

assumed the form of an epidemic; I would be worried by the technical possibility of a return of the ‘Spanish flu’ epidemic, or some other horrors; but in any case, panic is the worst danger of all.

“Instead of panicking, we must act to force through a rapid rebuilding of those health-care and related national defenses which have been torn down since the Nixon Administration’s ramming through the overturn of the Hill-Burton law with HMO legislation.”

Since that Federal law authorizing HMOs was enacted in 1973, all the critical U.S. public health ratios have declined: manpower, diagnostics, laboratories, hospital beds, vaccine stockpiles, to the point of becoming a clear and present danger. This was the direct result of the switch-over from public infrastructure standards, to health care *deregulation*, in which so-called “market”-based decision-making provided spectacular rates of profiteering to “managed care” companies, pharmaceutical houses, and financial interests.

The public and lawmakers stood by and let it happen. Some of the same leaders of the shutdown process are now holding Federal office, calling for billions in Federal monies to revive health infrastructure. Homeland Security Director Tom Ridge drastically cut Pennsylvania medical programs for the poor while he was Governor there. Secretary of Health and Human Services Tommy J. Thompson pioneered imposing sweeping cuts in state welfare, health, and medical ser-

vices in Wisconsin, when he was Governor there.

Even if billions in Federal spending on public health were authorized tomorrow, the political reality is that on the state and local level, there are multimillion-dollar cuts being made in medical and health services, because governments are trying to “adjust” to the economic collapse now under way (see *Documentation*). A national “Chapter 11 bankruptcy-style” approach is required to ensure that vital economic functions are kept going—services, businesses, agriculture, transportation, and health care. Unpayable debts need to be frozen, while an infrastructure build-up—in the case of health care, “soft” infrastructure—revives the economy.

### Health Infrastructure Decline

Over the past 30 years, some 1,000 U.S. hospitals have been closed down; still more have had their bed-count reduced, dropping the national ratio of beds per thousand persons from about five in the 1970s, down to less than three; and in many counties down to one or none. The world-famous 1946 Hospital Construction Act (“Hill-Burton”) had mandated a ratio of between 4.5 and 5 beds per 1,000, but this was scrapped in the 1970s.

Besides hospitals, all the other parts of our national “soft” infrastructure for public health, have been undermined.

**Workforce:** The ratio of U.S. public health workers to population dropped drastically from the 1970s to the 1990s. In

## Budget Cuts Threaten Argentine Institute

The Argentine government’s insane “zero deficit” plan, mandated by the International Monetary Fund, threatens the state-funded Malbrán National Microbiology Institute, the nation’s premier scientific agency which is known throughout Ibero-America for its excellence in medical and microbiology research. Founded in 1916, Malbrán treats 7,000 patients annually for diseases such as tuberculosis, Chagas, hantavirus, dengue, meningitis, and polio. It also specializes in the production of vaccines, and in the study and treatment of congenital birth defects and high-risk pregnancies.

Between 1998 and 2001, the Institute’s budget was cut by 12.5%, and under President Fernando de la Rúa, it is slated to undergo another 21% cut in 2002. This, despite the fact that the Institute has been recently called upon to analyze, for possible anthrax contamination, more than 1,000 letters sent into the country—which it can only do by diverting financial resources from other Institute departments.

In an interview with *EIR*, Dr. Sergio Angel, Vice President of the Institute’s Professional Association (APROINM), said that this means that “people won’t die of anthrax, but of other diseases,” because there are no funds for treatment. APROINM President Graciela Davel said that with the Institute’s reduced budget, “50% of the 13,000 TB patients nationwide will die, because they won’t receive medication. . . . We aren’t prepared to handle any bioterrorism emergency, because [the government] hasn’t really complied with the full budget.”

Dr. Angel told *EIR* that Finance Minister Domingo Cavallo has allocated “zero pesos” for purchase of supplies in the fourth quarter of this year. For 2002, the Finance Ministry plans to allocate only \$2.6 billion to the Institute, whereas the budget for TB treatment *alone* is \$2.2 billion. Doctors, and even patients and their families, are donating personal funds to pay for supplies. Contract personnel (doctors, technicians, administrators) will have to be fired, as the monthly budget for that category has been cut from \$130,000, to \$10,000.

Dr. Pablo Barbero, who heads the Institute’s Human Genetics Center, said that the lack of funds threatens the Institute’s ability to maintain sanitary standards, protect ongoing experiments, and preserve biological strains being studied.—*Cynthia Rush*