

Hospitals: 'Worst Is Yet To Come'

Most community hospitals are far from developing the surge capacity and medical redundancy which, as LaRouche noted over 20 years ago, are necessary for a civilian medical system to deal with public health crisis. Instead, hospitals are just fighting to stay open. The community hospital is the backbone of the public health system. This was recognized in the 1946 Hill-Burton Law, "The Hospital Survey and Construction Action." Prior to World War II, only 1,800 counties had community hospitals. Hill-Burton mandated funding for community hospitals in all 3,064 counties in the country, with a ratio of 4.5-5.5 beds per thousand population. In the early 1970s, there were some 7,000 public hospitals serving 3,064 counties.

By the year 2001 (the latest figures), there were only 4,908 U.S. hospitals (American Hospital Association). The more accurate Federal government figures report 204 fewer than that—just 4,704 U.S. hospitals in 2001. Hospital beds dropped from 4.5 beds per 1,000 population in the early 1970s—the Hill-Burton minimum—to fewer than 2.9 beds per 1,000 in 2001 (AHA). Thus, in 2001, just as the Sept. 11 and anthrax attacks hit the United States, the country was at its lowest capacity in three decades, to deal with the medical needs of victims. Yet, even these numbers may be overestimated, given that beds in specialty hospitals which serve only cardiac or orthopedic patients—but not the general commu-

nity—are counted here. Since 2001, thousands more beds have been eliminated in continuing hospital closures. Over 2,083 beds were lost in 2002 alone. Nearly every state is now in bankruptcy, causing some, like California, to enforce draconian services cuts, including the closing of hospital emergency rooms and trauma centers. Los Angeles County alone is cutting up to 2,475 health-care workers, including doctors and lab technicians.

At the April 29 Senate hearing, Senator Kennedy warned that, "Although hospitals have received \$500 million for bioterrorism preparedness this year, these funds are dwarfed by cuts in other areas." Graduate medical education lost \$750 million. Medicaid, the Federal-state program which provides health-care coverage for the indigent and disabled, was slashed by \$1.3 billion. Recommended increases in payment rates which were not funded, Kennedy said, took \$420 million from hospitals. "The result—even with additional funds from bioterrorism grants—is that hospitals lost \$1.9 billion last year. And the worst is yet to come this year."

In testimony given before the House Committee on Government Reform on April 9, Janet Heinrich, Director of Health Care and Public Health Issues of the General Accounting Office, said that while SARS has not infected many individuals in the United States, it has raised concerns about the nation's preparedness should it, or other infections, reach pandemic proportions. In a survey of states, the GAO found gaps

Science of SARS

The isolation and full genetic sequence of the new coronavirus that is responsible for the current outbreak of SARS has been accomplished by Canadian and American researchers. The genetic sequence shows that this coronavirus is unlike any previously known to infect humans. It is also not like any known coronavirus that infects animals. The sequence indicates that this is not a simple case of an animal coronavirus making a "species jump" by gaining the ability to infect humans. Research experiments in Europe have shown that the coronavirus can infect primates, and produces the same pneumonia-like symptoms seen in human beings.

There has been a flurry of recent hysteria in the press about the SARS virus mutating rapidly into a more deadly form. This is not supported by any of the evidence, which in fact shows that the coronavirus isolated by the Canadian team differs in only 10 base pairs out of 30,000 from the one isolated by the American team at the Centers for Disease Control (CDC). In the behavior of a coronavirus, it makes mistakes by design when it replicates, leading to minor random changes in its genetic sequence. These

changes may disable the virus, or may help it replicate, or may do nothing functionally to it. There has been no research published that shows that the small natural mutation rate of this virus has changed, and to do so would require viral isolates taken and compared over a long period of time.

New research has shown that other modes of transmission of the SARS coronavirus may be possible. Hong Kong researchers have reported that the virus is present in stool and urine from SARS patients, and the virus may survive up to 24 hours in excrement. This raises the question of whether sewage contamination can spread SARS, which is being investigated in the case of the Amoy Gardens apartment complex in Hong Kong, where about 300 people became infected.

In a study published on May 7, Hong Kong and British researchers have shown that the death rate for SARS patients in Hong Kong who are hospitalized is higher than previously reported. The study shows that patients under 60 years of age have a mortality rate of 13%, while for patients over 60, the mortality rate is 43%. However, in other parts of the world, the mortality rates for SARS patients who require hospitalization has been much lower, and in the United States, there have been no deaths.

—Colin Lowry