In some U.S. counties infant mortality rates, one yardstick of health-care, are 300 percent higher than the National average.

Seventy percent of automobile accident deaths occur in communities of less than 2500 people, where medical facilities are often poorest.

Even though we have good techniques for detecting and curing cervical cancer, eight thousand women die each year for lack of proper care.

Emergency rooms in U.S. hospitals are seriously overcrowded, not with actual emergency cases, but with people who cannot find normal outpatient care anywhere else.

Research and development could help eliminate these conditions by pointing the way to better delivery of health care. Yet the government-wide total investment in health service research amounts to less than one-tenth of one percent of our total annual investment in health care.

We have done very little to mobilize American universities, industry, private practitioners, and research institutions to seek new ways of providing medical services.

There have been few experiments in applying advanced methods—systems analysis and automation, for example—to problems of health care.

Our superior research techniques have brought us new knowledge in health and medicine. These same techniques must now be put to work in the effort to bring low cost, quality health care to our citizens.

We must marshal the nation's best minds to:

Design hospitals, nursing homes and group practice facilities which provide effective care with the most efficient use of funds and manpower;

Develop new ways of assisting doctors to reach more people with good health services;

Devise new patterns of health services.

To begin this effort, I have directed the Secretary of Health, Education, and Welfare to establish a National Center for Health Services Research and Development.

I recommend legislation to expand health services research and make possible the fullest use of Federal hospitals as research centers to improve health care.

I also recommend an appropriation of $20 million to the Department of Health, Education, and Welfare in 1968, for research and development in health services—nearly twice as much as in 1967.

DEVELOPING MANPOWER AND FACILITIES FOR HEALTH

Health manpower

The United States is facing a serious shortage of health manpower. Within the next decade this nation will need one million more health workers. If we are to meet this need, we must develop new skills and new types of health workers. We need short-term training programs for medical aides and other health workers; we need programs to develop physicians' assistants, and speed the training of health professions. We also need to make effective use of the thousands of medical corpsmen trained in the Armed Forces who return to civilian life each year.

Last May, I appointed a National Advisory Commission on Health Manpower to recommend how we can:

Speed the education of doctors and other health personnel without sacrificing the quality of training;

Improve the use of health manpower both in and outside the government.

Meanwhile, I directed members of my Cabinet to intensify their efforts to relieve health manpower shortages through Federal programs. This week they reported to me that federally-supported programs in 1967 will train 224,000 health workers—an increase of nearly 100,000 over 1966. Thirty thousand previously-inactive nurses and technicians will be given refresher training this year.

Through the teamwork of Federal and state agencies, professional organizations and educational institutions, we have launched a major effort to provide facilities and teachers for this immense training mission.

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