

SPEECH BY CONGRESSMAN LES AuCOIN  
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Good evening. It's wonderful to be here with you tonight. In preparing for these remarks, I wanted to open up with some cheerful, upbeat news from Washington. Then I considered my options and decided that Mister Marks would better handle the issue of "cheer", while I focus on the federal budget.

But, before I hit with you with the hard cold facts I'd like to acknowledge and congratulate the College for its recent full accreditation. I understand that there are only 8 chiropractic colleges in the country with accreditation, and know this has taken years of hard work on the part of many dedicated people. I applaud you tonight for this major accomplishment. My only question is whether or not you can help me get rid of this cane.

In 72 hours, the House of Representatives will have an opportunity to reaffirm one of the most the basic principles America was founded on, when it votes on the first budget resolution for 1982 -- the idea of universal education, and the belief that the liberty of our nation and its potential for greatness could only be assured by an educated citizenry.

In the debate on that budget resolution, the air will be filled with such words as "outlays," "budget authority," "recissions," "deferrals." Despite the dispassionate mood these words convey, what in fact will be debated is a statement of our nation's priorities.

That's what the budget is, really. A statement of national priorities -- a resolution not only about dollar amounts and how they will be apportioned, but a resolution about ourselves, about the kind of people we resolve ourselves to be.

On Tuesday, the House will debate a budget resolution that would provide a rapid, sustained acceleration in rearmament spending.

The cold figures are breathtaking.

For 1982, the proposal is to spend \$226.3 billion on defense. By 1986, the projection is for an annual military budget of \$367.5 billion. Over the next five years, in other words, the government would spend a minimum of \$1.3 trillion on military rearmament. Not counting cost overruns. I have no idea how far into the upper atmosphere, or maybe even outer space, a stack of 1.3 trillion dollar bills would extend.

However, I have some comparative figures. This year, defense spending will come to about \$163 billion. During the height of the Vietnam War, U.S. defense spending was running at just over \$80 billion a year. For the prosecution of the Vietnam War strictly, it is estimated that the U.S. spent \$240 billion between 1965 and 1975.

As dramatic as these proposed increases for rearmament are, they do not tell the whole story.

It's how these increases would be paid for that brings home the fundamental policy shift, the fundamental change in priorities, that this budget resolution seeks to bring about.

In drawing up a budget, there are three ways to accommodate a spending increase. One is to raise taxes. Another is to run up the deficit by borrowing. The third is to raid programs -- take the money away from ones you don't support and give it to the ones you do.

All three of these options can be used simultaneously, and in varying degrees.

The administration has chosen the third option, exclusively. It would shift resources out of domestic programs and into the Pentagon. Among the domestic programs, the raid on health and education would be especially harsh.

The real truth in what we're getting from the administration's package is that the defense department is getting a great big shiny green light. Health and education programs, get yellows and stops.

Why the unprecedented, rapid, and sustained increase in defense spending? The Administration's answer is obvious -- to preserve national security which is threatened by inflation, and the Soviet Union.

My interpretation of what constitutes national security is a bit different. An MX-missile rolling around on 12,000 miles of train tracks in the desert is not as important to our security as strong families, healthy children, and a society where all are provided an equal opportunity to fulfill their dreams.

Mindless military spending does not make us safer. A nation with unhealthy citizens, high unemployment, increasing crime, and unstable communities, is not secure.

There is a direct relationship between the strength of our nation as measured in military might and its strength measured by the health of our citizens. An unhealthy America, no matter how many missiles, tanks, aircraft carriers, and troops we have, will undermine any security we hope to achieve.

Millions of American families are still not able to meet their basic needs for survival. One in three American children (over 18 million) has never seen a dentist; one in seven (over 10 million) has no access to regular health care. In 1976, over a third of all children under 15 years of age didn't have proper immunization protection. Ten percent of our adult population have drinking problems. Sixty million people have high blood pressure.

Our nation, believe it or not, is doing substantially worse than other industrialized nations in the status of the relative health of our citizens.

12 others are more successful in preventing death from cancer.  
26 others have a lower death rate from cardiovascular disease.  
11 others have a lower infant mortality rate.  
14 others have a higher life expectancy for men, and 6 have a higher level for women.  
12 others have a lower teenage birth rate; the United States has one of the highest.

We have made gains. Our infant mortality rate has declined 47% since 1965, although black newborns are twice as likely to die during infancy as white newborns. Life expectancy at birth continues to increase, reaching a record 73.3 years in 1978. These gains could not have occurred without the support of the federal government. However, even with this support, we have made few advances, compared to what we could do in terms of saving lives lost through infant mortality, heart disease and stroke, and cancer.

In light of these facts, it's frightening that President Reagan has recommended a health budget that is \$800 million lower than the Carter budget for 1981 and \$3 billion lower than the 1982. \$5.1 billion is to be cut by 1984. Medicaid alone will be cut by more than \$1.2 billion in 1982.

The poor and needy are not being spared by these proposals -- 45% of all medicaid beneficiaries are children, and 65% of all medicaid payments are for care of the aged, blind, or disabled.

Mr. Reagan's budget radically restructures federal health spending, reduces medical benefits to the poor, increases health care costs for states and local communities, and reduces the number of health professionals available to care for our citizens.

It's intent is clear -- the federal government does not have a responsibility to provide for the health of its citizens. As David Stockman so aptly puts it, "I don't think people are entitled to any services." Let me run down some of the proposed cuts for you:

- \$1.2 billion in medicaid
- \$500 million in health service programs that will be consolidated in block grants.
- \$500 million in the VA medical budget
- \$400 million in Black Lung Disease Trust Fund
- \$78 million in Medicare
- \$173 million in health planning and medical review
- \$139 million in public health service hospitals
- \$84 million in aid to health profession schools and students

A major part of the Reagan health program is to combine 26 categorical health programs into two block grants, reduce funding by 26%, and let the states administer set priorities, pitting the needy against the needy in the scramble for limited funds.

It's astonishing to note that the programs included in these block grants, such as maternal and child health, sudden infant death syndrome, mental health, drug abuse, alcoholism, high blood pressure control, venereal disease, immunization, genetic disease, family planning, and adolescent health are the very same programs that the Coalition For Health Funding identifies as places where expanded, not reduced, preventive activities are critical.

The skyrocketing increases in the cost of health care clearly point to the need for us to make disease prevention and health promotion a very high priority.

During the 70's, we saw costs double, some triple.

In 1979, health care costs consumed \$212 billion of the U.S gross national product. That figure represents an increase of 13% from 1979.

We simply cannot afford to back down on our committment to the health needs of our citizens.

Improvements in our nation's health cannot come without providing the resources to elucidate new knowledge through research and to improve the manner in which health professionals are trained and health services are delivered. Health care institutions must be able to continue providing high-quality education at levels affordable to all students

With all of this in mind, I'm afraid I've got some more bad news -- and it effects the students and educators in this audience directly.

The Administration has proposed shifting "control over education policy from the Federal Government to State and local authorities." It would do this by consolidating elementary and secondary education programs into two block grants, cutting support for education programs by \$1.9 billion this fiscal year and by more than \$3.4 billion next fiscal year.

It must take a rare kind of concentration to reconcile cuts of this magnititude with the administration's pledge that the "truly needy" will not be hurt. I've tried, but the conclusion I reach, using the same set of facts, is that the neediest will be hurt worst of all.

As you know, the chiropractic profession has a long history of service in underserved rural areas and to the poor and elderly who traditionally have been the most dependent users of chiropractic care.

Under the administration's budget for higher education, outlays for college student aid next fiscal year would be \$9 million less than this year.

Mr. Stockman, Director of the Office of Management & Budget, prefers to call this an "overhaul" of education policy. I call it a general retreat, under a thin smoke-cover of reducing federal interference in education, from the federal commitment to equal educational opportunity.

As many of you already know, you are going to feel the impact of budget cuts.

Ninty-eight percent of chiropractic students depend on some form of federal student assistance. For many of you these funds are the difference between pursuing your education as a health professional and dropping out.

A vast majority of you depend on Pell Grants, formerly called Basic Educational Opportunity Grants. While the administration estimates that about 100,000 students would lose their eligiblity under its proposals, the American Council on Education comes up with a slightly higher number -- 600,000.

Guaranteed Student Loans, which allow many of you to borrow money from private banks at interest rates substantially lower than the going rate, will be severely restricted. Students will also be required to pay interest on loans while in school, instead of waiting until after graduation. In Oregon alone, 6,000 students now receiving GSLs will have their loans reduced or eliminated.

Although tuition and fees at chiropractic colleges have traditionally been less expensive than other doctorate-level health professions schools, they have not been immune to inflation.

Chiropractic colleges, alone among other major health disciplines, have not been eligible for participation in federal health manpower programs which have helped other health institutions produce a well-trained supply of health care practitioners. Medical, dental, optometric, pharmaceutical, and veterinary schools, to name a few have realized increased research and training programs through this assistance.

Students have had to depend entirely on the basic federal assistance programs to help pay for the costs of their professional chiropractic education.

Chiropractic colleges are private institutions. They receive virtually no government support from federal, state, or local sources. Private philanthropy, and tuition and fees are the sole sources of support for chiropractic institutions.

In fact, tuition and fees account for 70% of these institution's operating incomes -- this is a stark contrast from other health professional schools which rely on tuition and fees for about 10% of operating costs

There are nearly 9,000 students currently enrolled in schools of chiropractic and they are going to bear the brunt of rising tuition costs and limited financial aid resources.

Frankly, the outlook is grim. With reduced assistance, fewer of the students here tonight will be graduating. The ones that do will most likely be affluent, white, and male.

Who loses? Students, educators, practicing chiropractors, and the general public. There are 23,000 Doctors of Chiropractic Medicine. In 1979, there were 122.5 million patient visits. More and more health consumers have been turning to chiropractic medicine for help, and evidence suggests that the demand continues to grow.