

GOVERNOR TEASDALE'S SPEECH FOR THE RURAL EMERGENCY
MEDICAL SERVICES CONFERENCE--RURAL EMERGENCY SERVICES
UNDER CONSTRUCTION

REMARKS BY: JOSEPH P. TEASDALE
GOVERNOR OF MISSOURI

TO: RURAL EMERGENCY MEDICAL SERVICES CONFERENCE

PLACE: GRAND BALLROOM
RADISSON-MUEHLEBACH HOTEL
KANSAS CITY, MISSOURI

DATE: THURSDAY, MAY 29, 1980
12:30 P.M.

MOST PEOPLE GO THROUGH LIFE WITHOUT DEVOTING MUCH
THOUGHT TO THE FUNCTION AND QUALITY OF GOVERNMENT.

OF COURSE, WE ALL COMPLAIN THAT OUR TAXES ARE TOO
HIGH AND WE GET UPSET WHEN WE DON'T SEE VISIBLE RESULTS
OF OUR TAX DOLLARS.

BUT, FOR THE MOST PART, PEOPLE'S CONCERN WITH GOVERNMENT
IS MINIMAL.

ONE AREA WHERE PEOPLE DO PERCEIVE AN URGENT, ON-GOING
NEED FOR GOOD GOVERNMENT IS IN MAINTAINING AND IMPROVING
THE QUALITY OF THEIR LIVES.

SINCE FEW THINGS IN LIFE ARE MORE PRECIOUS TO US THAN
OUR HEALTH, WE FREQUENTLY JUDGE THE QUALITY OF OUR LIVES
BY OUR PHYSICAL AND MENTAL WELL BEING.

THE FULL RANGE OF EMERGENCY MEDICAL SERVICES, THAT
 YOU ARE WORKING TO PROVIDE, REPRESENT A CRITICAL COMPONENT
 IN AN OVERALL EFFORT TO ASSURE CONTINUED PROGRESS TOWARD
 THE GOAL OF IMPROVING THE QUALITY OF LIFE FOR ALL OF OUR
 CITIZENS--ESPECIALLY OUR RURAL CITIZENS.

PRESIDENT JOHNSON'S COMMISSION ON RURAL POVERTY
 REFERRED TO RURAL AMERICAN'S AS, "THE PEOPLE LEFT BEHIND"

THEY ARE LEFT BEHIND BECAUSE:

- THEY ARE NOT GEOGRAPHICALLY CONCENTRATED
- THEY DON'T BELONG TO GROUPS OR ORGANIZATIONS
 THAT WILL LOBBY FOR THEIR INTERESTS
- AND BECAUSE OUR RURAL CITIZENS ARE OFTEN
 RELUCTANT TO ASK FOR HELP.

ALL OF THESE PROBLEMS ARE REFLECTED IN RURAL HEALTH.

IN MISSOURI WE HAVE HUNDREDS OF THOUSANDS OF RURAL
PEOPLE SCATTERED OVER A VAST AREA.

IN MANY CASES, HOSPITALS, CLINICS, AND OTHER HEALTH
FACILITIES ARE DISTANT.

MEDICAL PERSONNEL IS INSUFFICIENT IN NUMBER AND
POORLY DISTRIBUTED.

DOCTORS ARE RELUCTANT TO LOCATE IN RURAL AREAS.

EMERGENCY MEDICAL SERVICES ARE EITHER NON-EXISTANT
OR INSUFFICIENT TO MEET THE DEMANDS PLACED ON THEM.

AND, THE TAX BASE IS TOO LIMITED TO EXPECT MUCH
HELP FROM LOCAL GOVERNMENT.

ADDITIONALLY, THESE PROBLEMS ARE COMPOUNDED BY POOR TRANSPORTATION FACILITIES AND THE SOARING COST OF AUTOMOBILES AND ENERGY.

NOWHERE ARE THE HEALTH NEEDS OF RURAL MISSOURIANS MORE EVIDENT THAN IN THE AREA OF TRAUMA AND EMERGENCY MEDICINE.

FOR EXAMPLE, ONE STUDY HAS INDICATED THAT TRAUMA IS TWICE AS LIKELY TO BE FATAL IF IT OCCURRS IN A RURAL AREA.

ALL OF THIS SERVES TO EMPHASIZE THE FACT THAT HAVING THE BEST MEDICAL SYSTEM IN THE WORLD IS OF LITTLE VALUE IF IT IS INACCESSIBLE DUE TO LOCATION OR COST.

I HAVE WORKED HARD AS GOVERNOR TO TRY TO FIND ANSWERS TO THESE KINDS OF PROBLEMS.

I HAVE SUCCEEDED IN ESTABLISHING A LOAN PROGRAM FOR MEDICAL STUDENTS WHICH FORGIVES A PORTION OF THE LOAN EACH YEAR THE DOCTOR PRACTICES IN A RURAL AREA AFTER GRADUATION.

I ALSO, INITIATED LEGISLATION WHICH PROVIDES FUNDING FOR FAMILY PRACTICE RESIDENCY PROGRAMS IN LESS POPULOUS AREAS.

HOPEFULLY, INCENTIVES FOR LOCATING RESIDENCY PROGRAMS IN VARIOUS OUTSTATE CITIES SUCH AS ST. JOSEPH, HANNIBAL, SPRINGFIELD AND JOPLIN WILL INCREASE THE NUMBER OF PHYSICIANS SETTLING IN THESE AND NEARBY COMMUNITIES.

ADDITIONALLY, I HAVE BEEN SUCCESSFUL IN SECURING FUNDING TO ENABLE THE NEW DIVISION OF AGING AND THE DEPARTMENT OF MENTAL HEALTH TO FOCUS MORE HEAVILY ON THE PROBLEMS OF RURAL MISSOURIANS.

THESE EFFORTS REPRESENT AN IMPORTANT STEP IN MEETING RURAL MISSOURI'S HEALTH CARE NEEDS, BUT IT IS ONLY ONE STEP.

A QUALITY PROGRAM OF COMPREHENSIVE EMERGENCY MEDICAL SERVICES REPRESENTS ANOTHER IMPORTANT STEP IN MEETING THESE NEEDS.

YOU ARE ALL PART OF A REVOLUTION IN HEALTH CARE DELIVERY
WHICH CAN BRIDGE THE GAP BETWEEN VIRTUALLY NO CARE AND THE
MOST ADVANCED CARE AVAILABLE.

THE EMERGENCY MEDICAL TECHNICIANS ARE PHYSICIAN
EXTENDERS, IN EFFECT, THE EYES, EARS, AND HANDS OF THE
PHYSICIAN.

IN FACT, MANY OF OUR MOST CRITICALLY ILL OR INJURED
RURAL CITIZENS ONLY HAVE ACCESS TO THE HEALTH CARE SYSTEM
THROUGH EMERGENCY MEDICAL SERVICES.

HOPEFULLY, IN THE FUTURE, A QUALITY PROGRAM OF
EMERGENCY MEDICAL SERVICES CAN BE ESTABLISHED AS A THIRD
ESSENTIAL PUBLIC SERVICE-IN ADDITION TO POLICE AND FIRE
PROTECTION.

IN MISSOURI, STATE GOVERNMENT HAS PRIMARILY FUNCTIONED
AS A CHANNEL FOR FEDERAL EMERGENCY MEDICAL SERVICE FUNDS.

THESE FUNDS HAVE BEEN UTILIZED TO TRAIN PERSONNEL
AND PURCHASE NECESSARY EQUIPMENT.

IN ADDITION, STATE GOVERNMENT HAS AIDED LOCALITIES
IN ESTABLISHING AMBULANCE DISTRICTS.

THESE DISTRICTS ENABLE EMERGENCY SERVICES TO BE FUNDED,
IN PART, OUT OF THE LOCALITIES GENERAL REVENUES.

SUCH FUNDING IS EVEN MORE CRITICAL NOW GIVEN DECLINING
LEVELS OF FEDERAL CONTRIBUTIONS.

I AM SURE THAT MANY OF YOU PRESENT TODAY, WHO ARE
FROM STATES OTHER THAN MISSOURI, HAVE DEVELOPED SIMILAR
AND RELATED PROGRAMS.

WITH MY EXECUTIVE ORDER CREATING THE COUNCIL ON
EMERGENCY MEDICAL SERVICES, THE STATE OF MISSOURI NOW
HAS THE CAPABILITY OF DEVELOPING, IMPLEMENTING, AND
EVALUATING STATE-WIDE PLANS FOR PROVIDING EMERGENCY
MEDICAL SERVICES.

IN THE PAST, OUR EFFECTIVENESS HAS BEEN REDUCED BY
OVER-LAPPING EFFORTS, FRAGMENTATION OF PROGRAMS, AND BY
LACK OF COMMUNICATION BETWEEN AGENCIES.

AS A CONSEQUENCE, OUR EFFORTS HAVE NOT ALWAYS BEEN
FOCUSED AND CO-ORIDINATED.

THE CO-ORDINATION OF RESOURCES CURRENTLY AVAILABLE TO US AND THE DEVELOPMENT OF IMAGINATIVE NEW PROGRAMS WHERE MAJOR GAPS EXIST IS NO LONGER SIMPLY A WORTHY OBJECTIVE-- IT HAS BECOME ESSENTIAL IN VIEW OF ECONOMIC REALITIES AND THE GROWING HEALTH NEEDS OF OUR PEOPLE.

IT IS VERY EASY FOR EACH GROUP OR FUNDING SOURCE TO ACT INDEPENDENTLY WITHOUT CONCERN FOR COOPERATION AND JOINT ADVENTURE.

THIS MUST NOT BE ALLOWED TO HAPPEN.

PROGRAMS MUST BE TAILOR-MADE TO THE INDIVIDUAL COMMUNITY, BUT DIFFERENCES IN PROGRAMS IS NO EXCUSE FOR FRAGMENTATION.

THE COUNCIL ON EMERGENCY MEDICAL SERVICES AND THE
OFFICE OF RURAL HEALTH CAN PROVIDE THE NECESSARY COORDINATION
TO ENSURE A VIABLE, HIGH QUALITY EMERGENCY MEDICAL SERVICE
SYSTEM.

IF I COULD PERSONALLY SELECT ANY ONE TERM WHICH I
WOULD LIKE TO BE USED IN CHARACTERIZING MY ADMINISTRATION,
IT WOULD BE RESPONSIVENESS.

WHEN PEOPLE CRITICIZE GOVERNMENT I BELIEVE THEY
ARE REALLY SAYING, "YOU ARE NOT BEING RESPONSIVE TO
OUR NEEDS."

IF WE ARE TO HAVE ANY SUCCESS WITH OUR PROGRAMS, WE
MUST BE RESPONSIVE TO THE PEOPLE.

ONCE WE DECIDE WHAT IS BEST--MOST RESPONSIVE AND
RESPONSIBLE --WE CANNOT GIVE IN TO PAROCHIAL PRESSURES.

I SHARE YOUR CONCERNS FOR RURAL AMERICA.

IT IS CRITICAL THAT ALL OF US STAND TOGETHER IN TRYING
TO CREATE A BETTER QUALITY OF LIFE FOR ALL OUR CITIZENS.

IT IS OUR OBLIGATION TO MAKE CERTAIN THAT RURAL
AMERICANS ARE NOT "THE PEOPLE LEFT BEHIND."