

# LaRouche: Every human being has the right to health care

*The following was extracted from remarks by presidential pre-candidate Lyndon H. LaRouche, Jr. during an Aug. 3 interview on the radio program "EIR Talks." For more on the Hill-Burton program which LaRouche mentions, see EIR, July 29, 1994, "Why U.S. Health Care Must Return to the Hill-Burton Standard."*

I concur fully with the President that the time has come, for various reasons, that we must state as a *moral principle*, not subject to debate, that every human being in the United States, in particular, has a right to access to what can be considered health care; and that no one would be deprived of health care that they require for their health and for their life, for reason of not having the right credit card or the right amount of money on some insurance scheme.

Anybody who takes an opposing view, that there should be some kind of a social Darwinism—if you've got money, you get treated; if you don't have money, you don't, or something of that sort; if you're too old, you don't get treated—those people belong together with Adolf Hitler.

The problem is, how to get it economically, and how to eliminate what is happening with the HMOs [health maintenance organizations] and others. If a guy punches some symptoms into a computer, the computer comes back and says, "Diagnosis, as determined by the computer, is the following." The computer then flashes a menu, which tells the physician what he's allowed to do for that patient. If the patient comes in with grievous symptoms, the computer says, "Catastrophic case. Send in two aspirins, carried by a hospice worker." That is what we're getting *very* close to right now, on the basis of people saying, "We've got to cut health care costs, I don't care how many people we have to kill." In the Commonwealth of Virginia, if you go into a hospital, the hospital people are *obliged* to present you with a Living Will to sign. This is Adolf Hitler, pure and simple.

## Post-industrial disaster

People say, "We can't afford to pay for it." My answer is, "You'd better look at some of the things that have happened." Why is it that, today, in 1994, we cannot do what we could have done *in 1974*?

For the past 25 years and longer, we've been living under what is called a "post-industrial New Age" society. As a

result of that, the percentage of the labor force which is employed in producing physical goods, has dropped from about 60% at the close of World War II to about 20-25% today. The biggest drop in per capita productivity, and in percent of the labor force employed in producing *real* wealth, not paper stickers or something, has come since 1966-70. So today, the average American, per capita, in households, as against a standard of 1967-69, has approximately *half* the standard of living, per capita. At the same time, the physician is still a highly trained service professional.

The problem is the free-traders. You have people in Washington and elsewhere, such as Sen. Phil Gramm (R-Tex.), a maddened ideologue. The very sound of the word "free trade" is a like a bell being sounded for one of Dr. Pavlov's salivating, decorticated dogs. These fellows will say, "In order to save free trade, Americans must die," of negligence, of lack of health care, or something else. And those of us who are moral, say, "No. If your economic policy says that we have to collapse the U.S. economy for the sake of your ideology, and then, as a result of that, somebody is going to die, because we don't have the means to treat them—for the sake of your ideology," we say, "Buddy, instead of sacrificing American lives, why don't we sacrifice your ideology? How about a little equality of sacrifice, here, on that one?"

People say, "No, the insurance companies have to pay for it." No. The insurance companies don't have to pay for it. The time has come to take the economic policies of the post-industrial society—the no science, and no technological progress—and junk them! And get back to a policy of investing in industry, in agriculture, in employment, so that we get back to, say, 50% of our people producing physical goods. And, even with a very modest increase in productivity, we would have enough to meet our needs. This problem would be solved.

## Insurance company rip-off

The problem is that you have half the number producing wealth and, therefore, when one of them goes to a physician, who is still a highly skilled, labor-intensive, service professional, you have to pay the physician with half the amount of wealth you were producing, in effect, 25 years ago; that's why the health costs are so high. Plus, you've got malpractice

insurance, which has driven health costs *wild*—it's an insurance company rip-off. Then you have, also, interest rates, which have driven the costs of facilities for health care, and so forth, sky high.

In the meantime, we have to say, "Okay. It's going to hurt. We have to pay for the health care. But we are *not going to be Adolf Hitlers*." We are not going to set up a category of "useless eaters," of who's last on the line for health care, and, if there just isn't enough money, they're going to die.

Let's get the paperwork out of the system. This whole insurance, and caps, and all the things that have been put in—they don't work. All they do is increase the paperwork for physicians, and they interfere in the personal relationship between the physician and the patient.

### Re-adopt Hill-Burton policy

What we have to do is re-adopt, simply, a policy, of which I think there are about five or six pages of legislation, adopted at the beginning of the postwar period, of Lister Hill and company: the Hill-Burton health care policy, which covers hospitals and should cover physicians, too. Reinstate that policy. Go back to the kinds of approaches in Hill-Burton that we had prior to the middle of the 1960s, say, in New York City. There were problems there, but we had a good system, which realized, then, all of the objectives which are desired by President Clinton *now*.

What I shall be doing on this, with my friends, is producing a series of studies which address the logistical, i.e., the economic, aspect of this; also, we'll be working with physicians to bring to the fore, through our publications and through my campaign, the kind of information which I think the Congress and others require, to get a fresh look at how we can realize the objectives which the President has specified.

In the old days, the best medical systems operated very much on the model of the Gaspard Monge Ecole Polytechnique [of late 18th- and early 19th-century France]. The French Jacobin Revolution had decapitated so many scientists in France, that in order to get France back in the science business, the technology business, Monge created brigades, in which everybody was in a training program from adolescence on, to become a skilled engineer. Those who had more than enough skill and potential to become engineers, they made scientists; and they produced the world's greatest scientists at the beginning of the 19th century.

In medicine, it worked pretty much the same: You take anybody who's qualified, and give them access to a program of medical training, until we have enough people going through the pipeline to meet the needs of the United States for medical care. Now, you give them the opportunity, as they go along—and make sure they keep going; if they have the skills and they're performing, we want them; we'll find a way to finance their way through medical school. Some of these kids will be better than others; they all will have good clinical capability, one presumes, but some of them will



*A patient undergoing renal dialysis. To solve the health care crisis, we need to look at why it is that today, in 1994, we cannot provide the level of care we did 20 years ago.*

have research and scientific aptitudes. As with the Ecole Polytechnique at the beginning of the last century, the medical training institutions and so forth will open doors to enable these bright, young people to have an opportunity to do some research in those areas for which the institutions recognized are competent.

### New discoveries needed

We have a problem today, with two aspects. We have a lot of older people, and therefore we have more emphasis on diseases of aging of tissue. We also are faced with resistant strains of disease. We're faced with whole new kinds of problems. We had inoculation, which was developed during the 19th and 20th centuries; then we had antibiotics, which were developed in this century; and, we're running out of options on how to fight some of these clever new kinds of diseases. So, for many reasons, including the ability to master problems we couldn't master before, we need ongoing research. My view of the best way to do it is: You have a healthy medical training system, a healthy hospital system. Then, out of that—in collaboration with good universities, with biologists and equipment designers like Los Alamos's people—you get the materials put together, so that, out of an organic process of research as a factor in the entire practice of the medical profession, you get new discoveries which benefit mankind.