

**positive results for swine flu** of the 11 disease victims that he tested. While some of the patients were old enough to have had the disease in 1918-1933, one was only 38 years old, an age at which only 5 per cent of the total population has swine flu antibodies.

Contrary to the CDC's fraudulent claims, the major available evidence points to swine flu, or another variety of flu or other virus as the cause of the 25 deaths.

There have been positive tests for swine flu, including the blood test of the 38-year old woman.

There is a direct contagious link to the Fort Dix swine flu outbreak — four of the Legion victims lived within 10 miles of the home of the Fort Dix soldier who first contracted the flu.

The disease is clinically identical with both the Fort Dix flu and the 1918 flu.

An outbreak of the deadly swine flu was expected by most epidemiologists no later than the fall, and the slightly earlier outbreak of the disease is not surprising.

Even within the CDC itself, criticism of Sencer's statements has broken out. A spokesman for the CDC working on the disease stated: "There are viruses of many classes which don't grow on any of our culture media: adenoviruses, coronaviruses, lots of others. We can't rule out any of these possibilities; we

can't even rule out a slow-growing flu." Dr. Satz, stated in an interview in the Philadelphia Bulletin this week: "If a virus is present it may be mutant for which we will have to adopt a new biological system (of vaccine) .... When they don't find a toxin they'll be shifting back here (looking for a virus) .... I think this is a unique virus."

Meanwhile, reports of secondary cases of the disease continue to crop up. One Dr. Dickerson at Osteopathic Hospital in Philadelphia, has admitted to a patient suffering from what he terms "papalegion disease," because the patient, whose symptoms mimic those of the "legion disease," had no contact with the legion convention. And the Dayton, Ohio Journal Herald Aug. 11 quoted Pennsylvania State Health officials as being dissatisfied with the CDC's huddling of the investigation of the disease, citing three apparent cases of the disease which were not directly connected to the Legion convention.

The "legion disease," with a mortality rate in excess of 10 per cent, has the capability of wiping out not just tens but hundreds of millions. The reopening of schools next month will probably provide the necessary crowded conditions for the outbreak of a second and un-limited epidemic. By then, without vaccine, it will be too late to stop.

## Kennedy Health Insurance Bill Will Cut Health Services In Half

Aug. 13 (NSIPS) — The chief Congressional saboteur of President Ford's swine flu vaccination program, Sen. Edward Kennedy (D-Mass), improbably built and nurtured his so-called "liberal" reputation by devising national health insurance legislation which, if passed, would cut health services in half and dictate the murder of millions of U.S. residents. Periodically, the Senator pulls out his "Health Security Act," dusts it off, waves it around, spouts bleeding heart rhetoric about caring for the poor, and introduces it into Congress to demonstrate to the credulous his allegedly impeccable "humanitarian" credentials. The performance is a fraud.

Senate Bill 3, the legislative by-product of Kennedy's public relations campaign, is dangerous to your health. The bill provides for a sweeping reorganization of the health care system in the United States by the Federal government, abolishing all private insurance plans, and carries a price tag of only \$76 billion. However, the nation currently expends over \$133 billion annually on public and privately financed health care. Because Kennedy's bill would eliminate all private insurance program payments, a de facto \$57 billion cut in the annual health budget would be immediately affected with passage of the bill.

Understandably, Sen. Kennedy is reluctant to emphasize this aspect of his bill, preferring instead to camouflage the hideous level of austerity with vague abstractions about providing care to all U.S. residents. Nowhere in the bill is the level and quality of care defined.

As chairman of the Senate Health subcommittee, Kennedy recently demonstrated his actual attitude toward the general health and welfare of the U.S. population by systematically, if unsuccessfully, sabotaging the President's swine flu vaccination program. For months Kennedy used his Health subcommittee to stall the President's program in a low profile wrecking operation which had to be abandoned in the aftermath of the outbreak of so-called "Legionnaires Disease" in Pennsylvania. Forced out of backroom politicking, Kennedy loudly and publicly labelled the flu vaccination plan "unnecessary" and a boon to the insurance companies."

In acts which amount to outright biological warfare, the Senator initiated a cover-up of the probable swine flu epidemic in Pennsylvania, which has already claimed 27 lives, inviting alleged medical authorities to testify before his Health subcommittee that the Philadelphia flu was in fact not flu, not an infectious disease but the result of some mysterious "poison."

Kennedy charged that the Federal government has no authority to make the substantial intervention and commitment to the health care filed required by the President's vaccination program. The latter observation is all the more remarkable, given the avowed purpose of the Senator's Health Security Act, which in the words of the bill "includes provisions designed to reorganize the delivery of health services."

### The Health Security Act

Kennedy and the Rockefeller-Carter wing of the Democratic Party have joined forces to advertise S. 3 as a showpiece-model of social fascist legislation — on a par with the corporatist Humphrey-Hawkins Balanced Growth and Full Employment Act. The Health Security Act sets up sweeping mechanisms for the reorganization of health care delivery systems without specifying any minimal standards or priorities for health care services.

The bill provides the following:

- 1) A national health insurance program covering all U.S. residents;
- 2) To be administered by a special health security board of the Department of Health, Education, and Welfare, with regional and local offices to operate the program;
- 3) To be financed by a regressive 1 per cent tax on wages, a 3.5 per cent tax on employers' payrolls; a 2.5 per cent tax on self-employment income, and a 2.5 per cent tax on unearned income, plus matching funds from general revenues;
- 4) An annual \$76 billion budget — payments out for health services can not exceed revenues;
- 5) DHEW's health security board would have dictatorial powers to determine standards of health care and could order health "providers" to "add or reduce health services; (emphasis added)

6) DHEW would be responsible for health planning: "Priority would be given to development of comprehensive care on ambulatory basis;"

7) The health security board would establish priorities for education, training and recruitment of health manpower.

Kennedy's failure to clearly define guidelines for adequate standards of health care for U.S. residents — let alone his failure to address the relationship between health, living standards (i.e. housing, sanitation, nutrition, etc.), the productive capacities of the U.S. economy — is an intentional obfuscation built into the bill. In full daylight, S. 3 is a foot-in-the-door for the implementation of systematic reductions in health care delivery systems by means of the dictatorial administrative authorities mandated by the bill and empowered to determine every aspect of the health system, including quantity and quality of facilities, manpower, technology and so forth.

What Kennedy's legislation leaves ambiguous, the 1976 Democratic Party platform makes explicit. The Democrats' austerity health plank, drafted in close collaboration with Sen. Kennedy's staff, advocates a national health insurance plan which would dictate: 1) the de-emphasis of technology-intensive health care in favor of labor-intensive paraprofessional care; and 2) the elimination of "costly hospitalizations" in favor of

dispensing pills from neighborhood storefronts. In sum, back to the Dark Ages of bleeders and witch doctors.

The Democratic prescription includes:

\* "We must shift our emphasis in both private and public health care away from hospitalization and acute-care services."

\* "Incentives must be used to...shift emphasis away from limited-application, technology intensive programs."

\* "By reducing the barriers to primary preventive care, we can lower the need for costly hospitalization."

\* "Communities must be encouraged to avoid duplication of expensive technologies."

\* "The development of community health centers must be resumed."

\* "We must develop...the more efficient use of paramedics."

\* "Savings will result from the removal of inefficiency and waste in the current multiple public and private insurance programs, and the structural integration of the delivery system to eliminate duplication and waste."

These are the very same rationalizations which have provided the transparent cover for closing down hospitals, laying off health personnel and gutting health services in the city of New York in the past year, actions which daily threaten the lives of millions of city residents.

# A Comprehensive National Health Insurance Plan

*Submitted by the U.S. Labor Party*

**by Dr. Ernest Schapiro, USLP Candidate New York State Senate and Dr. Eugene Inch, USLP Candidate U.S. Congress, N.Y.**

The United States now faces an impending national health emergency.

In every city throughout the country vital municipal services have been drastically eroded by austerity programs, particularly since 1971. Sanitation, rodent control, infectious disease surveillance, and public health programs have been cut back severely. The result is that barriers to the spread of infectious disease characteristic of an advanced society have been impaired.

In the same post-1971 period the levels of real income have dropped more than 25 per cent, causing a lowering of the quality of diet, housing, and other living standards, directly resulting in a decrease in the population's resistance to infection.

These two tendencies, the collapse of the barriers to the spread of disease and the collapse of individual resistance to infection, are simultaneously impinging on the health care system. As constituted our health system in wholly inadequate to meet these needs. The current health care system is poorly coordinated, poorly distributed, and grossly underfunded to meet current necessities.

The current epidemic of bubonic plague among rodents in the Southwest and western U.S. with the accompanying high number of human cases demonstrates the results of admitted abominable levels of funding for rodent surveillance and preventive health. Similarly, the proposed three-month period for vaccinating the population against the expected epidemic of swine flu shows the lack of reserve in the health system for responding to any unusual strain on resources. Under a well coordinated health system the population would be immunized in several weeks.

The basic requirement for the survival of a society is its ability to provide the material means of existence of its members. Production of the means of existence — food, shelter, raw materials, and machinery, etc. — depends on the productivity of the workforce, and the productivity of the workforce depends in turn on the health of the workforce.

Deterioration in the basic health of the workforce, as is presently the case under the austerity conditions present in the United States, has a devastating impact on the productive powers of a population. In current medical terminology, this process is initially insidious, in that a worker's productive capacities — in terms of his ability to concentrate, endurance, stamina, etc. — can be severely crippled under conditions of a steadily reduced standard of living before he is medically classified as having a frank disease such as an infection. Such an initial loss of health, caused, for instance, by poor diet, must be seen as a health calamity because it severely impairs the social reproductive process. The efficiency of agricultural and heavy industrial labor is cut 50 per cent if the diet is reduced from 3500 calories to 2500 calories, and similarly with protein consumption.

From this it is clear that the nation's health is even more a basic prerequisite for technological and social progress. Within the next decade, the world must make decisive strides toward the development of an industrial economy based on Controlled Thermonuclear Fusion as the primary energy source. This will require massive upgrading of the skills and intellectual qualifications of the U.S. workforce, the most advanced in the world. The nation's health insurance system must be designed to ensure that the health of the nation is equal to this challenge.

It is also clear that any talk of preserving or improving the nation's health is a travesty in the context of the ongoing implementation of the Wall Street-dictated austerity and deindustrialization program which is progressively eating away at the nation's basic health and social service infrastructure, and the industrial base which produces the United States' high standard of living. Therefore the only possible context for an effective health insurance program in the U.S. is passage of the U.S. Labor Party's Emergency Employment Act and International Development Bank legislation. These proposals would declare international moratoria on debts owed by cities, states, and Third World and Western European nations to Wall Street and allied financial institutions, and use the productive resources thus freed from debt strangulation to fund expanded