



EIRNS/Stuart Lewis

The HMO for-profit system introduced in the last 30 years has downgraded U.S. health care, from the number of beds available and staff-to-patient ratios, to the unaffordable costs of medical care and insurance. Here, a “birthing inn” at a community hospital.

LaRouche has repeatedly stressed the responsibility of the Federal government for the general welfare of its people, to see that needed ratios of the physical health-care delivery system—such as hospital beds, medical personnel, public health services, and so on—be available and accessible (through both community and private endeavors), as shown by the 1946 Hill-Burton Law (“Hospital Survey and Construction Act”).

The “Hill-Burton principle” in U.S. health care prevailed up through the 1960s, in particular, with the enactment of Medicare and Medicaid in 1965. Tuberculosis, polio, and other infectious diseases were rolled back; the ratio of hospital beds per thousand residents across all 3,000 counties approached modern standards (then, about 4.5 per 1,000), and other advances ensued. The health insurance system, with all its flaws, still “worked,” through its constituent parts, including employer-provided non-profit companies—such as Blue Cross/Blue Shield—and civic charities.

Then, in 1973, with the passage of the pilot project “Health Maintenance Organization Act,” the shift against the Hill-Burton/general welfare principle began. Both physical health-care logistics and decent insurance coverage declined drastically. Under nominalist rhetoric about “competition will lower costs,” the HMOs and for-profit hospital chains were permitted to carry out looting raids against citizens and medical facilities alike. Physical infrastructure contracted. In Conyers’ own state of Michigan, the ratio of hospital beds per thousand residents has dropped drastically from 4.3 in 1980 down to 2.6 by 2000, and is even lower in many localities. To top it off, the Bush/Cheney Administration is now not making required payments to states and hospitals for Medicaid/Medicare expenses, guaranteeing both instant financial crisis, and patient suffering.

Running interference for all this, is former Congressman Newt Gingrich, given the limelight by networks of financial

interests, to call for even more HMO “competition” and consumer choice. Speaking at Harvard University on March 30, Gingrich said, “What we need is a Travelocity for health care.” Gingrich’s entertainment act specializes in euphemisms for how millions of Americans should get no care at all.

As LaRouche said, now is the time for the moral line to be drawn. We are in a three-month period, between now and the end of June, which will be fatal to the bankrupt world financial system. All the various financial schemes, ruses, and waves of leveraged speculation over the decades of the Alan Greenspan Great Game are blowing apart. The system is finished.

Therefore, look around, and you see not only your physical conditions of life going—your house, your hospital, your gasoline, but your ideological way of life. There is no alternative to the changes that have to be made, the changes that LaRouche has been laying out for decades.

LaRouche’s advice: Are you afraid of being left with no health care, and no housing either? Go after your Congressman, and get him or her to support the Conyers bill.

LaRouche Endorsement: Support Conyers’ Health-Care Reform!

The actual or virtual obliteration of pre-existing, private pension and related contractual agreements, demonstrates the folly of inducing large numbers of our citizens to place their trust, and the hope of their families’ future, in the substitution of the dubious protection of private pension and health-care systems for public measures as durably permanent as our constitutional republic itself.

The extraction of financier profits in layer upon layer of the private health-care and pension systems, and the degree of reckless mismanagement shown by the successive waves of actual, and virtual bankruptcy, and mismanagement of more and more of the privately constructed programs, should be taken as a lesson which, in the light of recent experience, no prudent heads of family households could conceivably overlook.

The most essential, mandatory quality of any pension or health-care system, is that the protection it promises must be delivered in a full and promptly timely way when the time for the redemption of that promise has arrived.—*Lyndon H. LaRouche, Jr.*, April 21, 2006