An American Itinerant Looks at American Health Care

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"AMERICAN ITINERANT LOOKS AT AMERICAN HEALTH CARE"

4 JANUARY - TOPICAL TUESDAY TALKS EVERGREEN HOUSE
7 JANUARY - RANDBURGTOWN

Story of the beautiful 17 year old girl + Turtle
You have trouble believing it - imagine the reaction of the little girl's mother.

For me the return to America less than 2 years ago after 12 years abroad was little less bewildering or difficult to comprehend. But before sharing with you some of my thoughts, best I recount briefly from when I come.

~~Just~~ 13 years ago last month - I suddenly found myself charged with the responsibility of developing from scratch a program to eradicate smallpox and control measles in 18 countries of western Africa - a population almost as great as that of the USA and in an area not much smaller. Having never so much as visited West Africa and having seen only 12 cases of smallpox in my life, I had a great deal to learn and absorb. It was total immersion. But within 6 months, I was adjudged to be so experienced and well-qualified that I was summoned to Geneva to develop a W-H-O global program to eradicate smallpox. I still had not seen any more cases of smallpox - but such is the way that "experts" are sometimes elected.

From then until February last year - I lived 30% of my time in Geneva and 70% travelling the world. Typical pattern 3 weeks out and one week back. Each year - ~~one~~ half week in America.

Airplanes - airport waiting rooms -
Adventures - better in the telling than in the living - better appreciation of the USA.
- Czech - 1968 - USSR
- Bangladesh - civil war + famine.
- Ethiopia - country side - helicopter - holes in the fuselage.

Between 1967 and 1977, however - smallpox receded + blindness
From 10×10^6 cases + 2×10^6 deaths to 0.

Heroism + dedication by staff - endeavored to set forth of this Dec-Nett. Geo.

Inevitably, in the course of my peripatetic wanderings, I saw much more than smallpox – I saw people and the systems of health care which are the norm for most of the world. To me, it was a never-ending series of emotional shocks, of dismay, of disbelief.

• To return to the USA and to read again and again of the faults & iniquities in our own health system – to hear it maligned almost as tho there were no system for providing for health care only emphasized the more dramatically to me how little as Americans we understand of what we have. To criticize & to say we should do better is necessary and healthy – but we should keep in mind that there are few indeed who enjoy a fraction of the benefits we take for granted. What do I mean.

- Indonesian health center for 250 000.
- Major state in India – 100×10^6 people.
  Health center for each 200 000 persons (contrast McDonald's)
  Problems of refrigeration
  ~~Ethiopia – old man – 5 days to any health facility – typical. experience of my son.~~
- Birth of a baby – death of 40–50% by age 5
  Grief?

We spend a great deal of money on health care in the USA – we expect a lot – we get a lot – we continually expect more. We can and will receive more. Are we willing to pay for more – how much more. I will return to this but, let us for once, look at a positive side

In 1977 – the average life span was 73.2 years. (for ♀ – 77.7 years)
↑ 5 months over 1976
↑ 3 years over 1968
Deaths due to heart disease and stroke reached a peak in 1964 and began falling. They've been falling ever since at a rate of 2% per year. Everybody takes credit for this

There are a 1000 explanations.

Dietary change — eggs ↓ meat ↑ obesity ↑
Cigs ↓
Exercise

High blood pressure control.

~~[illegible]~~

Think back only 30 years —

Poliomyelitis — summers. — med. school — Eliminated early 1970's

Measles

Rubella — $5 x 10^6 per child.

Scarlet fever and rheumatic heart disease —

Today, research is proceeding on so many fronts and in so many directions that it is difficult today for someone involved in biomedical research & decide which is the most productive direction. For example, work of Dan Nathans and Hamilton Smith — beginning now to examine exactly what happens at the molecular level. —

chemical change — cancer

universal antibiotic —

aging of cells —

The point of all this research (incomprehensible to many of you and much of it to me) is that once we know precisely why an event occurs, one can design a strategy to prevent it from occurring — the vast new horizons are opening. I would predict that given continued support for this research, the changes in the next 10 years will surpass the past 30.

Where then are the problems? They are many and more perplexing than ever before. We can and do prevent disease and people live to an older age.

1960 290 000 in 9500 nursing homes Cost $ 500 million

1974 1 200 000 in 23 000 " " Cost $ 7.5 billion

We prevent one disease only to have an individual die later of another — what does it stop?

Humorously — design a system whereby an individual lives a vigorous life & disease and spontaneously self-destructs at age 80 or 90 or 100.

A few years ago – renal dialysis program passed – DESCRIBE
Now costs $1 billion – on its way to $2 billion 40 000 people
Not cure, not prevention, not treatment.
This is only one of many which we may foresee for the future.

Difficult decisions ahead – as we develop more "intermediate" high technology treatments
Inevitably, this means rationing. A new and difficult problem for physicians.
which we have not faced before – an ethical dilemma.
Do we restrict these to those who can pay? This is, in part, what we are doing.

Health and medical decisions are more and more, being made in the public arena –
and they must be. Mechanisms for doing this must be developed.
Federal decisions – wrong.
State & local decision making process. – Commitment of the school –
spectrum of activity.
The directions of the future extend well beyond the ~~basic~~ conventional medical concerns.
"Quality" of life vs. existence.
Vitality of our Swiss mountain people.
Intellectual & physical vigor – Abel Wolman's & Anna Baetjer's.

Finally – what responsibility do we have to the rest of the world.
Today – this country utilizes 50 % of the world's natural resources.
World stability – well-being of other peoples – whether perceived as
an ethical responsibility or not will be an increasing practical imperative.
We rank 12th in the % of our GNP which is devoted to international
assistance. This cannot persist.

In summary – as John Knowles has said "We are doing better + feeling worse" –
wrong. Doing better but problems we face are ~~&~~ complex. Must face this in
new ways. We are all responsible in this. Confident Amer. pragmatism + ingenuity will