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# Chronological: American Podiatric Medical Association, Maui Marriott Hotel, Kaanapali, 1985-09-29

Senator Daniel K. Inouye Papers
Speeches, Box SP7, Folder 32
http://hdl.handle.net/10524/63375

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# news from
# Senator DANIEL K. INOUYE

**topic:** SPEECH TO THE AMERICAN PODIATRIC MEDICAL ASSOCIATION
Maui, Hawaii

**date:** Sunday, September 29, 1985

**release date:** Sunday, September 29, 1985

On April 1st of this year one more individual was added to your roster of supporters. Dr. Dan Hunt, who was then Chief of Podiatry at Walter Reed Army Medical Center performed an avulsion on my left toenail. It was a painless, competently performed surgical procedure. Since then I've carried on a most interesting discussion with him on matters relating to podiatry and our military.

Not withstanding the mind boggling advances we have made in the art of wartime killing -- such as laser controlled weaponry, nuclear devices, etc. -- a vast proportion of our service personnel, primarily those in the U.S. Army, are still required to go from one point to another by foot. And yet, in our entire European NATO command with 280,115 men and women in uniform, there are only two podiatrists. This is in spite of the fact, I understand, that since 1981 there has been a standing request from the military medical community in the European theatre for at least fourteen additional doctors of podiatric medicine. As a result, many of the ailments of the foot which should be properly addressed are now being handled by physicians with no specialized training in the diagnosis and treatment of foot ailments. This is not to suggest that physicians are not qualified, but the fact remains that podiatrists spend more time than physicians, during their study and training, on the specific ailments and treatment of the feet.

My ingrown toenail is a classic example. Soon after our crossing of the Arno river in WWII, my left toe flared up and turned a shade of beautiful blue-black color. It was obviously infected. The medic sent me to the battalion doctor who, in turn, issued an order and flew me to Rome for an excision of the ingrown toenail. There I was lumped together with patients who were then just coming in from the front. The blind, the biserrated, the men whose limbs were all torn off. When my turn finally came, the physician looked at me in disgust -- my minor wound was clearly not a combat wound. He applied novocaine. After a few minutes, he took out surgical scissors, popped open the toe and took out the nail. He gave me a pack of sulfanilamide and a

bandage roll and said "I'm certain you know how to apply a bandage." Two days later I was walking back to the front. I'm certain that the treatment of ingrown toe nails has improved tremendously since 1944. Needless to say, since then both nails of both feet have grown back and have continued to bother me. Undoubtedly, my experience has been shared by many male and female soldiers. More pain and misery than most ever realize.

I know very little about the human foot and that is your problem, because very few members of Congress, if any, know much about the human foot. We all know that at times our feet feel miserable -- parenthetically, at this very moment, at the Walter Reed Army Medical Center, which is the centerpiece of Army medicine, they are presently without a single podiatrist.

In drafting my remarks, I attempted to call Dr. Hunt, but learned that he was no longer there -- I understand that he is now in Colorado. In my judgment this is a major problem but, apparently, the Army does not think so. And yet, as I was saying, although we members of Congress are not really knowledgeable about our feet, we are all aware that we spend considerable time and vast sums of money looking for that special pair of shoes that would give us comfort and support.

I have another problem, which I gather is not too uncommon, a slight shortening of one leg. When I was talking to Colonel Hunt I happened to mention that I often find myself struggling with lower back pain. He immediately suggested that I lie down on his surgical table and he began measuring and aligning my two legs. After some calculations, he said that one leg was 3/8th of an inch shorter than the other. He suggested that might be part of the cause. He further suggested that I see a physician trained in orthopedics. Over the years, I must have seen a dozen orthopedic surgeons and doctors of orthopedics. It should be obvious because of my amputated arm. I had mentioned my low back pain numerous times and received a number of recommendations-- hot compacts, cold compacts, aspirin, Tylenol, mist. But it took the lowly podiatrist to suggest that a possible shortage of my leg might be the real cause. When I pointed this out to another orthopedist, he immediately measured me and sure enough, the podiatrist was correct. My shoes are now corrected and my back has been acting up less frequently. I think it is about time for government, and especially the Department of the Army, to give greater recognition to the importance and the ability of podiatrists.

If we are to continue to move troops from point one to point two on their feet -- and I must say that I see no reason to suggest that this will change, at least during our lifetimes -- we must take good care of their feet.

In preparing my remarks for my address this morning, I asked your Washington, D.C. staff for some statistics comparing how your members, as contrasted with your colleagues in the various other health care disciplines, are treated by the Department of Defense. Although I was aware that there were some problems, I was, in all candor, shocked by what I was told. I was informed, for example, that nearly 90 percent of the podiatrists within the Department of Defense are right out of their professional school training. The chances for promotion by your senior practitioners are so low that very few are willing to make the military their life-long career. I was further informed that, whereas both a podiatrist and a medical doctor may be brought on board at the rank of captain, ten years later you can count on the fact that the podiatrist will still be at captain rank, while the physician will undoubtedly be a lieutenant colonel or full colonel. Further, during this period of time, the physician will have received special pay bonuses of from $15,000 to $30,000 annually to entice him to remain in the services, while the podiatrist will have received no such pay bonus.

In August 1982, the then-designated Defense Audit Service submitted a special report which had been conducted, at my request, surveying the morale of the various non-physician health care providers. Although, at that time, the report concluded that "Many of the podiatrists we interviewed were satisfied with their military experience", it went on to note that "there were concerns that affected morale". The report noted that military podiatrists felt that:

> * * It was difficult for podiatrists to obtain professional military education. Many cited examples where they were denied this training.
>
> * * Their officer efficiency ratings were prepared by physicians who did not understand what the non-physician health care providers' ratings needed to include for the individual to be competitive.
>
> * * The largest number of negative responses involved the fairness of military pay. Eighty-nine percent of the podiatrists interviewed felt that the pay they received was not fair. They stated that in private practice they could earn significantly more, and that they should be treated in a manner comparable to military dentists. The report noted that "Many podiatrists felt that the military did not pay in relation to education, professional skill level and responsibilities."

I should add that, although the general tone of the podiatrists' comments were considerably more positive than those of most of the other non-physician providers within the Services, your Washington, D.C. staff assured me that there was considerably more unrest just below the surface, and they ultimately proved to be right. At their suggestion, I followed-up on this initial report through the Appropriations process, and arranged for our committee to direct the Assistant Secretary for Health Affairs to establish a special task force on the morale problems of non-physician providers. That group has been meeting for the past two years, and it is quite evident, as your staff had suggested, that the concerns that were touched upon in the Defense Audit Service report are very real and far-reaching.

As an individual who has been interested in the welfare of the Department of Defense for all of my professional life, you may be assured that I will continue to do all that I can on behalf of your membership. For example, I do not see why we cannot work together to eventually ensure that the highest ranking podiatrist can be at the "star" rank; the nurses have accomplished that goal.

Over the past decade I have been engaged in a continuous struggle to ensure that our various federal health care programs will treat all categories of health care practitioners in a comparable manner. There are essentially four federal programs in which the federal government acts as a "purchaser of health care". These are CHAMPUS, the Federal Employees Health Benefit Program, and Medicare and Medicaid. I began my efforts with the Department of Defense CHAMPUS program in 1975 with clinical psychologists. Today, a decade later, a number of professional disciplines, including your membership, are deemed fully autonomous providers under the provisions contained in both the Appropriations and Authorizations statutes.

Then there is the Federal Employees Health Benefits Program, which serves approximately 10 million citizens. Under this program there is a so-called "Freedom of Choice" provision in which optometry and psychology are presently included. The beauty of this provision is that it allows the individual beneficiary to choose the services of a member of either of these two professions whenever either vision care or mental health care are part of his or her negotiated health plan. I am presently attempting to have this provision modified to also ensure direct access to the services of qualified nurse practitioners and clinical social workers.

I understand that, to date, such legislative relief has not been necessary for your membership. However, I also understand that recently there have been signs that this may soon become desirable as, for some unknown reason, some of the

federal employee plans are now only authorizing reimbursement for your services when there has been surgical intervention, and not for other less invasive or alternative forms of treatment or diagnosis. I would be pleased to be of any assistance that I can on your behalf, should you decide to go for such a legislative modification in the future.

That leaves us with Medicare and Medicaid. These two programs combined represent nearly 90 percent of the federal government's health expenditures. From their inception in 1965, both Medicare and Medicaid have had a fundamental physician orientation. In fact, I recently reviewed the language of the Senate report accompanying the original Social Security Amendments of 1965 and noted that the committee had stated "The Committee's bill provides that the physician is to be the key figure in determining utilization of health services..." Essentially, the committee viewed the "physician to be the captain of the ship".

Your profession should be very proud to have been one of the first non-physician disciplines to have gained access to Medicare in 1967. I can assure you that every one of your non-physician colleagues has been quite impressed by your accomplishment. In the best of all worlds we should be able to modify the provisions of your coverage to ensure that "routine care" will also be covered, and I have no doubt that eventually this will be accomplished. Perhaps when the Medicare and Medicaid programs were first enacted it made sense from a policy perspective to stress acute care. However, today we know that greater priority must be given to prevention. The most recent statistics available indicate that while, as a nation, we currently spend $1,440 per capita on curative care, we only spend 50 cents per capita on preventive care.

Earlier this session of Congress I had the privilege of introducing legislation which would grant a federal charter to the recently formed National Academies of Practice. This is an organization representing practitioner leaders from each of the various health disciplines. Your newly elected President, Dr. Richard Lanham, is a founder of the National Academy of Podiatry. Just this past month the National Academies of Practice held its first Interdisciplinary Health Forum at the National Press Club. This was truly an historic occasion, with practitioners from each of the disciplines working together to address the many complex issues facing us today in health care. One of its top priorities turned out to be developing quality services for our nation's senior citizens. The elderly are the fastest growing segment of our population today and, presently, less than 0.001 percent of our nation's physicians or nurses have any specialized training in geriatrics. This year, our Appropriations Committee received testimony that approximately 95 percent of those 65 years and older suffer from painful, often debilitating foot ailments. Further, we

were informed that, according to the National Center for Health Statistics, one-fourth of all nursing home residents cannot walk as a result of such ailments. Clearly, there is much to be done.

Your profession, in particular, has much that it can contribute. You should be proud of your national leadership and national association and what it has contributed to the welfare of our nation. I have no doubt that you will continue to be in the forefront of shaping our nation's health policies. I look forward to continuing to work closely with your elected leadership in the years to come.

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SPEECH TO

AMERICAN PODIATRIC MEDICAL ASSOCIATION

at Maui Marriott Hotel
Sunday-Sept. 29, 1985

ON APRIL 1ST OF THIS YEAR ONE MORE INDIVIDUAL WAS ADDED TO YOUR ROSTER OF SUPPORTERS. DR. DAN HUNT, WHO WAS THEN CHIEF OF PODIATRY AT WALTER REED ARMY MEDICAL CENTER PERFORMED AN AVULSION ON MY LEFT TOENAIL. IT WAS A PAINLESS, COMPETENTLY PERFORMED SURGICAL PROCEDURE. SINCE THEN I'VE CARRIED ON A MOST INTERESTING DISCUSSION WITH HIM ON MATTERS RELATING TO PODIATRY AND OUR MILITARY.

NOT WITHSTANDING THE MIND BOGGLING ADVANCES WE HAVE MADE IN THE ART OF WARTIME KILLING -- SUCH AS LASER CONTROLLED WEAPONRY, NUCLEAR DEVICES, ETC. -- A VAST PROPORTION OF OUR SERVICE PERSONNEL, PRIMARILY THOSE IN THE U.S. ARMY, ARE STILL REQUIRED TO GO FROM ONE POINT TO ANOTHER BY FOOT. AND YET, IN OUR ENTIRE EUROPEAN NATO COMMAND WITH 280,115 MEN AND WOMEN IN UNIFORM, THERE ARE ONLY TWO PODIATRISTS. THIS IS IN SPITE OF THE FACT, I UNDERSTAND, THAT SINCE 1981 THERE HAS BEEN A STANDING REQUEST FROM THE MILITARY MEDICAL COMMUNITY IN THE EUROPEAN THEATRE FOR AT LEAST FOURTEEN ADDITIONAL DOCTORS OF PODIATRIC MEDICINE.

AS A RESULT, MANY OF THE AILMENTS OF THE FOOT WHICH SHOULD BE PROPERLY ADDRESSED ARE NOW BEING HANDLED BY PHYSICIANS WITH NO SPECIALIZED TRAINING IN THE DIAGNOSIS AND TREATMENT OF FOOT AILMENTS. THIS IS NOT TO SUGGEST THAT PHYSICIANS ARE NOT QUALIFIED, BUT THE FACT REMAINS THAT PODIATRISTS SPEND MORE TIME THAN PHYSICIANS, DURING THEIR STUDY AND TRAINING, ON THE SPECIFIC AILMENTS AND TREATMENT OF THE FEET.

MY INGROWN TOENAIL IS A CLASSIC EXAMPLE. SOON AFTER OUR CROSSING OF THE ARNO RIVER IN WWII, MY LEFT TOE FLARED UP AND TURNED A SHADE OF BEAUTIFUL BLUE-BLACK COLOR.

IT WAS OBVIOUSLY INFECTED. THE MEDIC SENT ME TO THE BATTALION DOCTOR WHO, IN TURN, ISSUED AN ORDER AND FLEW ME TO ROME FOR AN EXCISION OF THE INGROWN TOENAIL. THERE I WAS LUMPED TOGETHER WITH PATIENTS WHO WERE THEN JUST COMING IN FROM THE FRONT. THE BLIND, THE BISERRATED, THE MEN WHOSE LIMBS WERE ALL TORN OFF. WHEN MY TURN FINALLY CAME, THE PHYSICIAN LOOKED AT ME IN DISGUST -- MY MINOR WOUND WAS CLEARLY NOT A COMBAT WOUND. HE APPLIED NOVOCAINE. AFTER A FEW MINUTES, HE TOOK OUT SURGICAL SCISSORS, POPPED OPEN THE TOE AND TOOK OUT THE NAIL.

HE GAVE ME A PACK OF SULFANILAMIDE AND A BANDAGE ROLL AND SAID "I'M CERTAIN YOU KNOW HOW TO APPLY A BANDAGE." TWO DAYS LATER I WAS WALKING BACK TO THE FRONT. I'M CERTAIN THAT THE TREATMENT OF INGROWN TOE NAILS HAS IMPROVED TREMENDOUSLY SINCE 1944. NEEDLESS TO SAY, SINCE THEN BOTH NAILS OF BOTH FEET HAVE GROWN BACK AND HAVE CONTINUED TO BOTHER ME. UNDOUBTEDLY, MY EXPERIENCE HAS BEEN SHARED BY MANY MALE AND FEMALE SOLDIERS. MORE PAIN AND MISERY THAN MOST EVER REALIZE.

I KNOW VERY LITTLE ABOUT THE HUMAN FOOT AND THAT IS YOUR PROBLEM, BECAUSE VERY FEW MEMBERS OF CONGRESS, IF ANY, KNOW MUCH ABOUT THE HUMAN FOOT. WE ALL KNOW THAT AT TIMES OUR FEET FEEL MISERABLE -- PARENTHETICALLY, AT THIS VERY MOMENT, AT THE WALTER REED ARMY MEDICAL CENTER, WHICH IS THE CENTERPIECE OF ARMY MEDICINE, THEY ARE PRESENTLY WITHOUT A SINGLE PODIATRIST.

IN DRAFTING MY REMARKS, I ATTEMPTED TO CALL DR. HUNT, BUT LEARNED THAT HE WAS NO LONGER THERE -- I UNDERSTAND THAT HE IS NOW IN COLORADO.

IN MY JUDGMENT THIS IS A MAJOR PROBLEM BUT, APPARENTLY, THE ARMY DOES NOT THINK SO. AND YET, AS I WAS SAYING, ALTHOUGH WE MEMBERS OF CONGRESS ARE NOT REALLY KNOWLEDGEABLE ABOUT OUR FEET, WE ARE ALL AWARE THAT WE SPEND CONSIDERABLE TIME AND VAST SUMS OF MONEY LOOKING FOR THAT SPECIAL PAIR OF SHOES THAT WOULD GIVE US COMFORT AND SUPPORT.

I HAVE ANOTHER PROBLEM, WHICH I GATHER IS NOT TOO UNCOMMON, A SLIGHT SHORTENING OF ONE LEG. WHEN I WAS TALKING TO COLONEL HUNT I HAPPENED TO MENTION THAT I OFTEN FIND MYSELF STRUGGLING WITH LOWER BACK PAIN.

HE IMMEDIATELY SUGGESTED THAT I LIE DOWN ON HIS SURGICAL TABLE AND HE BEGAN MEASURING AND ALIGNING MY TWO LEGS. AFTER SOME CALCULATIONS, HE SAID THAT ONE LEG WAS 3/8TH OF AN INCH SHORTER THAN THE OTHER. HE SUGGESTED THAT MIGHT BE PART OF THE CAUSE. HE FURTHER SUGGESTED THAT I SEE A PHYSICIAN TRAINED IN ORTHOPEDICS. OVER THE YEARS, I MUST HAVE SEEN A DOZEN ORTHOPEDIC SURGEONS AND DOCTORS OF ORTHOPEDICS. IT SHOULD BE OBVIOUS BECAUSE OF MY AMPUTATED ARM. I HAD MENTIONED MY LOW BACK PAIN NUMEROUS TIMES AND RECEIVED A NUMBER OF RECOMMENDATIONS-- HOT COMPACTS, COLD COMPACTS, ASPIRIN, TYLENOL, MIST.

BUT IT TOOK THE LOWLY PODIATRIST TO SUGGEST THAT A POSSIBLE SHORTAGE OF MY LEG MIGHT BE THE REAL CAUSE. WHEN I POINTED THIS OUT TO ANOTHER ORTHOPEDIST, HE IMMEDIATELY MEASURED ME AND SURE ENOUGH, THE PODIATRIST WAS CORRECT. MY SHOES ARE NOW CORRECTED AND MY BACK HAS BEEN ACTING UP LESS FREQUENTLY. I THINK IT IS ABOUT TIME FOR GOVERNMENT, AND ESPECIALLY THE DEPARTMENT OF THE ARMY, TO GIVE GREATER RECOGNITION TO THE IMPORTANCE AND THE ABILITY OF PODIATRISTS.

IF WE ARE TO CONTINUE TO MOVE TROOPS FROM POINT ONE TO POINT TWO ON THEIR FEET -- AND I MUST SAY THAT I SEE NO REASON TO SUGGEST THAT THIS WILL CHANGE, AT LEAST DURING OUR LIFETIMES -- WE MUST TAKE GOOD CARE OF THEIR FEET.

IN PREPARING MY REMARKS FOR MY ADDRESS THIS MORNING, I ASKED YOUR WASHINGTON, D.C. STAFF FOR SOME STATISTICS COMPARING HOW YOUR MEMBERS, AS CONTRASTED WITH YOUR COLLEAGUES IN THE VARIOUS OTHER HEALTH CARE DISCIPLINES, ARE TREATED BY THE DEPARTMENT OF DEFENSE. ALTHOUGH I WAS AWARE THAT THERE WERE SOME PROBLEMS, I WAS, IN ALL CANDOR, SHOCKED BY WHAT I WAS TOLD.

I WAS INFORMED, FOR EXAMPLE, THAT NEARLY 90 PERCENT OF THE PODIATRISTS WITHIN THE DEPARTMENT OF DEFENSE ARE RIGHT OUT OF THEIR PROFESSIONAL SCHOOL TRAINING. THE CHANCES FOR PROMOTION BY YOUR SENIOR PRACTITIONERS ARE SO LOW THAT VERY FEW ARE WILLING TO MAKE THE MILITARY THEIR LIFE-LONG CAREER. I WAS FURTHER INFORMED THAT, WHEREAS BOTH A PODIATRIST AND A MEDICAL DOCTOR MAY BE BROUGHT ON BOARD AT THE RANK OF CAPTAIN, TEN YEARS LATER YOU CAN COUNT ON THE FACT THAT THE PODIATRIST WILL STILL BE AT CAPTAIN RANK, WHILE THE PHYSICIAN WILL UNDOUBTEDLY BE A LIEUTENANT COLONEL OR FULL COLONEL.

FURTHER, DURING THIS PERIOD OF TIME, THE PHYSICIAN WILL HAVE RECEIVED SPECIAL PAY BONUSES OF FROM $15,000 TO $30,000 ANNUALLY TO ENTICE HIM TO REMAIN IN THE SERVICES, WHILE THE PODIATRIST WILL HAVE RECEIVED NO SUCH PAY BONUS.

IN AUGUST 1982, THE THEN-DESIGNATED DEFENSE AUDIT SERVICE SUBMITTED A SPECIAL REPORT WHICH HAD BEEN CONDUCTED, AT MY REQUEST, SURVEYING THE MORALE OF THE VARIOUS NON-PHYSICIAN HEALTH CARE PROVIDERS. ALTHOUGH, AT THAT TIME, THE REPORT CONCLUDED THAT "MANY OF THE PODIATRISTS WE INTERVIEWED WERE SATISFIED WITH THEIR MILITARY EXPERIENCE", IT WENT ON TO NOTE THAT "THERE WERE CONCERNS THAT AFFECTED MORALE".

THE REPORT NOTED THAT MILITARY PODIATRISTS FELT THAT:

* * IT WAS DIFFICULT FOR PODIATRISTS TO OBTAIN PROFESSIONAL MILITARY EDUCATION. MANY CITED EXAMPLES WHERE THEY WERE DENIED THIS TRAINING.

* * THEIR OFFICER EFFICIENCY RATINGS WERE PREPARED BY PHYSICIANS WHO DID NOT UNDERSTAND WHAT THE NON-PHYSICIAN HEALTH CARE PROVIDERS' RATINGS NEEDED TO INCLUDE FOR THE INDIVIDUAL TO BE COMPETITIVE.

* * THE LARGEST NUMBER OF NEGATIVE RESPONSES INVOLVED THE FAIRNESS OF MILITARY PAY. EIGHTY-NINE PERCENT OF THE PODIATRISTS INTERVIEWED FELT THAT THE PAY THEY RECEIVED WAS NOT FAIR. THEY STATED THAT IN PRIVATE PRACTICE THEY COULD EARN SIGNIFICANTLY MORE, AND THAT THEY SHOULD BE TREATED IN A MANNER COMPARABLE TO MILITARY DENTISTS. THE REPORT NOTED THAT "MANY PODIATRISTS FELT THAT THE MILITARY DID NOT PAY IN RELATION TO EDUCATION, PROFESSIONAL SKILL LEVEL AND RESPONSIBILITIES."

I SHOULD ADD THAT, ALTHOUGH THE GENERAL TONE OF THE PODIATRISTS' COMMENTS WERE CONSIDERABLY MORE POSITIVE THAN THOSE OF MOST OF THE OTHER NON-PHYSICIAN PROVIDERS WITHIN THE SERVICES, YOUR WASHINGTON, D.C. STAFF ASSURED ME THAT THERE WAS CONSIDERABLY MORE UNREST JUST BELOW THE SURFACE, AND THEY ULTIMATELY PROVED TO BE RIGHT. AT THEIR SUGGESTION, I FOLLOWED-UP ON THIS INITIAL REPORT THROUGH THE APPROPRIATIONS PROCESS, AND ARRANGED FOR OUR COMMITTEE TO DIRECT THE ASSISTANT SECRETARY FOR HEALTH AFFAIRS TO ESTABLISH A SPECIAL TASK FORCE ON THE MORALE PROBLEMS OF NON-PHYSICIAN PROVIDERS.

THAT GROUP HAS BEEN MEETING FOR THE PAST TWO YEARS, AND IT IS QUITE EVIDENT, AS YOUR STAFF HAD SUGGESTED, THAT THE CONCERNS THAT WERE TOUCHED UPON IN THE DEFENSE AUDIT SERVICE REPORT ARE VERY REAL AND FAR-REACHING.

AS AN INDIVIDUAL WHO HAS BEEN INTERESTED IN THE WELFARE OF THE DEPARTMENT OF DEFENSE FOR ALL OF MY PROFESSIONAL LIFE, YOU MAY BE ASSURED THAT I WILL CONTINUE TO DO ALL THAT I CAN ON BEHALF OF YOUR MEMBERSHIP. FOR EXAMPLE, I DO NOT SEE WHY WE CANNOT WORK TOGETHER TO EVENTUALLY ENSURE THAT THE HIGHEST RANKING PODIATRIST CAN BE AT THE "STAR" RANK; THE NURSES HAVE ACCOMPLISHED THAT GOAL.

OVER THE PAST DECADE I HAVE BEEN ENGAGED IN A CONTINUOUS STRUGGLE TO ENSURE THAT OUR VARIOUS FEDERAL HEALTH CARE PROGRAMS WILL TREAT ALL CATEGORIES OF HEALTH CARE PRACTITIONERS IN A COMPARABLE MANNER. THERE ARE ESSENTIALLY FOUR FEDERAL PROGRAMS IN WHICH THE FEDERAL GOVERNMENT ACTS AS A "PURCHASER OF HEALTH CARE". THESE ARE CHAMPUS, THE FEDERAL EMPLOYEES HEALTH BENEFIT PROGRAM, AND MEDICARE AND MEDICAID. I BEGAN MY EFFORTS WITH THE DEPARTMENT OF DEFENSE CHAMPUS PROGRAM IN 1975 WITH CLINICAL PSYCHOLOGISTS.

TODAY, A DECADE LATER, A NUMBER OF PROFESSIONAL DISCIPLINES, INCLUDING YOUR MEMBERSHIP, ARE DEEMED FULLY AUTONOMOUS PROVIDERS UNDER THE PROVISIONS CONTAINED IN BOTH THE APPROPRIATIONS AND AUTHORIZATIONS STATUTES.

THEN THERE IS THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM, WHICH SERVES APPROXIMATELY 10 MILLION CITIZENS. UNDER THIS PROGRAM THERE IS A SO-CALLED "FREEDOM OF CHOICE" PROVISION IN WHICH OPTOMETRY AND PSYCHOLOGY ARE PRESENTLY INCLUDED.

THE BEAUTY OF THIS PROVISION IS THAT IT ALLOWS THE INDIVIDUAL BENEFICIARY TO CHOOSE THE SERVICES OF A MEMBER OF EITHER OF THESE TWO PROFESSIONS WHENEVER EITHER VISION CARE OR MENTAL HEALTH CARE ARE PART OF HIS OR HER NEGOTIATED HEALTH PLAN. I AM PRESENTLY ATTEMPTING TO HAVE THIS PROVISION MODIFIED TO ALSO ENSURE DIRECT ACCESS TO THE SERVICES OF QUALIFIED NURSE PRACTITIONERS AND CLINICAL SOCIAL WORKERS.

I UNDERSTAND THAT, TO DATE, SUCH LEGISLATIVE RELIEF HAS NOT BEEN NECESSARY FOR YOUR MEMBERSHIP.

HOWEVER, I ALSO UNDERSTAND THAT RECENTLY THERE HAVE BEEN SIGNS THAT THIS MAY SOON BECOME DESIRABLE AS, FOR SOME UNKNOWN REASON, SOME OF THE FEDERAL EMPLOYEE PLANS ARE NOW ONLY AUTHORIZING REIMBURSEMENT FOR YOUR SERVICES WHEN THERE HAS BEEN SURGICAL INTERVENTION, AND NOT FOR OTHER LESS INVASIVE OR ALTERNATIVE FORMS OF TREATMENT OR DIAGNOSIS. I WOULD BE PLEASED TO BE OF ANY ASSISTANCE THAT I CAN ON YOUR BEHALF, SHOULD YOU DECIDE TO GO FOR SUCH A LEGISLATIVE MODIFICATION IN THE FUTURE.

THAT LEAVES US WITH MEDICARE AND MEDICAID.

THESE TWO PROGRAMS COMBINED REPRESENT NEARLY 90 PERCENT OF THE FEDERAL GOVERNMENT'S HEALTH EXPENDITURES. FROM THEIR INCEPTION IN 1965, BOTH MEDICARE AND MEDICAID HAVE HAD A FUNDAMENTAL PHYSICIAN ORIENTATION. IN FACT, I RECENTLY REVIEWED THE LANGUAGE OF THE SENATE REPORT ACCOMPANYING THE ORIGINAL SOCIAL SECURITY AMENDMENTS OF 1965 AND NOTED THAT THE COMMITTEE HAD STATED "THE COMMITTEE'S BILL PROVIDES THAT THE PHYSICIAN IS TO BE THE KEY FIGURE IN DETERMINING UTILIZATION OF HEALTH SERVICES..."

ESSENTIALLY, THE COMMITTEE VIEWED THE "PHYSICIAN TO BE THE CAPTAIN OF THE SHIP".

YOUR PROFESSION SHOULD BE VERY PROUD TO HAVE BEEN ONE OF THE FIRST NON-PHYSICIAN DISCIPLINES TO HAVE GAINED ACCESS TO MEDICARE IN 1967. I CAN ASSURE YOU THAT EVERY ONE OF YOUR NON-PHYSICIAN COLLEAGUES HAS BEEN QUITE IMPRESSED BY YOUR ACCOMPLISHMENT. IN THE BEST OF ALL WORLDS WE SHOULD BE ABLE TO MODIFY THE PROVISIONS OF YOUR COVERAGE TO ENSURE THAT "ROUTINE CARE" WILL ALSO BE COVERED, AND I HAVE NO DOUBT THAT EVENTUALLY THIS WILL BE ACCOMPLISHED.

PERHAPS WHEN THE MEDICARE AND MEDICAID PROGRAMS WERE FIRST ENACTED IT MADE SENSE FROM A POLICY PERSPECTIVE TO STRESS ACUTE CARE.

HOWEVER, TODAY WE KNOW THAT GREATER PRIORITY MUST BE GIVEN TO PREVENTION. THE MOST RECENT STATISTICS AVAILABLE INDICATE THAT WHILE, AS A NATION, WE CURRENTLY SPEND $1,440 PER CAPITA ON CURATIVE CARE, WE ONLY SPEND 50 CENTS PER CAPITA ON PREVENTIVE CARE.

EARLIER THIS SESSION OF CONGRESS I HAD THE PRIVILEGE OF INTRODUCING LEGISLATION WHICH WOULD GRANT A FEDERAL CHARTER TO THE RECENTLY FORMED NATIONAL ACADEMIES OF PRACTICE. THIS IS AN ORGANIZATION REPRESENTING PRACTITIONER LEADERS FROM EACH OF THE VARIOUS HEALTH DISCIPLINES.

YOUR NEWLY ELECTED PRESIDENT, DR. RICHARD LANHAM, IS A FOUNDER OF THE NATIONAL ACADEMY OF ~~PODIATRY~~ PRACTICE. JUST THIS PAST MONTH THE NATIONAL ACADEMIES OF PRACTICE HELD ITS FIRST INTERDISCIPLINARY HEALTH FORUM AT THE NATIONAL PRESS CLUB. THIS WAS TRULY AN HISTORIC OCCASION, WITH PRACTITIONERS FROM EACH OF THE DISCIPLINES WORKING TOGETHER TO ADDRESS THE MANY COMPLEX ISSUES FACING US TODAY IN HEALTH CARE. ONE OF ITS TOP PRIORITIES TURNED OUT TO BE DEVELOPING QUALITY SERVICES FOR OUR NATION'S SENIOR CITIZENS.

THE ELDERLY ARE THE FASTEST GROWING SEGMENT OF OUR POPULATION TODAY AND, PRESENTLY, LESS THAN 0.001 PERCENT OF OUR NATION'S PHYSICIANS OR NURSES HAVE ANY SPECIALIZED TRAINING IN GERIATRICS. THIS YEAR, OUR APPROPRIATIONS COMMITTEE RECEIVED TESTIMONY THAT APPROXIMATELY 95 PERCENT OF THOSE 65 YEARS AND OLDER SUFFER FROM PAINFUL, OFTEN DEBILITATING FOOT AILMENTS. FURTHER, WE WERE INFORMED THAT, ACCORDING TO THE NATIONAL CENTER FOR HEALTH STATISTICS, ONE-FOURTH OF ALL NURSING HOME RESIDENTS CANNOT WALK AS A RESULT OF SUCH AILMENTS. CLEARLY, THERE IS MUCH TO BE DONE.

YOUR PROFESSION, IN PARTICULAR, HAS MUCH THAT IT CAN CONTRIBUTE. YOU SHOULD BE PROUD OF YOUR NATIONAL LEADERSHIP AND NATIONAL ASSOCIATION AND WHAT IT HAS CONTRIBUTED TO THE WELFARE OF OUR NATION. I HAVE NO DOUBT THAT YOU WILL CONTINUE TO BE IN THE FOREFRONT OF SHAPING OUR NATION'S HEALTH POLICIES. I LOOK FORWARD TO CONTINUING TO WORK CLOSELY WITH YOUR ELECTED LEADERSHIP IN THE YEARS TO COME.