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CONFERENCE OF HEALTH MANPOWER DISTRIBUTION
IN RURAL AREAS, MERCHANDISE MART, DENVER,
COLORADO, 11:00 A.M., FRIDAY, APRIL 4, 1974

I APPRECIATE THE OPPORTUNITY TO ADDRESS
THIS IMPORTANT CONFERENCE ON HEALTH MANPOWER
NEEDS IN RURAL AREAS, PRESENTED BY THE
UNIVERSITY OF COLORADO MEDICAL CENTER AND THE
COLORADO-WYOMING REGIONAL MEDICAL PROGRAM.

*Senator Dan
Bryman
Johnson
Armstrong.*



DURING MY VISIT IN 1972 TO THE PEOPLE'S
REPUBLIC OF CHINA, THE CHINESE DEMONSTRATED
WITH GREAT PRIDE THEIR INNOVATIONS IN BRINGING
HEALTH CARE TO RURAL AREAS. AS YOU KNOW, THEY
ARE USING MEDICAL AUXILIARY PERSONNEL ---
THE SO-CALLED "BAREFOOT DOCTORS" --- IN A
CONCEPT OF LINKING RURAL AND URBAN HEALTH
SERVICES.

*Shortage -
Vast & remote areas -*



I WAS TOLD OF THE CHINESE PHILOSOPHY
THAT A CIVILIZATION IS JUDGED BY THE LEVEL
OF TREATMENT GIVEN ITS SICK --- ESPECIALLY
THE POOR AND THOSE WHO LIVE IN REMOTE AREAS.



IF THE CHINESE, WITH THEIR VAST POPULATION AND LIMITED RESOURCES, ARE MAKING SUCH EFFORTS TO DELIVER HEALTH CARE TO RURAL AREAS, THE UNITED STATES MUST DO EVEN MORE. WITH OUR VAST RESOURCES AND HIGHER STANDARDS OF LIVING, THERE IS NO EXCUSE FOR A SINGLE RURAL AMERICAN TO BE DEPRIVED OF THE FINEST AVAILABLE TREATMENT.



I HAVE HEARD THAT IN ONE AMERICAN TOWN OF ABOUT 11,000 POPULATION, A LOCAL MINISTER PRAYS WEEKLY IN HIS CHURCH FOR GOD TO SEND THE COMMUNITY MORE DOCTORS. IN ANOTHER TOWN, THIS ONE WITH 7,500 PEOPLE, ONLY TWO DOCTORS ARE AVAILABLE. DESCRIBING THEIR WORK, ONE DOCTOR SAID: "WE'RE BLEARY-EYED, BOTH OF US. WE'VE BEEN WORKING OURSELVES SILLY. THERE'S ROOM AND WORK FOR ANYONE WELL-TRAINED."



MANY COUNTIES OF THE UNITED STATES
HAVE NO COUNTY HEALTH DEPARTMENT NOR EVEN A
PUBLIC HEALTH NURSE. MANY RURAL RESIDENTS
WHO NEED CARE THE MOST, GET THE LEAST. THIS
APPLIES TO DESCENDENTS OF THE OLD PIONEER
STOCK WHO ^{with pride} CLING TO WORN-OUT HOMESTEADS OFF
THE MAIN ROADS. IT APPLIES TO THE AMERICAN
INDIAN WHOSE MORTALITY RATE CONTINUES TO BE
SHOCKING. IT APPLIES TO MIGRATORY WORKERS.



IN SHORT, IT APPLIES TO EVERYONE WHO FINDS HIMSELF AWAY FROM THE URBAN SCENE. EVEN IN THE GREAT CITIES, ALL TOO MANY PEOPLE ARE EXPERIENCING GREAT DIFFICULTIES IN OBTAINING PROPER TREATMENT AND PAYING FOR IT.

wish
I ~~WANT~~ TO COMMEND OUR MEDICAL PROFESSION --- IN ALL ITS ASPECTS AND AUXILIARY SERVICES--- AND OUR HEALTH ADMINISTRATORS FOR CONVENING THIS CONFERENCE TO SEEK SOLUTIONS.



TODAY I AM VERY PLEASED TO REPORT ON
THE PROGRESS OF THIS ADMINISTRATION IN
RESPONSE TO COMPELLING NEEDS. IN FEBRUARY,
The President
WE SUBMITTED LEGISLATION FOR THE COMPREHENSIVE
HEALTH INSURANCE PLAN. WE WOULD OFFER EVERY
AMERICAN AN OPPORTUNITY TO OBTAIN A BALANCED,
COMPREHENSIVE RANGE OF HEALTH INSURANCE
THROUGH THREE MAJOR PROGRAMS: EMPLOYEE HEALTH
INSURANCE OFFERED AT PLACE OF EMPLOYMENT;
ASSISTED HEALTH INSURANCE FOR LOW-INCOME
PERSONS AND THOSE NOT ELIGIBLE FOR OTHER PLANS;
AND AN IMPROVED MEDICARE PLAN COVERING THOSE
65 AND OVER.



THE ADMINISTRATION HEALTH PLAN TOOK
A GIANT STEP FORWARD THIS WEEK WITH THE
INTRODUCTION OF SIMILAR --- AND PROBABLY
REASONABLY COMPATIBLE --- PROPOSALS BY
SENATOR KENNEDY AND CHAIRMAN WILBUR MILLS OF
THE HOUSE COMMITTEE ON WAYS AND MEANS.



I AM VERY PLEASED THAT THESE TWO INFLUENTIAL MEMBERS OF THE CONGRESS SAW THE ESSENTIAL VALUE OF THE ADMINISTRATION'S BILL.

CHAIRMAN MILLS HAD ALSO SPONSORED THE ADMINISTRATION VERSION. SENATOR KENNEDY, HOWEVER, SCRAPPED A MUCH MORE CONTROVERSIAL BILL THAT HE HAD CHAMPIONED FOR FOUR YEARS.



THE IMPORTANT THING IS THAT A
WILLINGNESS TO COMPROMISE IS APPARENT. AS
YOU KNOW, I FAVOR A FREE ENTERPRISE CONCEPT
INVOLVING PRIVATE AND VOLUNTARY PHILOSOPHIES.
SENATOR KENNEDY ^{originally} ~~PREFERRED~~ ¹ AN APPROACH THAT
WOULD INVOLVE THE GOVERNMENT IN A ^{mandatory} ~~MANDATORY~~ ¹
ROLE. THE PRIMARY DIFFERENCES ARE IN HOW
TO FINANCE AND ADMINISTER THE HEALTH PLAN.



BUT THE IMPORTANT THING IS THAT WHILE REASONABLE MEN CAN DIFFER, THEY CAN ALSO COMPROMISE TO RECONCILE VIEWPOINTS. WE CAN WORK THIS OUT. AND HOPEFULLY WE MIGHT GET RESULTS THIS YEAR.



CHAIRMAN MILLS WILL OPEN HEARINGS ON THE 24TH OF THIS MONTH. THE AMERICAN PROCESS OF LAW-MAKING WILL BE IN MOTION ON LEGISLATION OF HISTORIC SIGNIFICANCE. A NEW ERA IN NATIONAL HEALTH IS IN THE OFFING. WE MUST APPROACH THIS NEW ERA WITH A SPIRIT OF MEDIATION AND MODERATION. JUST AS WE HAVE RECENTLY SURMOUNTED RIGID OBSTACLES IN FOREIGN POLICY ACHIEVEMENTS, WE CAN BREAK THROUGH ON A NUMBER ONE DOMESTIC ISSUE — *a comprehensive*

health care, ^{& delivery} systems.



IF THERE IS A WAY FOR THE PRIVATE SECTOR TO ADMINISTER AND COLLECT PREMIUMS FOR HEALTH COVERAGE UNDER THE NEW PLAN, I WOULD FAVOR SUCH AN APPROACH. YET, I AM WILLING TO LISTEN TO OTHER APPROACHES AND PLACE THE MAIN PRIORITY ON GETTING THE REQUIRED CARE DELIVERED AS SOON AS POSSIBLE.

We must not, however, destroy the Quality of American medical care & we must maintain the high standard of relationship between the patient & his Dr



PERHAPS WE CAN RECONCILE THE REMAINING
DIFFERENCES AND DEVELOP AN ACCEPTABLE NIXON-
KENNEDY-MILLS BILL --- IF I MAY CALL IT THAT.
IN ANY EVENT, WE STAND AT THE THRESHOLD OF A
NEW STAGE OF NATIONAL HEALTH PLANNING THAT
WILL APPLY AS VITALLY TO RURAL AMERICA AS IT
DOES TO OUR URBAN CENTERS. ANY TRULY NATIONAL
REMEDY CANNOT IGNORE RURAL NEEDS.



TODAY WE ADDRESS PRIMARILY THE SPECIFIC
ISSUE OF HEALTH MANPOWER DISTRIBUTION. WE
WILL NEVER SUCCEED IN GETTING A DOCTOR FOR
EVERY SMALL TOWN. NO AMOUNT OF INSURANCE WILL
SOLVE THAT PROBLEM. THE ANSWER IS IN CREATIVE
ALTERNATIVES. YOU ARE EXAMINING SOME OF
THESE ALTERNATIVES IN YOUR DISCUSSIONS HERE.
I WANT YOU TO KNOW THAT THIS ADMINISTRATION IS
AWARE OF OUR MUTUAL PROBLEM --- AND IS
RESPONDING TO IT.



SENATOR DOMINICK, FOR INSTANCE, TOLD ME TODAY OF HIS COMMITMENT TO YOUR OBJECTIVES. YOUR SENATOR CO-SPONSORED THE RURAL HEALTH ACT OF 1973 WHICH ESTABLISHED AN OFFICE OF RURAL HEALTH CARE UNDER THE DEPARTMENT OF H.E.W. HE ALSO CO-SPONSORED A MEASURE ALLOWING H.E.W. TO DESIGNATE PHYSICIAN SHORTAGE AREAS IN PROVIDING TAX CREDIT TO COOPERATING DOCTORS.



SENATOR DOMINICK IS TO BE COMMENDED
FOR SPONSORING A NEW BILL --- NOW PENDING ---
TO EXTEND AND AMEND THE HILL-BURTON ACT TO
FACILITATE CONSTRUCTION OF RURAL HOSPITALS.



SENATOR DOMINICK DESERVES GREAT CREDIT AS A PRINCIPAL ARCHITECT OF THE NATIONAL HEALTH SERVICE CORPS. HE FLOOR-MANAGED THIS MEASURE THROUGH THE SENATE. IT MAKES AVAILABLE PHYSICIANS, DENTISTS, NURSES AND OTHER HEALTH PROFESSIONALS TO AREAS OF MANPOWER SHORTAGE. WHILE THE CORPS PROGRAM IS NOT INTENDED SOLELY FOR RURAL AREAS, MOST OF THE PLACEMENTS TO DATE HAVE BEEN IN RURAL COUNTIES.



THESE ARE IMPORTANT STEPS. THIS
ADMINISTRATION CANNOT AND WILL NOT FORGET THE
HEALTH NEEDS OF RURAL AMERICA. WE WILL NOT
JUST APPLY A BAND-AID TO RURAL AMERICANS
WHILE GIVING AN UNFAIR MEASURE OF RESPONSE TO
URBAN AMERICANS. WE MUST FIND WAYS TO MAKE
OUR RESOURCES ACCESSIBLE TO ALL CITIZENS.



THE SECRETARY OF H.E.W. IS BEING ASKED
TO GIVE SPECIAL CONSIDERATION TO RURAL AREAS.
THE NATIONAL HEALTH SERVICE CORPS WILL INCREASE
FUNDING THIS YEAR. A PRIORITY HAS BEEN
ESTABLISHED FOR HEALTH MANPOWER LEGISLATION.



WE WILL DO MORE TO SUBSIDIZE THE
TRAINING OF ALLIED HEALTH PROFESSIONALS.
MUCH CAN BE LEARNED FROM THE ARMED SERVICES
AND THE EXPERIENCE OF THE HEROIC MEDICS AND
CORPSMEN IN VIETNAM. THE MEDEX PROGRAM HAS
ALREADY PROVEN ITS WORTH IN USING TRAINED
MILITARY CORPSMEN IN RURAL AREAS OF AMERICA.
THE MILITARY IS NOW HELPING WITH CIVILIAN
HELICOPTER EMERGENCIES UNDER THE NEW MAST
SYSTEM. THIS NEEDS TO BE EXPANDED.



VILLAGERS IN VIETNAM AND SOUTH KOREA LOOKED TO AMERICAN COMBAT MEDICS FOR CARE ON AN INFORMAL BASIS. WHY SHOULDN'T RURAL PEOPLE IN COLORADO OR WYOMING ALSO CALL PROPERLY TRAINED VETERANS "DOC" EVEN THOUGH THEY MAY LACK MEDICAL DEGREES? WORKING UNDER SUPERVISION OF PHYSICIANS, THOUSANDS OF VETERANS COULD BE MOBILIZED TO BRING EMERGENCY CARE TO EVERY VALLEY AND MOUNTAIN SIDE. MANY VETERAN HELICOPTER PILOTS ARE AVAILABLE.



THE UNIVERSITY OF COLORADO MEDICAL
CENTER SHOWED WHAT CAN BE DONE AS FAR
BACK AS 1969 WHEN YOU ENROLLED THE NATION'S
FIRST CLASS OF SO-CALLED CHILD HEALTH
ASSOCIATE STUDENTS. I AM PROUD THAT A
FEDERAL GRANT HELPED THIS INNOVATIVE ATTEMPT
TO INCREASE THE SUPPLY OF PEDIATRIC SERVICES
AND TO SUPPLEMENT YOUR EXISTING PROGRAM
TO TRAIN PEDIATRIC NURSE PRACTITIONERS.



YOU HAVE EXPANDED PROBLEM-SOLVING AND
DECISION-MAKING CAPABILITIES OF ALLIED HEALTH
WORKERS. YOU HAVE CREATED AN ENTIRELY NEW
GROUP OF HEALTH WORKERS ASSOCIATED WITH
PHYSICIANS IN GIVING DIAGNOSTIC, PREVENTIVE,
AND THERAPEUTIC SERVICES TO CHILDREN.



THERE ARE OTHER EXAMPLES OF AMERICAN RESOURCEFULNESS. IN ALASKA, THERE IS A CREATIVE COMMUNICATION SYSTEM IN ESKIMO VILLAGES WHERE TRAINED HEALTH AIDES WITH A HIGH SCHOOL EDUCATION SERVE NOT EXACTLY AS "BAREFOOT DOCTORS" BUT AS "SNOWSHOE DOCTORS" IN ISOLATED AREAS. THEY MAINTAIN CONSTANT RADIO CONTACT WITH LICENSED DOCTORS OF MEDICINE IN REGIONAL HOSPITAL CENTERS. NOW THEY ARE ACTUALLY EXPERIMENTING WITH SATELLITE TRANSMISSION TO BYPASS RADIO INTERFERENCE.



THE ROLE OF NURSES NATIONWIDE IS BEING EXPANDED DRAMATICALLY. NURSES ARE INCREASINGLY USED IN RURAL COMMUNITIES --- SUPPORTED BY RADIO OR TELEPHONE CONTACT WITH PHYSICIANS. WE MUST EXPAND AND USE EVEN MORE CREATIVELY THE PERSONNEL AND TECHNOLOGY AVAILABLE. IF WE CANNOT BRING THE DOCTOR TO THE PATIENT, WE CAN AT LEAST BRING THE PATIENT TO THE DOCTOR.



THERE IS NO PLACE WITHIN THE 50 STATES
SO REMOTE THAT ANY PERSON SHOULD BE DEPRIVED
OF FIRST-RATE CARE. AND, I BELIEVE THAT THE
FEDERAL GOVERNMENT CAN DO MORE IN GETTING
THE STATES TOGETHER. IT IS A STATE PROBLEM ---
AND IT IS A NATIONAL PROBLEM.



THIS ADMINISTRATION PLEDGES TO JOIN WITH ALL THOSE IN THE HEALING PROFESSIONS MOVING TOWARD THE OBJECTIVE OF BRINGING THE REQUIRED HEALTH SERVICES TO AMERICA'S RURAL AREAS. AS WE APPROACH 1976 -- OUR BICENTENNIAL YEAR --- LET OUR NATION RECALL THAT WE SPRANG FROM RURAL ORIGINS. LET US BE MINDFUL THAT A NATION CAN NEVER STAND AS TALL AS WHEN IT BENDS ITS RESOURCES AND RESOLVE TO HELP THOSE IN AREAS WHERE THEY CANNOT HELP THEMSELVES.

I THANK YOU.



REMARKS BY VICE PRESIDENT GERALD R. FORD
CONFERENCE ON HEALTH MANPOWER DISTRIBUTION IN RURAL AREAS
MERCHANDISE MART - DENVER, COLORADO
11:00 A.M., FRIDAY, APRIL 5, 1974

FOR RELEASE ON DELIVERY

I appreciate the opportunity to address this important conference on health manpower needs in rural areas presented by the University of Colorado Medical Center and the Colorado-Wyoming Regional Medical Program.

During my visit in 1972 to the People's Republic of China, the Chinese demonstrated with great pride their innovations in bringing health care to rural areas. As you know, they are using medical auxiliary personnel -- the so-called "barefoot doctors" -- in a concept of linking rural and urban health services.

I was told of the Chinese philosophy that a civilization is judged by the level of treatment given its sick -- especially the poor and those who live in remote areas.

If the Chinese, with their vast population and limited resources, are making such efforts to deliver health care to rural areas, the United States must do even more. With our vast resources and higher standards of living there is no excuse for a single rural American to be deprived of the finest available treatment.

I have heard that in one American town of about 11,000 population, a local minister prays weekly in his church for God to send the community more doctors. In another town, this one with 7,500 people, only two doctors are available. Describing their work, one doctor said: "We're bleary-eyed, both of us. We've been working ourselves silly. There's room and work for anyone well-trained."

Many counties of the United States have no county health department nor even a public health nurse. Many rural residents who need care the most, get the least. This applies to descendants of the old pioneer stock who cling to worn-out homesteads off the main roads. It applies to the American Indian whose mortality rate continues to be shocking. It applies to migratory workers. In short, it applies to everyone who finds himself away from the urban scene. Even in the great cities, all too many people are

(more)

experiencing great difficulties in obtaining proper treatment and paying for it.

I want to commend our medical profession -- in all its aspects and auxiliary services -- and our health administrators for convening this conference to seek solutions.

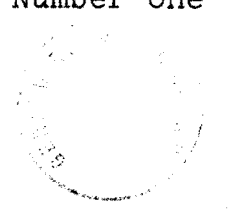
Today I am very pleased to report on the progress of this Administration in response to compelling needs. In February we submitted legislation for the comprehensive health insurance plan. We would offer every American an opportunity to obtain a balanced, comprehensive range of health insurance through three major programs: Employee Health Insurance offered at place of employment; Assisted Health Insurance for low-income persons and those not eligible for other plans; and an improved Medicare Plan covering those 65 and over.

The Administration health plan took a giant step forward this week with the introduction of similar -- and probably reasonably compatible -- proposals by Senator Kennedy and Chairman Wilbur Mills of the House Committee on Ways and Means. I am very pleased that these two influential Members of Congress saw the essential value of the Administration's bill. Chairman Mills had also sponsored the Administration version. Senator Kennedy, however, scrapped a much more controversial bill that he had championed for four years.

The important thing is that a willingness to compromise is apparent. As you know, I favor a free enterprise concept involving private and voluntary philosophies. Senator Kennedy prefers an approach that would involve the Government in a mandatory role. The primary differences are in how to finance and administer the health plan. But the important thing is that while reasonable men can differ, they can also compromise to reconcile viewpoints. We can work this out. And hopefully, we might get results this year.

Chairman Mills will open hearings on the 24th of this month. The American process of law-making will be in motion on legislation of historic significance. A new era in national health is in the offing. We must approach this new era with a spirit of mediation and moderation. Just as we have recently surmounted rigid obstacles in foreign policy achievements, we can break through on a Number One domestic issue.

(more)



If there is a way for the private sector to administer and collect premiums for health coverage under the new plan, I would favor such an approach. Yet, I am willing to listen to other approaches and place the main priority on getting the required care delivered as soon as possible.

Perhaps we can reconcile the remaining differences and develop an acceptable Nixon-Kennedy-Mills bill -- if I may call it that. In any event, we stand at the threshold of a new stage of national health planning that will apply as vitally to rural America as it does to our urban centers. Any truly national remedy cannot ignore rural needs.

Today we address primarily the specific issue of health manpower distribution. We will never succeed in getting a doctor for every small town. No amount of insurance will solve that problem. The answer is in creative alternatives. You are examining some of these alternatives in your discussions here. I want you to know that this Administration is aware of our mutual problem -- and is responding to it.

Senator Dominick, for instance, told me today of his commitment to your objectives. Your Senator co-sponsored the Rural Health Act of 1973 which established an office of rural health care under the Department of H.E.W. He also co-sponsored a measure allowing H.E.W. to designate physician shortage areas in providing tax credit to cooperating doctors.

Senator Dominick is to be commended for sponsoring a new bill -- now pending -- to extend and amend the Hill-Burton Act to facilitate construction of rural hospitals.

Senator Dominick deserves great credit as a principal architect of the National Health Service Corps. He floor-managed this measure through the Senate. It makes available physicians, dentists, nurses and other health professionals to areas of manpower shortage. While the Corps program is not intended solely for rural areas, most of the placements to date have been in rural counties.

These are important steps. This Administration cannot and will not forget the health needs of rural America. We will not just apply a band-aid to rural Americans while giving an unfair measure of response to urban Americans. We must find ways to make our

(more)

resources accessible to all citizens. The Secretary of H.E.W. is being asked to give special consideration to rural areas. The National Health Service Corps will increase funding this year. A priority has been established for health manpower legislation. We will do more to subsidize the training of allied health professionals. Much can be learned from the armed services and the experience of the heroic medics and corpsmen in Vietnam. The Medex program has already proven its worth in using trained military corpsmen in rural areas of America. The military is now helping with civilian helicopter emergencies under the MAST system. This needs to be expanded.

Villagers in Vietnam and South Korea looked to American combat medics for care on an informal basis. Why shouldn't rural people in Colorado or Wyoming also call properly trained veterans "Doc" even though they may lack medical degrees? Working under supervision of physicians, thousands of veterans could be mobilized to bring emergency care to every valley and mountainside. Many veteran helicopter pilots are available.

The University of Colorado Medical Center showed what can be done as far back as 1969 when you enrolled the nations first class of so-called Child Health Associate students. I am proud that a Federal grant helped this innovative attempt to increase the supply of pediatric services and to supplement your existing program to train pediatric nurse practitioners. You have expanded problem-solving and decision-making capabilities of allied health workers. You have created an entirely new group of health workers associated with physicians in giving diagnostic, preventive, and therapeutic services to children.

There are other examples of American resourcefulness. In Alaska there is a creative communication system in Eskimo villages where trained health aides with a high school education serve, not exactly as "barefoot doctors" but as "snowshoe doctors" in isolated areas. They maintain constant radio contact with licensed doctors of medicine in regional hospital centers. Now they are actually experimenting with satellite transmission to bypass radio interference.

The role of nurses nationwide is being expanded dramatically. Nurses are increasingly used in rural communities -- supported by

(more)

radio or telephone contact with physicians. We must expand and use even more creatively the personnel and technology available. If we cannot bring the doctor to the patient, we can at least bring the patient to the doctor.

There is no place within the 50 States so remote that any person should be deprived of first-rate care. And I believe that the Federal Government can do more in getting the States together. It is a State problem -- and it is a national problem.

This Administration pledges to join with all those in the healing professions moving toward the objective of bringing the required health services to America's rural areas. As we approach 1976 -- our Bicentennial year -- let our Nation recall that we sprang from rural origins. Let us be mindful that a Nation can never stand as tall as when it bends its resources and resolve to help those in areas where they cannot help themselves.

I thank you.



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REMARKS ^{By} VICE PRESIDENT GERALD R. FORD
CONFERENCE ON HEALTH MANPOWER DISTRIBUTION IN RURAL AREAS
~~COLORADO MEDICAL CENTER~~ COLORADO

(MERCHANDISE MART DENVER)

~~FRIDAY~~
-11 AM. APRIL 5, 1974

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During my visit in 1972 to the People's Republic of China , the Chinese demonstrated with great pride their innovations in bringing health care to rural areas . As you know , they are using medical auxiliary personnel ---the so-called "barefoot doctors" ---in a concept of linking rural and urban health services.

I was told of the Chinese philosophy that a civilization is judged by the level of treatment given its sick --- especially the poor and those who live in remote areas .

~~the Chinese~~ If the Chinese, with their vast population and limited resources, are making such efforts to deliver health care to rural areas, the United States must do even more . With our vast resources and higher standards of living, there is no excuse for a single rural American to be deprived of the finest available treatment .

^{AMERICAN}
I have heard that in one town of about 11,000 population, a local minister prays weekly in his church for God to send the community more doctors. In



another town, this one with 7,500 people, only two doctors are available . Describing their work, ~~one~~ doctor said : "We're bleary-eyed, both of us. We've been working ourselves silly. There's room and work for anyone well-trained. "

Many counties of the United States have no county health department nor public even a health nurse . ~~So~~ many rural residents who need care the most, get the least . This applies to descendants of the old pioneer stock who cling to worn-out homesteads off the main roads . It applies to the American Indian whose mortality rate continues to be shocking . It applies to migratory workers. In short, it applies to everyone who finds himself away from the urban scene . Even in the great cities , all too many people are experiencing great difficulties in obtaining proper treatment and paying for it .

I want to commend our medical profession -- in all its aspects and auxiliary services --- and our health administrators for convening this conference to seek solutions .

Today I am very pleased to report on the progress of this Administration in response to compelling needs . In February we submitted legislation for ~~THE~~ ^{COMPREHENSIVE} health insurance ~~PLAN~~ ^{WE} would offer every American an opportunity to obtain a balanced, comprehensive range of health insurance through three major programs: Employee Health Insurance offered at place of employment; Assisted Health Insurance for low-income persons and those not eligible for other plans; and an improved Medicare Plan covering those 65 and over .

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 similar--- and probably compatible ---
 Chairman of the House Committee
 and Congressman Wilbur Mills I am
 influential on Wasp and means
 Members of the Congress
 Chairman

And we might ~~be~~

Chairman
~~Chairman~~ Mills will open hearings on the 24th of this month.

3

~~XXXXXXXXXX~~



Our initiative has taken a giant step forward with the introduction
this week of a similar proposal by Senator Kennedy and Congressman Wilbur

Perhaps we can reconcile the remaining differences and develop
an acceptable Nixon-Kennedy-Mills bill --- if I may call it that . In
any event , we stand at the threshold of a new stage of national health
planning that will apply as vitally to rural America as it does to our urban
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~~National health insurance~~ ^{we} today address
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Senator Dominick is to be commended ^{NEW} for sponsoring a bill -- now
pending -- to extend and amend the Hill-Burton Act to facilitate ~~the~~ construction
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These are important steps. This Administration can not and will not
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a band-aid to ~~the rural population~~ while giving ~~the~~ an unfair measure of response
to urban ~~the urban population~~ Americans . We must find ways to make our ~~resources~~
resources accessible to all ~~our~~ citizens

Among the steps ~~that~~ already taken are:

~~1. A special provision for rural needs in the Health Maintenance Act~~
~~of 1973 to start health maintenance organizations on a self-sustaining basis .~~

~~AND THERE IS~~

~~2. PL 93-222 - authorizing H.E.W. to contract with private health~~
~~organizations for the provision of H.M.O. type health services to American~~
~~Indians and domestic agricultural migratory workers .~~

~~There are other provisions for general care in rural areas .~~
~~In the Emergency medical services Act of 1973, matching grants are~~

~~provided for emergency medical systems - ranging from the cost of~~
~~ambulances to helicopter service to remove patients to hospitals .~~ The

Secretary of H.E.W. is being asked to give special consideration to rural areas ,
~~with a designated ~~amount~~ sum to ~~be~~ spent .~~

The National Health Service Corps will increase funding this year .

A priority has been established for health manpower legislation . ~~needed~~

~~--- as you know --- more primary care physicians and fewer specialists . To~~

~~a achieve this, we must reward medical schools financially for encouraging the~~
~~required area of concentration .~~

~~We~~ will do more to subsidize the training of allied health professionals.

~~much~~ Much can be learned from the armed services and the experience of
the heroic medics and corpsmen in Vietnam . The Medex program has already



proved its worth in using trained military ~~corpsmen~~ ^{CORPSMEN} in ~~the~~ rural areas of America. The military is now helping with civilian ~~emergencies~~ ^{HELICOPTER} under the new MAST system. This needs to be expanded.

South Villagers in Vietnam and ~~South~~ Korea ~~could~~ ^{ed} look to American combat medics for ~~care~~ ^{CARE} on an informal basis, ~~_____~~

~~Why shouldn't~~ rural people in Colorado or Wyoming ~~also~~ ^{also} call properly trained veterans "Doc" even though they may lack medical degrees? Working under ~~the~~ supervision of ~~physicians~~ ^{CARE}, thousands of veterans could be mobilized to bring emergency ~~care~~ ^{CARE} to every valley and mountainside. ~~We also have many helicopter pilots~~ ^{ARE} available.



The University of Colorado Medical Center showed what can be done as far back as 1969 when you enrolled the ~~first~~ ^{nations} class of so-called Child Health Associate students. I am proud that a Federal grant helped this innovative attempt to increase the supply of pediatric services and to supplement your existing program to train pediatric nurse practitioners. You have expanded problem-solving and decision-making capabilities of allied health workers. You have created an entirely new group of health workers associated with physicians in giving diagnostic, preventive, and therapeutic services to children.

There are other examples of American resourcefulness. In Alaska there is a creative communication system in Eskimo villages where ^{trained} health aids with ~~high~~ ^a high school education serve as ~~doctors~~ ^{NOT EXACTLY AS "BAREFOOT DOCTORS" BUT AS "SHOW SHOE"} in isolated areas. They maintain constant radio contact with ~~doctors~~ ^{licensed} ~~in~~ ^{of medicines} regional hospital centers. Now they

are actually experimenting with ~~the~~ satellite transmission to bypass radio interference .

^{Nationwide}
The role of nurses is being dramatically expanded. ~~The~~ ^{Nurses are} increasingly ~~being~~ used in rural communities ^{supported by} with radio or telephone ^{contact} ~~and~~ ^{AND} ~~with~~ ^{USE GIVEN} physicians . We must ~~also~~ expanded ~~use of such creative~~ ^{technology} personnel and ~~technology~~ available . If we cannot bring the doctor to the patient , we can at least bring the patient to the doctor . ^{ANY}

There is no place within the 50 States so remote that ~~any~~ person ^{AND} should be deprived of first-rate care . I believe that the Federal Government can do more in ~~bringing~~ ^{getting} the ~~States~~ ^{States} together . It is a State problem ~~and~~ --- and it is a national problem .

This Administration ~~is~~ ^{moving toward} pledges to join with all those in the healing professions ^{ING} the objective of bring the required health services to America's rural areas . As we approach 1976 ---our Bicentennial year ---- let our Nation recall that we sprang from rural origins . Let us be mindful that a Nation can never stand as tall as when it bends its resources and resolve to help those in areas where they cannot help themselves . ^{FI} I thank you .

