

Hill-Burton Way Can Restore Public Health

by Marcia Merry Baker

The hospital bed ratio by county in the United States as a whole has fallen, as **Figure 1** records, to barely three beds available per thousand people as of 1999. *This is below the 1940s U.S. national average*, that gave rise to the post-World War II remedial hospital-building program in the first place! The United States is fast going backward to conditions prevailing pre-World War II, when appendicitis, maternal child-birth deaths, and accidents claimed lives for no other reason than the absence of hospitals.

Not only hospitals—the defense-in-depth against disease—but now also public health programs (pest control, inoculation, county nurses, surveillance for disease, water and food safety) are being dismantled by budget cuts to the point of guaranteed epidemics, as this year’s West Nile fever outbreak now shows.

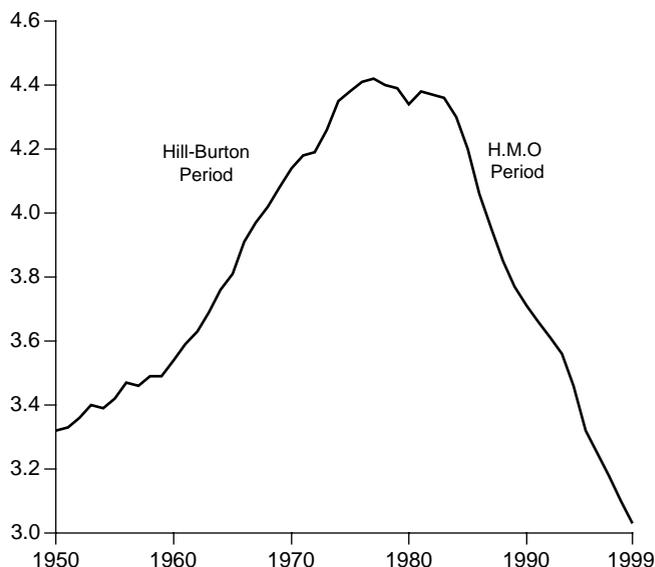
Enacted Aug. 13, 1946, the Hospital Survey and Construction Act is known as “Hill-Burton” for its co-sponsors, Sen. Harold Burton (R-Ohio) and Sen. Lister Hill (D-Ala.), the latter also a leader in the TVA program. The law mandated Federal and local cooperation and funding, to achieve a goal to have a community hospital in every county, to guarantee hospital care to citizens: in rural areas at a ratio of 5.5 beds per 1,000 (sparsely settled regions require redundancy); and in urban areas, 4.5 beds per 1,000.

At the same time that this hospital construction boom proceeded—providing many of the 3,089 U.S. counties with their first hospital ever—public health programs and applied medical R&D all but eliminated polio and tuberculosis. Pertussis (whooping cough) declined from a peak of 156,000 cases in 1947 to 14,800 in 1960; diphtheria declined from 18,700 cases in 1945, to 900 in 1960. The use of the insecticide DDT, begun in the 1940s, was on the way to eliminating malaria and other mosquito-borne disease.

By the mid-1970s, the Hill-Burton goal of 4.5 beds per 1,000 was nearly reached as the national average. Intervening laws furthered the approach: Amendments to the Hill-Burton Act in 1954 authorized funds for chronic care facilities; in 1965, the Medicare and Medicaid health insurance programs were begun.

Then came the shift. On Dec. 29, 1973, President Richard Nixon signed into law the bipartisan Health Maintenance Organization and Resources Development Act, which ushered in the era of deregulation of health care delivery, to the point where over 2,000 hospitals have shut down. Likewise, core public health functions have been drastically reduced. For

FIGURE 1
U.S. Community Hospital Beds, 1950-1999
(Per Thousand Persons)



Source: U.S. Statistical Abstract.

example, in Louisiana—the epicenter of West Nile fever epidemic—two of the six parishes (counties) with 91 cases and eight deaths (as of Aug. 15), *had no mosquito monitoring nor abatement program at all as of 2002*. This situation prevails in large parts of the Gulf Coast states.

In Fall 2001, during the anthrax attacks, public health networks were barely up to the task. Mohammad N. Akhter, MD, Executive Director of the American Public Health Association, warned at the time, “The demands to investigate these latest anthrax cases are rapidly outpacing our ability to act.” Dr. Tom Milne, Executive Director of the National Association of County and City Health Officials, told *EIR* in October 2001, that of over 3,000 counties nationwide, 180 are without any kind of state or local public health center, and many are lucky to have only a lone nurse. This Summer, Larimer County, Colorado, reported that they must cut 15 full-time public health staff, for budget reasons, while the Homeland Defense program promises to provide 3 new staff—a net loss of 12! This epitomizes the current insanity.

What is required: Repeal the 1973 and subsequent HMO legislation, and go back to the Hill-Burton approach that works; restore the community hospital system at the needed ratios of modern care, comprised of beds, nurses, physicians, therapists, diagnostics, etc.

For public health, parallel measures are needed. This means selectively freezing debts and providing new credit and funding, in order to reopen, build, or restore priority medical treatment and public health functions. But the overall policy method expressed by the Hill-Burton model, is the key.