

Use as given  
Spent for  
FRA  
1990

OLD GENERIC SPEECH

(leave as is, per CEK)

**GREETINGS, ETC.**

**I'M FINALLY GETTING USED TO THESE CLOTHES.**

**IT'S BEEN ABOUT A YEAR, NOW, SINCE I HUNG IN MY CLOSET  
THE UNIFORM OF THE SURGEON GENERAL, NEVER TO PUT IT ON  
AGAIN.**

**BUT I DON'T INTEND TO HANG UP THE CAUSES I TRIED TO  
CHAMPION AS YOUR SURGEON GENERAL.**

**AND IVE TAKEN ON A FEW MORE.**

**I INTEND TO CONTINUE TO SPEAK OUT WHEN I CAN TO IMPROVE  
THE HEALTH OF THE AMERICAN PEOPLE. AMERICANS ARE  
INTERESTED IN HEALTH. SOMETIMES I THINK THEY MAY BE  
EVEN OBSESSED BY HEALTH. MANY AMERICANS ARE CRITICAL  
ABOUT HEALTHCARE;  
BUT NOT NEARLY AS MANY ARE KNOWLEDGEABLE.**

**DURING MY TENURE AS SURGEON GENERAL, I TRIED TO MAKE  
THE PEOPLE OF THE COUNTRY KNOWLEDGEABLE SO THAT THEY  
MIGHT BE CONSTRUCTIVELY CRITICAL.  
I AM ATTEMPTING TO CONTINUE THAT IN MY ROLE AS A PRIVATE  
CITIZEN.**

**I DON'T HAVE THE POWER OF A PUBLIC OFFICE NOW, BUT I  
DON'T HAVE ITS CONSTRAINTS EITHER.**

**EVEN AS SURGEON GENERAL I USED TO SAY SOMEWHAT  
FACETIOUSLY THAT I HAD NO POWER AND NO BUDGET.**

**THAT IS CORRECT.**

**BUT I ACCOMPLISHED MUCH BY SPENDING OTHER PEOPLE'S  
MONEY.**

**AND I HAD THE POWER OF MORAL SUASION TO CHANGE HEALTH  
POLICY.**

**WITH THE HELP OF THE AMERICAN PEOPLE --AND THEIR  
COMMON SENSE-- I FEEL I WAS ABLE TO HELP GET THIS  
COUNTRY MOVING TOWARD BETTER HEALTH.**

**I'M SURE SOME OF YOU WERE MY ALLIES, AND I THANK YOU.**

**SHORTLY AFTER I LEFT GOVERNMENT SERVICE I WAS ASKED BY  
N.B.C. TO DO FIVE PRIME TIME SHOWS ON THE STATE OF THE  
ART OF AMERICAN MEDICINE.**

**AS A FORMER PIONEER IN THE FIELD OF PEDIATRIC SURGERY, I  
THOUGHT IT WOULD BE FASCINATING TO BRING BEFORE THE  
AMERICAN PEOPLE THE FULL RANGE OF THINGS THAT MODERN  
MEDICINE COULD DO FOR THEM.**

**AND IVE SEEN SOME BIG CHANGES SINCE I FIRST ENTERED  
MEDICINE A HALF-CENTURY AGO.**

**BUT MORE RECENTLY, DURING MY YEARS AS SURGEON GENERAL,  
I SAW ALL TOO CLEARLY THAT 37 MILLION AMERICANS COULD  
NOT AVAIL THEMSELVES OF MODERN MEDICINE.  
SO RATHER THAN FILM A SERIES ON GLITZY HIGH-TECH  
MEDICINE, I SHIFTED MY FOCUS TO THE REAL ISSUE FACING  
AMERICAN HEALTH:  
THE STAGGERING PROBLEMS WITHIN OUR HEALTHCARE SYSTEM  
AND OUR HEALTH POLICY.**

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

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

**IN A WORD --WE HAVE BIG PROBLEMS.**

**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.**

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

**OTHER WORDS, TODAY IN OUR SOCIETY WE HAVE A CLEAR GAP  
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  
ABOUT  
ASPIRATIONS VERSUS RESOURCES.**

**WE HAVE 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.**

**OUR HEALTHCARE SYSTEM MAY FUNCTION WITH COMPASSION  
AND COMPETENCE --EVEN EXCELLENCE-- FOR SOME  
INDIVIDUALS.**

**BUT FOR TOO MANY AMERICANS OUR HEALTH CARE SYSTEM IS A  
TYRANNY, MORE A CURSE THAN A BLESSING.**

**I THINK I SEE THE PROBLEMS CLEARLY.**

**I KNOW I CAN MAKE SOME SUGGESTIONS.**

**I HOPE I CAN MAKE A DIFFERENCE.**

**BUT THERE IS NO PANACEA, NO MAGIC BULLET.**

**THERE ARE NO EASY ANSWERS, ONLY HARD CHOICES.**

**MANY AMERICANS ENTER OUR HEALTHCARE NONSYSTEM, NOT THROUGH A LOCAL DOCTOR, BUT THROUGH THE LOCAL EMERGENCY ROOM.**

**YOU CAN SEE AMERICA'S HEALTHCARE CRISIS IN ALL-TOO-VIVID DETAIL AT YOUR LOCAL HOSPITAL'S EMERGENCY ROOM.**

**BUT WHEN YOU WALK INTO THE EMERGENCY ROOM --OR GET WHEELED IN ON A STRETCHER-- YOU MIGHT THINK THAT**

**INSTEAD YOU HAD ARRIVED AT AN OVERCROWDED BUS STATION WAITING ROOM.**

**OUR BELEAGUERED EMERGENCY ROOMS COPE WITH AN ANNUAL  
PATIENT LOAD OF 100 MILLION --THAT'S ONLY A LITTLE LESS  
THAN HALF THE ENTIRE POPULATION!  
AND THESE FRONT LINES OF AMERICAN MEDICINE REFLECT THE  
CONFUSION AND TRAUMA OF A BATTLE ZONE.**

**EMERGENCY ROOM OVERCROWDING STEMS FROM TWO  
GROWING PROBLEMS:**

**THE INSURANCE CRISIS AND THE DRUG CRISIS, IN THEIR MANY  
FORMS.**

**WE CAN SEE THEM BEST IN URBAN AREAS WHERE ON ANY DAY  
600 PATIENTS WAIT IN EMERGENCY ROOMS, WAIT TO BE  
ADMITTED TO THE HOSPITAL.**

**FIRST, MORE AND MORE AMERICANS ARE UNINSURED, UNABLE TO AFFORD PREVENTIVE CARE OR PRIMARY CARE FROM A PERSONAL PHYSICIAN OR LOCAL CLINIC.**

**SO, WHEN THEY NEED MEDICAL CARE, THEY GO STRAIGHT TO THE EMERGENCY ROOM.**

**BUT BY THE TIME THEY FINALLY TAKE THEMSELVES TO THE EMERGENCY ROOM THEY ARE OFTEN SO SICK THAT THEY REQUIRE HOSPITALIZATION.**

**HOWEVER, AS HOSPITALS GO BROKE,--AND DURING THE 1990S 2  
OUT OF 5 HOSPITALS MAY CLOSE-- THE REMAINING BEDS  
BECOME FILLED WITH VICTIMS OF DRUGS, AIDS, AND MENTAL  
ILLNESS.**

**AND THESE NEW PATIENT OF THE 1980S AND 1990S STAY IN THOSE  
HOSPITAL BEDS LONGER.**

**FOR EXAMPLE, IN NEW YORK CITY THE AVERAGE HOSPITALIZATION HAS INCREASED FROM 13 DAYS TO 26 DAYS. DRUG USE IN THAT CITY IN THE LAST TWO YEARS HAS LED TO A 35 PERCENT RISE IN MEDICAL COMPLICATIONS, AND A 60 PERCENT RISE IN PSYCHIATRIC COMPLICATIONS. IN THE SAME TWO YEARS, THE NUMBER OF CRACK BABIES ~~DOUBLED~~ HAS DOUBLED.**

**AND THERE ARE NO ACCURATE FIGURES ON THE DRAMATIC  
INCREASE IN TRAUMA DUE TO DRUG VIOLENCE. MEANWHILE,  
CITY DRUG TREATMENT CENTERS CAN TREAT ONLY 12% OF  
HEROIN AND COCAINE USERS.**

**THE PROBLEMS WORSEN EVERY DAY.**

**IN ADDITION TO THE DRUG USERS CROWDING NEW YORK  
HOSPITALS ARE THE SOARING NUMBERS OF MENTALLY ILL  
REQUIRING HOSPITAL TREATMENT. BETWEEN 1982 AND 1989 THE  
NUMBER OF EMOTIONALLY DISTURBED PEOPLE BROUGHT BY  
POLICE TO NEW YORK HOSPITALS INCREASED BY 60 PERCENT.**

**AND THEN THERE IS THE CRUSH OF AIDS. BY 1994 NEW YORK'S**

**AIDS PATIENTS WILL REQUIRE 2300 ADDITIONAL BEDS.**

**THAT'S THE EQUIVALENT OF 4 OR 5 NEW MEDIUM SIZE**

**HOSPITALS.**

**BUT NO ONE IS BUILDING HOSPITALS THESE DAYS.**

**YES, NEW YORK CITY'S PROBLEMS ARE THE BIGGEST, BUT THESE**

**FIGURES NEED ONLY MINOR PROPORTIONAL READJUSTMENT TO**

**REFLECT A SIMILAR CRISIS IN MOST AMERICAN CITIES, LIKE \_\_\_\_\_**

**[HERE]\_\_\_\_\_.**

**IN OAKLAND CALIFORNIA, FOR INSTANCE, IN THE LAST TWO YEARS, THREE HOSPITALS AND A CLINIC THAT USED TO SERVE THE CITY'S POOR HAVE CLOSED THEIR DOORS.**

**THAT LEAVES JUST ONE COUNTY HOSPITAL OPEN FOR THOSE OAKLAND RESIDENTS WHO CANNOT PAY FOR HEALTH CARE.**

**ALTHOUGH THE HOSPITAL STAFF HAS NOT INCREASED, IN THE LAST TWO YEARS THE NUMBER OF PEOPLE WHO USED THAT EMERGENCY ROOM JUMPED FROM 55,000 TO 70,000. AND, TO MAKE THINGS WORSE, MANY OF THE NEW ARRIVALS HAVE NO INSURANCE AND NO MONEY.**

**SO, EMERGENCY ROOMS ARE OVERCROWDED AND  
UNDERPAID....THINK ABOUT THAT FOR A MINUTE... THAT'S NOT  
THE WAY IT USUALLY WORKS.**

**PLACES THAT ARE OVERCROWDED USUALLY AREN'T RUNNING  
OUT OF MONEY.**

**MANY OF THE PEOPLE WHO FLOCK TO EMERGENCY ROOMS  
SIMPLY HAVE NO MONEY AND NO INSURANCE.**

**AND THOSE THAT ARE POOR ENOUGH TO QUALIFY FOR  
MEDICAID OR OLD ENOUGH TO QUALIFY FOR MEDICARE POSE A  
FINANCIAL PROBLEM FOR THE HOSPITAL BECAUSE THE  
MEDICARE/MEDICAID PROSPECTIVE PAYMENT SYSTEMS DO NOT  
USUALLY COVER THE HIGH COST OF EMERGENCY ROOM  
MEDICINE.**

**THIS TEMPTS HOSPITAL ADMINISTRATORS TO CLOSE DOWN  
THEIR EMERGENCY ROOMS, FORCING AREA RESIDENTS TO TAKE  
LONGER AMBULANCE RIDES, AND PERHAPS LEADING TO  
UNWARRANTED DEATHS FOR RICH AND POOR ALIKE.**

**THERE IS A ROUGH AND UNFORTUNATE DEMOCRATIC EQUALITY  
IN OVERCROWDED EMERGENCY ROOMS.**

**EVERYBODY GETS TREATED ALIKE.**

**IT DOESN'T MATTER IF YOU HAVE YOUR OWN INSURANCE,  
MEDICARE, MEDICAID... EVERY ONE GETS TREATED THE SAME IN  
THE EMERGENCY ROOM: YOU WAIT YOUR TURN.**

TALK TO  
DOCTOR)

er

**MANY AMERICANS ON MEDICARE, ESPECIALLY MIDDLE CLASS AMERICANS, --MAYBE SOME OF YOU HERE-- THINK THAT THEY HAVE THE SECURITY OF BEING ASSURED HOSPITAL CARE IF THEY SUDDENLY NEED IT.**

**IN MANY PLACES THAT IS SIMPLY NOT TRUE.**

**IF THEY COME TO THE EMERGENCY ROOM, THEY WAIT ON STRETCHERS OR CHAIRS, SOMETIMES FOR DAYS, JUST LIKE EVERYONE ELSE, JUST LIKE THOSE WHO ARE UNINSURED.**

**SOMETIMES PEOPLE WAITING IN AN EMERGENCY ROOM FOR A  
BED TO OPEN UP, EVEN PEOPLE WHO HAVE HAD HEART ATTACKS,  
GET SO FRUSTRATED AND RESTLESS THAT THEY JUST LEAVE,  
AFTER 24 OR EVEN 48 HOURS OF WAITING.  
THEY'D RATHER GO HOME, RISKING SUDDEN DEATH, THAN  
TOLERATE THE TERRIBLE ATMOSPHERE OF AN OVER-CROWDED  
EMERGENCY ROOM.**

**EMERGENCY ROOM HEALTH PERSONNEL, THE WOMEN AND MEN WHO ARE THE SOLDIERS ON THE FRONT LINES OF AMERICAN HEALTHCARE, BECOME OVERWHELMED, NOT JUST WITH THEIR ENDLESS WORK, BUT WITH FRUSTRATION AND DISILLUSION. THEY KNOW THEY CAN'T DO FOR EACH PATIENT WHAT THEY SHOULD DO, AND EACH DAY MANY OF THEM WONDER IF THEY SHOULD GET OUT, CHANGE CAREERS BEFORE IT'S TOO LATE. ALL OF US SUFFER WHEN THESE PEOPLE ARE DRIVEN TO QUESTION THEIR CALLING.**

**LET'S FACE THE UNHAPPY FACTS.**

**RATIONING HAS COME TO AMERICAN HEALTHCARE IN  
OVERCROWDED EMERGENCY ROOMS.**

**RATIONING HAS COME AS A MATTER OF COURSE, WITHOUT ANY  
GREAT PHILOSOPHICAL DEBATE, WITHOUT ANYONE REALLY  
WANTING IT.**

*I'VE SPENT SO  
MUCH TIME - ET  
BECAUSE  
ANOTIC ENTRY  
FOR SO MANY*

**OF COURSE, ONCE A PATIENT FINALLY MAKES IT FROM THE  
EMERGENCY ROOM TO THE RELATIVE COMFORT OF A HOSPITAL  
BED, THE PROBLEMS AREN'T OVER.**

**MANY PATIENTS SUDDENLY ADMITTED TO A HOSPITAL LIE IN  
THEIR BEDS, FRIGHTENED BY TERRIBLE QUESTIONS.... NOT  
ONLY "WILL I RECOVER?",**

**ALSO**

**BUT "HOW WILL I PAY FOR THIS?" "WILL MY INSURANCE PAY FOR THIS? WILL MY ILLNESS COST ME MY SAVINGS, MY HOUSE?"**

**THE AMERICAN PATCHWORK HEALTH INSURANCE SYSTEM  
DEFIES EASY DESCRIPTION, AND EVEN MORE DEFIES EASY  
CORRECTION OF ITS MANY PROBLEMS. BUT WE MUST  
CONFRONT THESE PROBLEMS HEAD-ON, AND WE MUST DO IT  
NOW.**

**OUR HIGH-TECH MEDICINE SAVES MANY LIVES, BUT HIGH TECH  
MEDICINE IS ALSO HIGH-COST MEDICINE.**

**EVERYONE COMPLAINS ABOUT THE SOARING COST OF  
HEALTHCARE IN THE UNITED STATES. YOU AND I HEAR A LOT  
ABOUT THE FEDERAL DEFICIT. BUT LAST YEAR ALONE WE SPENT  
MORE THAN FIVE TIMES THE FEDERAL DEFICIT ON HEALTH CARE  
IN THIS COUNTRY...\$661 BILLION... MORE THAN WE SPENT ON  
EDUCATION AND DEFENSE COMBINED.**

**HEALTHCARE EXPENDITURES AMOUNTED TO OVER 11 PERCENT  
OF THE GROSS NATIONAL PRODUCT. IN 1960 HEALTHCARE  
SPENDING TOOK ONLY 5.3 PERCENT OF THE GNP.**

**NOW, I DON'T THINK THAT THERE IS ANY PERCENTAGE OF OUR  
GNP THAT IS A MAGIC NUMBER.**

**MAYBE IT IS APPROPRIATE TO SPEND 14% ON HEALTH CARE.**

**BUT WHATEVER WE SPEND, WE WANT TO SPEND IT ON  
HEALTHCARE, NOT ON RUNAWAY COSTS.**

**PART OF THE REASON FOR RUNAWAY COSTS IS INFLATION.**

**INFLATION IN THE COST OF HEALTH AND MEDICAL CARE**

**CONSISTENTLY RUNS AT TWICE THE RATE OF INFLATION FOR**

**THE ECONOMY IN GENERAL.**

**YET, THERE'S NOT A SHRED OF EVIDENCE TO PROVE THAT THE**

**QUALITY OF CARE IS IMPROVING AT THE SAME RATE.**

PATIENTS  
WILL GO TO  
HOSPITALS

**TO A HOSPITAL OR A DOCTOR RECENTLY, YOU'LL**

**PROBABLY AGREE THAT HOSPITAL CARE AND PHYSICIAN CARE  
AREN'T TWICE AS GOOD AS THEY WERE EIGHT OR NINE YEARS  
AGO, EVEN THOUGH NOW THEY COST ABOUT TWICE AS MUCH.**

**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 THE 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.**

**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.**

**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.**

**IN THE PAST MOST AMERICANS TURNED CONFIDENTLY TO THEIR INSURANCE TO PAY THE HEALTHCARE BILL. BUT THOSE DAYS ARE OVER.**

**WE HAVE THREE GROUPS IN THIS COUNTRY:**

**THE INSURED, THE UNINSURED, AND THE UNINSURABLE.**

**THE LARGEST GROUP, FORTUNATELY, IS THE 160 MILLION  
AMERICANS WHOSE HEALTH INSURANCE IS PROVIDED THROUGH  
EMPLOYERS -THEIR OWN OR FAMILY MEMBERS--, AND THE  
SMALL FRACTION WHO PURCHASE THEIR OWN INSURANCE.**

**THESE PEOPLE USUALLY ENJOY ACCESS TO THE BEST MEDICINE  
IN THE WORLD, AS LONG AS THEIR INSURANCE HOLDS OUT, OR  
THEIR PREMIUMS ARE NOT RAISED BEYOND REACH.**

**BUT EACH YEAR THESE PRIVATELY INSURED AMERICANS SEEM  
TO BE PAYING MORE AND MORE FOR INSURANCE THAT BUYS  
THEM LESS AND LESS IN HEALTHCARE.**

**EMPLOYERS NOW ASK EMPLOYEES TO ASSUME MORE OF THE  
COST OF HEALTHCARE, THROUGH HIGHER DEDUCTIBLES AND  
CO-PAYMENT, OR GIVE UP CERTAIN SERVICES.**

**THEN EMPLOYEES DIG IN THEIR HEELS AND SAY. "NO!"**

**HEALTH BENEFITS WERE THE MAJOR REASON FOR 78 PERCENT  
OF THE WORKING MEN AND WOMEN WHO WENT OUT ON STRIKE  
LAST YEAR...PRODUCTION WORKERS AND MINERS AND PUBLIC  
EMPLOYEES AND TELEPHONE WORKERS AND SERVICE WORKERS  
AND SO ON.**

**EVERY ONE OF THOSE STRIKERS FELT THE PRESSURE IN THEIR  
FAMILIES AND IN THEIR HOMES. THEY ASKED FOR MORE  
MONEY IN HEALTH BENEFITS...AND MANAGEMENT SAID IT  
COULDN'T AFFORD TO PAY IT.**

**AND THEY CAN'T.**

**THE ISSUE THAT SENT PEOPLE TO THE PICKET LINES WAS NOT  
WAGES. IT WASN'T JOB SECURITY. IT WASN'T JOB SAFETY. IT  
WAS NOT ANY OF THOSE THINGS.**

**IT WAS THE COST OF HEALTH CARE.**

**AND FOR MOST OF THOSE WORKERS, IT WAS NOT FANCY HEALTH  
CARE EITHER.**

**AND WHAT IS THE OUTCOME, WHEN THOSE STRIKES ARE  
SETTLED AND OVER? I'LL TELL YOU WHAT HAPPENS.  
MORE MONEY DOES GO INTO EMPLOYEE HEALTH BENEFITS, AND  
THOSE INCREASED COSTS ARE EXPRESSED IN THE MARKETPLACE  
AS HIGHER PRICES FOR THE GOODS WE PURCHASE AND OUR  
UTILITIES.**

**IN OTHER WORDS, OUR VAST SYSTEM OF HEALTH INSURANCE  
AND EMPLOYEE HEALTH BENEFIT PLANS HAS BECOME LITTLE  
MORE THAN A "PASS-ALONG" MECHANISM BY WHICH  
DOLLARS--TAKEN FROM THE AMERICAN PEOPLE IN THE OPEN  
MARKETPLACE--ARE PASSED ALONG AND PUT INTO THE POCKETS  
AND THE TREASURIES OF OUR RAVENOUS HEALTHCARE SYSTEM.**

**SINCE 1984 THE AVERAGE PREMIUMS FOR EMPLOYER-PROVIDED  
HEALTH INSURANCE HAVE APPROXIMATELY DOUBLED... TO \$3,117  
IN 1989,  
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.**

**AND TELL ME, WHAT'S THE POINT OF BEING TOUGH ON TRADE  
WITH THE JAPANESE, FOR EXAMPLE, WHEN RIGHT HERE AT  
HOME WE MEEKLY GIVE OUR HEALTH PLANS THE 10  
PERCENT...THE 12 PERCENT...OR THE 15 PERCENT ANNUAL  
INCREASE THEY DEMAND.**

**THE TWO THIRDS OF OUR POPULATION COVERED BY EMPLOYER-  
PURCHASED HEALTH INSURANCE ARE THE PEOPLE WHO HAVE  
THE MOST CLOUT TO CHANGE THINGS FOR THE BETTER.  
MANY OF YOU MAY BE AMONG THEM.  
YOU ARE PART OF THE INSURED GROUP WHO CAN FORCE THE  
REFORMS WE NEED.**

**BUT FIRST THESE PEOPLE MUST IDENTIFY THE LEADERSHIP TO  
BRING HEALTHCARE COST UNDER CONTROL.**

**IT IS NOT THE PRESENT LEADERSHIP.**

**THEY ARE THE ONES WHO GOT US INTO OUR CURRENT  
PROBLEMS OF PROFLIGACY AND POOR CARE.**

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

**I THINK THAT THIS IS THE WRONG COALITION.**

**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.**

**AND UNTIL THE PURCHASING PUBLIC "BUYS RIGHT" THE  
SITUATION WILL NOT CHANGE.**

**THEN THERE ARE THE INSURED AMERICANS WHO RELY UPON  
GOVERNMENT INSURANCE --MEDICARE FOR THE ELDERLY,  
MEDICAID FOR THE POOR-- TO MEET THEIR HEALTHCARE BILLS.**

**BUT THESE INSURANCE PLANS NO LONGER FILL THE BILL.**

**THE GRAYING OF AMERICA CARRIES A PRICE TAG... AS MEDICARE COSTS WILL DOUBLE BY 2020.**

**FIVE YEARS AGO AMERICA'S 1.3 MILLION NURSING HOME RESIDENTS COST US \$31 BILLION; BY 2040, AS THE BABY BOOMERS REACH THEIR 70S AND 80S, 6 MILLION NURSING HOME RESIDENTS WILL COST \$139 BILLION. HIP FRACTURE COSTS --IF UNCHECKED BY PREVENTION-- COULD GO FROM OUR CURRENT \$1.6 BILLION ANNUALLY TO \$6 BILLION IN 2040.**

**THE DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US AS WE  
ATTEMPT TO MEET THESE COSTS.**

**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.**

DEMOGRAPHY

3/95

**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 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 MAKE SURE  
THAT OUR ECONOMICS BE DETERMINED BY OUR ETHICS, AND  
NOT THE OTHER WAY AROUND.**

**MEDICARE IS NOT WHAT MOST PEOPLE THINK.**

**IT IS NOT A SYSTEM THAT PROVIDES FOR THE HEALTHCARE  
COSTS OF THE ELDERLY.**

**THERE ARE MANY HOLES IN MEDICARE.**

**OLDER AMERICAN CITIZENS MUST FIRST MUST SPEND THEIR  
OWN MONEY BEFORE MEDICARE KICKS IN.**

**MEDICARE USUALLY DOESN'T PROVIDE THE DRUGS MANY  
ELDERLY NEED TO STAY ALIVE.**

**MOST CRITICAL, MEDICARE MAKES NO PROVISION FOR LONG-TERM CARE IN HOSPITALS OR NURSING HOMES.**

**ELDERLY PEOPLE AND THEIR GROWN CHILDREN ARE OFTEN SHOCKED WHEN THEY DISCOVER THAT WHEN THE AGING PARENT NEEDS NURSING HOME CARE, IT IS NOT COVERED BY MEDICARE.**

**FURTHERMORE, THERE IS NO PROVISION IN MEDICARE FOR THE  
HOUSEHOLD HELPS THAT WOULD KEEP ELDERLY PEOPLE FROM  
NEEDING A NURSING HOME, LIKE SOMEONE STOPPING BY ONCE  
A DAY TO SPEND AN HOUR ON THE HEALTH AND HOUSEHOLD  
CHORES THAT NEED TO BE ACCOMPLISHED TO KEEP THAT  
PERSON OUT OF AN INSTITUTION.**

**THEN THERE IS MEDICAID, THE FEDERAL INSURANCE PROGRAM  
DESIGNED FOR THE POOR.**

**IF MEDICARE IS A DISAPPOINTMENT, MEDICAID IS A FRAUD.**

**MEDICAID IS A FRAUD BECAUSE MEDICAID EXCLUDES MOST OF  
THE POOR... BY CALLING THEM TOO RICH.**

**IT IS THE INDIVIDUAL STATES THAT ADMINISTER MEDICAID, AND  
THE STATES CAN SET THE MAXIMUM INCOME LEVEL NEEDED TO  
QUALIFY FOR MEDICAID.**

**THIS HAS LED TO SHAMEFUL STANDARDS.**

**IN TEXAS, FOR INSTANCE, A FAMILY OF THREE WITH AN INCOME  
OF \$3000 A YEAR IS TOO RICH TO QUALIFY FOR MEDICAID.**

**IN KENTUCKY THEY GO ALL THE WAY UP TO \$3200 A YEAR FOR A  
FAMILY OF THREE BEFORE YOU ARE TOO RICH FOR MEDICAID.**

**WHOM DO THEY THINK THEY ARE KIDDING?**

**MEDICAID ALSO ALLOWS TERRIBLE DISPARITIES BETWEEN STATE SYSTEMS OF COVERAGE AND PAYMENT.**

**A PATIENT QUALIFYING FOR AN ORGAN TRANSPLANT IN ONE STATE MIGHT NOT RECEIVE EVEN BASIC MEDICAL SERVICES AS RESIDENT OF ADJOINING STATE.**

**MEDICAID NEEDS TO BE STANDARDIZED, EXPANDED AND REFORMED.**

**MEDICAID NEEDS TO EMBRACE FAMILIES RATHER THAN EXCLUDE THEM.**

**THEN THERE ARE THE UNINSURED, THE 12 TO 15 PERCENT OF  
OUR POPULATION --THAT'S 33 TO 37 MILLION AMERICANS-- WHO  
ARE UNINSURED, UNDER-INSURED, OR ONLY SEASONALLY  
INSURED.**

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

**THESE ARE NOT PEOPLE ON WELFARE.**

**CONTRARY TO THE WHINING OF SOME CONSERVATIVE  
COLUMNISTS, THESE PEOPLE ARE NOT LOOKING FOR A  
HANDOUT.**

**90 PERCENT OF THE UNINSURED ARE WORKING PEOPLE, MANY  
WORKING AT SEVERAL JOBS, NONE OF WHICH PROVIDES A  
HEALTH PLAN.**

**RECENTLY RELEASED FIGURES INDICATE THAT ONE OUT OF EVERY EIGHT AMERICANS FALLS INTO THIS CATEGORY OF THE UNINSURED.**

**FOR BLACKS, THE FIGURES ARE WORSE, WITH ONE OUT OF FIVE BLACKS UNINSURED. AND IN THE HISPANIC POPULATION, ONE OUT OF EVERY FOUR PERSONS HAS NO HEALTH INSURANCE.**

**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 SERIOUS  
HEALTH PROBLEMS.**

**AND ALL OF US WILL SUFFER THE CONSEQUENCES TOO, BECAUSE  
THE HEALTH PROBLEMS OF THE UNINSURED, IF IGNORED BY  
SOCIETY NOW, WILL BE BORNE BY SOCIETY LATER.**

**FINALLY, AND TRAGICALLY, ARE THE UNINSURABLE: THE TWO  
AND A HALF MILLION AMERICANS WITH SERIOUS MEDICAL  
PROBLEMS WHO CAN'T EVEN BUY INSURANCE BECAUSE THEY ARE  
CONSIDERED TO BE BAD RISKS.**

**AND NOW, WITH INCREASING FREQUENCY, SOME PATIENTS HAVE  
THEIR INSURANCE PREMIUMS RAISED OUT OF SIGHT RIGHT IN  
THE MIDDLE OF A SERIOUS ILLNESS.**

**IN JUST ONE OF MANY FAMILIES LIKE THIS THAT I KNOW, A BABY WAS BORN WITH A HEART DEFECT REQUIRING FREQUENT MEDICAL ATTENTION. BY THE TIME THE YOUNGSTER WAS TWO YEARS OLD, THE FAMILY HEALTH INSURANCE PREMIUMS HAD GONE FROM \$198 A MONTH TO \$1375 A MONTH, A SIX-FOLD INCREASE.**

**HOW MANY OF YOU COULD AFFORD THAT KIND OF A JUMP?**

**THEY THOUGHT IT MUST BE A COMPUTER ERROR, BUT WERE  
TOLD COLDLY BY THE INSURANCE COMPANY THAT IF THEY  
DIDN'T LIKE IT, THEY COULD CANCEL THEIR INSURANCE.**

**HOWEVER, NO OTHER COMPANY WOULD INSURE THEM BECAUSE  
THEIR YOUNGSTER HAD A "PRE-EXISTING CONDITION."**

**OTHER AFFLICTED AMERICANS WHO THOUGHT THEY WERE COVERED BY INSURANCE SUDDENLY DISCOVERED THAT THEIR INSURANCE COMPANIES WERE SIMPLY NOT PAYING THE BILLS. IN CALIFORNIA ALONE, 100,000 PEOPLE LOST THEIR INSURANCE IN 1989 BECAUSE THEIR INSURANCE COMPANIES HAVE GONE UNDER.**

**SOME OF THESE PEOPLE HAD ALREADY PAID AS MUCH AS \$200,000 IN PREMIUMS OVER THE YEARS.**

**YOU HEAR SOME PEOPLE TALKING ABOUT "CLOSING THE GAP"  
BETWEEN THE HIGHLY INSURED AND THE UNINSURED. THAT  
CONJURES UP AN IMAGE OF THE TWO MOVING TOGETHER.  
THAT IS UNLIKELY.**

**THERE WILL ALWAYS BE SOME PEOPLE WHO CAN AFFORD A  
CERTAIN DEGREE BEYOND THE NORMAL STANDARD. THEY  
AREN'T ABOUT TO GIVE IT UP.**

**INSTEAD, WE NEED TO TALK ABOUT BASIC RIGHTS TO INSURANCE  
FOR HEALTHCARE FOR ALL OUR CITIZENS, AND PROVIDE THAT  
FOR THOSE UNCOVERED.**

**THESE PEOPLE ARE NOT LOOKING FOR A HANDOUT, BUT FOR AN  
INSURANCE POLICY THEY CAN AFFORD, ONE THAT WILL NOT LET  
THEM DOWN WHEN THEY NEED IT.**

*BASIC RIGHTS  
TO HEALTH  
CARE &  
HOW IT CAN  
BE COVERED*

**WE WILL NEVER REALLY SOLVE OUR HEALTHCARE PROBLEMS  
AND OUR INSURANCE PROBLEMS UNTIL WE DEAL WITH A DEEPER  
CAUSE.**

**AMERICAN HEALTH PROBLEMS STEM FROM DISEASE NOT ONLY  
OF THE BODY, BUT ALSO OF SOCIETY, ESPECIALLY THE DISEASE  
OF POVERTY.**

POVERTY

13 25  
3 1/2 MIN

**POVERTY LIES AT THE ROOT OF MOST OF OUR PUBLIC HEALTH PROBLEMS: DRUG ABUSE, AIDS, ALCOHOL ABUSE, MALNUTRITION, SMOKING, COMMUNICABLE DISEASES.**

**THE EFFECTS OF POVERTY ON HEALTH CAN LINGER FOR A LONG TIME.**

**A RECENT STUDY FOUND THAT MIDDLE CLASS BLACKS WITH A COLLEGE EDUCATION WERE TWICE AS LIKELY TO DELIVER LOW BIRTHWEIGHT BABIES THAN WHITES OF SIMILAR EDUCATION AND INCOME. THE RESEARCHERS CAME TO THE SOBERING CONCLUSION THAT THE EFFECTS OF POVERTY AS DEMONSTRATED IN LOW BIRTH WEIGHT CAN LAST FOR GENERATIONS.**

**ONE IN THREE URBAN KIDS LIVES IN POVERTY, AND EVERY DAY  
IN AMERICA 100 CHILDREN DIE BEFORE THEIR FIRST BIRTHDAY.  
IN HARLEM THE INFANT MORTALITY RATE IS WORSE THAN IN  
PLACES IN THE THIRD WORLD.**

**A STAGGERING 1 IN 5 BABIES HAS BEEN EXPOSED TO DRUGS IN THE WOMB, AND 5% TEST POSITIVE FOR AIDS. 400,000 DRUG-EXPOSED BABIES ARE BORN EACH YEAR, CROWDING NEONATAL UNITS, COSTING US OVER \$4 BILLION ANNUALLY.**

**OVERCROWDED PUBLIC CLINICS IN THE INNER CITY KEEP SICK PEOPLE WAITING AN AVERAGE OF 68 DAYS FOR AN APPOINTMENT.**

**AND OFTEN BY THE TIME THEY FINALLY SEE A DOCTOR, THEY ARE SO SICK THEY REQUIRE COSTLY HOSPITALIZATION.**

little -  
to everybody

no

pov

care

**POVERTY-RELATED HEALTH PROBLEMS PLAGUE RURAL AMERICA**

**AS WELL AS URBAN AMERICA.**

**RURAL PATIENTS RECEIVE NO CARE; RURAL HOSPITALS RECEIVE**

**NO REVENUE.**

**IN RURAL AREAS FROM TENNESSEE TO TEXAS, HOSPITALS ARE**

**CLOSING THEIR DOORS AND DOCTORS ARE ABANDONING THEIR**

**PRACTICES.**

**THE NATIONAL HEALTH SERVICE CORPS, A FEDERAL PROGRAM TO PLACE DOCTORS IN RURAL AREAS UNDERSERVED BY PHYSICIANS, HAD ITS BUDGET SLASHED BY MORE THAN \$72 MILLION, AND THE NUMBER OF PHYSICIANS IT SUPPORTED IN RURAL AMERICA DROPPED FROM 1600 TO 120. THE FEW PUBLIC CLINICS THAT REMAIN ARE OVERBURDENED AND OFTEN DISTANT FROM THE PEOPLE WHO NEED THEM.**

**SO, PREGNANT WOMEN GO WITHOUT SEEING A DOCTOR,  
CHILDREN GO WITHOUT IMMUNIZATION, AND IN APPALACHIA  
PREVENTABLE DISEASES LIKE MEASLES RUN RAMPANT BECAUSE  
FAMILIES DON'T HAVE ACCESS TO IMMUNIZATION. THIS IS A  
SCANDAL.**

**IN OUR STRANGE, SHAMEFUL SOCIETY --AN AFFLUENT SOCIETY WITH TERRIBLE POVERTY-- THE PRACTICE OF MEDICINE HAS BECOME COMPLICATED.**

**IT INVOLVES NOT ONLY DIAGNOSIS AND TREATMENT, BUT ALSO THE RELATIONSHIP BETWEEN HEALTH AND SOCIO-ECONOMIC FACTORS.**

**INCREASINGLY, PEOPLE LOOK TO MEDICINE TO SOLVE THESE DEEPER PROBLEMS, PROBLEMS THAT ARE BEYOND THE ABILITY OF MEDICINE OR DOCTORS TO SOLVE.**

**DOCTORS CANNOT ELIMINATE THE POVERTY FROM WHICH  
PATIENTS COME;**

**HEALTHCARE WORKERS CANNOT BRING BACK THE HUSBAND AND  
FATHER WHO HAS DESERTED THE WIFE AND CHILDREN.**

**DOCTORS CANNOT KEEP THEIR PATIENTS OFF DRUGS ONCE THEY  
LEAVE THE HOSPITAL.**

**MANY PHYSICIANS HAVE TOLD ME OF THEIR FRUSTRATION WHEN  
THEY RELEASE PATIENTS --WHOSE LIVES THEY HAVE JUST SAVED--  
- WITH IMPORTANT INSTRUCTIONS TO STOP USING DRUGS, TO  
STOP USING ALCOHOL, KNOWING FULL WELL THAT IN A MATTER  
OF HOURS THEIR PATIENTS WILL BE RIGHT BACK TO THE  
BEHAVIOR THAT SENT THEM TO THE HOSPITAL IN THE FIRST  
PLACE.**

**TRAGICALLY, IT IS THE CHILDREN OF POVERTY WHOSE HEALTH  
SUFFERS THE MOST.**

**OUR CHILDREN TODAY ARE A GENERATION AT RISK.**

**FOR THE FORGOTTEN CHILDREN OF THE INNER CITY AND RURAL  
AMERICA, WE NEED TO GUARANTEE ACCESS TO HEALTH CARE  
WITH ENOUGH HOSPITAL BEDS AND DOCTORS.**

**WE NEED NEIGHBORHOOD CLINICS THAT PROVIDE PATIENTS WITH THE KNOWLEDGE THEY NEED, AND TREAT THEM WITH DIGNITY, SO PREVENTIVE AND PRENATAL CARE TAKE PLACE.**

**WE NEED TO FREE OUR SOCIETY OF POVERTY, SO THAT ALL YOUNGSTERS, CAN LIVE TO BECOME THRIVING, HEALTHY, PRODUCTIVE AMERICANS, A GENERATION NOT AT RISK, BUT OF PROMISE.**

**THE DISRUPTION TO SOCIETY CAUSED BY THE ESCALATING COST OF HEALTH CARE IS SIMPLY UNCONSCIONABLE.**

**THOUSANDS AND THOUSANDS OF AMERICAN FAMILIES EACH YEAR ARE LITERALLY IMPOVERISHED BY THE AMERICAN HEALTH CARE SYSTEM.**

**WE CANNOT LET THAT CONTINUE.**

**WE ARE FRUSTRATED BECAUSE OUR HEALTH DOLLARS DON'T SEEM TO BE GOING FOR OUR HEALTH.**

**PEOPLE FUME WHEN THEY READ THAT HEALTHCARE ADMINISTRATION NOW CONSUMES ABOUT 22% OF HEALTHCARE SPENDING.**

**OUR CURRENT INSURANCE STRUCTURE OFTEN OPERATES LIKE A SHELL GAME, A NATIONAL DISGRACE.**

**DOCTOR'S OFFICES OFTEN SPEND MORE TIME ON THE INSURANCE FORMS THAN THE DOCTOR SPENT WITH THE PATIENT.**

**EVEN THE INSURANCE INDUSTRY ITSELF HAS BEGUN TO CALL FOR REGULATION AND REFORM.**

**EMPLOYERS SHOULD BE REQUIRED TO PROVIDE HEALTH  
BUT  
INSURANCE, WITH APPROPRIATE COST-SHARING, HEALTH  
EDUCATION, AND FITNESS PROGRAMS. THE ECONOMIC IMPACT  
ON SMALL BUSINESS CAN AND MUST BE LESSENER BY TAX  
BREAKS AND RISK-POOLING.  
OTHERWISE SMALL EMPLOYERS JUST DROP SOME EMPLOYEES  
FROM THE PAYROLL.**

**SOME OF THE STATES ARE WAY AHEAD OF THE FEDERAL  
GOVERNMENT IN DEALING WITH THE INSURANCE CRISIS.  
MASSACHUSETTS HAS INITIATED A PLAN REQUIRING EMPLOYERS  
TO CHOOSE BETWEEN PROVIDING EMPLOYEE INSURANCE  
COVERAGE OR PAYING A TAX TO PROVIDE IT.**

IN HAWAII, THE ONLY STATE REQUIRING EMPLOYERS TO  
PROVIDE HEALTHCARE INSURANCE, 95 PERCENT OF THE STATE'S  
POPULATION HAS INSURED ACCESS TO HEALTHCARE.

CONSEQUENTLY, PREVENTIVE MEDICINE AND TIMELY

TREATMENT HAVE BROUGHT HEALTH INSURANCE PREMIUMS TO

DOWN TO WELL            BELOW NATIONAL AVERAGE.

THEY HAVE GREATEST LIFE EXPECTANCY - PROBABLY  
DUE TO THEIR ETHNIC MIX AND RISK REDUCTION  
THEY SPEND \$ 2172 / RESIDENT 11.1% G.S.P.

**THOSE NOT INCLUDED IN EMPLOYER-PROVIDED INSURANCE  
SHOULD BE ABLE TO HAVE ACCESS TO SIMILAR COVERAGE  
ACCORDING TO SLIDING SCALE COST-SHARING AND RISK-  
POOLING.**

**WE NEED TO EXPECT SOME FORMS OF TAX INCREASE IF WE ARE  
TO ACT ACCORDING TO OUR ETHICS, AND PROVIDE HEALTH  
INSURANCE FOR THOSE NOW UNINSURED.**

**WE CAN LOWER BOTH HEALTHCARE COST AND INSURANCE COST  
BY LINKING INSURANCE COVERAGE TO BEHAVIOR.**

**IT MAKES SENSE TO VOID OR REDUCE INSURANCE COVERAGE  
FOR PEOPLE WHO PRACTICE HIGH RISK BEHAVIOR: NOT  
WEARING MOTORCYCLE HELMETS, NOT BUCKLING SEATBELTS,  
DRIVING AFTER DRINKING, AND YES, CONTINUING TO SMOKE.**

**WHY SHOULD THE REST OF US SUBSIDIZE THE INSURANCE  
COVERAGE OF PEOPLE WHO KNOWINGLY AND CONTINUALLY  
PLACE THEMSELVES AT GREATER RISK FOR ILLNESS?**

**EVEN HIGHER TOBACCO AND ALCOHOL TAXES SHOULD BE  
DEMANDED TO PAY FOR HEALTHCARE COSTS ATTRIBUTED TO  
THOSE DEADLY SUBSTANCES.**

**ON THE POSITIVE SIDE, WE NEED INSURANCE PROGRAMS THAT  
ENCOURAGE PREVENTIVE HEALTHCARE.**

**IT IS ABSURD FOR INSURANCE TO COUGH UP \$150,000 TO REMOVE  
A CANCEROUS LUNG, BUT NOT PAY \$64 OR \$200 FOR A SMOKING  
CESSATION PROGRAM.**

**NO ONE CAN DOUBT MY COMMITMENT TO CUTTING  
HEALTHCARE COSTS, TO GETTING RID OF MISMANAGEMENT,  
WASTE, AND FRAUD.**

**BUT I AM DEEPLY DISTURBED AND EVEN FRIGHTENED WHEN  
THIS IS ATTEMPTED BY MISGUIDED INTERFERENCE IN THE  
DOCTOR-PATIENT RELATIONSHIP.**

3rd party  
interference  
20 (PT)  
5 MIN

**WHEN YOU GO TO SEE YOUR DOCTOR, YOU MAY THINK THAT  
THERE ARE ONLY TWO OF YOU IN THE ROOM.**

**BUT YOU ARE MISTAKEN.**

**THERE ARE OTHER DOCTORS AND NURSES, UNSEEN, BUT SPYING  
ON YOU, REALLY FUNCTIONING AS CLERKS FROM A DISTANCE.**

IN AN ATTEMPT TO CONTROL MEDICARE COSTS, THE FEDERAL  
*HAS DONE WHAT PRIVATE INDUSTRY HAS DONE FOR A LONG TIME,*  
GOVERNMENT ~~HAS~~ HIRING PRIVATE FIRMS WHOSE JOB IT IS TO  
SECOND-GUESS PHYSICIAN DECISIONS IN ORDER TO CUT COST.  
IF YOU NEED LIFE-SAVING BRAIN SURGERY, YOUR BRAIN  
SURGEON MAY FIND HIMSELF OR HERSELF ON THE PHONE TO A  
DOCTOR --NOT A BRAIN SURGEON-- IN FRONT OF A COMPUTER  
HUNDREDS OF MILES AWAY TRYING TO PERSUADE YOUR  
SURGEON TO SAVE A FEW BUCKS BY SCHEDULING 10 HOUR BRAIN  
SURGERY IN THE AFTERNOON, JUST SO THE PATIENT DOESN'T  
STAY IN THE HOSPITAL THE NIGHT BEFORE THE PROCEDURE.

**MOST PHYSICIANS ARE TRAINED TO ADVOCATE THEIR PATIENTS INTERESTS, AND THEY ARE BETTER AT CLINICAL DECISIONS THAN ECONOMIC DECISIONS.**

**ALL TOO OFTEN THESE INTERFERING REGULATORS FORCE DOCTORS TO FIGHT FOR WHAT IS BEST FOR THEIR PATIENTS, TO SPEND TIME ON THE PHONE OR WRITING LETTERS, TIME THAT WOULD BE BETTER SPENT WITH THEIR PATIENTS.**

**THE HEALTH CARE FINANCING ADMINISTRATION, THE AGENCY IN  
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT  
ADMINISTERS MEDICARE AND MEDICAID, SET UP A PROGRAM IN  
GEORGIA THAT FORCES DOCTORS TO DEAL EACH DAY WITH  
REVIEW AGENCIES THAT SEEM TO ASSUME EACH DOCTOR IS A  
CROOK, THAT EACH RELATIONSHIP WITH A PATIENT IS  
FRAUDULENT UNLESS PROVEN OTHERWISE.**

**THE GOVERNMENT AGENCY WAS SO PLEASED BY THE HARASSING  
ATTACKS UPON DOCTORS THAT THEY AWARDED THE HARASSERS  
YET ANOTHER CONTRACT, THIS TIME HARASSING CIVILIAN  
PHYSICIANS WHO GIVE MILITARY PERSONNEL MEDICAL CARE  
UNAVAILABLE ON MILITARY BASES UNDER THE CHAMPUS  
PROGRAM.**

**IN SOME STATES INSURANCE REGULATORS CAN ADVANCE THEIR  
OWN CAREERS ONLY BY LODGING FRAUDULENT CHARGES  
AGAINST DEDICATED PHYSICIANS.**

**NO ONE IS MORE DETERMINED THAN I AM TO RID MEDICINE OF  
OVERCHARGING AND INCOMPETENT PRACTITIONERS, BUT THIS  
CANNOT BE DONE BY REGULATORS HARASSING PHYSICIANS,  
DESTROYING THE ESSENTIAL TRUST IN THE DOCTOR-PATIENT  
RELATIONSHIP.**

**COST CONTROL SHOULD NOT MEAN REMOTE CONTROL  
MEDICINE.**

**I DON'T LIKE THE IDEA OF A DOCTOR THOUSANDS OF MILES  
AWAY MAKING DECISIONS FOR PATIENTS HE DOESN'T KNOW.**

**I DON'T WANT TO SEE MEDICINE TURNED INTO A PUBLIC  
UTILITY, OVER-REGULATED AND UNDER-RESPONSIVE TO THE  
NEEDS OF INDIVIDUAL PATIENTS. WE MUST RESTORE THE  
HEALING BOND OF TRUST BETWEEN DOCTOR AND PATIENT.**

**SOME STATES ARE ATTEMPTING TO DEAL WITH THE CRISIS IN  
THE COST OF HEALTHCARE AND HEALTH INSURANCE THROUGH  
DELIBERATE RATIONING OF HEALTHCARE.**

**WHILE MOST OF US DETEST THE VERY NOTION OF RATIONED  
HEALTHCARE, SOME ADVOCATES ARE DEMANDING IT AS THE  
WAVE OF THE FUTURE.**

**PERHAPS THE OREGON PLAN HAS RECEIVED THE MOST  
ATTENTION.**

**THE OREGON LEGISLATURE RELEASED A PROPOSAL CALLING  
FOR A PRIORITY LISTING OF THE MEDICAL DIAGNOSES FOR  
WHICH MEDICAID WOULD FOOT THE BILL.**

**THE IDEA BEHIND THE RATIONING WAS TO REFUSE MEDICAID EXPENDITURES FOR EXPENSIVE PROCEDURES LIKE ORGAN TRANSPLANTS IN ORDER TO PROVIDE THE 400,000 OREGONIANS WITHOUT MEDICAL INSURANCE A BASIC LEVEL OF MEDICAL CARE, ESPECIALLY PRENATAL CARE, AND CHILDHOOD IMMUNIZATIONS.**

**SO, THE COMPUTER RANKED 1,600 MEDICAL PROCEDURES ON A COST/BENEFIT BASIS. THOSE AT THE BOTTOM OF THE LIST, LIKE LIVER TRANSPLANTS, NO LONGER QUALIFIED FOR MEDICAID COVERAGE.**

**IT DIDN'T TAKE LONG FOR THE COLD LOGIC OF THE PROPOSAL TO PROVOKE A WARM-HEARTED HUMAN OUTCRY.**

**NOT EVERYONE AGREED WITH THE RANKINGS, MUCH LESS THE ENTIRE CONCEPT OF RATIONING.**

**THE OREGON RANKING OF DIAGNOSES PLACED MANY AIDS-RELATED ILLNESS AT THE BOTTOM OF THE LIST. THAT PROBABLY CAME FROM EARLY DETERMINATION OF HIV AS SHORT-TERM TERMINAL DISEASE. BUT INCREASINGLY AIDS IS VIEWED AS A LONG-TERM ILLNESS, AND HIV PATIENTS SHOULD NOT AUTOMATICALLY BE VIEWED AS MORE EXPENDABLE THAN OTHER PERSONS WITH LONGTERM CHRONIC DISEASES.**

**WHEN PROPONENTS OF THE RATIONING PLAN ARGUED THAT  
"COMMUNITY VALUES" MIGHT HELP SORT OUT THE RANKINGS IT  
MADE MANY PEOPLE SHUDDER.**

**AFTER ALL, "COMMUNITY VALUES" BURNED DOWN THE HOUSE OF  
THE LITTLE HEMOPHILIAC BOYS WITH AIDS IN ARCADIA,  
FLORIDA, AND "COMMUNITY VALUES" DROVE RYAN WHITE FROM  
KOKOMO, INDIANA.**

**THE OREGON PLAN WOULD ALLOW BIZARRE INEQUITIES.**

**SINCE OREGON HAS THE ONLY CERTIFIED TRANSPLANT CENTER**

**IN THE NORTHWEST, OUT-OF-STATERS WITH OUT-OF-STATE**

**MEDICAID CAN GO THERE, BUT OREGONIANS ON MEDICAID ARE**

**DENIED ACCESS.**

**MORE THAN ONE POOR OREGON FAMILY WAS REDUCED TO  
BEGGING WITH TIN CUPS AT GROCERY STORES AND MAKING  
DESPERATE APPEALS ON TV TO GET MONEY FOR TRANSPLANTS  
FOR THEIR CHILDREN.  
WHEN THE MONEY DIDN'T COME IN THE CHILDREN WENT  
WITHOUT TREATMENT, AND DIED....**

**AND THEY DIED IN A STATE THAT SPENDS MORE MONEY  
ADMINISTERING ITS MEDICAID THAN ALMOST ANY OTHER IN THE  
COUNTRY: \$40 MILLION.  
I'VE HEARD OF NO PLAN TO REDUCE THESE COSTS.**

**IN OREGON, MANY ARE ASKING HOW CAN YOU LOOK THE  
PARENT OF A DYING CHILD IN THE EYE AND SAY, NO  
TRANSPLANT FOR YOU, ITS TOO EXPENSIVE.**

**CRITICS SAY ALL THIS IS REALLY A WAY OF FINDING A WAY TO  
DO LESS FOR NEEDIEST.**

**THIS PLAN TAKES FROM THE POOR TO GIVE TO THE POOR.**

**IT TAKES FROM THE POOR TO GIVE TO THE POOR BECAUSE IT  
APPLIES ONLY TO MEDICAID COVERAGE, THAT OFFERED THE  
POOREST OREGONIANS. IF YOU HAVE MONEY OR PRIVATE  
INSURANCE IN OREGON, YOUR HEALTH CARE IS NOT RATIONED.**

**OTHER STATES ARE TOYING WITH RATIONING.**

**PENNSYLVANIA DECIDED RECENTLY THAT IT COST TOO MUCH TO  
PROVIDE 800 STATE MENTAL PATIENTS WITH A NEW DRUG  
(CLORAZIL) THAT MIGHT ALLOW THEM TO RECOVER. SO ONLY  
210 WOULD GET THE DRUG. HOW WOULD THEY DECIDE WHO  
WOULD GET THE DRUG? OFFICIALS SAID THEY WOULD USE A  
LOTTERY. NOT SURPRISINGLY, FAMILIES AND PSYCHIATRISTS  
WERE OUTRAGED.**

**I KNOW WE HAVE HARD CHOICES TO MAKE.**

**I KNOW WE ARE TROUBLED BY RISING ASPIRATIONS AND  
DECLINING RESOURCES.**

**BUT THESE STATE RATIONING PLANS GO AGAINST OUR GRAIN.**

**A SOCIETY THAT SPENDS MILLIONS ON LAWN CARE CAN FIND  
THE RESOURCES TO PROVIDE LIFE-GIVING NECESSARY CARE TO  
ITS POOREST MEMBERS.**

**TO MAKE SURE WE ALL GET MORE FOR OUR HEALTHCARE  
DOLLAR, FOR OUR INSURANCE COVERAGE, WE NEED MORE OPEN  
COMMUNICATION ABOUT THE QUALITY AND EFFICIENCY OF  
HEALTHCARE.**

**WE NEED TO END THE CONSPIRACY OF SILENCE.**

**WE NEED TO KNOW WHERE PEOPLE CAN GET HIGH-QUALITY AND  
EFFICIENT CARE.**

**THEN THE PATIENTS WILL DESERT THE POOR QUALITY,  
INEFFICIENT SYSTEMS THAT WILL HAVE TO IMPROVE OR PERISH.**

QUALITY, AND EFFICIENCY ARE DIFFICULT TO MEASURE. BUT  
THEY ARE MORE IMPORTANT THAN MERE QUANTITY.

WE ARE DEVELOPING TOOLS TO MEASURE MEDICAL NECESSITY,  
APPROPRIATENESS, EFFECTIVENESS AND OF COURSE OUTCOMES.

IN FIVE YEARS I DON'T BELIEVE A KNOWLEDGEABLE  
PATIENT WILL GO SELECTIVELY TO A HOSPITAL <sup>5</sup>  
KNOWING THE BATTING AVERAGES OF BOTH  
HOSPITAL AND PHYSICIAN FOR MX OF HIS/HER  
DT

THAT'S PROPHETIC - STORY LINCOLN - NOSES

**WE CAN COMPARE, FOR EXAMPLE, THE CARDIAC SURGERY  
OUTCOMES OF ALL THE HOSPITALS IN A STATE, AND SEE WHICH  
HOSPITALS --AND WHICH PHYSICIANS-- HAVE MORTALITY RATES  
ABOVE NORMAL, AFTER ALLOWING FOR VARIATION IN PATIENT  
RISK FACTORS.**

**THIS INFORMATION IS THEN SHARED WITH THE PUBLIC, AND THE  
APPROPRIATE STEPS TAKEN TO SOLVE THE PROBLEMS.**

**AT FIRST, HOSPITALS AND DOCTORS DON'T LIKE THIS INVASION  
OF PRIVACY, BEING PLACED IN A FISH GLOBE.**

**BUT THIS SCRUTINY AND PUBLIC ACCOUNTABILITY IS HERE TO  
STAY.**

**AND I'VE NOTICED THAT THE ONES WHO SQUAWK THE LOUDEST  
AT FIRST ARE THE FIRST TO BRING THEIR OUTCOMES TO THE  
NORMAL RANGE.**

**THERE ARE OTHER AREAS WHERE WE NEED CHANGES IN LAW  
AND PUBLIC POLICY.**

**WE MUST 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.**

**IN A LEGAL CLIMATE WHERE ANYTHING SHORT OF PERFECTION  
IS GROUNDS FOR A SUIT, SOME PATIENTS HAVE GONE TO THE  
HOSPITAL WITH THEIR LAWYERS IN TOW.**

**MALPRACTICE SUITS CORRUPT BASIC EMOTIONAL CLIMATE OF  
MEDICINE, MAKING THE DOCTOR AFRAID OF THE PERSON SHE  
OR HE WANTS TO HELP.**

**BETWEEN 1981 AND 1986, NUMBER OF MALPRACTICE SUITS  
TRIPLED, AND AVERAGE JURY AWARD QUADRUPLED (FROM  
\$400,000 TO \$1.76 MILLION). NO WONDER COSTLY MALPRACTICE  
INSURANCE FORCES DOCTORS TO MAKE INSURANCE PREMIUMS,  
NOT THE COST OF MEDICAL CARE, THE BASIS FOR THEIR FEE  
STRUCTURE.**

**MALPRACTICE DOES EXIST, AND WHERE THERE IS MALPRACTICE**

**--BAD, OR NEGLIGENT PRACTICE-- RESTITUTION AND**

**COMPENSATION ARE IN ORDER.**

**MEDICINE MUST RID ITSELF OF THE BAD APPLES THAT BRING**

**JUSTIFIED CRITICISM TO THE PROFESSION.**

**YET MANY MALPRACTICE SUITS ARE BROUGHT BECAUSE A**

**TRAGEDY HAS OCCURRED, IN SPITE OF THE DOCTOR'S BEST**

**EFFORTS.**

**OUR CURRENT SYSTEM DOES NOT SERVE THE PATIENT WELL.  
EVERY INAPPROPRIATE MALPRACTICE SUIT DRIVES UP THE COST  
OF MEDICINE FOR ALL PATIENTS AND DOCTORS ALIKE, WHILE  
NEGLIGENT DOCTORS CONTINUE TO PRACTICE AND SOME VERY  
GOOD DOCTORS LEAVE.**

**THE MALPRACTICE MESS IS WORST IN OBSTETRICS.**

**ALTHOUGH MODERN OBSTETRICS OFFERS BIRTH SAFER THAN  
EVER FOR MOTHER AND BABY, THE CURRENT ASSUMPTION THAT  
EVERY BABY WILL BE PERFECT HAS LED TO A MALPRACTICE  
CRISIS.**

**PEOPLE ASSUME THAT WHEN THEY PAY AN OBSTETRICIAN, THEY  
ARE BUYING A PERFECT BABY.**

*MALPRACTICE  
GB  
- 4/14*

**BUT LIFE --AND BIRTH-- DOES NOT WORK THAT WAY.**

**OBSTETRICIANS ARE SO OFTEN THREATENED WITH SUITS THAT**

**THEY ARE FORCED TO PRACTICE DEFENSIVE MEDICINE,**

**ORDERING FOR EACH PATIENT A BATTERY OF OFTEN**

**UNNECESSARY AND ALWAYS COSTLY TESTS.**

**AND THERE HAS BEEN A DRAMATIC INCREASE IN CAESARIAN**

**SECTIONS SIMPLY BECAUSE OBSTETRICIANS FEAR WAITING OUT**

**THE NATURAL BIRTH PROCESS.**

**THIS SITUATION, CAUGHT BETWEEN MALPRACTICE SUITS AND  
UNNECESSARY CAESARIAN OPERATIONS HAS LED MANY  
OBSTETRICIANS SIMPLY TO LEAVE THE SPECIALTY FOR WHICH  
THEY WERE TRAINED.**

**AGAIN, THE AMERICAN PEOPLE ARE THE REAL LOSERS.**

**IN WEST VIRGINIA, FOR EXAMPLE, YOU CAN'T PRACTICE  
MEDICINE WITHOUT MALPRACTICE INSURANCE.**

**THE CHEAPEST POLICY AN OBSTETRICIAN CAN BUY IS \$40,000,  
AND THAT COVERS 50 BABIES --BUT NOT 51 BABIES-- DELIVERED  
PER YEAR.**

**THAT AMOUNTS TO AN INSURANCE COST OF \$800 PER BABY,....  
AND NO ONE IN APPALACHIA CAN AFFORD TO PAY FOR AN \$800  
DELIVERY.**

**DO YOU WONDER WHY THERE ARE ALMOST NO OBSTETRICIANS  
IN APPALACHIA?**

**MOST DOCTORS WHO ARE SUED FOR MALPRACTICE DON'T  
"PRACTICE MAL".**

**MOST MALPRACTICE SUITS TODAY ARE FOR MALOCCURRENCE.**

**I'LL USE MYSELF AS AN EXAMPLE. I'M 73. IF I HAD MY GALL  
BLADDER OPERATED ON TOMORROW, AND SUFFERED A HEART  
ATTACK ON THE OPERATING TABLE AND DIED, IT WOULD BE  
WHAT YOU USED TO CALL AN "ACT OF GOD."**

**YOU EXPECT IT TO HAPPEN TO A CERTAIN NUMBER OF 73 YEAR  
OLDS UNDER THAT KIND OF STRESS.**

**BUT NOW THE TENDENCY IS TO BLAME SOMEONE.**

**WAS THE ANESTHESIA RIGHT?**

**DID THE SURGEON GO TOO SLOW? TOO FAST?**

**LET'S SUE; MAYBE WE CAN GET SOMETHING.**

**MALPRACTICE REFORM IS DIFFICULT TO GET BECAUSE  
CONGRESS AND STATE LEGISLATURES INCLUDE SO MANY  
LAWYERS, AND THEY AREN'T LIKELY TO ACT AGAINST THEIR  
OWN.**

**BUT WE MUST DEMAND REFORM.**

**WE MUST ELIMINATE AWARDS FOR ALLEGED PAIN AND  
SUFFERING, AND WE MUST DO AWAY WITH CONTINGENCY FEES  
WHICH CLOG THE COURTS, BLACKMAIL PHYSICIANS, AND  
PROMPT INSURANCE COMPANIES TO SPEND OUR MONEY OUT OF  
COURT JUST TO GET IT OVER.**

**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,  
A RELATIONSHIP THAT IS UNFORTUNATELY BECOMING CHANGED  
TO A PROVIDER-CONSUMER RELATIONSHIP.**

*DR / P -*

*- P 5 -  
2 min*

**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.**

**THE DOCTOR-PATIENT RELATIONSHIP CAN BE RESTORED.**

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

**ALTHOUGH WE MUST HOLD OUR PHYSICIANS TO THE HIGHEST  
STANDARDS, WE MUST REALIZE THAT HEALING AND RECOVERY  
ARE NOT PERFECT.**

**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?**

**WE NEED TO TAKE SOME IMAGINATIVE STEPS.**

**FOR EXAMPLE, WE NEED TO SOLVE THE PROBLEM CAUSED BY  
THE ENORMOUS EDUCATION DEBT THAT MOST YOUNG DOCTORS  
HAVE TO SHOULDER AS SOON AS THEY BEGIN PRACTICING  
MEDICINE.**

**MOST MEDICAL STUDENTS GRADUATE FROM MEDICAL SCHOOL  
WITH A DEBT THAT SHAPES THEIR PRACTICE OF MEDICINE FOR  
THE NEXT 20 YEARS.**

*MED STUDENT  
DEBT*

*2017*

**GRADUATES OF LAND GRANT SCHOOLS, SUCH AS THE  
UNIVERSITY OF IOWA, MIGHT BE OWE BETWEEN \$45,000 AND  
\$65,000, WHILE GRADUATES FROM A SCHOOL LIKE BROWN,  
DARTMOUTH, GEORGETOWN, OR GEORGE WASHINGTON OWE  
OVER \$150,000.**

**ITS EASY TO SEE WHAT HAPPENS.**

**THE YOUNG DOCTOR WHO AT ONE TIME WANTED TO GO INTO  
FAMILY PRACTICE, PERHAPS RETURNING TO SERVE THE PEOPLE  
WHERE SHE OR HE GREW UP, INSTEAD IS TEMPTED INTO A  
LUCRATIVE SPECIALTY THAT WILL ALLOW HIM TO EARN AN  
INCOME HIGH ENOUGH TO PAY OFF THAT DEBT MORE QUICKLY.**

**SO WE GET STILL ANOTHER NEUROSURGEON OR ORTHOPEDIST  
IN THE SUBURBS, AND WE DON'T GET THAT FAMILY  
PRACTITIONER WE SO DESPERATELY NEED IN A SMALL TOWN OR  
IN THE INNER CITY.**

**I HAVE A SUGGESTION ABOUT THIS.**

**WHEN A MEDICAL STUDENT GRADUATES, AN ACCOUNT COULD BE ESTABLISHED BY THE FEDERAL GOVERNMENT, AND EVERY TIME THE DOCTOR SEES AN UNINSURED PATIENT WITHOUT CHARGE, THAT DEBT IS LOWERED BY THE AMOUNT EQUIVALENT TO A FAIR COMPENSATION FOR THAT SERVICE.**

**THIS SOLUTION HAS SEVERAL ADVANTAGES: IT'S GRADUAL; IT DOESN'T REQUIRE A BIG OUTLAY BEFOREHAND; IT OFFERS CARE TO THE UNINSURED WHO NEED IT; IT PHYSICIANS TO OFFER CARE WITHOUT FEE; AND IT LOWERS THE DOCTOR'S DEBT. IT SEEMS TO ME THAT EVERYBODY GAINS.**

**WE NEED TO DO SOMETHING, TO DO MANY THINGS, BECAUSE**

**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.**

**MANY PEOPLE WERE SURPRISED WHEN LAST APRIL THE  
AMERICAN COLLEGE OF PHYSICIANS, THE NATION'S SECOND  
LARGEST MEDICAL SOCIETY, CALLED FOR A NATIONALLY-  
FUNDED HEALTH PROGRAM, BREAKING A LONG TRADITION OF  
OPPOSITION TO ANYTHING REMOTELY RESEMBLING "SOCIALIZED  
MEDICINE".**

**FRUSTRATION WITH OUR SYSTEM LEADS SOME PEOPLE TO SEE  
GREENER GRASS ON THE OTHER SIDE OF THE FENCE.**

**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.**

**AMERICANS DESIRE, NOT ONLY AFFORDABLE HEALTH CARE, BUT  
ALSO MEDICAL ADVANCES.**

**BUT MEDICAL RESEARCH IS NOT CHEAP, AND SOMEONE MUST  
PAY FOR IT. AMERICANS ARE NOT LIKELY TO TOLERATE  
HEALTHCARE SAVINGS IF IT MEANS SKIMPING ON AIDS OR  
ALZHEIMER'S RESEARCH.**

**NATIONAL SYSTEMS OF HEALTHCARE EVENTUALLY BECOME  
BUREAUCRATIC, UNRESPONSIVE TO PATIENTS, AND FINALLY THEY  
BRING RATIONING AND WAITING IN LINES.**

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

[EXTRA PAGEs ON CANADIAN SYSTEM]:

THE "PLAIN VANILLA" CANADIAN SYSTEM, ATTRACTIVE AT FIRST TO AMERICANS, IS BECOMING LESS ATTRACTIVE TO MANY CANADIANS. BECAUSE RESOURCES ARE LIMITED, ON PURPOSE, THE AVAILABILITY OF SERVICES IS MUCH LOWER THAN IN THE US, AND THE WAITING PERIOD MUCH LONGER. THE OTTAWA CITIZEN (2/4/89) REPORTED THAT IN BRITISH COLUMBIA, IN 1988, 24 PEOPLE DIED WHILE THEY WAITED FOR HEART SURGERY, BECAUSE THE WAITING TIME FOR BY-PASS OPERATIONS CAN BE 6 TO 8 MONTHS.

A FEW FIGURES DEMONSTRATE THE DIFFERENCE IN AVAILABILITY OR SERVICES IN CANADA AND THE UNITED STATES:

AVAILABILITY OF SERVICE

	CANADA (1988)		US(1987)	
	# OF SITES	POP PER SITE	# NO OF SITES	POP/SITE
OPEN HEART SURGERY	11	2364	793	307
CARDIAC CATH	31	839	1234	198
MRI	12	2167	900	271

IT WAS NOT UNCOMMON TO FIND THOSE CANADIANS WHO CAN AFFORD AMERICAN MEDICINE SLIPPING ACROSS THE BORDER TO PHYSICIANS IN BOSTON, BUFFALO, CHICAGO, AND SEATTLE. NOW THE CANADIAN GOVERNMENT PAYS FOR CARDIAC SURGERY AT 70% OF WHAT THE HOSPITAL CHARGES.

**I DO NOT FAVOR TOTALLY SCRAPPING THE SYSTEM WE HAVE**

**NOW;**

**BECAUSE OF ITS DIVERSITY, IT IS POTENTIALLY THE BEST IN THE  
WORLD.**

**ONE WAY TO GET THINGS MOVING IN THE RIGHT DIRECTION IS  
THROUGH A PRESIDENTIAL COMMISSION, A COMMISSION THAT  
WOULD MAKE DECISIONS AND MAKE A DIFFERENCE, NOT JUST  
ISSUE ONE MORE REPORT.**

**I URGED THIS IN A PRIVATE CONVERSATION WITH GEORGE BUSH  
IN AUGUST 1988, SEVERAL MONTHS BEFORE HIS ELECTION TO  
THE PRESIDENCY.**

**AND IVE MADE THE SAME SUGGESTION IN EDITORIALS IN  
NEWSWEEK AND FROM MANY PLATFORMS AROUND THE  
COUNTRY.**

**WHEN I MET WITH THE PRESIDENT I TOLD HIM THAT A NUMBER  
OF WEALTHY REPUBLICANS, CONCERNED ABOUT THE  
HEALTHCARE CRISIS, HAD AGREED TO FOOT THE BILL FOR THE  
COMMISSION, AS LONG AS IT INVOLVED BOTH DEMOCRATIC AND  
REPUBLICAN CONGRESSMEN --NOT THEIR STAFFERS-- WHO  
WOULD TAKE THE COMMISSIONS RECOMMENDATIONS BACK TO  
CONGRESS FOR DISCUSSION, A VOTE, AND THEN  
IMPLEMENTATION.**

**THEY ALSO WANTED THE COMMISSION TO AVOID SPINNING ITS  
WHEELS, AND TO DEAL WITH A PROPOSED AGENDA OF NINE  
POSSIBLE SOLUTIONS, TO MAKE DECISIONS, AND GET TO WORK  
ON IMPLEMENTING THEM.**

**THE PRESIDENT GAVE ME NO ANSWER.**

**AND AS FAR AS I CAN TELL, NOTHING IS BEING DONE ON THE  
FEDERAL LEVEL TO ADDRESS THE NATIONAL HEALTHCARE  
CRISIS.**

**CHEERLEADING SPEECHES WON'T DO.**

**RECENTLY THE SECRETARY OF HEALTH AND HUMAN SERVICES  
SAID WE NEED A CULTURE OF CHARACTER. THAT'S A NOBLE  
ASPIRATION. BUT IT WON'T SOLVE OUR HEALTHCARE PROBLEMS.**

**WE CAN DELAY NO LONGER.**

**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.**

[CONCLUSION]

FINALLY, AS MY GOOD FRIEND DR. TIMOTHY JOHNSON SAYS,  
WHEN WE SAY HEALTHCARE, WE ALL TOO OFTEN MEAN  
HEALTHCURE.

AND WE PUT TOO MUCH EMPHASIS ON CURING, TOO LITTLE ON  
CARING.

WE NEED TO DO MORE ABOUT THE TIMES WE CAN'T PROVIDE  
THE CURE, BUT STILL CAN PROVIDE THE CARE.

**CURING CAN COST BILLIONS, CARING COMES FROM HEART AND SOUL.**

**I'D LIKE TO THINK THAT WHETHER OR NOT WE HAVE FEWER BILLIONS, WE'LL NEVER RUN OUT OF HEART AND SOUL.**

**THANK YOU.**

**#####**

Taber  
your  
TIME!

pv

IN THE MEANTIME, YOU CAN DO YOUR PART TO MAKE SURE THAT YOU DON'T NEED TO USE THE HEALTHCARE SYSTEM, BY PRACTICING PERSONAL DISEASE PREVENTION AND HEALTH PROMOTION.

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.

~~I get confused  
to keep track  
meeting as a  
sort of low level  
balance - It's optional  
time~~

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

**SOME OF US ARE TRYING TO CHALLENGE THAT THINKING. WE  
ARE ATTEMPTING A NEW AMERICAN 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.

THAT MEANS YOU!

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."**

**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!**

**HEALTHCARE IS NOT SYNONYMOUS WITH DOCTORS AND  
HOSPITALS. HEALTHCARE MEANS PREVENTION TOO. REMEMBER,  
THE MOST FREQUENT CAUSES OF PREMATURE MORTALITY ARE:  
SMOKING, DRINKING TOO MUCH, NOT WEARING A SEATBELTS.  
YOU CAN TAKE CARE OF THESE PROBLEMS FOR YOURSELF.**

**THIS MEANS WE HAVE TO MAKE A COMMITMENT TO HEALTH  
EDUCATION THAT IS FAR GREATER THAN THE ROUTINE AND  
ALMOST CEREMONIAL ATTENTION WE USUALLY GIVE IT.**

**THIS MEANS WE NEED TO TAKE VERY SERIOUSLY THE NEEDS OF  
OUR SCHOOLS AND COLLEGES TO DELIVER TO THEIR STUDENTS  
A COHERENT, CONSISTENT, AND UNDERSTANDABLE PUBLIC  
HEALTH MESSAGE.**

**AND I THINK THIS ALSO MEANS WE NEED TO UNDERSTAND AND  
NURTURE THE PATCHWORK OF SELF-HELP AND GROUP-SUPPORT  
MECHANISMS THAT HAVE POPPED UP SPONTANEOUSLY AND  
PROFUSELY AMONG THE GENERAL PUBLIC OVER THE PAST  
DECADE OR SO.**

**SOMETHING --LIKE PREVENTIVE HEALTHCARE-- THAT MAKES YOU  
FEEL BETTER AND SAVES YOU MONEY SHOULD CATCH ON.  
AMERICANS, AS EMPLOYERS AND EMPLOYEES HAVE COME TO  
REALIZE THAT HEALTHY WORKERS SAVE EVERYONE MONEY.  
THEY SAVE EMPLOYERS MONEY IN HEALTH BENEFITS PAID, THEY  
SAVE EMPLOYEES MONEY IN INSURANCE COSTS.**

**THE JOHNSON & JOHNSON COMPANY, KNOWN FOR SELLING HEALTH PRODUCTS, DECIDED TO SELL HEALTH TO ITS OWN WORKERS, BY INSTITUTING A WELLNESS PROGRAM AIMED TO DECREASE HEALTHCARE COSTS BY CHANGES IN EMPLOYEE EATING HABIT AND EXERCISE. IN A CONTROLLED STUDY, THEY FOUND THAT DURING THE FIRST YEAR, THE WELLNESS PROGRAM COST MORE THAN IT SAVED, THE SECOND YEAR IT BROKE EVEN, THE THIRD YEAR IT MADE ENOUGH TO PAY BACK THE FIRST YEAR LOSSES.**

**THEIR GOALS WERE PRETTY SIMPLE, PRETTY BASIC: STOP SMOKING, EAT LESS FAT, MORE FRUIT, BUCKLE UP, GET SOME EXERCISE.**

**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.**

**THERE'S ALSO BEEN A DROP IN THE CONSUMPTION OF HARD LIQUOR, WITH A SHIFT TO BEER AND WINE -- OR BETTER STILL, FRUIT JUICE AND 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.**

**WHEN WE CONVINCED OURSELVES TO EAT A PROPER DIET,  
TO SAY "NO!" TO DRUGS LIKE ALCOHOL AND NICOTINE,  
WE TAKE CHARGE OF OUR HEALTH.**

**DON'T RELY COMPLETELY ON HIGH-COST HIGH-TECH MEDICINE  
TO SAVE YOUR LIFE.**

**OR AS SOME PEOPLE SAY:**

**"YOU CAN AFFORD PREVENTION ... YOU CANNOT AFFORD A**

**QUADRUPLE**

**BY-PASS."**

**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.**

**I CALL UPON THE AMERICAN PEOPLE TO DEMONSTRATE THEIR  
COMMON SENSE BY TAKING UP THE CAUSE OF HEALTH  
PROMOTION AND DISEASE PREVENTION THROUGH SENSIBLE  
PERSONAL CHOICES.**

**WHEN I WAS SURGEON GENERAL I WAS INVOLVED IN A NUMBER  
OF COMPLEX PUBLIC HEALTH ISSUES: SMOKING, OF  
COURSE...AND THE "BABY DOE" ISSUE...AND THE RISE OF THE AIDS  
EPIDEMIC...AND DRUNK DRIVING AND FETAL ALCOHOL  
SYNDROME...INTERPERSONAL VIOLENCE. . . AND ORGAN  
TRANSPLANTATION...AND SEVERAL MORE.**

**BUT IN EACH CASE, TO A GREATER OR LESSER DEGREE, I  
LOOKED TO THE AMERICAN PEOPLE FOR THEIR UNDERSTANDING  
AND SUPPORT--THEIR EMOTIONAL, INTELLECTUAL, SOCIAL, AND  
POLITICAL SUPPORT--BECAUSE I CAME TO KNOW THAT THEY  
WOULD MAKE THE DIFFERENCE BETWEEN PROGRESS...AND  
FAILURE.**

**TAKE CHARGE OF YOUR OWN HEALTH....AND URGE THE PEOPLE  
CLOSE TO YOU TO DO THE SAME.**

**NOW I'D LIKE TO SAY A FEW WORDS ABOUT A TOPIC THAT MAY  
SEEM REMOTE TO MOST OF YOU, BUT WILL SEEM IMMEDIATE  
SOONER THAN YOU THINK: AGING.**

**AS I LOOK ACROSS THIS AUDIENCE I DON'T SEE ANYONE WHO  
LOOKS ELDERLY.**

**humorous lines: in section on aging; use elsewhere if not speaking on aging:**

**FORTUNATELY SOME OF US OLDER FOLKS MUST HAVE GOOD GENES, BECAUSE WE'VE LIVED SO MANY YEARS BEFORE THESE HELPFUL HEALTH WARNINGS. WE'VE EATEN FAR TOO MUCH LARD, NEVER JOGGED UNLESS WE WERE LATE FOR A TRAIN, THOUGHT FIBER WAS PART OF CLOTHING NOT DIET, AND WE'VE MADE IT TO OLD-AGE. OF COURSE, IF WE'D KNOWN WE'D LIVE SO LONG, WE'D HAVE TAKEN BETTER CARE OF OURSELVES.**

**\*\*\*\*\***

**I'VE DECIDED THAT BIRTHDAYS ARE GOOD FOR YOU. THE PEOPLE WHO HAVE THE MOST OF THEM LIVE LONGEST.**

**\*\*\*\*\***

**[COUPLE WHO WENT TO HEAVEN.....OAT BRAN]**