

# LaRouche Launches Penna. Media Blitz, as State Rep. H. James Endorses Him

Under the headline, “Stop Taking Our Votes for Granted! Send a Message—Make Your Vote Count!” Pennsylvania State Rep. Harold James (D) released his formal endorsement of Lyndon H. LaRouche, Jr. for President, who is running in the Pennsylvania Democratic primary being held on April 27. Representative James was elected to the Pennsylvania House in 1988 from the 186th Legislative District in Philadelphia, and is currently running for his ninth consecutive term. Former chairman of the Pennsylvania Legislative Black Caucus, he serves on the Executive Committee of the National Black Caucus of State Legislators (NBCSL), where he was appointed Special Assistant to the NBCSL President, and Region II Chairman, NBCSL (New York and Pennsylvania).

Rep. James’ endorsement comes as the LaRouche campaign announced plans for escalating its organizing in the crucial swing state of Pennsylvania over the next weeks. LaRouche in 2004 has purchased two half-hour television ads—to air on April 25 in Philadelphia on CBS-3, KYW-TV, and in Pittsburgh on the same day, on Pittsburgh Cable News Channel. On April 8, the campaign also initiated a series of radio advertisements in Philadelphia and from Washington, D.C., where the leading news station WTOP reaches into Pennsylvania. The media blitz will escalate, with 30-second TV ads in the last week before the election.

In Pennsylvania, LaRouche will be one of three active candidates, but the ballot will still be cluttered with “former” candidates, such as Howard Dean and John Edwards. However, it is likely that every Democrat in the state will become aware of LaRouche’s campaign, as LaRouche in 2004 has rushed into print 250,000 copies of the transcript of LaRouche’s appearance in Harrisburg on March 29, which will be mailed and distributed statewide. As the endorsement below by Rep. James indicates, LaRouche is well known as a fighter for economic and social justice throughout Pennsylvania, and, as early as 1984, a LaRouche candidate won over 20% statewide in a Democratic gubernatorial contest.

Over the course of the last week of March, LaRouche also received the endorsement of two other prominent African-American leaders: civil rights heroine Amelia Boynton Robinson; and Eddie Tucker, a city councilman and chairman of the Talladega County Democratic Conference of the Alabama Democratic Conference. They join Mississippi State Representative Erik Fleming and Nevada State Senator Joe Neal as leading African-Americans supporting LaRouche’s candidacy.

Of the 11 Democratic primaries besides Pennsylvania in

which LaRouche expects to be on the ballot, both Arkansas and South Dakota promise to be of great interest. In Arkansas, where LaRouche won 22% of the vote in 2000, over 53,000 votes—only to have his delegates stolen by Al Gore—the FDR Democrat is pitted only against putative frontrunner John Kerry and Rep. Dennis Kucinich. His supporters intend an active organizing campaign into the May 18 primary. In South Dakota, LaRouche has emerged as the only candidate other than Kerry with statewide support. The state Democratic Party bowed to this reality by defying the DNC crowd and putting LaRouche on the ballot; but then it bent the rules as well in order to place Kucinich, Dean, and uncommitted on the ballot, despite the failure of the first two to meet the qualifications for delegates.

## ‘Make Our Votes Count’

Here is Representative James’ statement of endorsement (subheads have been added):

“Currently, the Democratic Party has begun to rally behind the banner of Sen. John Kerry, who is no doubt a better man than what we have in there. However, the Democratic Party is continuing to take many of its leading constituency groups for granted, such as African-Americans, other minorities, labor, and others. Our concerns, at this point, are not being adequately represented by the Kerry campaign. We must remedy this problem, so that we can mobilize a massive turnout of the Democratic Party base, and remove the Bush/Cheney Administration from power this November.

“For these reasons, and after serious soul-searching and consideration, I have decided to extend my personal endorsement to the candidacy of Lyndon H. LaRouche, Jr. in the April 27 Democratic Presidential primary here in Pennsylvania. Fifteen percent of the vote, or more, for Mr. LaRouche in any Congressional District, will elect LaRouche delegates to the Democratic Party National Convention, and guarantee that our voices will be heard at the very highest levels of politics in this country.

“This is how we can make our votes count, and send the most powerful message to Party leaders that our issues and concerns must be addressed. As the distinguished African-American scholar Ron Walters has argued: ‘In order to move the system, Blacks have to look after their interests first, not the party’s. That requires both courage and savvy. We must decide whether this time, it is worth pushing the envelope to make Kerry accountable, or to trust him and the system to work it out and look after our interests. Our history tells us



*State Rep. Harold James' (left) endorsement of Lyndon LaRouche for President launched the final hot phase of LaRouche's drive to win national convention delegates and mobilize the "forgotten 80%" of Democrats in Pennsylvania's April 27 primary.*

not to trust the system, to fight for every inch of advantage and to be proud of that fight.'

"Note that Mr. LaRouche is one of only three active candidates that will be on the primary ballot here (Reverend Sharrpton is not running in Pennsylvania), and has one of the largest bases of support of any candidate. As of the Federal Election Commission's latest March 2004 report, Mr. LaRouche leads all of the Democratic Presidential candidates in the cumulative number of individual itemized contributions. LaRouche has 37,867 individual itemized contributions as compared to 35,337 for John Kerry. The statistics are even more remarkable in Pennsylvania, where LaRouche has 2,942 such contributions, to Kerry's 926! By the time of the Democratic National Convention, Mr. LaRouche will have appeared on the ballot in 32 states and the District of Columbia. Also, as of the February FEC report, Mr. LaRouche had raised \$6,735,378, and he qualified for Federal matching funds.

### **'Track Record Second to None'**

"When it comes to the concerns of our communities, Mr. LaRouche's track record has been second to none. Over the years, when I have asked Mr. LaRouche to become involved with issues that will improve the conditions of my community, he has responded, not with words alone, but with action.

"Several years ago, when it was revealed that Black elected officials were being systematically targeted and harassed by the Department of Justice, Mr. LaRouche sponsored hearings and circulated crucial material exposing that horrible injustice. Those hearings were dedicated to the memory of our late, great, State Rep. Dave Richardson, whose tragic, untimely death precluded his planned participation.

"When the Democratic National Committee failed to

sponsor hearings to establish a fair and just platform in the 2000 campaign, Mr. LaRouche called for Democratic platform hearings. My colleagues and I participated in these historic hearings which addressed the critical issues of health care, jobs, economic injustice, and government harassment.

"When I asked Mr. LaRouche to help last Fall, after it was discovered that Attorney General Ashcroft had authorized the wiretapping of the office of Philadelphia Mayor John Street in an attempt to influence the outcome of the election, Mr. LaRouche responded. He personally supported Mayor Street, and authorized hundreds of young people to help in that election. That effort helped to insure the Mayor's re-election by a landslide. While I invited all of the Democratic Presidential candidates at that time to speak out against that injustice, only two candidates, Mr.

LaRouche and former Sen. Carol Moseley Braun, responded.

"Several years ago, when Washington D.C. General Hospital was being shut down as a prelude to the closing of trauma centers and full-service hospitals in urban areas across the country, Mr. LaRouche took up the challenge to defend public health in the nation's capital. I joined that fight. Today, Mr. LaRouche is pledged to upgrade our health care as a national security issue of the highest magnitude, and I salute him on that. Mr. LaRouche has championed the cause of universal health care. Health care is a right for all Americans, and not a privilege for some.

"In echoing the voice of President Franklin Delano Roosevelt, Mr. LaRouche has called for defending the rights of America's forgotten men and women, and promoting the general welfare of the entire nation.

"Moreover, he has fought vigorously on behalf of the rights of the forgotten men and women of the world. He has waged a relentless campaign against the silent genocide which is ravaging Africa, while others have failed to adequately address this issue.

"Without Mr. LaRouche's input and delegates, I am concerned that these issues will not be adequately raised or addressed at the Democratic Party National Convention in Boston this Summer. This is why I personally endorse his candidacy in the upcoming Pennsylvania primary, and urge the community to cast their votes for Mr. LaRouche.

"I am encouraging people to participate in a strategy whereby their voices will be heard as we develop our agenda for inclusion, participation, and justice. Fifteen percent of the vote is the threshold in each Congressional District, which allows Mr. LaRouche to accumulate delegates who will raise our agenda on the floor of the Democratic convention. By

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.”

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## Documentation

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# 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 princi-

ple, 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.