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comprehensive benefits—period. The President says that all Americans will be entitled—maybe; all Americans will be covered—if; all Americans will benefit—perhaps.

To enact its energy program, the Administration is asking Congress to swallow a huge inflationary increase in the price of natural gas, to be phased in over the next few years. But the Administration is not talking about conditions and triggers and self-destruct buttons in this area, which will bring huge profits to the oil and gas companies. Curiously, the Administration only reserves such conditions for things like national health insurance, which offers better health care at lower costs, but whose beneficiaries are among the least powerful in our society, the least able to influence government policy.

By contrast, the opponents of national health insurance are strong. They are well financed, and their war chests are overflowing. They are highly skilled at pressuring Congress and getting their way in legislation.

If health care is a right, then a health insurance program should not be forced to run this gauntlet more than once. It must be an entitlement program, with rights guaranteed from the start, even if they are phased in over time.

The President needs authority to make midcourse corrections as the phasing-in takes place. But the presumption ought to be on those who wish to stop the program to do so with new legislation. The presumption simply cannot be that any unforeseen, uncontrollable development in any area of the economy can automatically and indefinitely delay or cripple the program.

The people of the nation can be organized to overcome the opposing special interest groups. But the drive will have to be unparalleled in scope. Probably, it can only be mounted once. It will have to be a concerted effort with a decisive outcome. The beneficiaries should not be forced to organize and fight for the program again and again, year after year, Congress after Congress.

The President and his economic advisers and the Secretary of HEW want to launch the ship of national health insurance with a hole beneath the waterline. They want to be able to sink the ship when the clouds begin to threaten, instead of finding a way to sail around the storm.

If that is the sort of ship the Administration wants to build, if that is the sort of voyage the Administration wants to take, there will be very few passengers willing to go on board. The elderly won't go. The consumers won't go. The farmers won't go. And the millions of working men and women in the American labor movement won't go. Instead, they will find a better vessel and work even harder to reach the successful completion of their voyage.

In other areas, the vague principles announced by the President are a step in the right direction, but they are too little and too late to form the basis of a program. The Administration has already spent a large amount of time and effort in studying national health insurance. The Secretary of HEW has traveled throughout the country and to many foreign nations. In a step unprecedented for a domestic policy question, the issue has been put through the "Presidential Review Memorandum" procedure. And yet they have been unable to reach a decision on some of the most basic questions being asked—questions which, if not answered properly, would cripple any program from the start.

All of us who support national health insurance hope that the current break can be repaired. But we intend to proceed—with the Administration if possible, without the Administration if necessary—to develop a program that will meet the urgent and basic needs of the people of America.

Sen. Edward M. Kennedy (D.-Mass.) is Chairman of the Senate Human Resources Subcommittee on Health and Scientific Research.

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HEW Shakeup May Bring Health Financing Changes

By WILLIAM BOYLES

WASHINGTON, D.C.—A major shakeup has hit the Health Care Financing Administration and threatens a major redirection in Medicare-Medicaid policy development.

Robert Derzon is said to have been fired for moving too slowly on Califano proposals.

The events began with the firing of HCFA chief Robert Derzon by Secretary of Health, Education and Welfare Joseph Califano. Sources close to the situation say Mr. Derzon was fired for not moving quickly enough on Mr. Califano's proposals.

Mr. Derzon's ouster has left bitter feelings among both industry and government health financing leaders who saw Mr. Derzon as a moderate and sensitive force in an Administration which has leaned to bold, immediate initiatives.

There is also a great deal of reservation about Mr. Derzon's replacement—Leonard Schaeffer, who has served as HEW assistant secretary for management and budget.

Mr. Schaeffer has been described as a strong-willed Califano loyalist who has been largely responsible for bringing many of the younger HEW staffers to Washington. It is likely that if his appointment sticks, he will move much more swiftly than Mr. Derzon did to effect Mr. Califano's proposed reforms and financing changes. These changes include vigorous enforcement of regulations, new legislative proposals, and a crackdown wherever possible on "excess" hospital payments.

The reservations about Mr. Schaeffer even provoked some in Congress to talk about rushing through a resolution that would force Congressional approval of the appointment of HCFA Administrators. Such approval is not currently required. Since Mr. Derzon is not scheduled to leave HEW until Nov. 1, Mr. Schaeffer's appointment conceivably could be subject to such a requirement.

But the furor over Mr. Schaeffer's appointment may be the least of Mr. Califano's worries, according to other sources. Some have speculated that Mr. Califano's actions indicate that the Secretary himself is threatened by White House displeasure with the failure of hospital cost containment legislation so far this year. The Derzon firing has been seen by some as an attempt by the Administration to regain lost stock and consolidate forces for a more visible campaign in the early months of 1979.

Changes at HCFA have also included the resignation of William Fullerton, HCFA deputy chief. Mr. Fullerton was HEW's designated "spokesman" on hospital cost containment.

Mr. Fullerton offered no public explanation of his abrupt departure, but had been known to be dissatisfied in general with the administration's positions and political strategy.

In another development at HEW, Dr. Michael Goran, head of the Federal Professional Standards Review Organization program, has also announced his resignation, effective Oct. 22.

Dr. Goran is moving to Oakland, Calif., where he will be the medical director of the Rockridge Health Care Plan.

In an official statement from Dr. Helen Smits, head of the Health Standards and Quality Bureau, Dr. Smits said she was "personally sorry" to see Dr. Goran go, but "I can well understand that a man of his degree needs a new challenge."

Derzon: A Varied Background

WASHINGTON, D.C.—Robert A. Derzon, 47, was appointed first administrator of the Department of Health, Education and Welfare's new Health Care Financing Administration in April 1977.

HCFA was established by HEW Secretary Joseph A. Califano Jr. during what he termed "the most far-reaching reorganization in the department's 24-year history." It brought Medicare and Medicaid administration under one roof for the first time.

Mr. Derzon came to this post from the University of California at San Francisco, where he served seven years as director of hospitals and clinics. From 1966 to 1970, he was first deputy commissioner for the New York City Health and Hospitals Corporation.

Before 1966, Mr. Derzon was assistant professor of preventive medicine at New York University Medical Center and a research associate and Kellogg Foundation Fellow at the University of Minnesota.

The Milwaukee native is a graudate of Dartmouth College, holds an MBA from Dartmouth's Amos Tuck School of Business Administration, and is a graduate of the University of Minnesota Hospital Administration program.