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The Administration: Going Slow on Health Care

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"The main thing I would like as sincerely as I possibly can convey is our absolute and total commitment to assure that health care is constantly improved... and that it will not be denied to anyone by the irrelevant factor of their not having sufficient income."

—HEW Secretary,
Caspar W. Weinberger

"The administration's health program has been a great big bust. The words and goals are shared by all of us. But the action has been a complete and unadmitted failure."

—Sen. Edward M. Kennedy (D-Mass.)

For two days early this month the Nixon administration bombarded medical writers who came from around the country with the story of its health initiatives.

In glittering generalities, administration big guns such as HEW Secretary Caspar W. Weinberger and chief presidential domestic adviser Melvin Laird described the high priority that health has among the inner-circle at the White House.

"It's priority is so high, inherently so high, that proponents of sound health programs should have great confidence as to their ability to secure adequate funding," Weinberger told the health seminar for medical writers.

He said that for the first time the Nixon administration has fashioned "a total health strategy."

Yet a look at the administration's record on health programs over the past 4½ years shows something different. The Nixon administration in 1973 is not even matching the goals set by President Nixon in his health messages of 1971 and 1972.

The national health insurance plan that President Nixon announced in 1971 "to ensure that no American family will be prevented from obtaining basic medical care by ability to pay" has been scrapped and HEW planners are now drafting a new proposal. Not since 1971 has the President mentioned the national health "crisis." The 1972 drive to increase the number of doctors, dentists and paramedics has foundered in a budget that cuts federal aid to medical and dental schools. Even with increases for cancer and heart research, the National Institutes of Health budget is down \$34 million.

Although it appears that the 1974 HEW health budget is greater than 1973's (\$26.3 billion versus \$20.3 billion), the difference dwindles to \$71 million after one subtracts medicare and medicare money for future years along with programs that have been transferred from other government agencies. The increase that remains is not enough to cover inflation.

The clearest example of the administration's failure to pursue its goals is in the area of health maintenance organizations (HMOs), those pre-paid group practice plans which appeared in 1971 to be a cornerstone of administration efforts to reform American medicine.

"Some 7 million Americans are now enrolled in HMOs and the number is growing," said President Nixon in his 1971 health message. "Studies show they are receiving high quality care at a significantly lower cost. Patients and practitioners are enthusiastic about this organization concept. So is this administration."

A year later, Mr. Nixon called HMOs

"a central feature of my national health strategy." And then Secretary Elliot L. Richardson, now serving as attorney general, talked about spreading the HMO concept across the country so that 90 per cent of all Americans could be treated in an HMO by 1980.

Now, this has all changed. Instead of viewing HMOs as a proven method of delivering medical care—as President Nixon and Secretary Richardson did two years ago—Weinberger says they need further testing. Instead of moving HEW forward in a full program of encouraging prepaid group practice, he talks of them as an "experiment." And yet he denies that the administration has pulled back from its commitment to HMOs. "The attachment we have to the health maintenance organization experiment has not changed, has not weakened," he says.

The facts do not support that statement. The administration clearly has bought the go-slow line of the American Medical Association, which has consistently called HMOs an experiment. Indeed, the AMA's new president-elect, Dr. Malcolm Todd, a campaigner for President Nixon and head of the Physicians Committee for the Re-Election of the President, said in an interview last fall, with *National Journal*:

"We used all the force we could bring to bear against this (HMOs). As a result, there is no question that there has been some backtracking on the part of the White House. The White House has directed the (HEW) Secretary (Richardson) to slow down on this thing... The Secretary has called off the aggressiveness, and this is good." Dr. Gordon K. Macleod, who was

brought in from Yale University to run the HMO program in HEW, said in a speech last week that, "The administration now has reversed its previous position. For the subordination of HMO activity from a national program of 100 persons to a desk function of 5 or 6 people is not consistent with the priority formerly given to HMOs by the administration," he said.

Macleod quit his job over the downgrading of the HMO operation, but Weinberger dismissed his concern as merely having to do with "his status within the organization."

Other health programs, including the highly vaunted administration initiatives in cancer and heart disease, also can be examined to show where the reality fails to match the promise.

The administration failed to spend \$50 million for cancer that was available in the 1973 fiscal year. And although the National Heart Institute received \$18 million more in the 1974 budget, it was directed to start entirely new programs in lung diseases that will eat up the entire increase without allowing it to focus more resources on heart diseases—the nation's biggest killer.

In explaining the administration's total health strategy, Weinberger said existing health programs are put under a microscope to make sure they are not squandering the "finite" share of the national resources that can go for health.

That's the truth of it; only so much of the federal pie has been allotted to health. And contrary to Weinberger's prose, its priority is not that high. So why pretend? Why insist the administration's commitment to health in general and HMOs in particular hasn't changed when clearly it has?