ADOLESCENT FEAR OF LACK OF CONFIDENTIALITY IS A MAJOR REASON WHY THOUSANDS OF ADOLESCENTS AVOID HEALTH CARE FACILITIES.

EVEN THOSE WHO CAN AFFORD MEDICAL CARE BECAUSE THEY ARE COVERED BY THEIR PARENTS’ INSURANCE WILL AVOID NEEDED HEALTH CARE IF INSURANCE COVERAGE MEANS A BREACH OF CONFIDENTIALITY.

TRUE, PARENTAL INVOLVEMENT IN ADOLESCENT HEALTH IS IMPORTANT, BUT IT CANNOT BE ALLOWED TO STAND IN THE WAY OF ADOLESCENT HEALTHCARE.
As is the case with so many problems, sooner or later we need to talk about money.

Adolescent health care must be adequately financed.
ALL ADOLESCENTS NEED TO BE GUARANTEED ACCESS TO
HEALTH CARE, REGARDLESS OF ABILITY TO PAY.

IT IS A NATIONAL TRAVESTY TO HAVE SO MANY OF OUR CITIZENS
LIVE AMID THE SIGNS OF AFFLUENCE AND OPULENCE, BUT
UNABLE TO AFFORD BASIC HEALTH CARE.

FAR TOO OFTEN ACCESS TO HEALTH CARE FOR ADOLESCENTS
DEPENDS ON THE FAMILY'S FINANCIAL CIRCUMSTANCES, AND
EVEN UPON THE STATE IN WHICH THOSE CIRCUMSTANCES
OCCUR.
ABOUT 15 PERCENT OF ALL 10 TO 18 YEAR-OLDS LACK PUBLIC FINANCING OR PRIVATE INSURANCE FOR HEALTH CARE COSTS. IN FAMILIES LIVING UNDER THE POVERTY LEVEL, FULLY 35 PERCENT OF SCHOOL AGE CHILDREN LACK HEALTH INSURANCE.

REALLY, THERE IS A DIFFERENCE BETWEEN BEING INDIGENT AND BEING MEDICALLY INDIGENT. I DOUBT THAT THERE ARE ANY INDIGENT HERE. BUT MANY OF YOU COULD BECOME MEDICALLY INDIGENT DEPENDING ON THE DIAGNOSIS IN YOUR NEXT ROUTINE HEALTH ENCOUNTER.
(For example,) the poverty level established by the federal government for a family of 3 is $10,500. But some states, for instance, declare that poverty level to qualify for Medicaid shall be a percentage of the national level.

For example, in other words, if a family of three in Texas earns more than $3,000 annually, they are too rich for Medicaid.
THIS HAS A DEBILITATING EFFECT NOT ONLY ON HEALTH, BUT ALSO ON MORALE. THOSE AMERICANS IN POVERTY AND ON WELFARE WHO ARE DETERMINED TO WORK THEIR WAY UP, RUN THE RISK OF WORKING THEMSELVES OUT OF POVERTY INTO MEDICAL INDIGENCE. AS THEIR INCOME RISES SLIGHTLY, THEY EARN TOO LITTLE TO LIVE ON, BUT TO MUCH TO GET MEDICAID. MEDICAID IS A MESS, AND IT IS BEGINNING TO COST LIVES, RATHER THAN TO SAVE THEM.
INSURANCE COMPANIES HAVE RESPONDED TO THE CRISIS IN ADOLESCENT HEALTH, AND THE CRISIS IN HEALTHCARE IN GENERAL, IN WAYS THAT SEEM UNETHICAL, ILLEGAL.

PREMIUMS SUDDENLY GO UP AS SOON AS MEDICAL BILLS COME IN WITH ANY REGULARITY. OLDER ADOLESCENTS SUFFERING A CHRONIC PROBLEM OR DISABILITY OFTEN FIND THEMSELVES UNINSURABLE. AT AGE 22 THEY CAN FIND THEMSELVES DROPPED FROM A PARENTAL POLICY --IF INDEED THEY WERE EVER COVERED-- AND THEN, THANKS TO COMPUTER DATA BANKS, THEY ARE BLACK-LISTED BY ALL INSURANCE COMPANIES, AS UNINSURABLE.
WE NEED TO MOUNT PUBLIC PRESSURE AND DIRECT
LEGISLATION TO IMPROVE PUBLIC AND PRIVATE INSURANCE.
OUR CURRENT SYSTEM OF HODGE-PODGE AND SHELL GAMES IS
A NATIONAL DISGRACE.

ALL CHILDREN AND ADOLESCENTS SHOULD HAVE ACCESS TO
ADEQUATE HEALTH CARE INSURANCE. IT MUST COVER CHRONIC
CARE AND CARE IN THE COMMUNITY.
IT MUST RECOGNIZE THE COMPREHENSIVE NEEDS OF CHILDREN, ADOLESCENTS, AND THEIR FAMILIES.

IT MUST ASSURE EQUAL ACCESS TO CARE FOR ALL ADOLESCENTS ACROSS GEOGRAPHIC BOUNDARIES.

ABOVE ALL, INSURANCE COVERAGE MUST BE BROADENED TO INCLUDE PREVENTIVE PROGRAMS. THAT SAVES MONEY AS WELL AS LIVES.
FINANCING NEEDS TO BE CREATIVE TO ALLOW COLLABORATION BETWEEN THE VARIOUS PROGRAMS AND PERSONS DEALING WITH ADOLESCENT HEALTH.

THE COLD ECONOMIC REALITY IS SIMPLY THIS. IT IS A GOOD INVESTMENT TO SPEND SOME MONEY -- BOTH PUBLIC FUNDING AND UNIVERSALLY AVAILABLE AND AFFORDABLE PRIVATE INSURANCE -- RATHER THAN MORE MONEY LATER.
DOLLARS SPENT FOR HEALTHY CHILDREN AND ADOLESCENTS WILL SAVE DOLLARS SPENT ON COSTLY ADULT HEALTH CARE LATER.

IT IS GOOD COMMON SENSE AND GOOD BUSINESS SENSE TO RAISE A HEALTHY YOUNGER GENERATION, BUT IT HAS NOT BEEN GOOD POLITICS.

YOUNG PEOPLE SUFFER FROM GOVERNMENT INATTENTION BECAUSE THEY DON'T VOTE, AND THEY HAVE NO LOBBY TO REPRESENT THEIR INTERESTS. SO GOVERNMENT HAS PROVEN RELUCTANT TO SPEND FOR THE HEALTH OF CHILDREN AND ADOLESCENTS, EVEN THOUGH THE LONG TERM BENEFITS AND SAVINGS OUTWEIGH THE IMMEDIATE SHORT TERM EXPENDITURES.
WE NEED TO CHANGE THAT SHORT SIGHTED THINKING.

WE MIGHT LEARN AT LEAST A LITTLE SOMETHING FROM RECENT BOONDOGGLES LIKE THE S&L CRISIS, THAT CONFRONTING A PROBLEM EARLY CAN AVOID BIGGER AND MORE COSTLY PROBLEMS LATER ON.
I FEAR THAT THE ADMINISTRATION AND CONGRESS WILL NOT ADDRESS THE ISSUE OF ADOLESCENT HEALTH ON THE CLEAR MERITS OF THE SITUATION —IN SPITE OF THE NATION’S AFFLUENCE AND PROSPERITY. THE DAY WILL COME WHEN THE BUSINESS COMMUNITY WILL EXERT GREATER PRESSURE FOR MORE REALISTIC FUNDING OF HEALTH CARE. WE MUST MAKE SURE THAT ADOLESCENTS ARE NOT LEFT OUT.
FORTUNATELY SOME INDIVIDUALS AND CORPORATIONS, NOT JUST HUMAN SERVICE ORGANIZATIONS, ARE SEEING THE COMPELLING NEED TO INVEST IN THE HEALTH OF OUR CHILDREN AND ADOLESCENTS, ...AN INVESTMENT IN THEIR HEALTH, NOT JUST IN THE TREATMENT OF DISEASE.

WE NEED MAJOR CHANGES IN THINGS THAT ARE HARD TO CHANGE: SOCIAL INSTITUTIONS AND PROFESSIONAL PRACTICES.
THE TASK BEFORE US IS DIFFICULT.

BUT SO ARE MANY OF THE TASKS DISCUSSED IN LECTURES BEFORE THIS DISTINGUISHED AUDIENCE.

WE ARE HERE BECAUSE WE ARE CONCERNED.

WE ARE HERE BECAUSE WE BELIEVE IN THE ABILITY TO TRANSLATE THE BEST OF THE SPIRIT OF MAN INTO ACTION, INTO CHANGE.
LIFE AFFORDS NO GREATER RESPONSIBILITY, NO GREATER PRIVILEGE THAN THE RAISING OF THE NEXT GENERATION.

TO BE TRUE TO THE SPIRIT OF THE SPIRIT OF MAN, I CALL UPON YOU, UPON US ALL TO MAKE A FOCUSED COMMITMENT TO MEET THE HEALTH NEEDS OF THIS NEGLECTED SEGMENT OF OUR SOCIETY, OUR ADOLESCENTS.
NOW, THERE IS ONE MORE POINT I SHOULD MAKE IF WE ARE GOING TO BE HONEST WITH OURSELVES IN DEALING WITH THESE PROBLEMS OF ADOLESCENT HEALTH. . . . IF WE ARE GOING TO DEAL WITH THESE PROBLEMS, NOT IN A THEORETICAL OR RHETORICAL WAY, PUT IN A DOWN-TO-EARTH, PRACTICAL, AND PERSONAL WAY.

THE ISSUE SIMPLY STATED IS THIS:

ADOLESCENTS ARE NOT THE EASIEST PEOPLE TO DEAL WITH.
MANY ADULT AMERICANS ARE SIMPLY NOT DRAWN TO AWKWARD, ABUSIVE ADOLESCENTS. THEIR ATTITUDES AND BEHAVIOR CAN PUT OTHER PEOPLE OFF. AND, IN SPITE OF THE POWER OF PEER PRESSURE, ADOLESCENTS OFTEN DON'T ADMIRE EACH OTHER. THEY FIND FEW ROLE MODELS AMONG THEMSELVES. AND THE ONES THEY DO FIND OFTEN LEAD THEM DOWN THE WRONG PATH.

BUT THE PICTURE NEED NOT BE SO BLEAK. THERE ARE MANY HEROS AMONG OUR ADOLESCENT POPULATION. IT'S TIME WE GAVE THEM THEIR DUE, IT'S TIME WE LET THEM DO WHAT THEY CAN DO AS ROLE MODELS FOR OTHER ADOLESCENTS.
TWO OF MY GREATEST HEROS, PEOPLE OF REAL INSPIRATION ARE ADOLESCENTS. THEY CARRY ALL THE EMOTIONAL BURDENS NORMAL TO ADOLESCENTS, BUT THESE TWO FELLOWS CARRY MORE, MORE THAN I COULD BEAR.

PAUL AND CHRISTOPHER HAVE BEEN AN INSPIRATION TO ME, AND TO COUNTLESS OTHERS, ADULTS, ADOLESCENTS, AND CHILDREN. PAUL AND CHRISTOPHER HAVE LIVED ALL THEIR LIVES WITH PROBLEMS THAT WE "NORMAL" PEOPLE LABEL AS "DISABILITIES."
BUT THEIR DETERMINATION, THEIR RESILIENCE, THEIR
POSSESSION OF THE BEST OF THE SPIRIT OF MAN MADE ME ASK
MANY TIMES

"WHO ARE THE TRULY DISABLED AMONG US?"

THERE WERE MANY TIMES DURING MY CAREER AS A
PEDIATRIC SURGEON, WHEN I HAD TO PUT ASIDE MUCH OF THAT
EXPERIENCE AND THAT RHETORIC -- WHAT MIGHT BE CALLED
THE "CONVENTIONAL WISDOM" OF DISABILITY.
PAUL CERTAINLY MADE ME DO THIS. NOT LONG AGO PAUL GRADUATED FROM HIGH SCHOOL. HE FINISHED WITH A VERY GOOD ACADEMIC RECORD...HE WAS ALSO ON THE VARSITY BASKETBALL TEAM. AND HE WAS CLASS VALEDICTORIAN. A RATHER GOOD RECORD, I WOULD SAY.

BUT I THINK THE "CONVENTIONAL WISDOM" OF DISABILITY WOULD PROBABLY HAVE WRITTEN PAUL OFF MANY YEARS AGO.

PAUL IS A GRADUATE NOT ONLY OF SECONDARY SCHOOL — BUT OF 58 OPERATIONS, EACH OF THEM DIFFICULT, EACH OF THEM NECESSARY, EACH OF THEM A TERRIBLE, TRAUMATIC INTERRUPTION IN THE LIFE OF A GROWING BOY.
I KNOW ABOUT THESE OPERATIONS BECAUSE I PERFORMED 37 OF THEM.

BUT PAUL SURVIVED THEM ALL -- AND THE GROWING PAINS OF ADOLESCENCE, TOO -- AND TODAY HE IS A STRONG, DECENT, BRIGHT YOUNG MAN, A COLLEGE GRADUATE HEADING DOWN A RESPONSIBLE JOB.

I'LL MAKE A CONFESSION RIGHT HERE AND ADMIT THAT I DON'T REALLY KNOW HOW HE DOES IT. BUT THROUGH THE YEARS HE HAS ABSORBED THE SHOCK OF REPEATED OPERATIONS.
HE HAS ABSORBED THE HIGHS OF LOVING, TENDER CARE AND
THE LOWS OF REJECTION.

YEAR AFTER YEAR HE HAS HAD TO ABSORB A GREAT DEAL OF
INFORMATION ABOUT HOW TO GO ON LIVING DURING THE
MASSIVE RECONSTRUCTIONS BEING DONE TO HIS FACE AND HIS
BODY.

WE WOULD CALL HIM A "DISABLED, HANDICAPPED" CHILD. BUT
PAUL...SO COURAGEOUS AND SO VERY INNOCENT... HAS REFUSED
TO BE DISABLED AND HANDICAPPED. AND SO HE HAS ENDED
THIS CHAOTIC AND PAINFULLY LONG PERIOD OF CHILDHOOD,
PUBERTY, AND ADOLESCENCE AS AN IMPORTANT YOUNG MAN.
I COULD NOT HAVE DONE IT. I KNOW VERY FEW PEOPLE WHO COULD. I THINK MOST OF US ARE TOO "DISABLED" IN FAITH OR IN SPIRIT OR IN COURAGE TO HAVE GONE THROUGH SUCH AN ORDEAL OF PHYSICAL AND EMOTIONAL RECONSTRUCTION.

NO, THE ONLY PERSON WHO COULD HAVE SUCCESSFULLY WEATHERED THE YEARS OF REPEATED SURGICAL ASSAULT IS, OF COURSE...PAUL HIMSELF. HE HAS THE ABILITY. AND I AM VERY, VERY PROUD TO CALL HIM MY FRIEND.
BUT LET ME ADD JUST A WORD ABOUT HIS FAMILY.

SOME YEARS AGO, WHEN PAUL WAS ABOUT TWO-THIRDS THE WAY THROUGH HIS LONG SURGICAL ORDEAL, I WAS ASKED BY A CANADIAN UNIVERSITY TO DELIVER A LECTURE ON A TOPIC RELATED TO PAUL'S EXPERIENCE. I APPROACHED PAUL'S MOTHER AND ASKED HER FOR ANY OBSERVATIONS SHE MIGHT WANT TO MAKE. FOR EXAMPLE, I ASKED HER, "WHAT WAS THE WORST THING THAT HAS EVER HAPPENED TO YOU IN YOUR LIFE?"