

SPECIAL REPORT

"The function of the hospital has turned full cycle. Thirty years ago the slogan was 'get people into hospitals!' The present watchword is 'get people out of hospitals.' The future requires that we keep people out of hospitals...."

—Rufus Rorem, first chairman of Blue Cross, 1961

Senator Kennedy's health care plan:

The one issue for the 1980 U.S. presidential campaign that has managed to stir up popular ferment is that of a comprehensive national health care program. As tightening austerity and inflation increase voters' anxiety over actual or potential medical care needs, Sen. Edward Kennedy has come forward as the standard bearer against "big business" interests of organized medicine and allegedly on behalf of the "consumer" patient.

Kennedy, whose undeclared candidacy for the Democratic presidential nomination already has the nod where it counts—behind the closed doors of the New York Council on Foreign Relations—has been organizing a consumer and paramedical constituency in favor of his national health care bill, and he has the support of nearly every trade union in the country.

In the opposition camp, the bill's most vociferous critics are generally pushing a "free enterprise" line that claims self-policing will accomplish the same austerity aims as the "socialistic," British-modeled Kennedy approach.

This polarization of the debate between classic "left versus right" constituencies has disguised what is really afoot around the Kennedy effort. Like everything else that has been packaged to make the bumbling Massachusetts Senator work as a "media event," Kennedy's purported aim of providing every American with comprehensive health insurance coverage is a public relations front. The core of the issue is a campaign to strip American medicine of its world-famous high-technology effectiveness.

The real Kennedy health plan consists of:

1. Carter's hospital cost containment bill. Kennedy claims to oppose this measure which would put an absolute lid on hospital costs, thus barring the introduction of any new technologies and forcing major

cutbacks in existing services as a result of inflation.

However, at the American Newspaper Publishers Association conference last week in New York, Kennedy said, "The only people who care about cost containment are the people opposed to it—the hospitals and the AMA. The only way to get cost containment is to pass the national health insurance bill."

2. Reform and reorganization of the Food and Drug Administration. This is a bill written in collaboration by the Kennedy staff and staff of Health, Education and Welfare Secretary Califano to reshape the pharmaceutical industry away from basic research toward the production of palliatives, and to undermine its scientific standards of evaluating the efficacy of new drugs in favor of "consumer input."

3. The institutionalization of the hospice "right to die" movement by designating Medicaid and Medicare funding for centers where the "terminally ill"—a term which would embrace a growing number of diseases—would be fed nostrums and panaceas until they expire, and advanced medical care would be actually forbidden.

4. National compulsory health insurance. This bill, described in the article below, would enforce barefoot doctor medical standards on the entire population.

This total impact—amounting to a shutdown of advanced scientific medicine and medical research—has been carefully disguised by a piecemeal legislative approach. The Kennedy health measures were designed and marketed to slip through this Congress and the next as a series of legislative fragments, each of which contains a piece of the practical policy to be implemented. Thus with the assistance of duped trade unions, a hangdog American Medical Association, and misguided free enterprisers willing to institute "compromise" austerity measures in the hope of staving off the spectre of HEW-Kennedy "socialized medicine," the

shut it down

entire fiscal austerity apparatus would be put into place by the time Kennedy makes his bid for the White House in 1980.

Like the closely related campaign to shut down the U.S. nuclear energy industry, the Kennedy "health" plan is part of something bigger that gets lost in the debate over "cost containment" versus skyrocketing inflation. Ironically, the increasing cost of health care as a percentage of total social expenditure is largely a result of the U.S. economy being oriented away from technologically-advancing productive investment.

The Kennedy health package is the product of more

than 50 years of planning, as our report demonstrates. These "planners" now believe they have created a sufficient climate of distrust in science to convince the public that its self-interest is best served by undermining advanced medicine, and replacing it with a system of consumerist cost containment and palliative treatment.

The purpose of modern scientific medicine is to increase the productive lifespan of a precious citizenry. The grim, but logical consequence of denying an increasing proportion of the population a productive life is to award both the medical profession and a large number of patients the "right to die."

Call for blue ribbon commission

Lyndon H. LaRouche, Jr., a candidate for the 1980 presidential elections, issued in December 1978 a proposal to defeat what he termed Kennedy's "Kool-Aid for the aging" approach to health insurance. LaRouche, chairman of the U.S. Labor Party, proposed the creation of a blue ribbon commission. That proposal, excerpted here, includes an outline of the commission's responsibilities:

The primary focus of the commission's work should be the service of those ethical principles for which all honorable professionals stand in essential agreement, despite secondary divergences among them on the issue of financing the delivery of a quality of professional service on which all honorable professionals are generally agreed....

The issue to be emphasized at this moment must

be made the issue of what is to be delivered. After the fight for the quality of health services is won, we can settle the issue of financing delivery properly....

The duty of the medical profession—and of national policy-makers—is to encourage the medical profession to promote high rates of expansion of services and high rates of improvement in basic research and in high-technology equipment. *It is the economy which is sick, not the medical profession.* With a return to emphasis on generalized scientific and technological progress, and an emphasis on high-technology forms of employment in production of useful tangible goods, the economy will begin to be cured of its own disease, and with that development the burden of medical services will begin to evaporate....