addressing the crucial concerns of our community, we can insure maximum voter education, participation and turnout to guarantee victory for the Democratic Party and our Presidential nominee in November."

Documentation

Health Care Is A Right Under General Welfare

This dialogue occurred at a March 29 reception in Harrisburg, the capital of Pennsylvania, which was hosted by Rep. Harold James for Lyndon LaRouche.

Rep. Harold James: While we're waiting now, I think what I'm going to do, is I'm going to ask Presidential candidate Lyndon LaRouche, one of the major concerns we have here in Pennsylvania, happens to be health care. And so I want to ask his view, so he can just tell about his view on health care, and what he thinks of universal health care. And then, while we're waiting on a couple members of the Caucus.

Lyndon LaRouche: Okay. On health care, there are essentially, what happened in 1973, under Nixon, with the repeal of Hill-Burton, and its replacement by the HMO system, we began an accelerating process of destruction of the health-care system of the United States, which had had faults, and shortfalls, especially, but it worked.

Now, Hill-Burton was conceived by Lister Hill and others, an unusual source, but nonetheless he was on the right track on that one, and it was based on several things, especially on military experience in several wars, especially beginning with the Civil War. The Civil War was a great carnage, in our country, and the medical problems posed were enormous. And out of this process, through the process of World War II, when we had about 16 million people in service, we had a military health system which was good; it worked. It had shortfalls, but it was excellent.

So, when we came back from the war, the move was in the Congress to utilize that experience, military experience, because many people were veterans, who were returning to the United States—16 to 17 million people, veterans—and their families. So the idea of, how do we provide a health-care system, for our citizens, comparable to our philosophy of health care, for care of our people in military service? This became known as the Hill-Burton legislation.

The objective of that legislation, which is only a few pages—it's not a long 50-page, 100-page, 2,000-page document of health-care law. It's a very simple statement of principle, which was then followed up by supplementary Federal legislation, and other helping legislation, at the state level, and by state and Federal executive action.

The objective was to say: Each year, we must set an objective for the number of beds available in hospitals, and related institutions, for each county in the United States, designating the categories of care which would be provided through the assistance of these institutions. These institutions were a mixture of private institutions, voluntary hospitals, public institutions which provided health care, and clinics, and so forth.

Each year, under Hill-Burton, a group of people—private and public interests, Federal government, state government, local government—would meet, in each county, to work out a budget for the objectives of health-care provision for the coming year, and the year beyond. We would total up the amount of funds we expected available from personal contributions, private contributions, and so forth, as well as paid-in health care. We would say, "Okay, we've got that, but that's not enough, because we require more." So, at that point, we would have fundraising operations for a county health-care fund, which would help to take care of the deficit. If we were short, we would go to the city governments. If they had it, we would go to county governments. We would go to state governments. And we would, in the final analysis, go to the Federal government for help.

We had Federal institutions, such as the Veterans Hospital system, and other institutions were called into play. The Public Health Service, an institution of the Federal government, was called into play. So, therefore, we provided an improvement in health care in the United States, up until the '73-'75 interval, with the enactment of HMO and the "Big MAC" operation in New York City, where we began to destroy that health-care system.

We went to the idea of a paid-for care on an individual basis system. We turned physicians into clerks, filling out paperwork. We did not do that before. So, we were going on a *triage* policy. Those for whom payment would be provided, would be cared for, according to the payment available. Those for whom payment was not provided—"Well, that's life."

So, we now had lost, in health care, we've lost probably over 30% or more of our health-care potential, that we had in the 1970s. It's disappeared. People are—and it's impossible. It's worse than that, because we began to put physicians out of practice, with medical risk insurance rates. We cut down the capacity. We no longer care for people.

Under Hill-Burton, say, in New York City, or any other municipality that had these kinds of policies, somebody falls down in the street. A citizen would say, "Call a cop." A police officer comes by; they call a wagon. They take the affected person to the nearest emergency treatment. They're given emergency treatment. The emergency treatment unit would then refer them to an overnight care unit, for observation, to see what other treatment was needed, unless it were a continu-

Candidate LaRouche, committed to Hill-Burton Act principles of healthcare, led the fight to save Washington's only public hospital, D.C. General. A demonstration three years ago at the hospital; at the Congressional briefing, LaRouche spokesman Dr. Debra Freeman is at left, LaRouche endorser State Rep. Harold James is second from left.

ing emergency. Then, there would be an assessment of what the patient's problems might be, and a diagnosis and prognosis would be made. And they would get that care.

Somewhere in the process, someone would come along and try to find out, who has the money to pay for all this. If they had the money, if they had a health-care plan, or some other protection, that would be used. If they had nothing, they would still be treated. And the system was built-in, so it was a blanket system: Everybody is cared for.

Now, in my view, because of the way our political system works, I would say: "Repeal HMO. Go back to Hill-Burton. And start, by just adopting the Hill-Burton objectives, and start to rebuild the structure, and the policy, that we had before, and rebuild the system, with the idea that we are going to provide necessary health care for everyone."

Now, this is more than an individual health-care proposition. We have two other factors, which are important. One is, health care is a matter of national security. The disease your neighbor has caught, is going to affect you. Therefore, this is part of our national security system. Therefore, this is the responsibility of the Federal government, and the state governments, to provide security for our citizens, from other people's diseases.

We also have, because the population is older now, people living longer. Now, that means they live to catch diseases that they wouldn't have caught otherwise. Or, the number of diseases of people over 50, is increasing. Therefore, we have a need for preventive health care. Preventive health care largely consists of the physician, consulting with a patient, and being allowed to spend the *time* consulting with a patient, to find out what the patient's problem is. And then making a proposal. The physician would then say, "Well, let's take this test. Let's take this test. Let's look at this, and see what your problem is."

Now, preventive health care, as the former Surgeon General of the United States, Joycelyn Elders, laid this out to me, this means, it's cheaper to treat people with preventive health care, than it is to wait until they get really sick. And therefore, we now have to think about national security, preventive health care in a new dimension, in addition to what we had before 1973-75, in terms of that.

But, I think simply using the Hill-Burton, essentially, as the model for guaranteeing the availability of universal health care to the degree needed, for all citizens, all persons, without question, and let those who can pay, those who have provisions, let them pay accordingly. If they run out of money, with major catastrophes, if they don't have any money, they're still going to be treated. And that's my view of how we could actually, by going back to a proven, pre-established successful policy, we could have universal health care.