVENT INFANT MORTALITY."**

**AMONG OTHER THINGS, THE COMMISSION RECOMMENDED THAT
THE AMERICAN PEOPLE MUST ... "PROVIDE UNIVERSAL ACCESS TO
EARLY MATERNITY AND PEDIATRIC CARE FOR ALL MOTHERS AND
INFANTS."**

**IN OTHER WORDS, LET'S GET RID OF ANY AND ALL BARRIERS TO
HEALTH CARE FOR EACH AND EVERY MOTHER AND CHILD IN
AMERICA.**

**OF ALL INDUSTRIALIZED NATIONS, ONLY THE UNITED STATES
DOES NOT GUARANTEE ACCESS TO BASIC HEALTH CARE.**

**BUT THIS RECOMMENDATION AMPLIFIES THE CONCEPT OF
"ACCESS" IN A NEW AND VERY IMPORTANT WAY. IT SAYS THAT ...
"EMPLOYERS MUST MAKE AVAILABLE HEALTH INSURANCE
COVERAGE THAT INCLUDES MATERNITY AND WELL-BABY CARE."**

**THE COMMISSION WAS EVENLY BALANCED WITH PHYSICIANS
AND NON-PHYSICIANS ... REPUBLICANS AND DEMOCRATS ...
FEDERAL AND STATE OFFICIALS ... AND SO ON. HARDLY A
RADICAL BUNCH BY ANYONE'S
STANDARD.**

**YET, THE MEMBERS CAME OUT FOR A MUCH GREATER ROLE FOR
PRIVATE EMPLOYERS.**

WHY DID THEY DO THAT?

**BECAUSE TODAY, OF THE MORE THAN 56 MILLION AMERICAN
WOMEN OF CHILD-BEARING AGE, ROUGHLY 16 TO 44, ALMOST 28
MILLION OF THEM ARE EMPLOYED FULL-TIME IN THE AMERICAN
WORK-FORCE.**

**THAT'S 50 PERCENT OF ALL WOMEN IN THAT CRUCIAL CHILD-
BEARING AGE GROUP.**

**IN ADDITION, WELL OVER HALF OF ALL MOTHERS OF SMALL
CHILDREN -- KIDS THREE YEARS OLD OR YOUNGER -- ARE
WORKING FULL-TIME.**

**ON A DAY-TO-DAY BASIS, IT IS NOW CLEARLY THE MANAGERMENTS
OF BUSINESS AND INDUSTRY WHO EXERCISE THE MOST CRITICAL
INFLUENCE UPON THE HEALTH OF AMERICA'S MOTHERS AND
CHILDREN.**

**THE HEALTH CARE SYSTEM IN AMERICA TODAY IS A TERRIBLE
MORAL BURDEN FOR SOCIETY TO BEAR, IN THAT THE SYSTEM
DOES NOT RESPOND AT ALL TO SOME 12 TO AS HIGH AS 15
PERCENT OF OUR POPULATION.**

**AND IT IS A TERRIBLE ECONOMIC BURDEN FOR SOCIETY TO
BEAR, IN THAT THE SYSTEM SATISFIES ITS OWN UNCONTROLLED
NEEDS AT THE EXPENSE OF EVERY OTHER SECTOR OF AMERICAN
SOCIETY.**

WE NEED TO CHANGE THAT SYSTEM.

NOT JUST A LITTLE CHANGE HERE AND A LITTLE CHANGE THERE.

**WE NEED TO BRING ABOUT A PROFOUND CHANGE, ACROSS-THE-
BOARD, IN THE WAY WE MAKE MEDICAL AND HEALTH CARE
AVAILABLE TO ALL OUR CITIZENS.**

BUT CAN WE DO IT?

THERE IS NO PANACEA FOR
THE HEALTH SYSTEMS ILLS

THINK OF A PIE DIAGRAM

MEDICARE

MEDICAID

WORKING POOR

PRIVATELY INSURED

160 MILLION

→ BE SURE IT'S CERTAIN

MUST BE EXPANDED

POVERTY — DOCS/DEBT

POOL → NO ↑ PREMIUMS

WE ARE AT A CROSSROADS. WE CANNOT AFFORD TO DO

NOTHING,

TO CONTINUE BUSINESS AS USUAL.

THE PRESSURE FOR RADICAL CHANGE IS COMING FROM ALL

DIRECTIONS:

FROM MEMBERS OF CONGRESS, FROM BUSINESS, FROM LABOR,

AND FROM THE GENERAL PUBLIC.

INCREASINGLY WE HEAR THE DEMAND FOR RESTRUCTURING THE

FINANCING AND DELIVERY OF HEALTHCARE IN THE UNITED

STATES.

**EVEN SOME BUSINESS LEADERS WHO NORMALLY CRINGE AT THE
THOUGHT OF GOVERNMENT INTERVENTION OR REGULATION
FIND THEMSELVES CALLING FOR A SYSTEM OF NATIONAL
HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.**



**A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT
THE BEGINNING OF LAST SUMMER.**

TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE,

EACH CALLED FOR A NATIONAL HEALTH SERVICE.

THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE

MANUFACTURERS,

AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST

CONSERVATIVE BODY.

RECENTLY I'VE NOTICED A STRANGE INTEREST IN THE CANADIAN SYSTEM.

EVERYWHERE I GO PEOPLE SAY TO ME, "WE NEED THE CANADIAN SYSTEM." SO I SAY, "TELL ME, WHAT IS IT YOU LIKE ABOUT THE CANADIAN SYSTEM.?"

THEY ALWAYS ANSWER, "I DON'T REALLY KNOW, BUT IT'S A GOOD SYSTEM."

THE GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH SERVICES IS BASED MORE UPON DISSATISFACTION WITH OUR SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE. MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.

**EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN
GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH,
THEY PROVE --IN TIME-- TO BE DETRIMENTAL. EVENTUALLY
THERE IS AN EROSION OF QUALITY, PRODUCTIVITY, INNOVATION,
AND CREATIVITY. THIS IS ESPECIALLY TRUE OF RESEARCH.
THEN, LACK OF RESPONSIVENESS TO PATIENTS. FINALLY,
RATIONING AND WAITING IN LINES.**

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,
ESPECIALLY FOR MEDICAL CARE.**

**THE MAJORITY HAS BECOME ACCUSTOMED TO AVAILABLE CARE,
IF NOT ACCESSIBLE CARE.**



AND WE DESIRE PERSONAL CARE.

**NOW, IT MAY NOT BE POSSIBLE TO HAVE THE SAME PERSONAL
RELATIONSHIP BETWEEN DOCTORS AND PATIENTS THAT OUR
GRANDPARENTS HAD.**

I STUDIED THE CAN. SYSTEM IN RE MY

TV. SERIES

I CAN PHYSICIAN OUT OF THE WITH

I worked for the National Health Service
in England for 7 years and came here
because I thought the Can system was
better. Now the UK NHS is a shambles,
and the Can. system is crumbling
and falling in its footsteps.
Why would you ever look at
the Canadian system.

**TODAY, URBAN PEOPLE, ESPECIALLY, RELY UPON EMERGENCY
ROOM CARE AND GROUP PRACTICES, AND THE EFFICIENCY THEY
BRING HAVE COME AT THE COST OF THAT PERSONAL
RELATIONSHIP.**

**BUT, WE CAN DO A LOT TO RESTORE THE DOCTOR-PATIENT
RELATIONSHIP, A RELATIONSHIP THAT IS UNFORTUNATELY
BECOMING CHANGED TO A PROVIDER-CONSUMER RELATIONSHIP.**

**I REALIZE THAT THERE ARE SOME BUILT-IN PROBLEMS. PEOPLE
AREN'T HAPPY ABOUT BEING ILL, NEEDING TO GO TO A
PHYSICIAN.**

**HAVING TO PAY A HIGH PRICE FOR IT MAKES IT EVEN MORE
UNPLEASANT.**

**BUT WE NEED TO SUBORDINATE THE ECONOMIC ASPECT OF THE
RELATIONSHIP TO THE CLIMATE OF TRUST BETWEEN THE
DOCTOR AND THE PATIENT.**

**IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A
CONSUMER, GETTING THE MOST FOR HIS MONEY, SHOPPING
AROUND FOR A DOCTOR WHO CHARGES \$5 LESS FOR AN OFFICE
VISIT, HE AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF
THE SELLER, GETTING THE MOST FOR HIS SERVICES.**

**IF THE DOCTOR IS PRIMARILY CONCERNED ABOUT COLLECTING
HIS FEE, HE AUTOMATICALLY AROUSES THE CONSUMER
MENTALITY IN HIS PATIENT. WE CAN'T HAVE PATIENTS
WONDERING IF THEIR TREATMENT IS DETERMINED BY THE
DOCTORS FINANCES.**

WE ALSO NEED TO REFORM THE MALPRACTICE MESS, THE TORTURED TORT SYSTEM THAT FORCES DOCTORS AND PATIENTS TO VIEW EACH OTHER AS LEGAL ADVERSARIES. WE CAN'T HAVE DOCTORS WONDERING IF THEY'LL NEXT SEE THEIR PATIENTS IN COURT, FLANKED BY THEIR LAWYERS.

WE NEED TO GET PAST THE STAND-OFF BETWEEN DOCTORS AND LAWYERS.

**I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD
PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED
TO HAVE.**

IT CAN BE RESTORED.

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

**BUT IF WE DON'T OFFER SOMETHING BETTER, WE WILL GET A
GOVERNMENT CONTROLLED MEDICAL SYSTEM, AND LOSE
FOREVER THE PRESENT POTENTIAL FOR THE BEST SYSTEM
POSSIBLE.**

**THE FALLACY OF ECONOMIC CONTROLS IS THAT THEY ATTEMPT
TO FORCE CHANGE AND REORGANIZATION AGAINST THE WILL OF
THOSE PROVIDING HEALTH CARE. IT IS NOT IN THEIR INTEREST,
AS THEY SEE IT, BECAUSE THE MORE INEFFICIENT PROVIDER,
THE MORE REVENUE, REGARDLESS OF HEALTH PRODUCED, OR
NOT PRODUCED.**

WE ARE IN A PERIOD OF TIGHT FINANCIAL CONSTRAINTS, AND IF YOU READ THE LIPS OF THE PRESIDENT -- NO NEW TAXES.

IF THAT WERE NOT SO, I THINK WE'D HAVE A GOVERNMENT-CONTROLLED NATIONAL HEALTH SERVICE ALMOST IMMEDIATELY. THAT WOULD SEEM MARVELOUS AT THE BEGINNING, BUT DISSATISFACTION WOULD COME UNTIL YOU COULDN'T WAIT TO CHANGE IT AGAIN.

THERE IS A BETTER WAY, AND IT PREVENTS THE FURTHER INTRUSION OF THE GOVERNMENT INTO THE DELIVERY OF HEALTH CARE.

**A MARKET-BASED STRATEGY MUST ADDRESS THE FORCES
DRIVING COSTS UPWARD WHILE AT THE SAME TIME ATTACKING
BARRIERS TO ACCESS.**

**WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME
TIME. AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL,
UNBRIDLED BY INFORMED PURCHASERS, MANY PEOPLE ARE
DENIED BASIC PREVENTIVE AND PRIMARY CARE.**

Alpha Health Network

Improve Quality - Costs go down

I visited one hospital

Last year 8.1 % over previous year
This year 3.9 % less than previous year

**TWO THIRDS OF OUR POPULATION - ABOUT 160 MILLION
AMERICANS ARE COVERED BY EMPLOYER-PURCHASED HEALTH
INSURANCE. EMPLOYERS AND WORKERS TOGETHER MUST
IDENTIFY THE LEADERSHIP TO BRING HEALTHCARE COST UNDER
CONTROL.**

**SUCH A NATIONAL ALLIANCE HAS BEEN FORMED AND IS
GROWING. AS THIS REFORM IN THE PRIVATE SECTOR IS TAKING
PLACE THERE MUST BE FURTHER JOINING OF FORCES WITH
GOVERNMENT - AT FEDERAL AND STATE LEVELS - WHERE
MEDICARE AND MEDICAID ARE ADMINISTERED,IF WE ARE TO
RESTRUCTURE THE ENTIRE SYSTEM OF PURCHASING AND
PROVIDING HEALTHCARE.**



**NOT LONG AGO A COALITION OF BIG BUSINESS AND LABOR
UNIONS FORMED TO ADDRESS THIS PROBLEM.**

I THINK THAT THIS IS THE WRONG COALITION.

**THAT IS HOW WE GOT TO OUR CURRENT PROBLEMS OF
PROFLIGACY AND POOR CARE.**

**WORKERS WANT QUALITY HEALTH CARE, NOT A NATIONAL
HEALTH SERVICE.**

**EMPLOYERS WANT TO FURTHER ESCALATION OF HEALTH COSTS,
NOT A NATIONAL HEALTH SERVICE.**

**THE COALITION THAT NEEDS TO BE FORMED COMBINES
BUSINESS AND ORGANIZED HEALTH CARE. TOGETHER THEY CAN
FORGE THE ALLIANCE THAT REWARDS HIGH QUALITY AND HIGH
EFFICIENCY WITH MORE PATIENTS, RATHER THAN REWARDING
POOR QUALITY CARE WITH DOLLARS AS WE DO NOW.
BUSINESS AND MEDICINE HAVE THE MOST TO LOSE: POOR
QUALITY MARRIED TO GOVERNMENT CONTROL.**

WE NEED TO COMMUNICATE BETTER ABOUT HIGH-QUALITY AND EFFICIENT CARE. THEN THE PATIENTS WILL COME FROM THE POOR QUALITY, INEFFICIENT SYSTEMS WHICH WILL HAVE TO IMPROVE OR PERISH.

WE WILL NEED - AND THEY ARE BEING DEVELOPED - TOOLS TO MEASURE MEDICAL NECESSITY, APPROPRIATENESS, EFFECTIVENESS AND OF COURSE OUTCOMES. QUALITY, AND EFFICIENCY ARE DIFFICULT IF NOT IMPOSSIBLE TO MEASURE. BUT THEY ARE MORE IMPORTANT THAN MERE QUANTITY.

**FOR THOSE WITHOUT ACCESS, THE GOAL IS UNIVERSAL
COVERAGE TO BE ACHIEVED THROUGH COMPREHENSIVE
REFORMS OF GOVERNMENT PROGRAMS FOR THE POOR AND
UNINSURED COMBINED WITH RISK POOLING. MEANWHILE
INTERIM STEPS INCLUDE MEDICAID EXPANSION, UNDER
EXISTING LAW, AND TAX INCENTIVES TO ENCOURAGE SMALL
BUSINESS INSURANCE COVERAGE. THESE LATTER ELEMENTS
ARE THE ONLY ONES THAT REQUIRE PUBLIC POLICY REFORMS.**

ONE WAY TO GET THINGS MOVING IN THE RIGHT DIRECTION IS THROUGH A PRESIDENTIAL COMMISSION.

I URGED THIS IN A PRIVATE CONVERSATION WITH THE PRESIDENT IN AUGUST 1988, SEVERAL MONTHS BEFORE HIS ELECTION,

AND I'VE MADE THE SAME SUGGESTION IN EDITORIALS IN NEWSWEEK AND FROM MANY PLATFORMS AROUND THE COUNTRY.

THIS IS THE BEST WAY TO GET ACTION, BECAUSE THE CONGRESSIONAL MEMBERS OF A PRESIDENTIAL COMMISSION WILL TAKE THE PLANS BACK TO CONGRESS FOR DISCUSSION, A VOTE, AND THEN IMPLEMENTATION.

THE OPPORTUNITY IS NOW.

THE TIME IS SHORT.

THE STAKES ARE HIGH.

THE ALTERNATIVES UNDESIRABLE.

**IT REMAINS TO BE SEEN WHETHER OR NOT THE PRIVATE SECTOR
SEIZES THIS ONE AND ONLY OPPORTUNITY, WE'LL SEE.**

WE ALL NEED TO BE A PART OF THE EFFORT.

BUT THERE IS NO QUICK FIX.

**FROM HERE TO THERE COULD TAKE A DECADE, BUT WE'D
IMPROVE YEAR BY YEAR ALONG THE WAY.**

choose: prevention ending, or international health ending, or both

**IN THE MEANTIME, EVERYDAY, ALL OF US WHO ARE PART OF THE
HEALTHCARE SYSTEM, ALL OF US WHO ARE PART OF AMERICAN
SOCIETY FIND OURSELVES IN THE MIDST OF A GREAT
REVOLUTION.**

**THIS REVOLUTION IS MORE IMPORTANT THAN THE NEEDED
REVOLUTION IN THE STRUCTURE OF HEALTH CARE OR IN THE
FINANCING OF HEALTH CARE.**

THIS REVOLUTION CHANGES EVERYDAY INDIVIDUAL BEHAVIOR.

**YOU ARE A PART OF THAT REVOLUTION, AND YOU'LL IMPROVE
THE HEALTH OF THE AMERICAN PEOPLE --AS WELL AS YOUR
OWN HEALTH-- IF YOU PLAY YOUR PART.**

TWO CONCEPTS FORM THE BASIS FOR THIS REVOLUTION.

**FIRST, YOUR HEALTH AND THE HEALTH OF THOSE WHO COME TO
YOU PROFESSIONALLY WILL DEPEND MOSTLY UPON THE
PREVENTION OF DISEASE AND DISABILITY AND THE PROMOTION
OF GOOD HEALTH.**

SOME ANALYSTS EVEN SAY THAT PREVENTION AND HEALTH PROMOTION CAN POSTPONE UP TO 70 PERCENT OF ALL PREMATURE DEATHS, WHEREAS THE TRADITIONAL CURATIVE AND REPARATIVE APPROACH OF MEDICINE CAN POSTPONE NO MORE THAN 10 TO 15 PERCENT OF SUCH DEATHS. EVEN IF THEY'RE ONLY HALF RIGHT, THAT'S QUITE A DIFFERENCE IN SOCIAL PAY-OFFS.

SECOND WE HAVE COME TO REALIZE THAT THESE TWO APPROACHES TO HEALTH -- THAT IS, DISEASE PREVENTION AND HEALTH PROMOTION -- ARE THE PRIMARY RESPONSIBILITIES OF EACH INDIVIDUAL.

PHYSICIANS AND THERAPISTS AND PHARMACISTS AND NURSES MUST PROVIDE AMERICANS WITH INFORMATION, SERVICE, AND EXAMPLES. BUT THE CRITICAL CHOICES REST WITH EACH INDIVIDUAL. AND THEY ARE FREE CHOICES IN NEARLY EVERY CASE, NOT MANDATED BY LAW -- AT LEAST NOT YET.

THIS TWO-FOLD CHANGE IN THE WAY WE LOOK AT HEALTH IN AMERICA HAS NOT YET BEEN FULLY ABSORBED BY THE AMERICAN PEOPLE, ALTHOUGH THEY SEEM WILLING ENOUGH TO LEARN.

NOW, IT'S TRUE THAT AMERICAN PUBLIC HEALTH HAS ALWAYS HAD A STRONG PREVENTIVE BASE:

WE WERE BROUGHT UP ON VACCINATION PROGRAMS AND WATER FLUORIDATION AND BLOOD PRESSURE CHECK-UPS AND SO ON.

NEVERTHELESS, I THINK THE OVERALL PERCEPTION AMONG THE AMERICAN PEOPLE IS STILL AN OLD-FASHIONED ONE: THAT IS, THAT PUBLIC HEALTH AND MEDICAL AND NURSING PERSONNEL ARE REALLY ON THE JOB TO PATCH YOU UP IF YOU GET HURT OR TO CURE YOU IF YOU GET SICK. IN OTHER WORDS, THE PATIENT IS PASSIVE AND THE HEALTH SYSTEM IS THE ONLY ACTIVE PARTY.

I THINK THE PUBLIC STILL ADHERES TO THE IDEA THAT THE PATIENT IS SUPPOSED TO "FOLLOW THE DOCTOR'S ORDERS," OR "FOLLOW THE DRUGGIST'S ORDERS".

OF COURSE, BY "FOLLOWING THE DOCTOR'S ORDERS," THE PATIENT WILL DO THOSE THINGS THAT WILL HELP HIM OR HER REGAIN THE LOST STATUS OF FULL HEALTH.

**WE IN THE PUBLIC HEALTH PROFESSIONS HAVE BEEN
DILIGENTLY TRYING TO TURN THAT CONVENTIONAL WISDOM
AROUND. AND I THINK WE ARE!**

**I THINK WE'RE MAKING GREAT STRIDES IN THE ANTI-SMOKING
AREA.**

**THE PERCENTAGE OF THE ADULT POPULATION WHO SMOKES IS
STEADILY DECLINING AND THAT'S EXCELLENT.**

**YOU CAN ASSUME A POSITION IN THE FRONT LINES, BY
WORKING, FOR INSTANCE, TO REMOVE TOBACCO PRODUCTS
FROM VENDING MACHINES AND FROM PHARMACIES.**

THERE'S ALSO BEEN A DROP IN THE CONSUMPTION OF HARD LIQUOR, WITH A SHIFT TO BEER AND WINE -- OR SIMPLY WATER. AS A RESULT, THERE'S BEEN A DRAMATIC DROP IN CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY IN GENERAL.

PEOPLE SEEM TO BE EATING LESS FAT, PARTICULARLY SATURATED FAT AND CHOLESTEROL. THE DROP IN CIGARETTE SMOKING AND THE REDUCTIONS IN FAT IN THE AVERAGE PERSON'S DIET HAVE COMBINED TO CONTRIBUTE TO THE DECLINE IN HEART DISEASE AND STROKE DEATHS OVER THE PAST 10 TO 15 YEARS AS WELL. THERE'S NO DOUBT ABOUT THAT.

SO I THINK WE CAN FEEL ENCOURAGED ABOUT THE TRENDS SO FAR.

THE BIG QUESTION REMAINS, HOWEVER: ARE THEY REALLY TRENDS ... OR ARE THEY TEMPORARY ARTIFACTS OF A DYNAMIC CULTURE?

WE NEED TO MAKE THE RIGHT CHOICES ABOUT LIFESTYLE, ABOUT PHYSICAL EXERCISE, ABOUT DIET.

**WHEN WE CONVINCED OURSELVES TO EAT A PROPER DIET,
TO AVOID FOODS HIGH IN FAT, SUGAR, AND SODIUM,
TO SAY "NO!" TO DRUGS LIKE ALCOHOL AND NICOTINE,
WE TAKE CHARGE OF OUR HEALTH.**

**WHEN WE SAY THAT THE BEST WAY TO BEAT HEART DISEASE IS
THROUGH ROUTINE EXERCISE, NO SMOKING, AND A
HEALTHFUL DIET,
THAT'S JUST ANOTHER WAY OF TELLING PEOPLE,
"DON'T RELY COMPLETELY ON HIGH-COST HIGH-TECH MEDICINE
TO SAVE YOUR LIFE.**

**YOU CAN AFFORD PREVENTION ... YOU CANNOT AFFORD A
QUADRUPLE
BY-PASS."**

**IN THE FUTURE AMERICANS WILL SIMPLY NOT HAVE THE
DOLLARS TO PAY THE VERY HIGH PRICE EXACTED BY LIFESTYLES
OF THOUGHTLESSNESS AND HIGH RISK.**

**I KNOW THIS SOUNDS TERRIBLY CHEERLESS, BUT I DON'T THINK
IT HAS TO BE.**

TO BORROW A MOTTO FROM AN EARLIER AGE:

"LIVING WELL IS THE BEST REVENGE."

LIVING WELL ... LIVING SENSIBLY ... LIVING A HEALTHY

LIFESTYLE ... LIVING ACCORDING TO AN ETHIC OF PREVENTION ...

THIS IS YOUR "BEST REVENGE" AGAINST THE 3 D'S OF

DISCOMFORT, DISEASE, AND DISABILITY.

**AND IT'S YOUR BEST HEDGE AGAINST THE 4TH AND FINAL D:
DEATH ITSELF.**

**HEALTHCARE WORKERS AND THEIR FELLOW CITIZENS ALIKE
CAN EMBRACE A LARGER VISION OF HEALTH PROMOTION AND
DISEASE PREVENTION. WE ARE ALLIES AS WE ASSUME LEADING
ROLES IN THIS NEW HEALTH REVOLUTION IN AMERICA AS WE
PREPARE FOR THE 21ST CENTURY.**

THANK YOU

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**NOW, I'D LIKE TO TAKE A FEW MINUTES TO TALK ABOUT
INTERNATIONAL HEALTH.**

**FOR MOST OF MY SURGICAL CAREER, I WAS INVOLVED IN
INTERNATIONAL HEALTH WORK. BUT IT WAS ONLY DURING MY
TENURE AS SURGEON GENERAL OF THE U.S. PUBLIC HEALTH
SERVICE, THAT I HAD THE OPPORTUNITY TO WORK CLOSELY
WITH THE LEADERSHIP AND STAFF OF THE WORLD HEALTH
ORGANIZATION.**

**THE EXPERIENCE HAS REINFORCED MANY TIMES OVER MY
BELIEF THAT
W.H.O. IS NOT ONLY AN AGENCY WHOSE EXISTENCE IS ESSENTIAL
TO WORLD HEALTH, BUT IS ALSO AN ORGANIZATION WHOSE
ACCOMPLISHMENTS OVER THE PAST 40 YEARS HAVE EVEN
EXCEEDED THE GREAT HOPES THAT ATTENDED ITS BIRTH.
AND IT HAS BEEN DRIVEN BY A POWERFUL CONCEPT ... "THAT
HEALTH, GOOD OR ILL, COULD NEVER AGAIN BE PURELY A
NATIONAL PHENOMENON."**

**THE HEALTH STATUS OF ALL THE PEOPLE OF THE WORLD --
WHETHER THEY LIVE IN DEVELOPED OR DEVELOPING
COUNTRIES -- AFFECTS ALL OTHERS. IT WAS THEREFORE IN THE
INTEREST OF ALL NATIONS TO WORK TOGETHER TO ADDRESS
THE TOTALITY OF WORLD HEALTH PROBLEMS.**

**AS WE LOOK AT OUR WORLD TODAY, WE SEE THAT ENORMOUS
PROGRESS HAS BEEN MADE IN THE FOUR DECADES DURING
WHICH W.H.O. EVOLVED FROM A TECHNICAL ASSISTANCE
AGENCY, PRIMARILY CONCERNED WITH COMMUNICABLE
DISEASES CONTROL, TO A PARTNER OF ALL NATIONS IN THE
SUPPORT OF NATIONAL GOALS FOR HEALTH FOR ALL.**

- o **WE HAVE IMPROVED OUR HEALTH CARE SYSTEMS AND
MADE HEALTH SERVICES AVAILABLE TO A DEGREE
UNKNOWN 40 YEARS AGO.**

- o **TODAY, THANKS TO A VERY ACTIVE AND SUCCESSFUL W.H.O.
EXPANDED PROGRAM ON IMMUNIZATION, THERE IS
EXCELLENT VACCINATION COVERAGE AGAINST POLIOMYELITIS,
DIPHThERIA, TETANUS, WHOOPING COUGH, MEASLES, AND
TUBERCULOSIS.**

- o LIFE EXPECTANCY HAS RISEN FROM A WORLDWIDE AVERAGE OF 41 YEARS IN 1950 TO 61 YEARS TODAY.**

- o AND, WHILE FAR TOO MANY CHILDREN STILL DIE BEFORE THE AGE OF FIVE, THE WORLD IS CERTAINLY A SAFER PLACE FOR CHILDREN. THE NUMBER OF INFANTS AND CHILDREN WHO DIE BEFORE THE AGE OF FIVE IS MANY MILLIONS LESS TODAY THAN THE NUMBER WHO DIED DURING THE 1950'S, EVEN THOUGH THE TOTAL CHILD POPULATION IN THE WORLD HAS SUBSTANTIALLY INCREASED.**

**AND, AT THE REQUEST OF MEMBER NATIONS, W.H.O. HAS NOW
LAUNCHED A SPECIAL EFFORT TO ELIMINATE POLIO
EVERYWHERE. POLIO MAY WELL BECOME THE SECOND DISEASE
TO BE ERADICATED THROUGH THE EFFORTS OF MANKIND,
FOLLOWING SMALLPOX ON THE ROAD TO EXTINCTION.**

**ORAL REHYDRATION THERAPY IS WELL ON ITS WAY TO
BECOMING ANOTHER SUCCESS STORY. IT IS BECOMING SO
EFFECTIVE THAT THE LIVES OF COUNTLESS INFANTS AND
CHILDREN ARE BEING SPARED. THE THERAPY, OF COURSE, IS
BASED ON A SIMPLE SOLUTION OF WATER, SUGAR, AND SALTS ...
A FORMULA DEvised BY W.H.O. SCIENTISTS.**

**THE WORK ON MALARIA ALSO CONTINUES TO HOLD PROMISE
THAT THIS DISEASE, TOO, WILL ONE DAY BE CONQUERED. FROM
ITS CREATION, W.H.O. HAS TARGETED THIS DISEASE. AND
DESPITE THE DIFFICULTIES OF MALARIA CONTROL, WE CAN
REMAIN OPTIMISTIC ABOUT THE FUTURE.**

**THESE SUCCESS STORIES ARE IMPRESSIVE. BUT IF ANYTHING,
THEY SHOULD SERVE AS A STIMULUS TO US TO DO BETTER.
THEY MUST NOT BE AN EXCUSE FOR COMPLACENCY.**

**WE KNOW ALL TOO WELL THAT VICTORY OVER DISEASE IS OFTEN
COUNTER-BALANCED BY THE APPEARANCE OF NEW THREATS AND
NEW DISEASES.**

**WE ARE NOW EXPERIENCING THIS WITH AIDS AS A WORLDWIDE
EPIDEMIC.**

**AIDS THREATENS EVERY NATION AND PRESENTS AN
UNPRECEDENTED CHALLENGE TO INTERNATIONAL PUBLIC
HEALTH. EACH COUNTRY AFFECTED THAT CONFRONTS THIS NEW
HEALTH PROBLEM MAY DISCOVER IT MAY NEED TO RESPOND
WITH RESOURCES OF SO GREAT A MAGNITUDE THAT IT CAN
DEVASTATE THE VERY HEALTH SYSTEM IT IS TRYING TO
STRENGTHEN.**

**IN DEVELOPING NATIONS, AIDS TENDS TO IMPACT MOST OFTEN
ON THE MOST PRODUCTIVE MEMBERS OF SOCIETY: THE
BREADWINNERS IN THE PRIME OF THEIR LIVES HENCE,
DEVELOPING NATIONS HIT BY AIDS COULD LOSE AN
IRREPLACEABLE GENERATION OF ENGINEERS, HEALTH
WORKERS, TEACHERS, AND GOVERNMENT OFFICIALS, AS WELL AS
WORKERS IN AGRICULTURE, INDUSTRY, AND TRADE.**

**AIDS HAS THE POTENTIAL TO DEVASTATE A DEVELOPING
COUNTRY'S PLANS FOR DEVELOPMENT.**

A TOP PRIORITY FOR W.H.O. AND THE NATIONS OF THE WORLD IS TO MAKE THE WORLD'S BLOOD SUPPLY SAFE FOR TRANSFUSION.

THE GLOBAL FIGHT AGAINST AIDS WILL TAKE MANY YEARS, AND IT WILL REQUIRE POLITICAL AND HEALTH LEADERS ALIKE TO HAVE THE STRENGTH OF COMMITMENT NECESSARY TO MAKE DIFFICULT DECISIONS, TO STAND FIRM AGAINST UNREASONABLE FEAR, AND TO MAINTAIN THE CONSISTENCY AND UNITY OF ACTION THAT ARE ABSOLUTELY VITAL FOR A GLOBAL FIGHT AGAINST THIS GLOBAL THREAT.

**LIKE AIDS, THE HEALTH CONSEQUENCES OF SMOKING HAVE
BECOME AN INTERNATIONAL PROBLEM. AND, I'M SORRY TO
ADMIT, THE UNITED STATES HAS PLAYED A SINISTER ROLE IN
THIS TRAGEDY.**

**THE FACT OF THE MATTER IS THAT THE CIGARETTE COMPANIES -
- AMERICAN COMPANIES AND THEIR EUROPEAN COUNTERPARTS -
- ARE EXPLOITING THE UNPROTECTED MARKETS OF THE THIRD
WORLD: ASIA, SOUTHEAST ASIA, AFRICA, AND CENTRAL AND
SOUTH AMERICA.**

**AND THEY ARE VERY EFFECTIVE, I MIGHT ADD. THEY HAVE
INUNDATED THOSE UNDEVELOPED AND DEVELOPING COUNTRIES
WITH CIGARETTE ADVERTISING AND PROMOTION TO SUCH AN
EXTENT THAT CIGARETTE CONSUMPTION IN THOSE COUNTRIES
IS ON THE RISE.**

**AND ALSO ON THE RISE ARE THE MORBIDITY AND MORTALITY
RATES FOR SUCH SMOKING-RELATED DISEASES AS STROKE,
HEART DISEASE, AND CANCERS OF THE LUNG, MOUTH,
ESOPHAGUS, AND STOMACH.**

**AND I MUST ADD THAT THIS EXPORT OF DEATH AND DISEASE HAS
BEEN CARRIED OUT WITH THE SUPPORT OF THE UNITED STATES
GOVERNMENT -- OUR TRADE REPRESENTATIVES, OUR STATE
DEPARTMENT, OUR COMMERCE DEPARTMENT, AND OUR
AGRICULTURE DEPARTMENT.**

IT'S NOT A VERY PRETTY STORY. BUT THERE IT IS.

**THE ALARMING THING ABOUT THIS HABIT IS THAT, WHEN IT
INVADES A NEW MARKET, IT DOES SO WITH IMMENSE SPEED AND
IMPACT. ACCORDING TO THE WORLD HEALTH ORGANIZATION,
BETWEEN 1971 AND 1981 CIGARETTE CONSUMPTION INCREASED
IN ASIA AND LATIN AMERICA AT A RATE 30 PERCENT AHEAD OF
THE RATE OF POPULATION INCREASE ... IN AFRICA, IT ROSE 77
PERCENT AHEAD OF THE RISE IN POPULATION.**

**BUT THOSE AMERICAN CIGARETTES ARE A LITTLE DIFFERENT
OVERSEAS: FOR ONE THING, THEY DON'T CARRY THE SURGEON
GENERAL'S WARNING. AND FOR ANOTHER, MANY AMERICAN
CIGARETTES MANUFACTURED FOR EXPORT HAVE A HIGHER TAR
CONTENT AND ARE, THEREFORE, EVEN MORE DANGEROUS THAN
THE LOWER-TAR, FULLY-LABELLED PRODUCTS SOLD HERE IN
THE UNITED STATES.**

NOW, LET ME MAKE SURE YOU UNDERSTAND WHAT I JUST SAID.

I SAID THAT SOME AMERICAN CIGARETTE MANUFACTURERS -- AS

KNOWLEDGEABLE AS I AM, CONCERNING THE HEALTH RISKS OF

SMOKING -- KNOWINGLY PRODUCE A MORE HARMFUL

CIGARETTE FOR EXPORT THAN THEY PRODUCE FOR DOMESTIC

CONSUMPTION.

**JUST A LITTLE MORE THAN A YEAR AGO, 15 ASIAN COUNTRIES
REPORTED THAT COMMUNICABLE DISEASE WAS NO LONGER THE
NUMBER ONE PUBLIC HEALTH MENACE IN ASIA.**

**TODAY, THE TOP THREE CAUSES OF DEATH IN ASIA ARE -- CAN
YOU GUESS? -- THE SAME THREE SMOKING-RELATED CAUSES OF
DEATH THAT PREVAIL HERE IN THE UNITED STATES: HEART
DISEASE, CANCER, AND STROKE.**

**IN OTHER WORDS, THE TOBACCO EPIDEMIC AND ITS LETHAL
CONSEQUENCES HAVE HIT ASIA ... AND -- THANKS TO OUR OWN
CIGARETTE INDUSTRY AND THAT OF THE UNITED KINGDOM--
HAVE HIT ASIA HARD.**

I DO NOT BELIEVE THE UNITED STATES WILL EVER AGAIN BE A GOOD MARKET FOR TOBACCO PRODUCTS. THE CURVE IS GOING DOWN AND ACCELERATING. AND I FEEL QUITE GOOD ABOUT THE ROLE I BELIEVE I PLAYED IN BRINGING ABOUT THIS MARKET CHANGE.

I THINK THAT WE HAVE BEATEN THE CIGARETTE INDUSTRY ON ITS OWN HOME TURF ... BUT WE'VE DRIVEN THEM TO SCOUR THE REST OF THE EARTH FOR NEW VICTIMS.

IT IS A TERRIBLE BURDEN FOR THE CONSCIENCE OF THE UNITED STATES. BUT WE WILL HAVE TO BEAR IT UNTIL WE FIND A WAY TO END, ONCE AND FOR ALL, THE PUBLIC HEALTH HAVOC CREATED BY TOBACCO EVERYWHERE IN THE WORLD.

MY ONE REGRET IS THAT I LEFT OFFICE JUST AS THE FIGHT IS BEGINNING TO RID THE REST OF THE WORLD OF THE SCOURGE OF TOBACCO AS WELL. IT'S A SHAME, BECAUSE I REALLY FEEL UP TO IT.

**OUR EFFORTS TO HELP THE ENTIRE WORLD ABOUT THE THREATS
POSED BY AIDS AND SMOKING DEPEND ONLY ON EDUCATION
AND PREVENTION.**

THAT'S THE NEW --AND OLD-- HEALTH MESSAGE OF THE 1990S.

THANK YOU

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