FEDERAL ROLE IN IMPROVING HEALTH CARE

Society has called upon Government to become increasingly involved in the improvement of health care in its role as protector of the common good. Health clearly ranks very high in our order of social values. As a consequence, Government—Federal, State or local—is viewed as an agent of the people to help assure equity of access to this "public good." . . .

This responsibility need not imply, however, that Government shall be the only instrument or even the principal instrument for accomplishing a social purpose. The American health system is deeply rooted in pluralism and proudly adheres to this tradition. Thus, Government has been and still remains very much a junior partner in the health care enterprise.

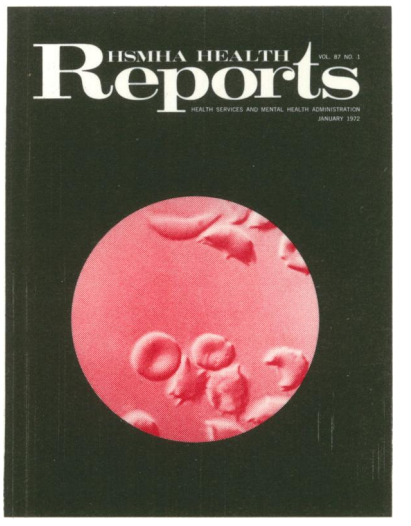
Moreover, the new national health strategy, outlined by President Nixon in his Special Message to the Congress some months ago and embodied in a series of legislative proposals now before the Congress, is specifically designed to build upon the strengths of the existing pluralistic system. It recognizes the diversity of that system, and the range of choice it offers to providers and consumers alike. It views this diversity as a virtue to be preserved and extended. I am happy that it does, for I share the belief that the public will be better served by many centers of responsibility—public and private—rather than one concentrated authority.

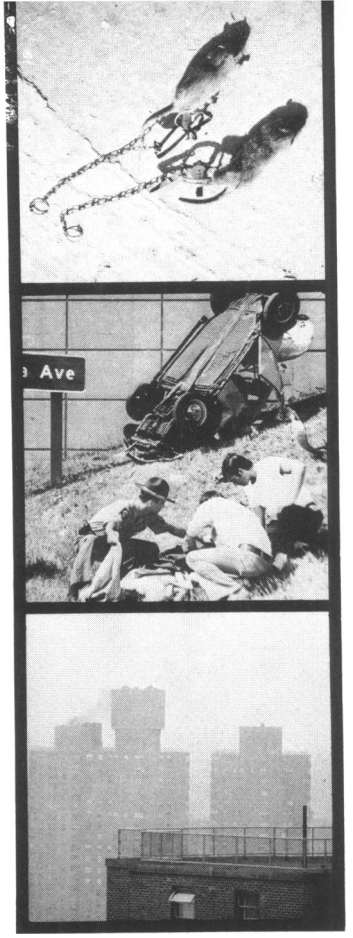
At the same time, the national health strategy gives full recognition to Government's role of stewardship. Where inequities of access remain, where citizens are blocked from receiving care at reasonable and dignified levels, the barriers must be removed. No one viewing the health scene with objectivity today can deny that such barriers exist—economic, geographic, social, and otherwise. Nor can it be convincingly demonstrated that the free market system, unaided, is likely to succeed in removing them.

Therefore there has been a continuing quest for appropriate governmental functions that will work toward equity of access while building upon the strengths of the pluralistic system. At the national level, this quest has been further complicated by the recognition that health care is, in essence, a highly localized affair. It takes place in a neighborhood and community setting. The heart of the health care process, in fact, is a personal interchange involving the patient, his family, and an individual health professional or group of professionals. Thus anything initiated at the Federal level, if it is to contribute constructively, must ultimately—directly or indirectly—have some impact at this point of critical action.

—Vernon E. Wilson, M.D., Administrator, Health Services and Mental Health Administration, speaking before the New England Hospital Assembly Medical Staff Conference, Hyannis, Mass., October 24, 1971.

Cover—Microscopic view of untreated sickle cells. Screening program for sickle cell anemia in Brooklyn is described in article beginning on page 9. Photo courtesy of the Rockefeller University.





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