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Statement
by
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Secretary of Health, Education, and Welfare
Before the
Health Subcommittee
Senate Committee on Labor and Public Welfare
Tuesday, February 9, 1965
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Mr. Chairman and Members of the Committee:

I am pleased to come before this committee today to present testimony in behalf of the proposed Heart Disease, Cancer, and Stroke Amendments of 1965, S. 596, introduced by the distinguished chairman of this committee. This legislation, if enacted, will permit the Nation to take a giant stride toward the conquest of the three greatest killers of people.

In 1963, 707,830 people died of, and 25 to 30 million suffered from, heart disease. The direct medical costs were \$2.6 billion in 1962; the loss of income that year amounted to \$19.8 billion; the total cost was \$22.4 billion for this one disease.

Also in 1963, 278,562 people died of cancer, about 830,000 were under treatment, and, it is estimated, 48 million people now living will have cancer. The total annual cost is more than \$8 billion.

And in that same year, 201,166 people died of strokes. At least 2 million people now alive have had strokes. Many are paralyzed. The economic cost is more than \$1.1 billion per year.

These are the great killers and crippers. They sap our economy by \$31.5 billion each year. They cause untold hardship, anguish, and suffering. They can be made to give ground by an organized attack.

Early in 1964, the President established a Commission on Heart Disease, Cancer, and Stroke. The Commission was instructed to study the scientific and medical problems posed by these three deadly diseases and to recommend national action that would reduce their toll through new knowledge and more complete utilization of the medical knowledge we already have.

The proposed legislation we are considering today is designed to embody the major thrust contained in the first three recommendations of the Commission. I believe that this program will, in fact, save many thousands of lives through the fuller application of existing medical knowledge and by accelerating acquisition of new lifesaving knowledge.

The bill before you today, S. 596, would amend the Public Health Service Act by establishing a new program of grants for the creation of regional medical complexes to serve as a framework through which the best in modern medical knowledge would be made swiftly and surely available to physicians in practice and to their patients who are suffering from heart disease, cancer, stroke, or other major diseases.

Grants would be made to public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private institutions and agencies. They would serve a twofold purpose:

First, they would permit establishment of regional, coordinated arrangements among the key medical resources, including medical schools, research institutions, and hospitals, for the conduct of research, training, and demonstrations related to heart disease, cancer, stroke, and other major diseases.

Second, the coordinated arrangements thus established would afford to physicians, and to the health institutions in which they practice, the arrangements

for them to supply the latest advances in diagnosis and treatment of these diseases.

The proposed program would accomplish these vital ends without interfering with traditional patterns of patient care, professional practice, or the administration of hospitals, or with the methods of financing health care.

Let me develop this last point a little further, because there has been some misunderstanding of the Commission's recommendations. What, basically, we are seeking to do for victims of these diseases is to equip existing hospitals and their existing medical staffs to provide care of a quality that is available today only in a handful of places in the country. We are not proposing that the Federal Government pay for this care--either hospital costs or physicians' fees--except as the Government already pays for care that is a part of federally supported research. When we speak of making high quality services more widely available, we are speaking not of the economics of health care but of the availability of the needed professional skills and the needed physical equipment in places where they do not exist today. That, plus its stimulus to research, is the purpose of this bill.

What is envisioned is a regional complex of medical facilities and resources functioning as a coordinated unit for the benefit of the physicians and residents of a given geographic area. Each regional medical complex would contain a number of component parts:

- a. One or more medical centers--a medical school and its affiliated hospital or hospitals;
- b. One or more categorical research centers--an institution or part of an institution whose primary functions are the conduct of research, the training of specialists, and the provision of specialized diagnostic and treatment services related to its research and training programs;

- c. One or more diagnostic and treatment stations--a unit of a hospital or other facility whose primary function is to augment local capability by providing specialized high quality diagnostic and treatment services to inpatients and outpatients.

In some regions, facilities and services which serve as parts of the proposed medical complex are already in existence. In others, these would need to be created. In every region, there is essential need for effective coordination of its medical resources.

Thus, it is the goal of the proposed legislation to encourage, develop, and support an administrative framework within which individual components can function efficiently to provide the full range of needed services without unnecessary duplication. Another specific goal is to encourage and support the development of essential new facilities and services within this framework.

Two types of grants are proposed.

The first would aid eligible agencies and institutions in the planning and development of regional medical complexes--in the development, that is, of the administrative framework just described.

The second would aid eligible agencies and institutions in establishing and operating the complexes.

Applications for both the planning and the operational grants would be reviewed by a new council advisory to the Surgeon General, the National Advisory Council on Medical Complexes, which would be established by the proposed legislation. This Council would be made up of 12 members and would include at least one outstanding expert in each of the three disease fields.

Moreover, to assure full cooperation and coordination of all interested agencies and institutions at the local or regional level, each applicant for either a planning or an operational grant would be required to designate or create a local advisory body comprising representatives of relevant health organizations and representatives of the general public. This advisory group would participate both in planning and in carrying out the operations of the regional medical complex.

The proposed legislation would authorize the appropriation of \$50 million for the fiscal year ending June 30, 1966, and such sums as may be necessary for each of the next 4 fiscal years, to carry out the purposes of the bill.

These appropriations would spearhead a national attack on a problem now costing many billions of dollars each year. And it is, moreover, a problem in which the economic cost, staggering though it is, is the least of our concerns.

Seven of every ten of our fellow citizens who die each year fall victim to heart disease, cancer, or stroke.

No one can say with certainty which of these lives, or precisely what proportion of them, might have been saved if the full measure of health protection potentially available to us through advances in medical science had been immediately accessible at the right moment. But the distinguished scientists on the President's Commission and their colleagues across the Nation are unanimous in declaring that the numbers are many--the proportion is high.

The Commission summed up the present status and prospect with respect to heart disease, cancer, and stroke in these terms:

"America need no longer tolerate several hundred thousand unnecessary deaths each year from heart disease, cancer, and stroke.

"By bringing to all the people the full benefit of what is now known of prevention, detection, treatment, and cure, we could save, each year, a number of lives equal to the population of a major city."

It is the intent of the legislation before this Committee to translate this hope into reality for hundreds of thousands of our people.

I know, Mr. Chairman, that you and your colleagues on this committee are thoroughly conversant with the extensive progress that has been made in advancing the frontiers of medical knowledge through scientific research. Indeed, much of this progress can be traced directly to the enlightened support of the Congress, and especially of this committee, throughout the past two decades. And I know, too, that you are deeply concerned with the harsh fact that breakthroughs in the laboratory are too often followed by breakdowns in delivery of services.

Let us examine briefly the problems that underlie these circumstances, and then consider the ways in which the Heart Disease, Cancer, and Stroke Amendments are designed to bridge the gap between the world of medical science and the world of medical practice.

Delivery of the best in medical care depends first of all upon manpower--adequate supplies of highly skilled physicians and their many professional and technical allies. Despite some progress in the recent past and the promise of more rapid progress in the years ahead, thanks to such legislation as the Health Professions Educational Assistance Act, the fact remains that a health manpower shortage exists today and will continue to exist through the foreseeable future. Moreover, the pace of scientific progress has been so rapid in recent years that a great proportion of the physicians now in practice have been unable--because of their total dedication to the care of their patients--to keep abreast of the latest developments.

In terms of health manpower, the needs are threefold:

We need to strengthen and enlarge the institutions charged with the production of health manpower. The medical complexes proposed here will enhance the capacity for training highly skilled specialists so necessary for advanced diagnosis and treatment.

We need to devise patterns of organization which permit maximal utilization of the manpower we now have. This is the purpose of organizing our medical resources into medical complexes.

And we need to develop systems which enhance continuing education and means whereby those in practice can have ready and convenient access to consultants who have new lifesaving knowledge and to new equipment as it is generated in ever-increasing quantity. The Medlars system at the National Library of Medicine is one example of a method to make information more readily available. It is a beginning of an improved communication system.

The second foundationstone of our system for delivering health services consists of the Nation's hospitals and other medical facilities. In this field, thanks in large measure to the Hill-Burton program which has completely redrawn the hospital map of the United States in less than 20 years, progress has been swift and impressive. But problems still remain, problems related to condition, distribution, and use. In terms of the highly specialized and costly facilities required for an all-out attack on heart disease, cancer, and stroke, there are a few islands of abundance in a sea of unmet need. In some of our major cities there is actually an overabundance of certain types of service--several hospitals, for example, equipped to provide cobalt treatment for cancer patients, each standing

unused a large proportion of the time, while not far away patients are dying for lack of such equipment and for lack of the knowledge of how to acquire or to use it.

Thus, the needs for health facilities parallel those for manpower.

First, there is need to encourage and develop specialized kinds of highly advanced facilities and equipment through construction and renovation, designed to serve specific purposes and placed where they will do the most good for the most people;

Second, there is need to develop patterns of coordination which will provide for maximum utilization of the facilities now available and to be developed.

We have been talking almost exclusively about the problem of bringing up-to-date health services within reach of the people whose lives depend upon them. This is the great challenge before the health professions in our time--the challenge of bringing medical science into the mainstream of medical practice.

But the last word has not yet been spoken in the field of medical science itself. Great as our progress has been, there still remain great things to do. It is said that "what we don't know won't hurt us." This is not true in the field of health. What we don't know does hurt us; what we don't know kills us. To advance the study of heart disease, cancer, and stroke with all possible speed, there is special need for a greater number of research centers designed for and dedicated to a direct assault on the scientific problems presented by each of these diseases. The need is especially acute in the area where research borders upon practice--the field of clinical research.

The proposed Heart Disease, Cancer, and Stroke Amendments would create a system of complexes for demonstrations, research, and teaching which would be responsive to all the problems I have mentioned and to a degree that could not be

attained through piecemeal approaches. By approximating the worlds of medical practice, medical research, and medical training, region by region across the Nation, these complexes would yield three principal benefits:

1. They would permit the full and efficient application of existing health manpower and facilities to critical problems associated with heart disease, cancer, and stroke.
2. They would assure that new manpower and facilities for the most advanced patient care and research in these fields are developed where the needs are greatest.
3. They would contribute to the upgrading of all medical services, since each component of the network would serve as a point of transmission of the latest developments in scientific medicine, to both the health professions and to the public.

The proposed regional complexes are not envisioned as a totally new and separate pattern superimposed from above. Rather, they are designed to pull together the existing components of our medical system. Existing universities, existing community hospitals, and other existing agencies and institutions would be the focal points, with new facilities and services being added only as the need to meet regional requirements is demonstrated.

Thus, the plan for medical complexes is designed not to duplicate existing resources but to strengthen them; not to trespass upon traditional prerogatives but to assist in a transition toward more effective application of such resources as now constituted.

The physician in private practice remains at the heart of the medical care system. The regional network will help him to care for his patients by linking him

and his community hospital to a national system transmitting the newest and best in health service. At the same time, it would make each doctor a participant in the growing reservoir of knowledge about heart disease, cancer, and stroke.

This system of regional medical complexes will not interfere with existing patterns of payment for health services. General patient care activities are not included in the proposed legislation which states specifically that funds appropriated shall not be used to pay for hospital, medical, or other care of patients except to the extent that such costs are incident to research, training, or demonstration activities. This, of course, incorporates the traditional pattern upon which payment of costs has been based in clinical research activities.

In summary, the Heart Disease, Cancer, and Stroke Amendments of 1965 propose a plan for the development of regional medical complexes, each serving a large community, metropolitan area, or other geographic region. Each complex is not a building or group of buildings but an administrative framework linking together in coordinated effort the existing and augmented resources of the region. Such development of new facilities as may take place will be derivative of the overall needs of the region.

The first purpose of the plan is to make the best in diagnosis and treatment of heart disease, cancer, and stroke readily available to patients in every community, through their physicians and community hospitals which would be incorporated into the regional complex. The second purpose is to accelerate the development of new scientific knowledge about these diseases.

It is our conviction that both of these purposes would be well served by the proposed legislation, and that important byproducts would accrue, such as better trained health manpower and better organized community health services for the attack on the entire range of health problems facing our people.

President Johnson, in addressing his newly appointed Commission on Heart Disease, Cancer, and Stroke last spring said: "Unless we do better, two-thirds of all Americans now living will suffer or die from cancer, heart disease, or stroke. I expect you to do something about it."

In responding, the Commission stated: "Something can be done about it."

The American scientific and medical community shares the certainty that something can be done about it. Today, the toll of premature death and unnecessary suffering can be reduced strikingly by using the scientific knowledge we now possess. It can be reduced still more dramatically tomorrow as we cross new thresholds of knowledge.

I urge your favorable consideration of this legislation which represents a vital step toward the achievement of this high purpose.

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