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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	Handwritten. AMA 3/9/98. (3 pages)	03/1998	P5
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COLLECTION:
Clinton Presidential Records
Speechwriting
Jeff Shesol
OA/Box Number: 19942

FOLDER TITLE:
AMA [American Medical Association] Conf. 3/9/98 - AMA Gen.

2006-0467-F
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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3/9/98

AMA Notes

1200 words

OUTLINE

-Intro: Satcher
-Man bites dog: Haven't always agreed, but...
  -Satcher, Kennedy-Kassebaum, children's health care
  -tobacco, BOR
-More important than ever that we work together, b/c...
-The health care system is changing. You see it in your lives, and in your practices.
  -ex from 1997 SOTU?
  -compare life/professional expectations of resident today vs most of you...
  -of course, mgd care leads to great benefits...
  -but new challenges to quality of care
-Docs' lament
-Thus need BOR
  -unpack each applause line
  -twin benefits for docs & patients
-Unveil report: state action
-Urge Congress to pass a BOR (not specific; refer to SOTU)

****

Man bites dog: areas of uncommon agreement

-Do acknowledge past disagreements: "We haven't always shared the same vision. Five years ago you and I disagreed, sometimes profoundly. But today we see eye to eye on the most important health issues facing American families--quality of care and..."

-I am heartened by this remarkable consensus of opinion--between the AMA and consumers, between the AMA and government, between the states and our administration.

-Kennedy-Kassebaum

-BOR

-tobacco

-Satcher: the AMA's support so crucial. I want to thank Dr. Wootton and all of you for your enthusiastic support of our country's new Surgeon General, Dr. David Satcher. Two years ago the AMA gave him its highest honor, the Dr. Nathan B. Davis Award, for his outstanding service in advancing the public health. And just last month you gave him your warm--and crucial--endorsement during the confirmation process. Together, we have found the right advocate for America's public health, and I want to extend my gratitude for your overwhelming support.

Changes in the health care system

-list accomplishments

-and agenda. But don't mention Medicare, b/c AMA hates it. Finesse it in litany of priorities: "...expanding biomedical research, expanding access to health care among people aged 55 to 64 [?]..."

-"At a time when our health care system is changing, doctors' voices are more important than

ever. No one knows better than a doctor the real impact on families of not having health insurance--for it is you who see the tragedy of uninsured children with serious illnesses arrive at the hospital too late. No one knows better than a doctor what can happen when cost-cutting interferes with medical decisions--for you have witnessed first-hand the devastating consequences for patients who are asked to leave the hospital before you believe they are ready."

Is there a doctors' lament?

-Anecdote? How mgd care impinged on doc's autonomy

-Move to managed care sometimes makes it harder for doctors to be doctors [BUT: be sure to emphasize what's good about managed care. Don't go overboard in docs' favor]

-"You're not accountants. You're the best trained, best equipped doctors in the world. And medical decisions should be made by medical doctors. Primary care physicians when possible. Specialists when necessary."

Empowering doctors

-We've got to let you do the job you're so well trained to do. You've got the best medical educations in the world, and the best medical technology. And you've got to be free to provide the best medical advice possible, and to deliver the best medical care possible. Nothing should stand in the way between you and your patients. And that's why I'm urging Congress to pass a Patients' Bill of Rights--and to put medical decisions back in the hands of the best doctors in the world.

-The ideal: Doctors and plans working as partners is the way it should be. Where it happens, we've seen costs go down and the quality of care go up. Patients are healthier, and doctors are happier.

BOR: Components to emphasize/ unpack

-each applause line from SOTU/talking pts; give each a paragraph

-this means A; this means B...

-twin the benefits from BOR to patients and docs

1)-Access to specialists

2)-Emergency room care: Reasonable people know an emergency when they have one or when they see one. And when the EMTs are wheeling a new arrival into your ER, the last thing you should have to worry about is the fine print on that patient's health plan. That's the last thing your patient should have to worry about, too. No patient of yours or anyone else's should fear going into the ER because they might not get coverage. And no doctor should fear giving emergency treatment because the patient might not get reimbursed.

3)-Continuity of care: Many Americans have moved out of small towns and away from our old, trusted family doctors. But continuity of care--the ongoing relationship between doctor and patient--is still crucially important. In fact, it's a sacred trust. When you're treating a patient with a chronic or disabling condition, and for one reason or another that patient changes plans, that patient shouldn't have to change doctors.

see ← amspres message

* 4)-Confidentiality: protects sanctity of doctor-patient relationship — a "covenant of care," as Dr. Wootton has called

5)-Ban gag rule: not worry it's internet

meeting purpose or ↑ ins. rates on person

staccato applause lines

+ you know + I know that if patients trouble ↑rate, there's alot they won't tell you

The report: touts state activity

-This part of the speech comes after getting the docs revved up

-The patients' bill of rights isn't some kind of radical concept--it's what mainstream American families want. And, as I'm pleased to report to you, it's increasingly what they're getting. [43] states have enacted into law one or more of the basic protections of the BOR, and [25] of those states have Republican governors. [more specifics?] They've gone a long way toward proving that this is not a Democratic issue or a Republican issue..."

But patchwork of protections not enough...

- 50 m covered by self-insured plans, not covered by state law

Draft 03/08/98 5:30PM

PRESIDENT WILLIAM J. CLINTON

SPEECH TO THE AMERICAN MEDICAL ASSOCIATION LEADERSHIP CONFERENCE

WASHINGTON, DC

March 9, 1998

3-9-98

cc: Paul Tuckman

3-9-98

Acknowledgments: Dr. Percy Wootton (Woo-ton); Dr. Nancy Dickey; Dr. Tom Reardon; Dr. Randy Smoak (Smoke), Dr. Lynn Jensen, ~~all of the AMA~~ AOCOSC on Council on Scientific Affairs.

It is an honor to be here with you today, and to be working with the AMA on so many important fronts. We've had our honest differences on policy. ~~We haven't been on the same side of every health care fight~~. But one thing we've always agreed on is our profound obligation to the health of American families. And in our step-by-step approach to health care reform, we're walking together. We're expanding the promise of new medical technology and extending health care opportunities to the most vulnerable Americans.

We've helped Americans keep their coverage when they change their jobs. And last year, we helped make sure that millions of uninsured children get the medical coverage they deserve and the help they need.

And we've found the right family doctor for America--Dr. David Satcher, our country's new Surgeon General. We went too long without one. Just last month, your voices were strong and united in support of his nomination. I thank you, and America's families thank you.

This is a great ~~and glorious~~ moment for America. Our economy is the strongest in a generation.

3-9-98

Social problems are on the mend. Our leadership is unrivaled around the world. Still, as I said in my State of the Union Address, this is not a time for America to rest. It is a time for us to ~~build~~--to ~~expand~~ our prosperity, ~~to strengthen our values, and~~ to widen the circle of opportunity, ~~and~~ meet our long-term challenges.

I am here to talk to you about two of the next, important steps we must take as a nation as we move forward into the 21st century. This is a moment of great potential, and we must seize it. There are fewer than 70 working days left before Congress adjourns.

3-9-98

I want the 105th Congress to go down in history as the Congress that saved lives: by passing a Patient's Bill of Rights that protects patients and respects doctors; by allowing Americans between the ages of 55 and 65 to buy their way into the Medicare program without putting any strain on the Medicare Trust Fund; and by passing tough and sweeping tobacco legislation to cut down on teen smoking and crack down on outrageous tobacco company marketing techniques.

But the choice is up to Congress: the next 70 working days will determine whether the 105th Congress goes down in history as one that saved lives with landmark health care laws, or one that wasted time in petty, partisan ~~pursuits.~~

3-9-98

I hope you'll help me send a message to Congress: I know the calendar tells us this is an election year. But the American people also tell us it should be a legislating year. The clock is ticking. Time is wasting. Let's get to work.

This is a time of great change in American medicine. My mother, as some of you may know, was a nurse. She was a nurse anesthetist at St. Joseph's Hospital--a blond-brick building just off Central Avenue in Hot Springs. So I grew up around doctors. Walking through the wards with my mother, I saw some of the miracles doctors perform every day.

3-9-98

Walking through the wards with my mother, I saw some of the miracles doctors perform every day. And I remember what the profession used to look like—very different than today, I'm sure you'll agree. For one thing, I wasn't familiar with the term "emergency knee surgery" back then.

Bec my mother was a RN, I grew up around Drs— They were 1st [illegible] I ever knew → most of them were the kind of people we'd like our ch to be → hard wkg, able, kind, caring— Most Drs today are too → but world of med practice very different

This is, in fact, a time of great change in American medicine. More than 160 million Americans are now in managed care plans, with profound implications for health services of every kind. Much good has come of these changes. Good plans are promoting preventative medicine. And all of us appreciate it when health care costs don't rise at four or five times the rate of inflation.

+ life expectancy, infant mor— [illegible] most countries [illegible] [illegible] right here.

3-9-98

~~That means affordable health care for families who need it. And that's most families.~~

But ~~the new system can make it~~ it's often harder for ~~doctors~~ you simply to be doctors. When a doctor spends almost as much time with a bookkeeper as with a patient, something is wrong. When a doctor spends almost as much time filing authorization forms as making rounds, then something is wrong. Work might when final MD decision made ~~Insurance company accountants~~ by someone other than a doctor, and something other than ~~aren't trained to do your job--and you shouldn't have to~~ but out of the patient's or the bottom line, something is wrong ~~do theirs~~.

Traditional care or managed care, every American deserves quality care.

~~And every American deserves medical decisions made by medical doctors, not insurance company accountants~~. ~~When a patient comes to your office or emergency room~~, your first question should be: "Where does it hurt?" ~~Not "How will you pay~~?"

Patients deserve better from their health plans. I was really moved to hear recently about a woman who works in an oncologist's office. Her job is to verify insurance coverage and get authorizations for medical procedures, and she told the story of a 12-year old boy with a cancerous tumor in his leg. The doctor wanted to perform a procedure to save the boy's leg. But the health plan said no--and refused to cover it.

For that condition, the approved procedure was amputation. Period. That was the only procedure the plan would pay for.

The boy's parents appealed that decision and were turned down. They appealed again and were turned down again. Only when the father's employer weighed in did the health plan change its mind--but it was too late. After four months of this terrible tug-of-war between patient and plan, the boy's cancer had spread. By now, amputation really was his only choice. A life-or-death choice. One his family shouldn't have had to make.

You are the best trained, best skilled doctors in the world. You've had the best medical educations, and have the best medical technology. We've got to let you do the job that only you can do--to heal.

That's why I have urged Congress to pass a Patient's Bill of Rights--and put medical decisions back in the hands of patients and the best medical doctors in the world.

I have already acted to ensure that our federal employees and their families, our military personnel, our veterans and their families, and every person on Medicare or Medicaid--altogether, one third of Americans--are protected by the Patient's Bill of Rights.

3-9-98

And across the nation, state legislatures--Republican and Democratic--are doing what they can. Forty-three have enacted into law one or more of the basic provisions of the Patient's Bill of Rights. But the reality is that state law, and this patchwork of reforms, ~~can't~~ don't protect most Americans--140 million Americans. That's why Congress must pass a Patient's Bill of Rights with the full force of federal law.

The Patient's Bill of Rights keeps the covenant of care with our parents, our children, and the neediest and most vulnerable Americans.

3-9-98

The Hippocratic Oath binds doctors to "follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients." That's your responsibility and your patients' right--to know all the medical options, not just the cheapest. Primary care when possible. Specialists when necessary. That's why the Patient's Bill of Rights lifts the gag order on our nation's doctors, and allows patients to follow your best recommendations by appealing any unfair decisions by managed care accountants.

Patients also have a right to keep their medical records confidential.

And doctors must feel free to write down the whole truth--without it ending up on the Internet, or in the hands of employers and marketing firms, or increasing a patient's insurance rates. Again, we recall the Hippocratic Oath, which says that "all such shall be kept secret." That's why the Patient's Bill of Rights safeguards the sanctity of the patient-doctor relationship.

Patients have a right to emergency services wherever and whenever they need it. And when the EMTs are wheeling a new arrival into your ER, the last thing you--or your patient--should have to worry about is the fine print on a health plan.

With less than 70 days remaining in this legislative session, it is time to guarantee that the best practices of traditional medicine survive in the age of managed care. This administration has acted. The states have acted. The AMA has acted. I ask you to urge Congress to take the next, important step--and take it today.

The other great health issue before this Congress is tobacco. Today--and every day--3,000 children light their first cigarette. 1,000 of them will die prematurely because of it. This is a national epidemic, and a national tragedy. As physicians, you know the importance of preventative care. Often, it is easier to stop a disease before it starts.

And that is why, for more than five years, our administration has worked to stop our children from smoking before they start. We launched a nationwide campaign with the FDA to educate children about the dangers of smoking, to reduce their access to tobacco products, and to put a stop to tobacco companies that spend millions on mass marketing to young people.

Last fall, I called on Congress to pass comprehensive bipartisan legislation to reduce teen smoking by raising the price of cigarettes by up to $1.50 a pack over the next decade; imposing strong penalties on tobacco companies that keep advertising to children; and giving the FDA full authority to reduce our children's access to tobacco products.

If we do this, we can cut teen smoking by almost half over the next five years. We can stop almost three million children from taking that first puff. We can prevent almost one million premature deaths.

But again, the clock is ticking. It is time for leaders of both parties to put politics aside, protect our children from the deadly threat of tobacco, and protect every patient's right to quality care. It is time for Congress to match the commitment this administration has made, and the AMA has made, to the health of American families as we approach the 21st century.

2 other issues - [illegible] → LT Rep for NATO -
support for, investment in —
→ also. 3-9-98

~~There is another step we must take, and on this one~~

~~you and I may disagree~~. I have made a targeted proposal

that gives a vulnerable group of Americans ~~new options~~

~~for health care coverage. By enabling~~ Americans aged 62

to 65 to buy into Medica~~re, and giving displaced workers~~

~~55 and over a similar buy-in option, my proposal protects~~

~~them~~--without burdening the Medicare Trust Fund or

busting our balanced budget. The CBO just reported that

this policy will cost even less and help even more people.

It will provide access to health care for hundreds of

thousands of the most vulnerable Americans, and it is

clearly the right thing to do. ~~We should not wait to take~~

~~this next, important step toward quality care in the next~~

~~century~~. I ~~challenge~~ you ~~to~~ join me.

This is a time of remarkable promise for American medicine. We have the potential to make it the most powerful force for human health in history. ~~We are finding cures for seemingly incurable conditions. New gene therapies. Revolutionary fertility treatments. The choice we face today is whether to fulfill this promise tomorrow--and carry the best aspects of traditional care forward into the future. I think we will make the right choice as a country. And even though medical technology is ever-changing~~, the values of the medical profession--the Hippocratic Oath--~~are everlasting~~. ~~If we preserve the values you were taught and continue~~ to ~~uphold, then we will truly have~~ a healthier America, and a stronger America, in the 21st century.

3-9-98

History is being written by this Congress~~; and I do not want it to be another story of partisan political bickering in an election year~~. I want it to be the story of a strong, bipartisan commitment to the health of America's families. First, we have a historic opportunity to protect all Americans with a Patient's Bill of Rights. And second, we can--and must--pass landmark legislation to help end the epidemic of teen smoking.

~~My mother, as some of you may know, was a nurse. She was an anesthetist at St. Joseph's Hospital--a blond-brick building just off Central Avenue in Hot Springs. So I grew up around doctors~~.

cc. Paul Tuckmann

Discarded from AMA Speech (Draft) 03/09/98

Hippocratic Oath

"I swear by Apollo, [redacted]
the physician, and
Aesculapous and health and all health and all-heal all the gods and goddesses that, according to my ability and judgment, I will keep this oath and stipulation:

To recon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities as required; to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the Law Of Mdicine, but to none others.

I will follow that methods of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest and such counsel; furthermore, I will not give a woman an instrument to produce abortion.

With purity and with holyness I will pass my life and practice my art. I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, bond or free.

Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad I will not divulge, as reconing that all such should be kept secret.

While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art, respected by all men at all times. But, should I trespass and violate this oath, may the reverse be my lot."

[redacted]

it was her first visit there. And she said, "I felt that I owed you this letter. Until 3 weeks ago I supported a nuclear freeze and arms reduction," and she went on with some of the other things. "But," she says, "not any more. Not after what I've seen."

I'll only read a few paragraphs. She said: "Poland is a concentration camp encircled by the same double strands of barbed wire that is displayed at Auschwitz and Buchenwald—camps so atrocious they have been preserved so that swe shall never forget and never permit this sort of thing to happen again. But it is happening today in the great nation state of Poland. The fear in the faces of men, women, and children is also a reminder of things past. People speak in whispers, look over their shoulders constantly. And a few brave young people will tell you that people still disappear daily from their jobs and their homes. As an American observer, I see little difference between the Gestapo and the KGB."

She goes on eloquently about other things there that she's seen and the differences. She says, "I, too, support human rights. I was in Warsaw and Cracow. And I was asked by the people there if people in America understood what was happening in Poland under Russian domination. I said no. No, because we don't know fear, oppression, religious censorship. We have never known the hopelessness that comes from living under a dictatorship. If there could only be one protest march in Poland today, Mr. President, it would not be for arms reduction or jobs or food or even clothing. But rather for the most prized and valued fundamental right of all—of every living soul in this universe: freedom." And then she asked that we keep that light of freedom burning here, because the whole world is watching and living by its glow.

The visit by John Paul II to his homeland was an inspiration to all who cherish freedom. It vividly showed that no one can crush the spirit of the Polish people. The moving words of the Polish National Anthem, "Poland has not died while we yet live," are more true today than ever. The spirit of Solidarity that unites the Polish people with free people everywhere has never been stronger.

I thank you for letting me be with you this brief time here today. God bless you all. And we shall stay together, and we'll let Poland be Poland.

Thank you.

Note: The President spoke at 10:20 a.m. outside the Polish National Alliance Hall. He was introduced by Aloysius Mazewski, president of the Polish National Alliance and the Polish American Congress.

Remarks at the Annual Meeting of the American Medical Association House of Delegates in Chicago, Illinois

June 23, 1983

Thank you very much for a very warm welcome. Thank you for inviting me today, and I know Nancy would want me to thank you for your donation to the National Federation of Parents for Drug-Free Youth.

I'm delighted to address this annual meeting of the AMA House of Delegates, and I want to congratulate Dr. Jirka and Dr. Boyle on their new positions. I can't help but think what a great place this would be and what a great moment to have a low back pain. [*Laughter*] But I left him in Washington. [*Laughter*]

You know, one thing I've always liked about doctors is that you generate lots of anecdotes, which is very good for—[*laughter*]—very good for those of us who have to travel the mashed-potato circuit. Like the one about the fellow who went to the hospital for a complete check-up, very depressed, and said to the doctor, "I look in the mirror, I'm a mess. My jowls are sagging. I have blotches all over my face. My hair has fallen out. I feel ugly. What is it?" And the doctor said, "I don't know what it is, but your eyesight is perfect." [*Laughter*]

Well today, I'd like to take a clear-eyed look at our health care system. And let me start by saying as strongly as I can, the quality of American medicine is unsurpassed and on that we don't need a second opinion. What our space shuttle is to technology, our health care is to medicine. In life-saving discoveries, in innovative treatment, in the overall quality of services, America's doctors have no peers. Your medical accomplishments are a gift to mankind that honors us all. And I have a special appreciation for the skill of some Washington doctors and nurses who patched up an inner tube for me and had me back on the road very early and in quick time.

My respect for your profession is deep and personal. Let me add here that Judi Buckalew, who recently joined my staff as a special assistant, is the first registered nurse to serve in such a capacity. Her duties aren't medical, although with what's going on in Congress, Judi, it might be a good idea if you carry smelling salts. [*Laughter*]

A moment ago, I mentioned the space shuttle which, as you know, is scheduled to land tomorrow, weather permitting. And now it's beginning to look as if weather isn't going to permit. But medicine, as well, is becoming high-tech, increasingly so—in some instances, high-bio. Through computers, lasers, nuclear devices, and various "Star Wars" technologies, your diagnostic and healing powers have multiplied over the last decade. We're going to make sure that trend continues by promoting solid math and science skills in our schools. We'll also further that trend with an active Federal role in quality research.

I believe the Orphan Drug Act that I signed in January eventually will add to your curing powers. As you know, the sad fact is that many diseases still cripple or kill hundreds of thousands of Americans because no drugs have yet been developed. Statistically, they are rare diseases, yet that's small comfort for those afflicted and their families. The cost of discovering and developing a new drug, of course, is often staggering. This legislation provides incentives for the private sector to develop drugs to treat these rare diseases.

And I'm proud to say the FDA under this administration has proposed new initiatives to help streamline the drug approval process. We want a process that genuinely promotes the public health not only by keeping unsafe and ineffective drugs off the market but by enabling beneficial new drugs to reach those who need them more rapidly.

We recognize full well that if the burdens of excessive regulation are lifted, the American medical community can do an even better job in protecting the health of the American people.

While the quality of health care in this nation is unsurpassed, unfortunately, so are the costs. In fact, many patients believe that a hospital should have the recovery room adjoining the cashier's office. [*Laughter*]

I know cost is a matter that concerns you, as well. The AMA deserves congratulations for its cost-effectiveness programs and its health policy agenda. And, as I did at the White House in April, let me again thank those medical societies that have private sector programs to assure cost will not prevent anyone from receiving medical care.

But the problem of health care costs is so pressing you can't carry that full burden alone. For the last 12-month period, health care costs went up almost two-and-a-half times the overall inflation rate. In 1982 the cost of health insurance rose nearly 16 percent. Health care costs are consuming a growing portion of the Nation's wealth, and this is wealth that cannot be spent on education or housing or other social needs.

Health care costs are not just the concern of the sick in our society. Everyone is affected. The taxpayer picks up the tab for 40 percent of all hospital bills, mainly through medicaid and medicare. Because of rising costs, the poor on medicaid have seen their coverage reduced as States make cutbacks. Because of the increased cost of health insurance, employees have received lower cash wages. Consumers have paid higher prices for goods and services, since the costs of employee health benefits must be included in the price of products. And the elderly who are covered by medicare face the threat of catastrophic illness expense, against which medicare offers no protection.

It's high time that we put health care

costs under the knife and cut away the waste and inefficiency. The growth in medical costs is malignant and must be removed for the continued health of the American people.

The danger is that high medical inflation may soon jeopardize the quality and access of our health care, and America won't be able to sustain its unequaled health care system if citizens can't afford it. Not all Americans have the fancy, gold-plated, all-option insurance plans that cover every sneeze and itch. Yes, the big corporations can look after their people, but let's not forget that little guy down at the doughnut shop.

Don't get me wrong. It's not bad to spend money on health care, far from it. The Nation's high level of health expenditures is testimony to our people's compassion. We can't and we will not scrimp on the health of America's citizens. But on the subject of compassion, let me clear something up. In spite of all the stories you hear on television—and I would turn flips down the halls of the White House if this next statement made the evening news—[*laughter*]—the truth is that this administration, in 1984, will devote more money to health care than any administration in history. That probably surprises you. But 49 million elderly, poor, and disabled persons—one out of every five Americans—will have health care needs met through medicare and medicaid in 1984. That's a million more than this year and 3 million more than in 1980.

With this kind of solid record, you can understand why I get a little irritated by those who say that we're cutting health care. The critics remind me of the hypochondriac who was complaining to the doctor. He said, "my left arm hurts me, and also my left foot, and my back. Oh, and there's my hip and, oh, yes, my neck." And the doctor muttered something to himself and then sat him down and crossed his legs and tapped him with the little rubber hammer. He says, "How are you now?" And the patient said, "Well, now my knee hurts, too." [*Laughter*]

Many of our critics are simply political hypochondriacs. They're complaining about every little ache. I've also read those know-nothing stories about this administration ignoring childhood diseases. Well, let me just tell you that in the last 2 years, the reported cases of diphtheria, measles, mumps, polio, rubella, and tetanus, as I'm sure many of you know, have reached all-time lows. The measles rate is down by nearly half over '81. The problem is that Washington is full of special interest groups passing around self-serving studies that are then reported as fact. They serve up headlines, but too many of them don't serve up the truth.

I understand why doctors are torn by our attempts to put the brakes on the budget. Like most citizens, you want to slow the growth in Federal spending. Yet, at the same time, professionally, you worry about this braking action and that it may affect our health care, especially the health care of the poor. Well, let me reassure you. We're not trying to limit the quality and access of America's health care; we're trying to save it. We want a health care system that is affordable and fair to all Americans. there are some who, no matter what the problem is, think money is the answer. If you told them that you had walking pneumonia, they'd give you 5 bucks and tell you to take a cab. [*Laughter*] And if they're not proposing more money, they're proposing more government controls over the practice of medicine.

Back in 1847 a group of 250 physicians convened in Philadelphia to establish this American Medical Association. Well, I'm going to tell you what I told them. [*Laughter*] We have the best health care in the world, because it has remained private. And, working together, we'll keep it that way. The Government plays a role, of course. I believe medicare and medicaid have filled genuine needs in our society. But our Federal health care system was designed backward. The incentives have not been to save, but to spend. medicare and Medicaid costs have gone up nearly 600 percent since 1970. For too long, the Federal Government has had a blank check mentality. The hospital simply filled in the amount they wanted and then Uncle Sam, or, to be more precise, the hard-pressed American taxpayer paid the bill.

Today, for example, medicare payments

for treating a heart attack can average $1,500 at one hospital and $9,000 at another, with no apparent difference in quality. Likewise, medicare payments for hip replacements can vary from $2,100 to $8,200. And payments for cataract removal can vary from $450 to $2,800.

One of our reform measures to control hospital costs has already been passed. No longer will we pay virtually whatever the hospital asks. With our Prospective Payment Program, we'll pay one fair rate, and the hospital that delivers its services at a cost less than that rate can keep the difference. In the past the government actually subsidized and encouraged inefficiency by paying more to the inefficient hospital than to the efficient one.

Medicare cost-sharing has often seemed backward as well. Under current law, unbelievable as it seems, medicare hospital coverage can actually expire in the event of catastrophic illness—just when it's needed most. And even when the coverage has not expired, those in a hospital with stays for 60 days must make every high, out-of-pocket payment. In contrast, those with shorter hospital stays pay nothing out-of-pocket after the first day. It's cheaper for the patient to be at the hospital than at home.

We're trying to make coverage fairer by using moderate cost-sharing early in an illness, rather than imposing severe costs later, when the patient has little choice over the length of the hospital stay.

Under current law, the average patient hospitalized in 1984 for 150 consecutive days would owe $13,475 from his or her pocket and then bear the total cost of all subsequent hospital care. Under our plan, the patient would owe only $1,530 with absolutely no cost for subsequent hospital care. The copayments proposed for medicaid are nominal—$1 to $2 a day—and intended only to discourage the unnecessary use of services.

We also propose limiting the current tax subsidy for high-priced health plans. Most employer contributions for employee health benefits should be tax free because this encourages employee health insurance. Our plan would simply cap this tax-free treatment in order to correct the bias toward high-priced first dollar coverage. Health insurance should cover hepatitus and whooping cough, not hiccups. The proposed cap is an effort to make the tax law neutral in the choice between added wages and added health benefits. The Bible tells us that in creating the universe God made order out of chaos. Well, at times I think even the Almighty would have His hands full making orders out of the regulatory tangles that afflict our health care system. But our reforms are a conscientious start. Some of these reforms, such as prospective pricing, catastrophic coverage, and capping tax-free health insurance, many of you either support or remain flexible. And I want to thank you for these positions. I realize that other of our reforms, such as medicare vouchers or competitive bidding, many of you don't support.

Well, I'd like to explain an additional proposal you don't support—the 1-year freeze on medicare physician reimbursement. These payments have been increasing at highly inflationary rates. In 1982 they increased 21 percent and are expected to rise 19 percent more in 1983. Now we believe physicians, too, must share the burden of slowing the rise in health care costs. As the patient in the movie often says, "Give it to me straight, Doc." Well, we believe the straight answer is that a 1-year freeze is painful but necessary medicine.

In spite of occasional differences of opinion, our goals are the same as the AMA's. As written in your constitution more than a century ago, the purpose of the AMA is to promote the science and art of medicine and the betterment of public health. Well, we, too, are looking for ways to improve the health of the American people, and we need your support and your ideas.

I want to insert something here. I want to applaud the efforts by the AMA to become more involved in the public debate regarding environmental health risks. Yesterday, in a speech before the National Academy of Sciences, EPA Administrator William Ruckelshaus urged the scientific community to take an active role to help clear up confusion over the health dangers of chemicals. Your resolution on dioxin contamination is a positive step to a more reasonable public discussion of these important issues, and I

commend you and thank you for it.

I think sometimes we want health and we don't want public hazards, dangers to our people, wherever they may be, but a very eminent scientist once said that he questioned whether there were any dangerous or harmless substances. He said there were only dangerous or harmless amounts. And I think that sometimes we have, with the fantastic and the dramatic—*melodramatic* treatment of some of these things, we have frightened a great many people unnecessarily. And the answer is not to take risks, not at all, but to make sure, also, that we haven't frightened people unless there is truly a reason for them to be frightened.

Before I go, let me briefly mention an issue important to you, both as citizens and as doctors. Last week I sent another message to—or a message to another group of doctors who were gathered in an international conference in Holland. They were not meeting on heart disease or nerve disorders; they were meeting on the matter of preventing nuclear war. And I told them that we have an unprecedented opportunity to reduce nuclear arsenals. Very serious negotiations are proceeding in Geneva between the United States and the Soviet Union on the means of achieving substantial, equitable, and verifiable reductions in our nuclear arsenals and on building the mutual confidence necessary to reduce the risks of nuclear war. No task has greater significance for us, our allies, and for the entire world than to work for the success of the Geneva negotiations and reverse the growth in nuclear arsenals.

We've been making a great effort to move these negotiations forward. Just 2 weeks ago, I announced that our negotiator, Ambassador Ed Rowny, would be going to Geneva with new instructions to give us greater flexibility in the talks and to take account of concerns the Soviets have expressed to us. I told the doctors meeting in Holland, those negotiations deserve the full support of all who seek genuine progress toward peace.

That was my message to the international group of physicians—to reaffirm that nuclear war cannot be won and must never be fought. I invited their support for the important arms reductions negotiations underway in Geneva, and today, I invite your support, as well, so that we can make real progress toward the genuine peace that we all seek for ourselves and for our children.

Charles Kettering once said that the greatest thing any generation can do is to lay a few steppingstones for the next generations. And that's what we're trying to do. We want to lay steppingstones to better health care and a more secure peace for America. And with your help we can do it.

Thank you, and God bless you all.

Note: The President spoke at 11:27 a.m. in the Grand Ballroom at the Chicago Marriott Hotel following an introduction by Dr. Harrison L. Rogers, speaker of the AMA House of Delegates. Dr. Rogers announced a $5,000 donation from the association to the National Federation of Parents for Drug-Free Youth.

In his remarks, the President referred to Dr. Frank J. Jirka, Jr., and Dr. Joseph F. Boyle, the new president and president-elect, respectively, of the AMA.

At the conclusion of his address, the President met briefly with members of the executive board and then had lunch with the board of directors of the AMA.

Following the luncheon, the President returned to Washington, D.C.

ple, older people, people in all walks of life; people who respect the office of the Presidency; people, also, who love this country and believe in America. It is good to be here.

I particularly want to say a word—I noticed a few signs along about young people and their future. If there is anything, one thing we all think about, it, of course, is about the lives that we are living.

I am going to talk to the doctors about many of the problems, as to how they can keep America physically healthy. But let me say that the greatest responsibility that those of us in public life have is to see to it that the young people that we see here—and we see so many, I see the Boy Scouts, the Girl Scouts, and the others—to see that they can grow up in a world and in a land that is at peace with the world. We are going to do that. We are going to accomplish that so that they can have what we have not had in our generation.

And most important, I can tell you, and I am sure that whether we are Democrats or Republicans on this platform, or whatever you are in the audience, as I speak to the doctors about physical health, there is another kind of health that is even more important. You can have a strong physical body and an empty shell with no spirit, no morality, no character, and you don't have an individual who really can contribute to his country.

Let America be strong—strong physically—and rich, but, above everything else, let's have the moral and spiritual strength that America has had from the time of its beginning.

Thank you very much.

NOTE: The President spoke at approximately 11:15 a.m. in front of the Chalfonte-Haddon Hall Hotel.

206 Remarks to the American Medical Association's House of Delegates Meeting in Atlantic City, New Jersey. *June 22, 1971*

Dr. Bornemeier, all of the distinguished guests on the platform, and all of the distinguished delegates to this convention:

I very much appreciated that reference by Dr. Bornemeier to the year 1966. Let me say he had a lot more confidence in my future then than I had, I can assure you. I recall, too, the pleasure that I have had in addressing the AMA on another occasion in Atlantic City, in 1951. Some of you will be old enough to remember that. I was then just a Senator. So this makes the third time that I have had the privilege to address this organization in this session.

In doing a little checking with regard to when Presidents—at least that means Presidents of the United States; I understand all of these front rows are either presidents or past presidents of AMA—but in checking the record I find that as far as Presidents of the United States are concerned, in the 120 years of this organization only four have had the privilege of addressing you. The last time was President Eisenhower in 1959. I am honored to be here as President, after having had the opportunity to address you as a Senator, as a former Vice President, and now as the Chief Executive of the Nation.

It is very important that a President of the United States speak to this organization. The Presidents of the United States should, it seems to me, find more opportunities, perhaps, than four in 120 years to come before this organization for reasons that I will cover in my remarks today, because this is a very important organization.

I am referring to matters going far beyond the special competence, the technical competence, represented in such degree in this room. For example, just yesterday, as some of you may have noted in the press, my wife and I celebrated our 31st wedding anniversary. It was a very inexpensive celebration. Normally we go out on such occasions. In this case we stayed in and watched television and watched a rerun of our daughter's wedding at the White House.

On that occasion, as I was thinking of that 31st wedding anniversary and pulling together my remarks today, I was reminded of a story which is probably very old to an organization of doctors, about a doctor who is celebrating one of his wedding anniversaries. He was trying to get out of the house for his weekly bridge game. And he told his wife that he just had a call from a patient and he would have to leave. She said, "But, dear, is it serious? Is it important?" And he said, "Oh, it is very serious and very important. There are three doctors there already." [*Laughter*]

What that, of course, brings home to us is, when you have any gathering of doctors, it is a very serious occasion and a very important occasion. So this gathering of far more than four, of thousands of doctors from all over America, is important. It is important for reasons that I think, perhaps, we can find as we study the history of America and go even further back than that.

Disraeli once said that "the health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

That profound statement is one that we should consider today, and we should think of health in a much broader context than simply the physical health to which you have devoted your lives. I am happy for this opportunity to salute this profession which has contributed so much to the health of the American people and to the strength of this Nation.

America is a strong country. It is a good country. And one of the reasons it is a strong and a good country is because it is a healthy country, and we appreciate what you have done to make it a healthy country.

You should take pride in those accomplishments—all Americans should. For we can never hope to repair any weaknesses that may exist in American medicine unless we fully appreciate its towering strengths.

One of the strengths of American medicine has always been that it has had a restless and inquiring spirit. All of you are aware of this. This spirit was summed up in a statement which the distinguished physician Charles Mayo made years ago about his equally distinguished brother, Will. He was "filled," said Charles, "with the genius of finding opportunities." The same point was made more recently by Dr. Jonas Salk when he said, "The greatest reward for doing is the opportunity to do more."

As we look at the current picture of health care in this country, we see many

opportunities "for doing more." Those opportunities have been recognized by this organization. You have spoken to them in your resolutions. You will be considering them in your meetings at this convention. Among them—the opportunities for doing more, problems to provide opportunities and their solutions—are these: There are too few doctors in some areas as you know, too many in others. We see a growing need for more health personnel, more efficient training. We have too many doctors spending too much time on routine tasks that others could help them with. We recognize the growing menace of malpractice suits which force every doctor to look upon his patients as potential plaintiffs.

As we look at American medicine we also see a need to place more emphasis on primary care, on preventive medicine, on outpatient treatment. And we see that despite our considerable progress in this area, in the field of voluntary health insurance, financial considerations still deny quality care to many Americans while the dark threat of catastrophic costs still imperils most of our people.

These are challenges. We can be grateful that our country now has entered into a period of productive discussion about the best ways of meeting them.

I say to this organization that I am sure many of you are concerned about what may come in the future in the reform of health care systems. But I say: Welcome this debate. You should join it. We need you to join it. We need your assistance in it. It will be a great debate. It will be a strong one. It will be one that will command the attention of the country in the weeks and months and, perhaps, for years ahead.

I noted with interest that your new president, Dr. Hall,[1] for several years has been the boxing and wrestling commissioner of the State of Nevada. Well, you need a boxing and wrestling commissioner in this debate that is coming in, I can assure you. For out of this time of discussion and decision will surely come a whole new era in the history of American health care.

Last February, I offered my own contributions to this discussion, a wide range of proposals that I have discussed with some of your leaders. And these proposals are designed to balance growing demand for care with a growing supply of services. They are founded on the principle that we cannot simply buy our way to better medicine.

It is very easy sometimes to think that the plan that costs the most will help the most, but often the situation is just the opposite. In fact, I believe that the most expensive plan that has been offered in the current discussion on health care in America—a plan for nationalized compulsory health insurance—is the plan that would actually do the most to hurt American health care in this Nation.

This is not a new position for me. I made the same general statement in my speech in 1951 to this organization and in 1966. Let me give you the reasons why I have reached this conviction. The conviction is strongly held, as I am sure is the conviction held by those who advocate this plan.

First of all, if this plan went into operation, by fiscal year 1974 it would cost the Federal Government over $77 billion.

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[1] Dr. Wesley W. Hall, president-elect of the American Medical Association.

Let's bring it down to matters that all of us can better understand. It would drive the health share of the Federal budget to nearly 25 percent. In other words, 25 percent of the total Federal budget would be going for health care. And that would mean that we would limit our ability for handling other social problems.

Our present Federal health programs, if continued, would cost the average family in America an estimated $405 per year by 1974. My plan would increase that cost, but increase it only to $466 per year. Under the nationalized compulsory health insurance program, the average household's, the average family's, American Federal tax bill for health programs alone would be tripled to $1,271 a year.

Nationalized health insurance would exact a very high price from our people in terms of dollars and cents. These figures demonstrate that point. But, in my opinion, it would exact an even higher price, a price in terms of the quality of American medicine. On that score, let me just speak as a layman. When I am sick, I want to be able to get a doctor. But above everything else, I want a doctor who is a good doctor. I am interested in quality as well as the ability to provide for a doctor.

When the Government pays all the bills for health care, then the Government becomes the only party with a strong interest in restraining costs. This inevitably means that Government officials would have to approve hospital budgets. They would have to set fee schedules. They would have to take other steps that would eventually lead to the complete Federal domination of our medical system. Now that is the road that some advocate. I think it is the wrong road.

Rather than freeing the doctor so that he can do more to help his patients, nationalized health insurance would burden him with the dead weight of more bureaucracy, more forms, more redtape. I know what kind of forms and redtape that many of you have to fill out now.

Just let me again speak as a layman. When I go to a doctor, when I am sick, I want him to worry about me and not to be worrying about some form he has to fill out for the Government.

Rather than expanding the range of choice—and we all believe that that is certainly something we want in our society—for doctors and patients, it would severely narrow that range. Rather than encouraging more responsibility at the local level, it would concentrate more responsibility in Washington. Rather than stimulating competition and diversity, it would dull the incentive to experiment and innovate.

The Administration's Health Insurance Partnership would build on the strengths of the present health care system. Nationalized health insurance would tear that system apart.

America's health care system needs reform. You have recognized that. But we can never improve our country's medical system by working against our country's medical profession. Other nations that have gone down this road have found this out. No system of health care will ever work unless the doctors of the Nation make it work. We need your help to make it work and in developing a system. So let us work together for a system—a system that will continue to provide for choice, that will continue to provide for quality, and one that at the same time will deal with the pressing problems of

costs in an effective way that will not destroy quality, a problem which all of us are deeply aware of.

I would like to talk to you today about another subject, a challenge in the health care field related to it very directly, a problem which I note again that you are taking up in your general sessions, in fact, this afternoon.

I refer to the problem of drug abuse. Drug abuse, I have said recently, is America's public enemy number one. It is the greatest of all present threats to our social future. Oh, we used to be able to brush it off. We used to say it is a ghetto problem, or it is a black problem, or it is a problem of the poor and the depressed and the rest.

But today it is no longer just a ghetto problem. It is no longer just a problem that primarily affects those that are nonwhite, or the poor, because its impact cuts across all social and economic lines in our country.

It has moved from the ghetto to the suburbs, from the poor to the upper middle class and the upper class in terms of economic income. It afflicts the rich and the poor, the blacks and the whites, the servicemen and the civilians, and the ghettos and the suburbs. It spreads like a plague throughout our society. It erodes our Nation's strength. It destroys our Nation's spirit. And, worst of all, it undermines our Nation's future.

I had a letter recently from a man who said that we are in danger of losing "a whole generation of Americans to drugs."

Two years ago I recommended a series of new laws to crack down on drug abuse, particularly in the enforcement field. Those laws passed the Congress last fall; they are beginning to prove their value. But more is needed, particularly in the field of rehabilitation.

That is why I have launched a totally new program for a total offensive—worldwide, nationwide, and through all segments of society—against drug abuse.

The program I announced includes strong efforts to cut off the supply of dangerous narcotics at their source in other countries. It more than doubles our budget for rehabilitation. It moves against drug abuse in the military. It sets up a new command post on drugs in the Executive Office of the President.

The President has many responsibilities. There are probably too many responsibilities that come to his desk. But this problem is so serious that I feel that the President must take personal command and personal responsibility. And that is what I have done.

That is why I have named as head of this new office in the White House one of the great experts in this field, a man, Dr. Jerome Jaffe, of great experience in Illinois. I think he represents the best of America's medical profession. He is tough. He is no nonsense. But he is also a man who is compassionate. He understands the problem. There is one assignment I have given, among many others. Believe it or not, there are nine Federal agencies that work in the field of drugs in the United States in drug abuse, and too often I have found, over the past 2 years, that those agencies are competing with each other for personnel, competing with each other for attention, competing with each other before Congressional committees for funds.

And I have given one instruction to Dr. Jaffe that I have ordered him to carry out without any question, and that

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is this: The Government agencies, the nine of them in this field, are going to quit fighting each other and start fighting the problem a little more.

Now, the offensive that I have mentioned in drug abuse places new emphasis on education because that, of course, is the most important of all. We can stop the source of supply in one country; it moves to another. We can have stronger enforcement and people will go around it if the demand is great enough and if people are willing to pay. We can have rehabilitation but then that is probably too late if the problem goes that far.

So we need education—education as to the dangers of drug abuse. And this is an area where human resources are going to make the difference. But the effectiveness of education depends ultimately on communication, on the trust that grows up between one human being and another. What is a good educator? Well, he must combine compassion with firmness, a sense of authority with a sense of sympathy, a capacity for discipline, a capacity for involvement.

I just described you. That is what doctors are. These are virtues you possess. They are values that you and your profession prize. And that is why I look to the medical profession, and all America looks to the medical profession, for leadership in this field of education in drug abuse.

Let me treat two aspects of the problem, one that is somewhat in your field. And if I step over the bounds of my own competence, I, of course, will expect you to correct me in any resolutions that you adopt.

First of all, let me point out the link, and I believe there is a link, which exists between the inappropriate use of drugs within the medical context and the abuse of drugs outside that context. Consider these facts for a moment: In the last 4 years alone, the production and distribution of tranquilizers in our country has doubled. During 1970, 5 billion doses of tranquilizers, 3 billion doses of amphetamines, 5 billion doses of barbiturates were produced in this country. Listen to this: The estimate is that 50 percent of the amphetamines and barbiturates were diverted into illegal sales. So there is the problem in terms of education as well as enforcement.

Tranquilizers, amphetamines, and barbiturates, as you know, are known as psychotropic or mind-altering drugs. It is estimated that one-third of all Americans between the ages of 18 and 74 used a psychotropic drug of some type last year. And little wonder—for there were enough drugs of this type available last year to medicate every adult in the United States at very high dosage rates for more than 11 days.

Now, what does all this mean? What it means is that we have created in America a culture of drugs. We have produced an environment in which people come naturally to expect that they can take a pill for every problem—that they can find satisfaction and health and happiness in a handful of tablets or a few grains of powder.

We have got to face up to the fact that within this climate it is altogether too easy for the abuse of drugs—not the prescription, now, and the use, but the abuse of drugs will flourish in that kind of a climate, in a climate where individuals believe, because of inadequate education, that they can take a pill for every problem.

The medical profession was among the first to recognize this problem, to identify—as one of its causes—the fact that

many physicians are prescribing drugs too often, too easily.

A number of voices from your community have suggested recently that certain drugs may have become a crutch for some doctors, as well as their patients, masking but not correcting more basic physical and emotional problems.

I noted with interest that your own Council on Drugs spoke to this subject only a few weeks ago. And I have noticed, too, that many doctors are now moving to strictly limit their prescriptions of such substances. And I will hope—and I say this respectfully in an area where you are the experts and I am not—but I hope you will continue to give careful consideration to this matter, for your role in shaping this country's basic attitude toward drugs will be decisive.

Let me turn now to a second way in which doctors can help. I want to ask your help, I ask the help of the doctors of this Nation, in a program of education, educating our people in the proper role of drugs and drug information, drug counseling, in drug treatment.

Years ago, you will remember that when most Americans lived in small towns we looked to the family doctor for guidance not just with regard to our physical health but in many other aspects of life. It may have been somewhat easier for many doctors to utilize their enormous potential as effective teachers in our society because of that situation that existed then.

I remember my own doctor, a family doctor, Dr. Thompson, of Whittier, California. He was a fine doctor, but he was a community leader, and when he spoke on issues, we listened. When he came out to our school to speak on the problems of health and other related problems, we listened, we paid attention, we followed his advice. Some doctors still play this role today. You do it voluntarily. You contribute enormously of your time without compensation in educating America in these and other fields. But more doctors need to be playing it. We need you, especially in the field of drug education.

I have met recently in this field with the leaders of the Advertising Council, with the leaders of the television and radio industries, with the leaders of opinion-makers, editors, publishers, and so forth throughout this country, and they have enlisted in this battle.

But no one, believe me, no one can have more effect when he or she speaks out than a doctor on this issue of drug abuse. You speak with greater authority, because you speak about the power of drugs to save life—and we must look to that, the tremendous progress that we have made in that field—but also the power to destroy it.

Rather than preaching moralistically about the sinfulness of drugs, you can teach realistically about their physical and psychological impact, and you can bring tremendous credibility to this undertaking. Many doctors have been moving in that direction.

I noted, for example, that in Arizona, the Maricopa [County] Medical Society has pulled together an impressive drug control program for Phoenix, and I am happy to see that this Association has been actively encouraging such efforts. It has developed education materials to help local physicians as they go out to wage war against drugs in the schools and churches and neighborhoods of America.

We ask for a part of your time every day in this field if it can be effectively used.

The time has come for a greater effort,

and that is why I ask for your help and the help of this organization. I realize that you have engaged in many enterprises of this type for which the Nation is in your debt. I know that one outstanding voluntary effort, the AMA Volunteer Physicians for Vietnam—and I have met several of your members who have gone to Vietnam, given of their time and their effort—for the purpose of carrying out what is called a project—Project Vietnam—and its purpose is to improve medical care in that country for the people of that country. It has had very great success.

Now, as our attention begins to center again on domestic challenges, the AMA can once again render outstanding service at a point of critical need by helping to develop what I would like to call Project USA, a project which would marshal the tremendous energy, the brains, the dynamism, the leadership—the leadership—of the doctors of this country in an all-out battle against drug abuse; and against it in terms of educating particularly the young people of this country about it.

The best way to end drug abuse is to prevent it, and America's doctors are the indispensable frontline soldiers for success in this all-important battle.

I began these remarks today by saying that the doctors of America have done a great deal for their country. But I also noted that the greatest reward for doing is the opportunity for doing more. There is much to be done in this Nation—in the fight against drugs, which I have covered, and in other areas.

And once again, Americans are looking to the doctors of their land for leadership. We are looking to the doctors of this land for leadership beyond the reform of our health care system in which you will provide leadership—and you should, because it affects you directly—beyond drug abuse, which is so closely related to your profession, where I am sure you will provide leadership.

America at this time needs leadership from those in the medical profession and your wives, the AMA Auxiliary that I know is meeting here in Atlantic City with you—all across this country, not simply in the areas that affect you directly but in the area of national problems.

I know that many of you are sorely concerned whenever anybody suggests that you get into politics, and I do not speak in any partisan sense. I am not concerned about whether you are in politics in one party or the other. The main thing is to be in. Oh, I have heard a doctor say on occasion, "I am only interested in my profession; I am not interested in politics."

Let me tell you something: He had better get interested in politics or he won't have any profession to be interested in.

And I am not referring just to politics to defend your profession. You should do that. Defend what is best in it. Correct what needs to be corrected. But I am referring to politics in the broader sense of leadership.

Let me put it in historical perspective. One hundred and ninety years ago America was one of the weakest countries in the world, militarily, and one of the poorest countries in the world, economically. But it was a country that was rich in spirit, and thereby caught the imagination of the world and has held it ever since. Today America is the strongest nation in the world, militarily, and the richest nation by far, economically. The major problem we have to ask ourselves as Americans is: At a time when we are rich in goods and strong in arms, are we poor in spirit?

I don't think so. As I go across this land I am always reassured as I see so many Americans that have a deep conviction about the goodness of this country, who give of their time and their efforts to make it a better country, who are proud of what this Nation has done for its own people and what it has done in its leadership abroad. And yet, of course, there are other voices that are heard throughout the land: those that run America down, those that say our system is rotten, those that say that America is an ugly country, those who say wouldn't it be well if some other nation were in a position of leadership and therefore follow with the proposition that America withdraw into itself and get away from the position of world leadership in which it presently finds itself, with that leadership thrust upon it—not sought, but thrust upon it—because of the accidents of history, the fact that in the free world there is no other nation rich enough or strong enough to assume that position of leadership.

What does all this have to do with doctors? Very simply this: In a community, a doctor is listened to. He is listened to about the health, of course, of his patients. But an individual can be physically healthy and he can be without any health in a moral, in a spiritual sense, without character. A nation can be physically strong and unless it has moral character and stamina and faith in itself, and confidence, that nation is weak in a way that it cannot compensate with all the physical strength in the world.

So we go back to the early days of this Republic 190 years ago—weak, poor, but strong in spirit. And here is America—rich, strong. Question: Are we weak in spirit?

And the answer, of course, will be found not simply in what a President says or a Senator—and we have some distinguished Senators here—or a Congressman or a Governor. But it comes from leaders throughout the country like yourselves. That is why when I speak of politics, I do not speak in a partisan sense. I do not speak in the special sense in which you are concerned about what government is going to do to the medical profession. But I speak in this sense: You know what a good country this is. You know what a great education you have. You know that when somebody is really ill, that the best medical care in the world is here and not in some other country, generally speaking.

You know that as far as this system that has been run down so much around the world—that when you go around the world to all the other countries, they look to America, and the traffic, where there is traffic, is usually all one way. They are coming this way, they are not going the other way, when people have a choice.

You know that this system of government that we have talked about and this economic system has its faults. There are too many poor people in America. There is too much discrimination and prejudice and all these other problems. But look at America's strengths. Look at the fact that there is more freedom, more opportunity, there is more income, even for the poor, because of the wealth of our country, than there is in 85 percent of the rest of the world.

So here we stand, looking at America. Let us examine its faults. Let us correct them. We need your help in your special field. But let us also recognize that in this particular period of this Nation's history—and this was not true 190 years ago—the health of America in this broader sense,

not just physical but moral and spiritual and mental—that health will determine whether peace and freedom survives in the world.

We have no choice in the matter. And if you ask yourself the question: If America does not have the role of world leadership, what other nation do you want to have it?

I should say the world can be fortunate that America, with its faults—and we have made many in foreign policy through our history—with its faults, let's look at the strengths. We have been in four wars in this century—World War I, World War II, Korea, and now Vietnam. We have made our mistakes, but, to the great credit of America—and this can be said proudly and should be said by any American—Americans have fought and died not for an acre of territory, not to get domination over any other people, but for the right of other people to enjoy the freedom and the peace that we want, and this is something we must demand.

And so to the American Medical Association, representing brains, representing tremendous competence, representing also leadership, the best educations that America can provide, I ask you today to join, to give a little more of your time than you have, not only in working for your profession—that must come first—but also in serving your country, providing the leadership that this country craves for in every community of the Nation.

The health of America is in your hands; and by its health, I speak not just of its physical health—its mental health, its moral health, its character. Meet that challenge.

NOTE: The President spoke at 11:30 a.m. in the Pennsylvania Room at the Chalfonte-Haddon Hall Hotel.

Dr. Walter C. Bornemeier was president of the American Medical Association.

On the same day, the White House released an advance text of the President's remarks and a list of the general officers and board of trustees of the Association.

207 Statement About House Approval of the Welfare Reform and Social Security Bill. *June* 22, 1971

TODAY marks a major legislative milestone in the history of welfare reform. Not only has the House of Representatives affirmed the principles of reform put forward by the Administration almost 2 years ago; in its constructive deliberations on this subject, it has strengthened and extended these principles. The Members of the House who supported H.R. 1, and in particular those on the Ways and Means Committee, have my personal and sincere thanks for their careful and responsible action.

H.R. 1 offers the Nation, at last, a way out of the present welfare morass. It establishes strong work requirements and work incentives. It provides coverage for the first time for workers whose earnings are inadequate to support their families, thus ending an unconscionable discrimination against millions of hard-working citizens throughout the Nation. Strong linkages are forged at every point under the new system between benefits and jobs for all employable recipients.

By establishing a national income standard for families with children, H.R. 1 represents a heartening step forward in