

# Health Systems Fragmented, LBJ Advised

Washington (NC) — The National Advisory Commission on Health Facilities has told President Johnson that the delivery of health services to Americans has not

kept pace with recent advances in medical science. As a result, millions of citizens lacking either the funds or the knowledge of how to obtain help are going

without the care they are entitled to expect, the commission said.

In presenting the report to the President, Boisfeuillet Jones of Atlanta, commission chairman, said its major conclusion is that "the nation must now concentrate upon organizing health facilities and other health resources into effective, efficient and economical community systems of comprehensive health care available to all."

Jones said the existing "fragmented" systems for the delivery of health care "must be made whole through full coordination of resources and services at the local level. Emphasis must be given to the organization of ambulatory care for the individual and his family, with coordinated professional direction through the full spectrum of comprehensive health services."

President Johnson established the National Advisory Commission on Health Facilities in October 1967 to find out how the nation's hospitals and other facilities could better meet the health needs of the people.

The commission found that it has become virtually impossible for an individual practitioner, institution or facility—acting in isolation—to deliver all the interrelated services which medical science has to offer. "An approach to human needs that coordinates all these elements is the only rational way to provide for essential community services," the report said.

The commission called for a joint partnership of public and private responsibility for the nation's health care systems. It said facilities and systems will vary in accordance with local capacities and needs but emphasized that in all cases those who consume

as well as those who provide health services should participate in planning the improvement of the systems.

Other key recommendations of the report:

• Capital must be made available through federal grants to support the modernization and construction required for innovative programs of health care, for the development of comprehensive health systems where they need it most.

• More-broad-based health facilities planning. The medical and architectural professions must be joined by representatives of other health care personnel—and by the ultimate consumer of the services.

• Special graduate training programs at colleges and universities for those who want to become specialists in health facility design and construction.

# U.S. Steps Up Role In Family Planning

By J. J. GILBERT (NC News Service)

Washington — The United States government, in a surprisingly short time, has become deeply involved in the promotion of family planning both at home and abroad.

Assuming the year 1965 to be virtually the starting point of this government's present-day interest in this matter, some statistics that have become available here are interesting.

The U.S. government's "budget for family planning in the U.S. increased seven-fold" between fiscal year 1965 and fiscal year 1969. In three short years, 1965 to 1968, the U.S. Agency for International Development (AID) "has emerged as a foremost resource for helping less-developed countries plan and carry out population and family planning studies, training, and action programs."

These are things told to a Senate committee earlier this year, but made public only recently. They may already be behind the times, but apparently the involvement can only have grown greater. As one observer said in recent days, the program is here to stay, and "there is no turning back now."

The government's budget for family planning in the U.S. grew from \$8.6 million in 1965, to \$41 million in 1968, and to an estimated \$69 million for 1969. "By far the largest portion of this money is expended by the Department of Defense and the Office for Economic Opportunity also spend sizeable amounts.

In the foreign field, AID has financed population and family planning programs in some 30 countries. In addition to government-sponsored programs carried on by voluntary agencies in some 40 other developing countries, and has assisted preliminary

study programs in the field in still other nations.

AID gave dollar assistance to population and family planning programs in developing countries that rose from \$2.1 million in fiscal year 1965 to \$34.7 million in fiscal year 1968. In addition, U.S.-owned local currencies valued at \$50 million were allocated to such assistance in 1968.

The "population explosion" is a reason advanced frequently for making family planning a part of this country's aid to developing nations, and poverty seems to be an important consideration in the effort in this country.

The senators were told that "an indication of the dimensions of the problem in the United States is the estimate that in 1967 only 700,000 women received publicly or privately support assistance in family planning out of approximately five million women in poverty and near-poverty categories needing such assistance."

"The proportion of U.S. families with four or more children is higher among the poverty group least able to care for them than in the total population," an AID statement asserted.

This same statement said the U.S. birth rate dropped to 17.9 birth per thousand in 1967, the lowest since the 1935-39 period, but added that "people born in the post-World War II 'babyboom' are entering the child-bearing age, and the rate is expected to turn upward."

Catholic Observers Cardiff, Wales — (RNS) — The Roman Catholic Church in Wales has accepted consultant observer status in the (Protestant) Council of Churches for Wales and will be represented at the Council's next meeting in March.



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