

Princeton, New Jersey, February 17, 1989. Class of 1955 Award to Peter Dodge Mott.

Al Willemsen: This year Scott has come up with somebody really super-special: Peter Mott. I'd like to turn this over to Scott to introduce Peter.

Scott McVay: I'd just like to say that in last year's summer newsletter we made a plea for nominations and received only one. So this year we circulated biographical sketches among two dozen classmates and the response was tremendously helpful. So we always think of the class as a committee of the whole. Peter is the twelfth classmate to receive the Class of 1955 Award. It is almost as if the award were specifically designed to acknowledge what Peter has done - both professionally and personally. As a physician and medical leader he has concentrated his talents on serving the needs of the poor, minorities with less access to our health care systems, and the elderly. He has led major health care facilities in Tucson as Medical Director of the El Rio Santa Cruz Neighborhood Health Center in the early 1970's; and in Rochester he was Director and Chairman of the Department of Ambulatory Services at St. Mary's Hospital for ten years, from the middle 70's to the mid '80's, and Medical Director of Westside Health Services. Today he is Associate Medical Director of the Monroe Community Hospital, a 650-bed chronic disease hospital for the elderly and chronically disabled.

Peter has published a steady stream of papers over the years. One of the early ones was on leprosy research at the National Institutes of Health. In 1977 he was senior author of a paper on the distribution of physicians in rural areas, pointing out that the shortage areas can be mapped in and offering a method to determine how to do it. He has written lucidly on hospital-based group practice and Health Maintenance Organizations, offering a case study of his work at St. Mary's Hospital in 1985. Another paper focused on treatment decisions for infections occurring in nursing home residents, containing a wealth of practical advice. He also wrote last year, in the Journal of the American Geriatric Society, on HMO's. Peter has also written very convincingly to other doctors in the Resident and Staff Physician Journal on choosing medical practice centering on the poor, and I quote: "The poor and minority groups have a disproportionately high rate of pathology and their care requires greater use of your diagnostic and therapeutic skills. Moreover, you can anticipate greater satisfaction by practicing where you are needed rather than just by being part of the physician surplus. And finally it is probable that in the future care of a proportion of poor patients will lead, paradoxically, to a more assured income." He concludes, "For too long in this country we have suffered from deep divisions between the haves and the have-nots, between blacks, whites, hispanics and other minorities. As physicians we have the unusual privilege of being needed and welcome on all sides. We also have the talent to help heal those wounds." And throughout, over these many years, Peter has maintained a splendid sense of outrage concerning the injustices of our society, such as a few policies of the AMA, or our government's activities in Central America. He has kept a sharp eye on how public policies affect people's lives, especially those least able to make their own case. So besides the day to day practice as a general practitioner and team leader and a regular output of medical papers, there has been a drumbeat of letters to the editor. In the course of all these issues he has dealt with, obviously very much having done his homework, he has not neglected fundamental health issues. For example, he has gone after the spraying by the Department of Transportation along the Barge Canal. And I am mindful of Ralph Nader's story a couple of years ago about finding the birds that were feet up on the campus, and he confronted both the Biology Department and the Deanery about it, and he said they couldn't find any connection between the spraying and the dead birds...But Peter pointed out that there was a seven-foot swath right through the flowers which was sprayed every year without any real purpose.

In the AMA News, as a Family Practitioner, he challenges medical leaders to accept the fact that the American public has the power to make health a right rather than a privilege. He says, "If we persist in our busy way to assume that other members of the profession in other regions of the country are just as well off medically as our own, and that, therefore, public discontent is unjustified, we deceive ourselves. He asks whether we can afford any semblance of silence with the pharmaceutical manufacturers in matters affecting the public expense. Peter has also grappled with the tough questions about how aggressive care should be in the event of life-threatening illnesses. He and his colleagues have found, in a seven-year study in a nursing home that, when the patients' wishes are known and their physicians and nurses establish a plan to observe those wishes, when the plan is communicated to all covering physicians, the

rate of hospitalization, use of diagnostic and therapeutic measures, and mortality correlates with patients' preference.

I would note, also, that his wife, Gail, has been equally devoted to causes both local and international. Last year she received the Rochester Chamber of Commerce Award for volunteer activities in the international arena. The Sanctuary Committee for Salvadoran refugees, Walk in Peace (this is for Nicaraguan amputees, of which there are many), the Heifer Project International - this is concerned with livestock and agronomical training for developing nations; Amnesty International; and a new third world craft shop, One World Goods. They are quite a team. Their four children's lives reflect the sense of a larger community in which we all reside. Bill, who is with us tonight, is with the Center for Environmental Education which has been renamed and is to be paying more attention to marine education. He will be going to the Dominican Republic next week, working on his projects down there. Emily is also with us. She has been involved with publishing in New York City. John is a lawyer in Washington in the Public Defender's Office. Jim is an artist with a strong environmental orientation. They all went to northern colleges because of the snow and their love of cross-country skiing, an interest shared strongly by Peter and Gail. Peter is also a runner and a gardener. But because this is Peter's first visit back to Princeton in all these years, the way I've kept track of him is through his brother, Andy, who is Executive Vice President of the Center for Community Change in Washington which works with community groups across America. Peter, we're simply thrilled to have you and your family with us this evening...

PDM: Thank you very much. I came mostly to hear that introduction. I haven't had one of those for an awfully long time - and don't expect to get another one. It was wonderful to be able to meet some of you again after

too many years. After dinner I hope I can meet the rest. I feel very much honored by this and I was totally surprised. Surprised for two reasons. One is that we really don't know each other - not nearly as well as I would have liked. The other is that my career has been developing sort of like a patchwork with finding an opportunity here, jumping in and doing a job, then moving along quickly to the next one, almost as if it were designed for anonymity. And I thought I'd succeeded pretty well in remaining anonymous until Scott and Alan et al found me out. My only excuse for not knowing all of you better is that the first two years I was here at Princeton were a really frantic effort to survive academically and catch up. I was totally unprepared and didn't even realize it. This is the first time I've addressed classmates, but it's not the first time I've had a speech ready. You may remember the first Freshman class meeting in Alexander Hall when the faculty announced who the class officers would be. Well, I had my speech in my pocket ready for acceptance. That was because in high school things had come easily for me. I was President of the class, and I naturally expected something! (laughter) But the trouble was my high school was in Regina, Saskatchewan (great laughter) It's not a joke - it's true. They may have excellent schools out there now, but in 1951 they did not. I'd never written an essay. I nearly flunked the first semester. Oh, I should mention - I found out later that my roommate from Omaha had an acceptance speech in his pocket also (laughter). He'd been a class president. Someone told me later on that 300 of our classmates had been class presidents (laughter). It was a very humbling experience.

The reason I was in Saskatchewan has some pertinence for tonight. My father, who was class here of 1926, had been working for the New Deal, building up over 300 health programs for migrant workers across the country; and he was invited by the Province of Saskatchewan right after World War II to head up an effort to develop the first provincial government hospital insurance plan in Canada. What's happened to those two programs is of interest since. First of all, the new Congress was elected here in 1946 and in one stroke of the pen wiped out the over 300 programs, among other things. But, in Canada, the provincial plan has moved, as you know, to cover all the provinces of Canada. It's moved from hospital insurance to physician insurance and in many provinces now long-term health care insurance for the elderly. It seems that the Canadians sometimes do things more gradually and perhaps a little more lastingly.

We come in with tremendous waves of enthusiasm. We have a lot of ups and downs, a lot of highs and lows over the 50 years of social legislation we've just finished. Of course, the highs are really great while they last - almost worth going through the lows. One example, I remember an early Easter Sunday

morning in Tucson, Arizona, in 1970. My family and I were up in the foothills of the desert, looking down on the western side of the city. It was an Easter service led by a young Presbyterian minister named John Fife. (The name may be familiar to some of you because he was arrested two years ago in Tucson as part of the SAnctuary Trial. In fact, his church, which was our church, was the first of several hundred Sanctuary churches and congregations set up across this country which are still protecting Central American refugees who are political refugees.) We were looking down on the western side of the city, which happens to be the inner city in Tucson. It's a six-square mile area made up mostly of Mexican-Americans, Papago and Yaqui Indians, very few paved roads, very few street lights, many houses without plumbing at that time., No doctors in that particular segment of territory. No public transportation. The medical school out there had received a federal grant to set up a community health center right in the middle of this; and I was to be the Medical Director. We were given \$1 million a year to spend, and we were free to set up health services as we thought they were needed, as long as we did a few things: we had to serve 10,000 people, we had to have a community board from the poor community and we had to hire, in those days, approximately 60 people who were poor and from the neighborhoods and train them in health careers. So we set it up, hiring a bunch of doctors and nurses, and built a lab, x-ray department and a pharmacy and had a lot of outreach workers from the neighborhood, going in and out of homes, back and forth, and a transportation system. We opened our doors, and in the first month we had 1,000 new patients. And then every month for the next 14 we had a thousand more, until we got to 14,000 people. That health center is still there. It's about double the size now...and there were over 600 such health centers built, starting in the '60's, across the country. But there have been a lot of federal cuts since; and about half those centers are closed and the other half have had to trim what we call the extra services: the things that make up so-called comprehensive care: like social workers, health educators, nutritionists, outreach workers, mental health programs.

Another high among lows I'd like to mention was in Rochester, New York in 1972. Another medical school had received another federal grant for another 1960's social program. This one was called the Regional Medical Program, or RMP. Every region in the country had an RMP back then. AND, again, there was the spirit still of the '60's. We had \$1 million a year for a ten-county area - mostly rural - and we were again free to start, with a community board from all the counties, health programs that needed doing. Government funding had evolved by that point to being more interested in just start-up funding; so we could give technical assistance and one or two or three years of start-up money. But the programs had to be self-sufficient. So we had to find doctors and hospitals and community groups where the projects were needed and get them going. About nine rural clinics got going that way, about five county home-care programs, and emergency medical services for all 102 ambulance companies in the ten counties, and a number of other projects. Most of the projects are still going but three years later the RMPs were closed down across the country.

These kinds of starts and stops of social programs, multiplied manifold, built up slowly and then crushed in 1946, crushed again in 1974, crushed again in the '80's, make me wonder if our whole approach to social legislation may have been wrong. Perhaps rather than these waves of progressive periods with proposing ideal solutions to problems (which I admit is my tendency) we should have been aiming more realistically with more agreement to maintain what we build - at least in the basic social services. I'm only talking about the basics.

I'd like to try out an idea on you tonight and maybe get some reaction later. The reason for this is that it might possibly appeal to both political parties. Again, we're talking basics, and I'm calling it, for fun, "Safety Net II". So if by any wild chance someone here gets this thing going you can say it all started here, tonight.

Frankly, I did not care for "Safety Net I". You'll remember that Ronald Reagan announced "Safety Net I" along with the New Federalism in 1981, saying that the federal government would back away from social programs, but that a safety net would be maintained for the truly needy. It was not a sincere attempt. There was no agreement on definitions: on what services they were talking about and how much. And there certainly was none of the pragmatism (that we hope is in Washington now) when it came to looking at who was actually going to do the job. But I think there were some concepts we might agree with in

that. I think we might agree that we should not spend excessively for social programs but that there should be a safety net, that society should guarantee minimum - I'm not talking luxuries or even first class - but minimum standards of basic social services that we should perhaps guarantee. For instance, if we were to lock the doors here tonight and forge some agreements, I think we might agree among ourselves even, that society should assure the availability of at least minimum - but acceptable - levels of food, shelter, health care, legal services, education and the minimum wage, for example. We might agree that there should be adequate food programs around so that people, if they choose to take advantage of it, could at least avoid outright malnutrition - that kind of level. We might agree that there should be enough affordable housing so that those who would otherwise be homeless would at least have access to - if they take advantage of it - housing. With health care we might agree that there should be some minimum but acceptable level of health insurance available to everyone, one way or another. Access to basic immunizations for children; access to basic pre-natal care for women. With legal services we would have to agree with our Bill of Rights that everyone has a right to legal counsel. With education, a reasonable standard of public education; and with the minimum wage, at least a wage high enough so that someone working full-time could pull him-or her-self above the poverty line. That's not very much, I don't think, but at least it's something.

The problem is, as you know, that we have failed - miserably - in this country to meet these kinds of minimum standards. After all the years and all the money spent, and all the stops and starts of programs, we have failed. The minimum wage, for instance, as I understand it, hasn't risen since 1981, and it's set at such a low level now that a person can work full-time and with a family of three or more cannot pull themselves up even to the poverty level. In fact, we have 32 million Americans in poverty now, and many of them are working. That's the highest poverty rate in 15 years. The gap, as you know, between the haves and the have nots, between the top and the bottom 20th percentile, this gap is wider now than at any time in 40 years. Hunger and malnutrition have been reported from many areas of the country; the homeless, as we all know, now at three million people, many of them children. The homeless rate is projected to rise, at current trends, in the next 14 years to a total of 19 million homeless. Health care. We have 37 million people with no health insurance in this country - none. We have another 20 million people with such lousy insurance that a major illness will ruin them. We have - over 90% of our elderly have - no long-term care insurance for nursing homes or home care. We're the only industrialized country in the world without that kind of coverage. Infant mortality is now the worst of all the industrialized countries. Immunizations have been inadequate for children in 40% of cases across the country and in the inner city it's 66%. Prenatal care is inadequate for one-third of black women, one-fifth of white women across the country right now. And education - you can say what you want about how many wonderful teachers there are in the inner city schools, but I have been in and out of many public schools in cities in several states - and we have used suburban schools in several states - and there's no comparison. Those huge, cold, guarded institutions downtown just aren't the same - and the results are predictable.

I think all of us worry about these kinds of unmet needs. Some of us worry consciously and some of us worry subconsciously. We worry about the disillusionment among many of our young people. Does the American dream exist? Obviously not for some. Is America the ideal model for the world as it was when we were growing up? Obviously not.

I think many of us worry most about the apathy and the cynicism, both of our young people and older adults. Too many Americans have given up caring, too many have given up trying to correct the situation., Too many have given up even voting. Too many of the poor have dropped out of school, too many of the middle class have dropped out of public service careers.

The key question to me is why the apathy and why the cynicism? and this gets pretty controversial. Of course there are many reasons given but it seems to me that in many of us at least, down deep inside, there is an element of guilt. We know w'ere supposed to have liberty and justice for all - but we don't. We know that w'ere supposed to do unto others as we would have them do unto us, and yet we don't. We know that it's possible to do the job. The wealthiest, most powerful nation in the world ought to be able to do the job - but we haven't.

So some of us at least - maybe not in this room, but some of us - tend to withdraw. We tend to deny, to move away from the problem, to become cynical, to assume that those who try are naive. Some people try to coverup these uncomfortable, perhaps subconscious, feelings with major efforts to develop the self or to build material goods, and we do these kinds of things very well. But a certain malaise or depression for many people does creep in, so - and I've done this many times myself - we jog farther and sweat more, and if we suffer enough and accomplish enough we feel better about ourselves - for a while.

Now in the inner city there are other reasons, of course, for apathy and cynicism. If you were a black youth today in many cities you'd be facing a 45% unemployment rate. You'd see affluence all around you and the power of the society on television; and yet, year after year, no lasting progress on some of these basic social services. Many do become apathetic and cynical, drop out, become desperate. The suicide rates mount in the inner cities, as do the crime rates, of course.

Now, if these kinds of points are even at least partially valid, then the solution cannot be development of the self and material aggrandizement. Those things are bound to just make some people feel more uncomfortable. I think the country needs a lot, but one thing that should be high on the priority list, I believe, is a non-partisan or bi-partisan blueprint for these basic social services, with a realistic set of goals and objectives, - with making it known what our failures have been, what gaps need to be filled in different parts of the country. And we ought to use pragmatic approaches in trying to figure out how to get those gaps filled: trying public, private, cooperative ventures? - yes - but where they will work; trying local government and state government? - certainly - but again, only where they will work, and not rejecting the federal government role in places where they won't work. And we know that there are many parts of the country where some of these things will not work because we've tried it - and tried it more than once. We have to avoid the stops and the starts on the basics, and I think with a plan and a timetable of this sort, if it were ever possible to construct, some of us would not even mind raising our taxes to pay for it, particularly if a plan is agreed to, and particularly if it is just.

Because justice is really the key. Justice is still the great American principle: equal justice before the law, equality of opportunity. The Pope said recently that if we want peace we should work for justice, and I believe that. Because there can be no real peace here or true national security internally until we have justice at home - just as I believe there cannot ever be true peace internationally or true national security for us externally unless there is at least a certain critical amount of justice internationally as well.

That's a heavy message for after dinner, but Scott McVay told me that everybody here was very serious-minded (laughter) and wanted to hear what was on my mind; so I took advantage of the situation, and thank you for it. (long, sustained applause)