



## FOREWORD

Society's effort directed toward the mitigation of illness and the realization of health is represented by a multitude of resources, both human and material, and a myriad of services derived from these resources. It is composed of programs dealing with people and programs concerned with the facilities, programs related to services, research and educational activities. It requires the labors of physicians, dentists, nurses and other professional and technical health manpower, as well as clerical workers, janitors and so on. It encompasses hospitals, nursing homes, rehabilitation centers and health departments. It includes environmental control and biomedical research programs, the pharmaceutical industry, hospital and medical insurance plans, large national voluntary health agencies, small areawide planning councils. It is an interest of the federal, state and local governments and requires the participation of uncounted individuals from all walks of life. Moreover, the pursuit of health, especially when viewed in the context suggested by the World Health Organization definition of health—"A state of complete physical, mental and social well-being"—obviously involves many secular endeavors—education, agriculture, commerce, recreation and conservation, to cite just a few examples. Finally, it requires vast and increasing expenditures.

The problems and issues encountered in this health effort are similarly complex and diverse, and they too are growing, as are efforts to deal with them. It would seem that we have arrived at a major turning point in the history of health affairs, not unlike that in 1935 in the field

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of social welfare. In the 89th Congress alone, 27 pieces of health legislation were enacted, including provisions for Medicare (Title XVIII), Medicaid (Title XIX), Regional Medical Programs, OEO Neighborhood Health Centers, and Health Professions Educational Assistance. With this legislation, the concern of the Federal Government for the entire spectrum of health affairs was established, and the social policy declarations of the 89th Congress confirmed that health is now clearly a societal responsibility. In addition, and perhaps most important, Congress affirmed the right of access of each American to quality health care. As stated in the preamble to P.L. 89-749, the "Comprehensive Health Planning and Public Health Service Amendments of 1966" enacted by the 89th Congress in its closing weeks:

The Congress declares that fulfillment of our national purpose depends on promoting and assuring the highest level of health attainable for every person, in an environment which contributes positively to healthful individual and family living.

If this goal is to be attained, Congress declared, health planning is imperative.

The health effort in society will no doubt remain a predominantly private sector activity, but society has determined that the health system can no longer be left to its own devices to pursue a multiplicity of often unrelated ends. It must be defined and comprehended as an interrelated whole and then addressed in terms of societal objectives and priorities. If health is to be assured to each and every individual, health planners must be concerned with all the various components of the health enterprise, with their characteristics, and with their interrelationships. But where does one start?

### *The Health Policy Seminar*

At the end of the First Session of the 89th Congress, in the fall of 1965, it was evident that society was on the threshold of an extraordinary change in the health endeavor, and the ferment in Washington reinforced the impression that a health equivalent to the Committee for Economic Development would contribute to development and adoption of enlightened social policy. The basic ingredient existent in the Policy Research Committee of the Committee for Economic Development appeared to be the dialogue, or interaction and confrontation, between academician and business practitioners. Therefore, Robb Burlage, a Resident Fellow at the Institute for Policy Studies, and I set out to try to achieve a comparable discussion of health issues. The Institute,

which was established “. . . to serve as a center of intellectual activity in which scholars and government officials can exchange ideas and collaborate on the problems most critically in need of new thoughts,” was definitely interested in sponsoring such a discussion, which was developed as a series of seminars on the broad topic “Dimensions and Determinants of Health Policy.” Funds to support the seminar were sought and obtained from the Commonwealth Fund and the Milbank Memorial Fund.

Participants included individuals in the executive and legislative branches of the federal government, academicians studying health affairs, professionals in public and private health agencies, representatives of health planning agencies and persons working in other types of health institutions. A core of approximately 20 individuals participated in virtually the entire seminar series. In addition, invitations were extended on an individual basis for specific seminars. Thus the core group was supplemented on each occasion with approximately a dozen persons who were particularly interested and knowledgeable in the area under discussion. Each of the papers that follow was first prepared for one of the seminars, and distributed in advance to serve as the basis for the evening's discussion. Subsequently, the authors have revised their papers as they saw fit in light of the discussion.

### *Next Steps*

The discussions in the Health Policy Seminar were confined to identification and review of the issues, without attempting to develop specific recommendations for resolving them. The need for objective and broadened forums for considering and establishing health goals was highlighted in these discussions, however, particularly on the national level, and several of the participants spoke of the need for a Council of Health Advisors. Most of the proponents of a Council of Health Advisors desired official status for the group similar to that of the Council of Economic Advisors created by the Employment Act of 1946. Such a council might be created through subsequent Congressional review and amendment of “The Comprehensive Health Planning and Public Health Services Amendments of 1966” (P.L. 89-749).

Indeed, the Surgeon General would have been required to undertake analyses in health comparable to those in economics undertaken by the Council of Economic Advisors had the Senate-passed amendment to S. 3008 been retained in the bill as enacted by the Congress. Section 3 was entitled “National Health Policy” and read as follows:

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In order to assure planning and direction on the national level leading to the construction of a national health policy, the Surgeon General is authorized during the period beginning July 1, 1966, and ending June 30, 1972, to conduct studies, research and investigations to establish a coherent set of national health goals and to formulate comprehensive guidelines to assist States in developing health plans consistent with the purposes of this Act.

A number of other proposals for establishing a federal focus for health policy development have been made, both by legislators and commissions, including a Federal Health Commission, a Federal Council of Health, a Council of Social Advisors, a Federal Interagency Health Council, a National Health Council, a Federal Health Advisory Panel and, finally, a Council of Health Advisors. As yet, no positive action has been taken on any of these proposals.

Whether or not a Council of Health Advisors is established, a Committee on Health Policy, similar to the Committee for Economic Development, would seem to be essential. In both instances a research and analysis staff is required if contributions are to be made to the development of enlightened health policy. The important difference is that a Committee on Health Policy would enjoy relatively independent status. It could remain nonpartisan on political issues. In addition, by accepting only a limited portion of its financial support from either the federal government or health interest groups, e.g., the American Hospital Association, American Medical Association or the American Cancer Society, it could establish an independent status.

A membership comprising outstanding citizens on the national scene would assure prominence for the policy recommendations of such a committee. These recommendations would be addressed to both the private and public sectors of the health endeavor. The process of selection of the membership of such a committee is probably as important as the mechanism for financing and the institutional base for the research and analysis staff. Admittedly, all of these are formidable considerations.

Several approaches to the problem in the nongovernmental sphere should be noted, including the historic Committee on Costs of Medical Care, a self-constituted citizen's commission; a Committee of Physicians for Progress in Medical Care, advocated by Dr. Michael Davis to be developed under the auspices of American Public Welfare Assembly; and the Committee on Social Policy for Health Care of the New York Academy of Medicine, for which the sponsoring organization selects the participants and the staff work is supported by a grant from the Ford

Foundation. The newly established Institute for Urban Health Studies will also be concerned with health policy recommendations, and the National Academy of Sciences, in November, 1967, named a Board of Medicine from both medical and non-medical fields to, according to the Academy's president, "range broadly in identifying urgent problems, to be imaginative in seeking solutions and innovative in recommending public policy." Each of these has some of the ingredients of a Committee on Health Policy that would be analogous to the Committee for Economic Development, but none fulfills the concept, as I understand it.

Two basic ingredients seem to be required:

1. *Conceptual Effort*: A better understanding of health affairs requires vigorous multidisciplinary research and analysis. The methodology for exploring the health system is inchoate and therefore crude. The base of knowledge of the principles and the substance must be increased and refined. Both the Council of Economic Advisors and the Committee for Economic Development are sustained by the intellectual base in economics that exists throughout the nation's colleges and universities. A base of comparable scope, size and sophistication in health affairs does not exist.

2. *Broadened Forum*: The Committee for Economic Development draws its membership from almost all of the nation's major financial enterprises. The problem of representation of diverse perspectives, so critical in defining the issues, is more complex in the health enterprise. The increasing recognition of the consumer's role as imperative in development of health policy indicates that a Committee on Health Policy drawn from the country's associations of health professionals could not yield sufficient breadth of perspective.

The prominence of laymen in many voluntary health associations provides some of the consumers' voice, but this does not solve the problem completely.

If health is to be a major societal concern, the mechanisms for governmental and private interaction and decision at multiple levels must be designed, built, and sustained. Poised as we are on the threshold of major institutional change throughout the health enterprise, reflection on some of the facets of several important issues is needed. It is in this spirit that this volume on health policy is offered.

That they may be offered is due to the efforts and support of many

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