If you think this is putting the subject in terms that are too strong or too dramatic, let me be very candid with you. Ninety to ninety-five percent of the patients handled by Children's and the other excellent hospitals in the Washington area would recover if our institutions were only half as good and three-fourths as costly as they actually are.

Looking at the situation pragmatically, this becomes a matter of some importance, if you or I happen to be caught in that extra five or ten percent that is responsible for the additional costs which are always increasing in the continuing effort of hospitals to deliver the highest quality health care and medical service.

Lets take the example of a child suffering from leukemia. I think that Children's is the major community resource for the handling of these unfortunate cases. When I first became associated with the hospital 20 years ago in a volunteer capacity, the average span between the diagnosis and death of a child suffering from leukemia was 18 months.

Though we unfortunately have no cure for this dread disease, I understand that it is now possible to keep children suffering from leukemia alive for as long as six years. This is expensive. Why do we do this?

One reason we do this is that the saving of a human life as long as reasonably possible is a basic ethic of our western civilization.

But, to be pragmatic again, there is even a more practical reason. Who knows when our vast national biomedical research program will produce the miracle of a true cure or treatment for leukemia. It could happen today, tomorrow, next month, or next year.

Every child suffering from leukemia today should be given a chance to benefit from this miracle—if and when it comes—and therefore every effort is made to keep every patient alive as long as possible because you or I never know what today or tomorrow will bring.

This is not intended as a plea for—or a defense of—unrestrained increases in the costs of delivering medical care. As we all know, there has been an explosion in this area as costs catch up with the advances in biomedical sciences and what I choose to call the end of "slave labor" in our hospitals.

But it is intended to put into context one of the reasons why Children's and the other hospitals that have a vital interest in this bill are here today. We are not only faced with the constant problem of delivering better medical care to more people, in an era of rising costs, but we are also confronted with the kind of extra expenses involved in maintaining the emergency and other life-or-death services that, frankly speaking, involve only a relatively small percentage of our patients.

I do not believe there is any quick, sure or miracle cure for the dramatic rises in the costs of medical and hospital care. It is something that everyone in this area must work at—day-in and day-out.

But I have a personal view that, over the long haul, the best hope for cutting the costs of hospital care, nationwide, is the development of a new plant with every possible cost-saving device built in.

If you were the owner of a steel plant, and found that your costs of operation were pricing your product out of the market, you would be confronted with a cold business decision on whether to go out of