

6) DHEW would be responsible for health planning: "Priority would be given to development of comprehensive care on ambulatory basis;"

7) The health security board would establish priorities for education, training and recruitment of health manpower.

Kennedy's failure to clearly define guidelines for adequate standards of health care for U.S. residents — let alone his failure to address the relationship between health, living standards (i.e. housing, sanitation, nutrition, etc.), the productive capacities of the U.S. economy — is an intentional obfuscation built into the bill. In full daylight, S. 3 is a foot-in-the-door for the implementation of systematic reductions in health care delivery systems by means of the dictatorial administrative authorities mandated by the bill and empowered to determine every aspect of the health system, including quantity and quality of facilities, manpower, technology and so forth.

What Kennedy's legislation leaves ambiguous, the 1976 Democratic Party platform makes explicit. The Democrats' austerity health plank, drafted in close collaboration with Sen. Kennedy's staff, advocates a national health insurance plan which would dictate: 1) the de-emphasis of technology-intensive health care in favor of labor-intensive paraprofessional care; and 2) the elimination of "costly hospitalizations" in favor of

dispensing pills from neighborhood storefronts. In sum, back to the Dark Ages of bleeders and witch doctors.

The Democratic prescription includes:

* "We must shift our emphasis in both private and public health care away from hospitalization and acute-care services."

* "Incentives must be used to...shift emphasis away from limited-application, technology intensive programs."

* "By reducing the barriers to primary preventive care, we can lower the need for costly hospitalization."

* "Communities must be encouraged to avoid duplication of expensive technologies."

* "The development of community health centers must be resumed."

* "We must develop...the more efficient use of paramedics."

* "Savings will result from the removal of inefficiency and waste in the current multiple public and private insurance programs, and the structural integration of the delivery system to eliminate duplication and waste."

These are the very same rationalizations which have provided the transparent cover for closing down hospitals, laying off health personnel and gutting health services in the city of New York in the past year, actions which daily threaten the lives of millions of city residents.

A Comprehensive National Health Insurance Plan

Submitted by the U.S. Labor Party

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The United States now faces an impending national health emergency.

In every city throughout the country vital municipal services have been drastically eroded by austerity programs, particularly since 1971. Sanitation, rodent control, infectious disease surveillance, and public health programs have been cut back severely. The result is that barriers to the spread of infectious disease characteristic of an advanced society have been impaired.

In the same post-1971 period the levels of real income have dropped more than 25 per cent, causing a lowering of the quality of diet, housing, and other living standards, directly resulting in a decrease in the population's resistance to infection.

These two tendencies, the collapse of the barriers to the spread of disease and the collapse of individual resistance to infection, are simultaneously impinging on the health care system. As constituted our health system in wholly inadequate to meet these needs. The current health care system is poorly coordinated, poorly distributed, and grossly underfunded to meet current necessities.

The current epidemic of bubonic plague among rodents in the Southwest and western U.S. with the accompanying high number of human cases demonstrates the results of admitted abominable levels of funding for rodent surveillance and preventive health. Similarly, the proposed three-month period for vaccinating the population against the expected epidemic of swine flu shows the lack of reserve in the health system for responding to any unusual strain on resources. Under a well coordinated health system the population would be immunized in several weeks.

The basic requirement for the survival of a society is its ability to provide the material means of existence of its members. Production of the means of existence — food, shelter, raw materials, and machinery, etc. — depends on the productivity of the workforce, and the productivity of the workforce depends in turn on the health of the workforce.

Deterioration in the basic health of the workforce, as is presently the case under the austerity conditions present in the United States, has a devastating impact on the productive powers of a population. In current medical terminology, this process is initially insidious, in that a workers' productive capacities — in terms of his ability to concentrate, endurance, stamina, etc. — can be severely crippled under conditions of a steadily reduced standard of living before he is medically classified as having a frank disease such as an infection. Such an initial loss of health, caused, for instance, by poor diet, must be seen as a health calamity because it severely impairs the social reproductive process. The efficiency of agricultural and heavy industrial labor is cut 50 per cent if the diet is reduced from 3500 calories to 2500 calories, and similarly with protein consumption.

From this it is clear that the nation's health is even more a basic prerequisite for technological and social progress. Within the next decade, the world must make decisive strides toward the development of an industrial economy based on Controlled Thermonuclear Fusion as the primary energy source. This will require massive upgrading of the skills and intellectual qualifications of the U.S. workforce, the most advanced in the world. The nation's health insurance system must be designed to ensure that the health of the nation is equal to this challenge.

It is also clear that any talk of preserving or improving the nation's health is a travesty in the context of the ongoing implementation of the Wall Street-dictated austerity and deindustrialization program which is progressively eating away at the nation's basic health and social service infrastructure, and the industrial base which produces the United States' high standard of living. Therefore the only possible context for an effective health insurance program in the U.S. is passage of the U.S. Labor Party's Emergency Employment Act and International Development Bank legislation. These proposals would declare international moratoria on debts owed by cities, states, and Third World and Western European nations to Wall Street and allied financial institutions, and use the productive resources thus freed from debt strangulation to fund expanded

production of basic capital goods, agricultural equipment, fertilizer, social services, etc., as well as providing a substantial margin of surplus production for development and installation of such needed new technologies as Controlled Thermonuclear Fusion and the Jordan Steel Process.

The nation's health insurance system, as defined by these policies, must do more than simply combat existing disease: it must ensure the optimal state of health — and therefore productivity — of every member of the population, in addition to caring for those who are severely ill. As contrasted with the present Medicare and similar health insurance systems, the new national system must be geared toward preventive medicine — providing care necessary to maintain good health — not toward holding back intervention and care until after illness occurs.

As an immediate urgent priority to prevent the outbreak of epidemic disease of a Third World scale in the U.S., all public health-related municipal services, such as sanitation, pest control, disease monitoring, as well as transportation and education, must be immediately returned to 1971 standards.

National Health Insurance Proposal

All residents of the United States are to be covered under this program of health insurance. The program will cover, on a repayment basis, physician visits at the usual and customary fees established under practice or through the employment of salaried physicians working directly for the insurance system, all hospital and clinic costs, prescription drugs, dental and psychiatric services, and appliances. The total volume of expenses will be limited only by the volume of services rendered.

The program will be financed out of general federal revenues or by a progressive tax on income designated for this purpose.

The entire national program will be administered by a National Health Insurance Board, selected by the Secretary of Health, Education, and Welfare, and functioning as part of the Department of Health, Education, and Welfare. The NHIB shall set minimal standards for health care. These standards must be in accord with the goal of maximizing the productivity of the entire population, and must emphasize, as a basic humanitarian goal, the highest standards of care for the ill.

The entire existing health care infrastructure is to be reorganized by the NHIB into functional Regional Medical Complexes. The present national health care system is a hodgepodge of Health Maintenance Organizations, private hospitals, public hospitals, specialized hospitals and clinics, private clinics, etc. with concentration of health care capacity in some areas, none in many rural areas, etc.

Under the new system, each Regional Medical Complex is to be administered by a Regional Health Insurance Board (RHIB) and will provide services for a catchment area of approximately one million people, varying with local needs and conditions. The RMC will typically consist of a central tertiary care hospital allied with a medical school and research facilities. Under the jurisdiction of the central facility will be several secondary care hospitals located strategically in the catchment area, providing all major services and numerous primary acute care hospitals allied with and overseen by the local secondary hospitals. Additional services such as chronic care facilities, neighborhood clinics, well-baby clinics, immunization stations, etc., will also coordinate under the secondary care facilities. As an immediate priority, there is a need for major expansion of ambulatory and out-patient care facilities.

Physicians in office practice may work for the NHI program and receive the usual and customary fees established under existing practice, or may establish practice outside the program and collect out-of-pocket fees from private patients.

In constituting and operating the Regional Medical Complexes, the NHIB shall set the highest priorities on preventive medicine and public health, emphasizing such areas as immunization and infant care, disease surveillance, regular checkups for children under 10 and adults over 40, and yearly dental checkups for all ages.

Research within the RMCs will be funded by the NHIB in coordination with the NHI program and shall emphasize the exploration of basic biological processes such as the fundamental aspects of genetics, immunology, growth and development, and the broad-ranged aspects of degenerative processes such as cancer and aging.

Statement Of President Ford On The Swine Flu Danger

WASHINGTON, D.C., Aug. 6, 1976 — President Ford released this statement at 3:38 p.m. today:

I have been following with great concern the investigations into the cause of the tragic outbreak of illness in Pennsylvania this past week. All Americans join me in their sympathy for the families of more than 20 people who have died and their hope for the speedy recovery of those currently under treatment.

I am greatly relieved, of course, that these tragic deaths were not the result of swine flu. But let us remember one thing, they could have been.

The threat of swine flu outbreak this year is still very, very genuine. Data from the scientific community clearly supports the need for a full-scale inoculation program. Clinical tests conducted to date clearly demonstrate that the vaccine is both safe and effective. There is no excuse to let the legislative program that I proposed seven weeks ago — a program that could safeguard the lives of many, many Americans — be delayed any longer.

HEW Secretary Mathews and the leaders of Congress reported to me on Wednesday that after long hours of hearings, discussions, negotiations, Congress would finally act yesterday to pass legislation to provide swine flu vaccine to all American people.

Needless to say, I was keenly disappointed to learn last evening that the news from the doctors in Pennsylvania had led to another slowdown in the Congress. I am frankly very dumbfounded to know that the Congress, which took the time and effort to enact ill-advised legislation to exempt its own Members from certain State income taxes, has failed to act to protect 215 million Americans from the threat of swine flu.

Drug manufacturers have produced over 100 million doses of swine flu vaccine in bulk form. But that vaccine has not been prepared in suitable dosage form pending action by the Congress.

Because of these legislative delays, we are, at this moment, at least, six weeks away from beginning an effective inoculation program.

Had Congress acted promptly after I submitted my proposal, we would have been in a position to dispatch the shipments of vaccine today.

Further delay in this urgently needed legislation is unconscionable. I call on the Congress to act now before its next recess, so that the health of the American people will be fully protected.

Thank you very much.