

## EIR Feature

# New York's health system: its rise and murderous fall

by Richard Freeman

*The following report is based on a presentation given to the semiannual conference of the Schiller Institute and International Caucus of Labor Committees in Vienna, Virginia on Sept. 3:*

In Queens, New York City, a few years ago, a man walked into an emergency room, complaining of gastric or abdominal pain, or so he thought. He went to what the hospital calls the triage desk, where it is decided whether you can even see a doctor—this desk used to be manned by doctors, it is now manned by nurses, because it's considered to be cost-effective. The triage desk person told the man to sit and wait. He waited several hours, and went and took a walk outside. *He never came back. He died of massive heart failure.* His diagnosis was evidently wrong, *but no doctor ever physically examined him.*

We are told that this is an accident, a rare case of a foul-up. That's not true. *This is murder; there is deliberate, systematic genocide going on throughout New York City.* It goes on every day; it goes on in every community. There are hundreds of people who are victims every single week: They can't go to a hospital, because there aren't any hospitals. They can't afford to see a doctor, or there aren't any doctors. Children are not vaccinated for the most easily prevented, but dangerous diseases.

But it goes deeper. New York is a designated paradigm case, pointing the direction that the banks and insurance companies intend for the entire nation, urban and non-urban areas alike, under emerging depression conditions. New York City shows what happens under the determination of two entirely opposed sets of policymaking axiomatics. There was a time when New York led the world in the fight for improved health. During the first half of this century, and even more so following the implementation of the Hill-Burton Act of 1946, one could see tremendous acceleration in the quality of health of the nation and of New York. By the early 1960s, New York had the finest health system of any major city in



*A demonstration in 1980 against the closing of Sydenham Hospital, a 208-bed municipal hospital in Harlem, New York. Despite the protests by medical personnel and local residents, Sydenham was closed down.*

the United States. It now has the worst. New York is geographically located so that it becomes a way station for transmitting diseases up and down the East Coast, and from there into the South, the Midwest, and so forth.

In New York, deaths from new diseases such as AIDS, and addiction to cocaine and heroin, as well as new designer drugs, are exploding. There is also a resurgence of deaths from older diseases, such as hepatitis and tuberculosis. Tuberculosis was once conquered, and inches away from being eliminated. It is now running rampant. There are multiple strains of drug-resistant tuberculosis, which don't respond to isoniazid, the main treatment drug against TB; some also don't respond to rifampin, the second most widely used drug against TB; some don't respond to three, or even four drugs. What do doctors do? They throw a fifth drug at it, a sixth drug. They don't recognize that a new strain of tuberculosis is developing, is mutating, and that we need a new line of scientific research that focuses on new physical principles, to figure out what biological processes cause the new strains of TB and how to treat them, not just to throw a new combination of old drugs at them.

Multiple drug-resistant TB is spreading very, very quickly; it's very infectious. It was reported by Dr. Charles Felton, the head of the Chest Medicine Department of Harlem Hospital and the dean of New York City TB experts, that the Centers for Disease Control of Atlanta, Georgia, recently cited cases of people who have tuberculosis in New York City, who were in recovery programs, who have now con-

tracted multiple drug-resistant tuberculosis from others. This has not happened before, that someone during recovery has come down with a more virulent strain of disease. Worse, the active TB population into which drug-resistant TB can radiate is growing. Moreover, there are approximately half a million passive TB carriers in New York, who under certain circumstances can become active. To meet the crisis, Dr. Felton urges health authorities to adopt large-scale testing of significant layers of New York City's population.

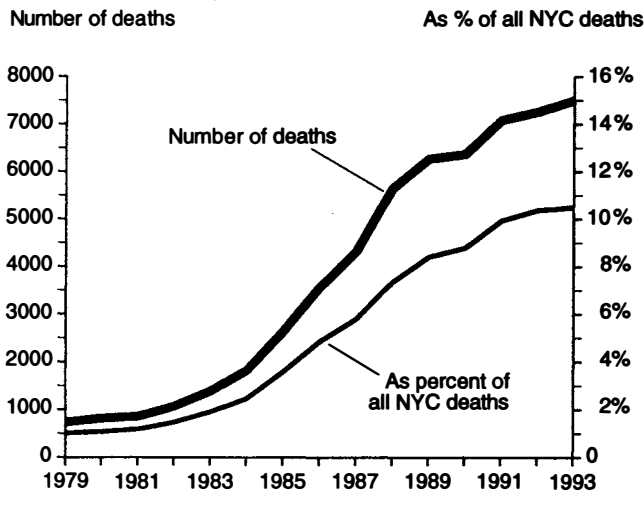
### **A new Black Death**

If you look at a health pyramid, there are two groupings of the population where most deaths will occur: among the very young, from childhood diseases; and among the elderly and very old, from the Big Three: stroke, heart disease, and cancer. Usually in the middle age groups, one finds deaths resulting from accidents, such as car accidents. Now that entire profile is changing, and one can see it in New York City. **Figure 1** shows the number of deaths in New York City from 1979 onward resulting from AIDS, TB, drugs, hepatitis, and syphilis. Syphilis doesn't result in death usually, although it can result in still-born births and various life-long debilitating diseases. Of course, the leading cause of death among this group is AIDS.

Notice what happens. In 1979, these five diseases caused 732 deaths. By 1993, the number of deaths attributable to these five causes is 7,500, a staggering ten-fold increase in 15 years. At the same time, the combined deaths from AIDS,

FIGURE 1

**New York City deaths from AIDS, TB, drugs, hepatitis and syphilis**



TB, etc., has gone from 1% of all deaths in New York in 1979, to 10.5% today. This shift corresponds to what in physics is called a singularity. It means that from the standpoint of the old lawful set of constraints, the old ordering process, a discontinuity has developed. It is not a slow, gradual change, but a sharp break with the past. It signals the eruption of a new ordering process, the harbinger of something that, in this case, is extremely dangerous.

The real danger in New York City is that with lowered living conditions, with ravaged medical and health systems, with destroyed infrastructure, and with imminent financial disintegration, if one introduces these sorts of diseases, growing at exponential rates, then New York becomes the model for a Black Death, every bit as virulent as what hit Europe from 1348 through 1373, when 40% of the population disappeared.

Anybody who thinks otherwise, doesn't know what they're talking about. That's the problem with most of the health debate; it's airy-fairy nonsense. Yes, there are people who are committed to universal health care, but they have no idea what this country physically looks like.

This report will give a sense of two sharply differing processes, governed by two different sets of axiomatics, producing two different historical sweeps or vectors.

The first process generates a positive upward sweep. This process is marked by two phases. The first phase extends from 1770 until 1945. The second phase extends from 1946, the year the Hill-Burton Act is passed, until 1965. The first phase produces a health and medical system that is continuously getting better. The Hill-Burton phase builds upon this,

to transform a good health system in New York City into an excellent one, the best in America.

The second process, starting the mid-1960s, describes a sharply downward sweep or vector. The health system of New York is systematically gutted. This accelerates with the process of "urban renewal" and then the banks' and insurance companies' imposition of what they called "planned shrinkage" policies through the Big MAC financial dictatorship starting 1975. This second sweep has two phases: The first runs from the mid-1960s until just about the present, and the second phase covers the last few years. Thus, there are four phases or periods in all. The last is the most dangerous. The insurance companies have pressured New York Mayor Rudolf Giuliani into announcing that he will "privatize" the 11 municipal hospitals in New York City, in order to make them profitable. This is a euphemistic term for trying to squeeze profit out of the hospitals, not by physical and other forms of improvement, but through draconian cuts in infrastructure and services, in a hospital system that is already operating below break-even. At the same time, Metropolitan Life and Travelers insurance, the two largest private medical insurers in New York, plan drastic cost-cutting plans. These, and the impending financial disintegration, will push New York City over the edge.

**New York: the physical economy**

New York, with an area of 309 square miles, had a population density of 11,124 persons per square mile in 1900; today it has a population density of 23,698 persons per square mile. Keep in mind that the idea of population density, or better still, relative potential population density, is not a statistical figure; it's a Cantorian Type. It represents mankind's ability to support a growing population, at rising cultural and material conditions of existence, because of the spark of human creativity, created and acting in the image of God.

New York has 5,700 miles of water mains; it has 6,300 miles of sewage pipe; it has 18,242 lane-miles of street, 872 major and minor bridge structures, and 5 tunnels. Health is not just a matter of taking of a couple of pills, or worse, ingesting beeswax, or some nonsense like that. One has to think of health as something that arises from every single feature of infrastructure or scientific discovery, both of which are fashioned by human creativity.

The first upward phase of New York City's development of a health and hospital system is epitomized by three examples: first, the battle against yellow fever; second, the fight for clean water; and third, the fight against tuberculosis and other communicable diseases, most of which were thought to be untreatable. These three examples powerfully demonstrate that the development of the infrastructure and other features of a health and hospital system, and the overall growth of a city, are one and the same process.



*A water main break in Manhattan. In order to deal with the nation's health crisis, it is necessary to consider the broader picture: repair and construction of infrastructure for providing clean water and removal of sewage. Today, the median age for New York's water mains is 62 years.*

## Combatting yellow fever

From 1791 through 1822, a period of 31 years, New York was annually assaulted by outbreaks of yellow fever. The fever came calling in July, August, and September. Twenty to forty thousand panic-stricken people would flee New York City during these hottest summer months, and at the middle or end of September, they would come back. Depending on which year one talks about, the migration group represented 10 to 50% of the entire population of the city.

Yellow fever first struck in 1791, raised serious apprehensions during the next three summers, and reached uncontrolled epidemic proportions in 1795.

In 1795, to combat the disease, the Health Committee of the New York City Council demanded that doctors report all cases of the fever. There was resistance. In a letter to the Health Committee, Dr. Charles Buxton, secretary for the College of Physicians, responded that the removal of yellow fever cases to Bellevue Hospital, as demanded, was harmful to the patients, distressing to their friends, and needlessly alarming to the public. The doctors, he added, resented this dictatorial usurpation.

In 1795, despite Dr. Buxton's foolish protestations, yellow fever killed 750 people, or 2% of New York's population of 40,000. In 1798, some 2,000 people died.

What's important is the bold and ambitious way that New York City assembled its troops to defeat yellow fever. This represents a tradition that formed the basis for the successful implementation of the 1946 Hill-Burton Act. This is a tradition of aggressively providing for health, no matter what the cost. In 1804, during a serious outbreak of yellow fever, the New York City Council Health Committee spent more than \$25,000 to fight the fever—a gigantic sum in those days. New York City made a firm policy statement, which stayed in effect for nearly 200 years, through this authorization, saying that it would do and spend whatever was necessary to combat disease. The New York City Council Health Committee became, in the early 1800s, the New York Board of Health, an important institution.

The New York City Council Health Committee delegated carte blanche powers to the city's health commissioners in the fight against yellow fever. The locus for transmission of yellow fever was the docks of lower Manhattan. Though the health authorities did not know then what is known today, that yellow fever is transmitted by the *Aedes aegypti* mosquito, nonetheless, various measures to remove stagnant pools of water were applied. Ships were quarantined and, according to one report, it was forbidden to unload or transport "all hides, foreign cotton, and damaged coffee, items which

were thought to carry the 'fomites' or particles of yellow fever." Strict regulations were promulgated and enforced concerning "garbage removal, privies, offensive trades (tanners and the like), street cleaning, food inspection, burials and so forth."

The city's health commissioners also were granted and employed the authority to evacuate population. For example, everybody in the vicinity of the docks of New York City was moved out. They also provided people with food out of the city's coffers, because the health commissioners also closed down businesses. They were serious about fighting disease.

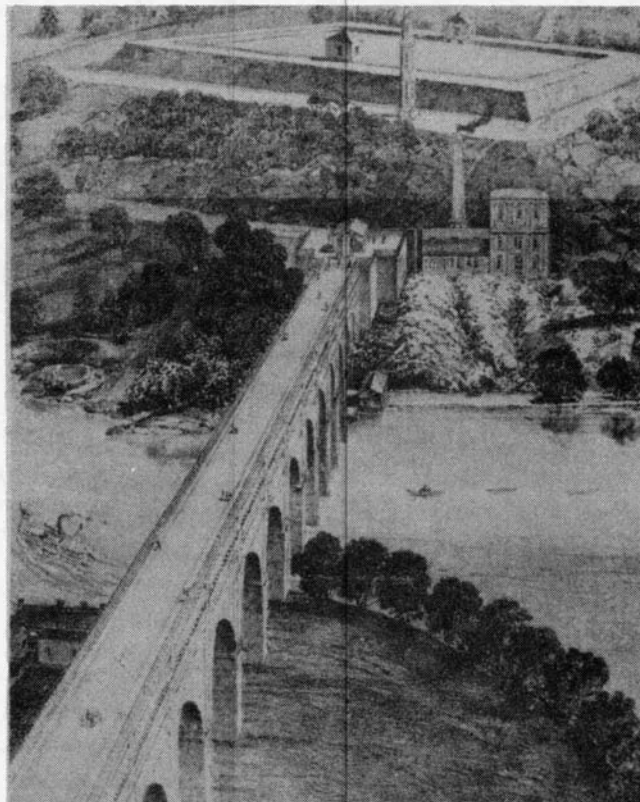
### The fight for clean water

A second remarkable example in the development of New York City's health system centers on the indispensable step of building a water system to provide abundant, clean water. In 1774, in its first attempt to secure an institutionalized way of providing clean water, New York City constructed a 20,000-gallon covered wooden reservoir fed by a steam engine that pumped well water. Following that, it attempted to construct a 13-mile grid of pine logs, joined by iron fittings, to transmit the water to the city. But the pipeline project was interrupted by the Revolutionary War. It was scheduled to pump about 1,000 gallons of clean water per day. By way of contrast, in 1994, the daily clean water consumption of New York City is a staggering 1.5 billion gallons, more than six orders of magnitude greater than the average projected water consumption of 1774. Today, 548 billion gallons of water are stored in reservoirs and other holding cells for New York City's system. Two crucial developments helped to transform New York from its 1774 levels to those of today.

Following its attempts to build a reservoir and transmission system in the 1770s, New York built several systems. But they were never large enough, nor clean enough. And for the lack of clean, clear water, New York City paid a price. In 1832, polluted city water wells led to a cholera epidemic, which claimed 3,500 lives.

In 1832, New York Gov. De Witt Clinton presented a report to the New York State legislature which led to the construction of the historic Croton Aqueduct. This proposal came 15 years after the construction of the Erie Canal had started. The aqueduct linked New York City, through the Hudson River northward, and then through the Erie Canal westward, to the Great Lakes, and thus, the American Midwest. This made New York the greatest port in America. The aqueduct was part of this larger general infrastructure-building thrust.

Workers built the Croton Dam, a giant masonry structure, 270 feet long and 50 feet high, in the highlands of New York State, along the Croton River, 30 miles north of New York City. The dam was built six miles above the confluence of the Croton and Hudson rivers. From the mouth of the dam, engineers built an aqueduct, carrying fresh water, which ran



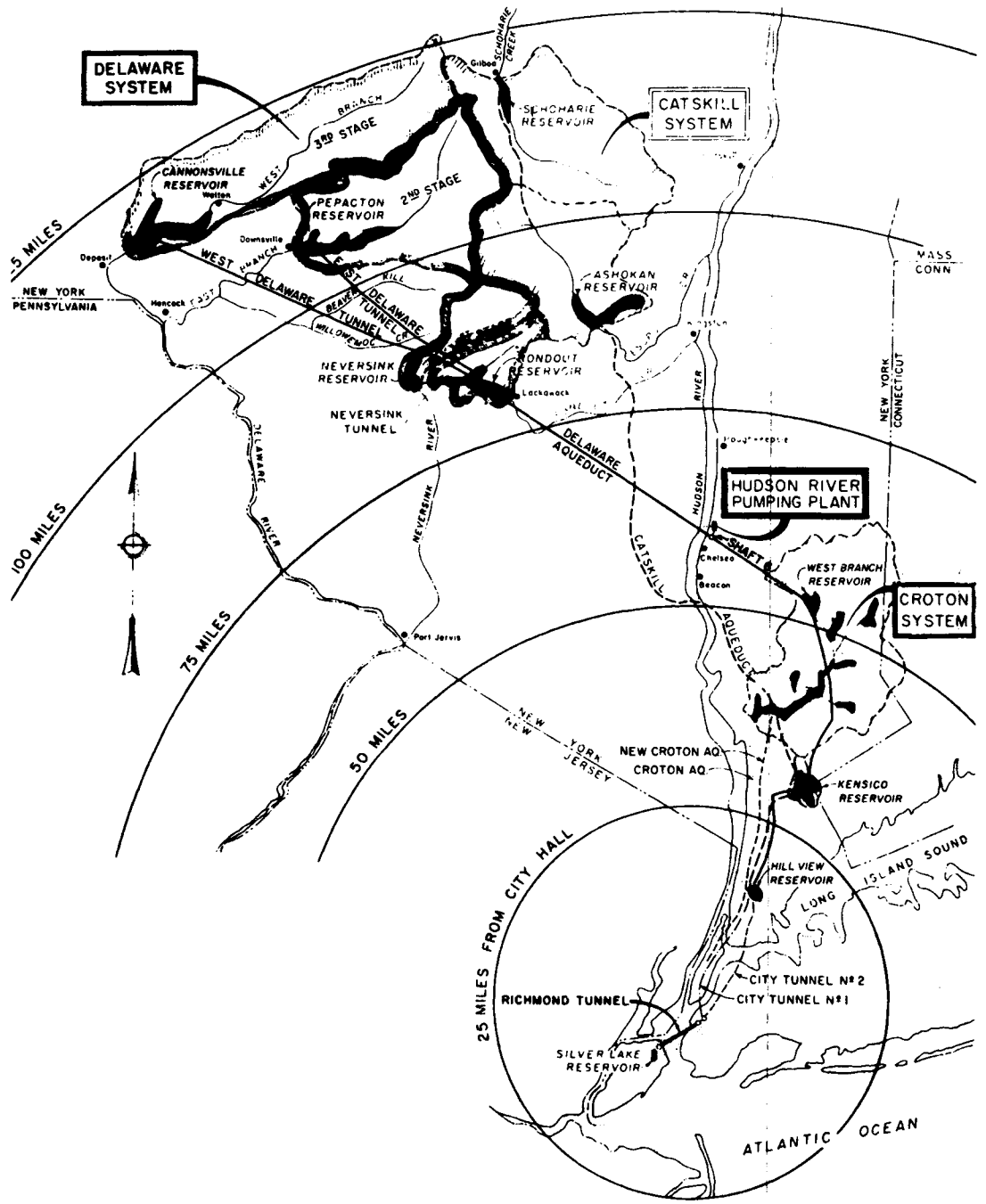
*A high-arch bridge carries New York's Croton Aqueduct across the Harlem River to the Central Park Reservoir.*

33 miles south, until it reached northern Manhattan at the Harlem River. To ford the Harlem River, a magnificent masonry bridge was built across the river, to carry the war into the City. The bridge consisted of 15 arches that soared 100 feet above the river's surface. The Croton Aqueduct delivered 42 million gallons of water daily to New York City, an amount far greater than the projected capacity of 1,000 gallons daily of 1774.

The Croton Aqueduct opened on Oct. 14, 1842 to a salute of cannon and church bells. Spectators lined the streets and balconies to view a parade of brightly costumed military brigades, fire companies, and others. Festivities continued throughout the night.

Though the Croton Dam and Aqueduct system provided an immense amount of water, New York City's needs soon outstripped it. In the 1930s, a mammoth project was begun, all of whose pieces were not complete until the mid-1960s. This project built three interconnected impounding reservoirs on three respective streams which were either tributaries of the Hudson River or the Delaware River, both of which rivers are in upstate New York, either in or west of the Catskill Mountains. Amazingly, the water was then piped 85 miles to New York City (Figure 2). Since this diverted water could also supply other states, an apportioning scheme had to be

**FIGURE 2**  
**Water supply**  
**systems of**  
**New York City,**  
**circa 1975**



worked out, and a compact was eventually signed by the President of the United States, as well as the governors of New York, Pennsylvania, New Jersey, and Delaware for the sharing of the water. This indicates how important water is: New York City was getting it from nearly 100 miles away.

There's a similar example in Chicago. In 1885, a lack of clean water triggered an epidemic of cholera, typhoid, and

dysentery that killed 90,000 people, or a full 12% of the city's population. Chicago's city fathers decided to reverse the flows of the Calumet and Chicago rivers, because the epidemic was caused by sewage and waste problems.

The point is that the reader must think of health in a broader conception, inclusive of the massive infrastructure for systems of both clean water provision and sewage remov-

TABLE 1

**New York City population, 1860-1990**

Year	Population	Year	Population
1990	7,322,564	1920	5,620,048
1980	7,071,639	1910	4,766,883
1970	7,894,682	1900	3,437,202
1960	7,781,984	1890	1,515,301
1950	7,891,957	1880	1,206,299
1940	7,454,995	1870	942,292
1930	6,903,446	1860	805,658

al. But that water system has also to be maintained. In New York City, the median age of all major water mains is 62 years—i.e., vintage 1930s. The mains break at an increasing rate: One of 10 miles of water mains now break per year, and New York has 5,700 miles of water mains. There is bacteria leaking into the water supply, and so forth. Should the reader still have any doubt about the connection between water management and health, let him or her examine the multiple cholera epidemics which, in the last ten years, killed millions of people in Africa, because clean water supplies do not exist.

### The fight against tuberculosis

The third example of New York City's development of a health system is the fight against tuberculosis and other diseases. In 1882, Dr. Robert Koch of Germany furthered the work of Louis Pasteur of France, in what was called the bacteriological revolution. Koch isolated the tubercle bacillus and showed that it caused TB; that TB's cause wasn't merely the effluents coming up from bad sanitary conditions, which is what people thought caused the disease. The recognition that bad sanitary conditions plays a role in transmitting communicable diseases of all kinds was exceptionally important, but Koch's identification of a previously unknown bacillus represented a breakthrough.

In New York City, an extraordinary individual, Dr. Hermann M. Biggs, built upon Dr. Koch's discovery to fight New York's TB nightmare. Preparatory to showing what Dr. Biggs accomplished, look at **Table 1**, which shows the population growth of New York City. In 1860, the population was 806,000. In 1890, it was 1.515 million. Then, look at 1900: The population was 3.437 million. New York City grew by 1.9 million in the decade of the 1890s; that growth increment of nearly 2 million people is as large as many cities in the world today. This growth represented record levels of immigration. The character of New York City was formed between 1890 and 1930, when it grew from 1.515 million people up to 6.903 million. It grew in important ways for the next two decades, reaching 7.892 million in 1950, but the

four decades between 1890 and 1930 are the key decades. (During the 1970s, New York's population shrank by over 800,000, a point we shall return to later.)

The decade of the 1890s represented a turning point in the fight against disease in New York. Don't forget that at this time, the medieval practices of blood-letting and applying leeches to patients were still widely used. Dr. Biggs, who in 1887 had already managed to isolate cholera vibrio from steerage passengers on an immigrant vessel, was the director of the New York City Board of Health's laboratory facilities. He worked on two fronts: developing antitoxins and fighting tuberculosis. In 1889, he and two other doctors wrote a "Report on the Prevention of Pulmonary Tuberculosis," a classic study of the disease. The substance of the report was the statement that tuberculosis was "communicable and preventable."

The conclusions of the report were disregarded until, following more than 6,000 TB deaths in New York in 1892, Biggs wrote a second report, in November 1893. He asserted that the time had come, "when it becomes the duty of all sanitary authorities to assume a more aggressive attitude toward this, the most widely prevalent and fatal disease to which the human race is subject." He outlined a detailed plan. The first point was public reporting of incidence of TB by institutions and doctors. Other points included: special inspectors to investigate the disease, including not only inspection of humans, but also tubercular cows, whose milk humans consumed; routine bacteriological examinations for diagnostic purposes; the setting up of a network of tuberculosis hospitals; proper ventilation in housing; and mass education. A circular on TB, printed in English, German, Italian, and Hebrew, was sent to every tenement in the city. A map of the city was drawn up and the disease was mapped ward by ward, particularly the infectious fourth and sixth wards. Inspectors were sent into the tenements to talk to families and try to bring in infectious persons for treatment.

In 1894, a separate division of Metropolitan Hospital was established on Blackwell's Island, off the shore of Manhattan, for consumptive cases, the first municipal sanitarium in the United States.

In 1896-97, New York City finally declared tuberculosis a communicable disease, and demanded mandatory reporting of all cases—which had been vastly understated—by all doctors. Guess what happened? In 1898, a bill, Senate bill S-5, called the "Brush Bill," was introduced into the New York State Legislature to overturn the New York Health Department's decision, saying you can't declare TB a communicable disease. There was an insurance company in New York that had 400,000 people as their client-subscribers, and *the company's policy stipulated that it would not reimburse a subscriber's family if that subscriber or one of the covered parties died of TB*. So, these families were under blackmail to pressure the family doctor not to report the true cause of death.

Doesn't this sound like what is happening today with AIDS, where insurance companies won't write policies that cover AIDS patients, and the Elizabeth Taylor-Hollywood AIDS lobbying has fought, so far successfully, to prevent AIDS from being listed as a communicable disease, which prevents proper preventive steps? It's the same fight. Fortunately, the Brush Bill was defeated.

To think of the health situation in its broadest dimensions, in 1901, under Dr. Biggs's driving force, York City passed a new housing law. You could no longer have railroad flats; builders had to build apartments that would let in light and air. These are the ways the reader should think of taking on TB and the health question in general.

One additional consideration. When, in 1894, Dr. Biggs learned of the technique of Emile Roux of France for producing large quantities of diphtheria antitoxin in horses, he began work on a similar program in New York. By the following year, Biggs stopped an epidemic of diphtheria—which had a 20% fatality rate—among children at the New York Infant Asylum using the antitoxin. Through his work, the price of diphtheria antitoxin fell from \$12 to \$1 a vial. He made the antitoxin widely available. Biggs's laboratory facilities also developed antitoxins and/or vaccines for tetanus, typhoid, and cholera, and made them available, even for free, if someone couldn't afford them. But by slashing the price of vaccine and antitoxins, the New York Board of Health had outraged private laboratories and those with a financial interest in them. The second feature of the anti-Board of Health Brush Bill, Senate bill S-5, was to prevent the Board of Health from selling vaccines and antitoxins. Again, the parallels to today are startling.

There were a lot of hospitals built during this period as well, and the rate of TB and other diseases fell decade by decade.

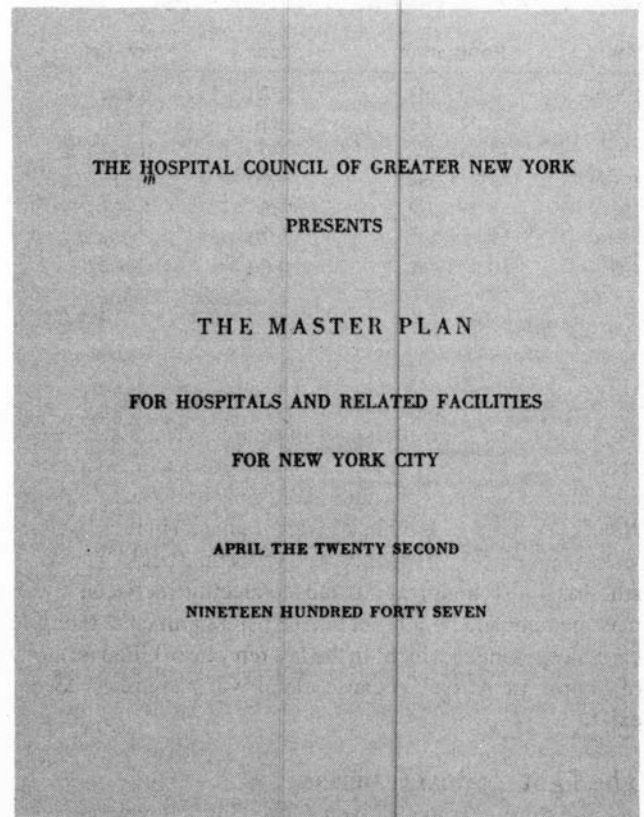
### The Hill-Burton Act

In 1946, the Hill-Burton Act became law. It mandated that every state in the nation should build enough hospitals so that each county should have at least one hospital and provide enough hospital beds so that there were, on average, 4.5 general care beds per 1,000 persons, plus additional beds for tuberculosis, psychiatric, and other special patients. To foster hospital construction, the federal government agreed to pay up to one-third the cost of any hospital built under provisions of the act.

New York City responded with vigorous enthusiasm to Hill-Burton. Under the Hill-Burton Act, New York's health system went from good to the finest in the nation.

Under the provisions of the law, each state set up a committee to coordinate how to meet the Hill-Burton standards. **Figure 3** is the original cover sheet of the Master Plan of the Hospital Council of Greater New York for how to deal with and implement Hill-Burton, in which process the Hospital Council was involved. The plan was published in 1947. **Fig-**

FIGURE 3



**ure 4**, under the title "Total Facilities Requested," shows the ambitious nature of New York's Master Plan. It recommends that the number of beds for general care, convalescent care, long-term illness, acute communicable illness, and tuberculosis, should be 8.1 per 1,000 New Yorkers. That's 1.6 times the Hill-Burton standards. But when one adds in the additional beds recommended for psychiatric patients, then New York wanted 16.1 beds per 1,000 people, more than three times Hill-Burton standards.

**Table 2** shows New York City's total spending for hospital construction, broken down by time interval, and also broken down by type of hospital: voluntary (not for profit), municipal (owned by the city), and proprietary (private and for profit). Compare the 1920-44 time interval with that of 1945-56. For the entire 1920-44 time interval, a 25-year period, New York City spent \$186 million for hospital construction. For the 1945-56 time interval, a 13-year period, the city spent \$400 million. So during the second interval, twice the amount of money was spent, in only half the number of years. Thus, spending was four times more per year in the second interval than the first. This was the gung-ho attitude toward hospital building in New York under the Hill-Burton Act.

I have not been able to determine the number of hospitals



FIGURE 4

TOTAL FACILITIES REQUIRED

The Master Plan for the various facilities calls for the following ratios and number of beds for the expected population of 8,000,000 in New York City in 1950:

	Beds per	
	1,000 Population	Total Beds
General Care		
Residents	4.0	32,000
Non-residents	0.2	1,600
Convalescent Care	1.0	8,000
Long-term Illnesses	2.0	16,000
Acute Communicable Diseases	0.1	800
Tuberculosis	0.8+	6,600
Psychiatric Patients	8.0	64,000
<b>Total</b>	<b>16.1+</b>	<b>129,000</b>

A total bed ratio of 16.1 per thousand population, or 129,000 beds for the various classifications, are needed for the residents of New York City and for non-residents using the facilities within the city.

The types of hospitals needed are shown on the following pages.

that Hill-Burton helped build. However, in 1945, in New York City, there were approximately 42,000 hospital beds, which is one of the measures one can use. By 1960, which is the turning point year I have identified, there were 48,672 beds, that's an addition of 6,672 beds, an improvement of 15% in the bed capacity. But Hill-Burton didn't just build new beds; it replaced old, obsolete beds, meaning rebuilding or entirely tearing down and replacing the obsolete hospitals which maintained these obsolete beds. Through that process, Hill-Burton added another 7,000 beds. So *in toto*, it added 13,672 beds, that's an astounding 28% increase or replacement in the bed capacity in New York City during just 13 years.

Yet, at the same time, hospital care was provided to everyone, no strings attached. Seven percent of all people treated in New York City were indigent. If you were poor, you walked into a hospital, the hospital treated you, no questions asked. It was only in the 1950s, that the poor were charged for drugs: nominal fees of about \$1.50. And these charges were rebated by New York State and New York City. Thus, during the 1940s and 1950s, New York City had a

TABLE 2

Distribution of expenditures for construction in selected time intervals by hospital ownership, New York City, 1920-56

(In thousand of dollars)

Time Interval	Total for all hospitals	Voluntary hospitals	Municipal hospitals	Proprietary (private) hospitals
1920-29	84,049	60,575	13,509	8,965
1930-34	47,121	31,648	14,373	1,100
1935-44	55,511	22,543	31,698	1,270
Total: 1920-44	185,681	114,766	59,580	11,335
1945-48	49,722	14,317	31,245	4,160
1949-52	221,626	80,936	129,944	10,746
1953-56	135,801	67,550	63,873	4,378
Total: 1945-56	407,149	162,803	225,062	19,284

Source: Hospital Council of Greater New York

policy of universal care; it was subsequently destroyed over the years, but New York City, and thus a critical part of the country, had it.

This fruitfully provides the setting for exactly what Lyndon LaRouche's health policy is: Any life that can be prevented from dying, we will do that; any day that we can add to a life, we will do that. That's the policy. There's nothing more sophisticated than that. But translated into physical economy, that is the best economics in the world, and it always works, and everything which is against that never works. It worked in New York City.

I'll give an example of that policy in abridged form, in Harlem Hospital, because the situation is so insane today. If you go into most private or voluntary hospitals in New York, and you're black, you can forget about it; if you're Hispanic, you can forget about it. You can walk in with pneumonia. They'll treat you and prescribe medicine. The only problem is, it costs \$200. Dr. Lynne Richardson is the director of the Adult Trauma-Emergency Room at Harlem Hospital, which is one of the busiest trauma centers in the whole world. What she said they do at Harlem Hospital, is they walk the patient from the doctor to the pharmacy, they fill out the prescription, and if the patient can't pay for it, it goes on the bill of the hospital. There are few people who are active in the health care debate, who would endorse that. Yet, that is what has to be done.

The achievements of 1900 through 1960

The achievements from 1900 to 1960 are remarkable. For example, from 1900 to 1960, the average life expectancy of a person in New York City went up from 43 years to 69 years. That's an addition of 26 years. That gives you an additional life span of 26 years. You don't have an adult life



*Rescue workers bring an accident victim to the hospital for treatment. Will emergency health care be there when you need it? In many of America's cities now, such vital services are stretched to the limit, or are simply not available.*

before then.

The mortality or death rate went from 20.6 per 100,000 down to 11.4 per 100,000 in the same time frame. It fell nearly in half. The case incidence rate for contracting tuberculosis went from 260 per 100,000 New Yorkers in 1900, down to 60 in 1960.

I did a little bit of calculation, very rough, to see how many lives were saved as a result of massive improvements in the health system instituted in New York City, to which the Hill-Burton Act gave a special additional impetus. In the period from 1900 to 1960, some 75,000 people did not die from tuberculosis—who otherwise would have died—except for the excellent health system in New York City. And there were about 180,000 people who did not die from typhoid, influenza, cholera, and so forth. Some of these lives were saved because of medical breakthroughs that were not discovered in New York City, but were implemented in New York. All told, that's about 255,000 people. Of course, during this 60-year period, they would have children. So that's at least half a million people, souls that were on this earth as a result of New York City's competent total package of hard infrastructure and health care system. I'd say that's a fairly good verdict on that period.

Now, this entire picture changes so dramatically, that

most people would not believe it. But before leaving this section, it is important to reflect on a special person, Hulan Jack, who was borough president of Manhattan from 1953 through 1960. He was then "watergated" out of office. He was gone after just as Lyndon LaRouche was gone after, and forced from office. Hulan Jack was not just a great New Yorker, he was one of the great Americans of the second half of this century. If one plunked him down in a country like Rwanda, within 30 days he would figure out where to start building things. When one looks at the awesome destruction that resulted after 1960, it becomes keenly clear why the British-run banks had to get rid of Hulan Jack as borough president and as an active political force. Otherwise, a lot of what happened next could not have happened.

### **The steep downward phase**

In the early 1960s, the London-Venetian-Wall Street rentier-finance elites decided to change things. In 1958, the old eugenics crowd introduced family planning in New York. Obviously, somebody didn't think that New York should have all those people.

The key policy was "urban renewal." Consider the defiant expression which gained currency in the 1960s: "Burn, baby, burn." Some readers may think that the Weathermen terror-

ists, such as Mark Rudd or Bernadine Dorn, coined the phrase. Others might think that the author of the phrase was H. Rap Brown. But that is wrong. The author of this phrase, who implemented it as policy, was Chase Manhattan Bank Chairman David Rockefeller. And investment banker Felix Rohatyn of Big MAC infamy. That's who invented the expression; their allies burned down sections of New York City.

Let's look at the facts. From 1966 through 1968, fires increased in New York City by 42%. Where? Harlem and the Lower East Side in Manhattan; Bedford Stuyvesant and East New York in Brooklyn. In this period, in the South Bronx, fires increased by 50%. Now, what did the banker-controlled New York City political machine do? In 1966, it authorized 1,400,000 fire inspections. But by 1976, fire inspections were down to 474,000, scaled back by two-thirds. Some of the buildings were old—and uninspected—and thus prone to fire. But police and fire authorities publicly stated at the time, that they knew there was widespread arson. From 1972 through 1976, fires shot up again, this time by 23%. What did patrician Mayor John Lindsay, whose brother became the president of Morgan Bank, and Lindsay's successor, do? During this time, they cut the fire department's workforce by one-quarter. Do you think we're not dealing with genocide?

Of course, the banks and real estate interests could gentrify these areas, and they did. If one looks at the area between 70th and 90th Streets on the East Side of Manhattan, and even parts of the South Bronx, one can find swank places where yuppies pay \$1,000 to \$2,000 per month rent. Non-yuppies used to live there and raise families. No more.

The banks rigged a financial crisis, and in 1975, created the Municipal Acceptance Corporation (Big MAC), which was given dictatorial control over budget and financial matters. New York's City Council was couped out of existence.

In a Nov. 14, 1976 signal piece in the Sunday *New York Times*, Roger Starr, an editorial board member of the newspaper and factotum of the banks, espoused openly the policy of shutting down New York City's infrastructure and slashing its population. Starr had New York City's hospital and health system in mind. He labelled the policy "planned shrinkage," stating:

"Essentially, planned shrinkage is a recognition that the golden door to full participation in American life and the American economy is no longer to be found in New York.

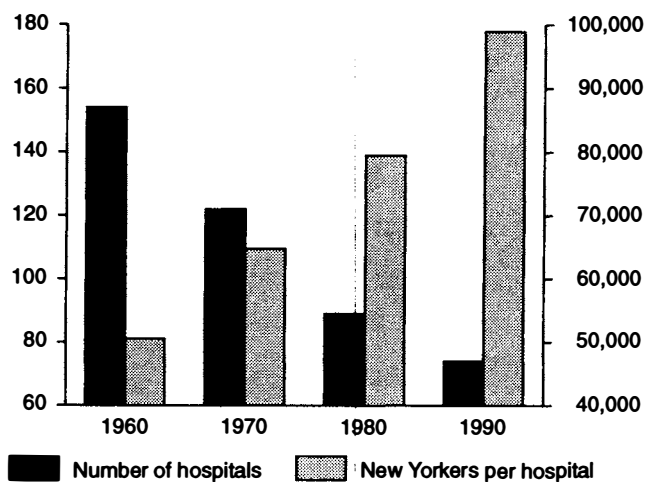
"A New York with a population even considerably smaller than the present 7.5 million people could be a very good city. . . . New York would continue to be a world city even with fewer than 5 million people."

Later, Starr confided to a reporter, speaking about the urban poor, "I know what we did with them 100 years ago, we gave them tuberculosis, but we can't do that any more."

As a result of this process, during the 1970s, New York's

FIGURE 5

### Fewer hospitals, each forced to treat more people



population shrank by a staggering 800,000 people.

### Disintegration of the health care system

The identical process of destruction was imposed on the hospital and health system of New York City, starting in 1960, or shortly thereafter, furthering the overall collapse of New York. Here's the cumulative picture:

Figure 5 documents that in 1960, New York City had 154 functioning hospitals. By 1990, there were just 79 hospitals in New York City. Seventy-five, or half of them, had been closed. Many of them were simply boarded up and left to rot. In the same time frame, the number of patients that would be seen by a hospital zoomed from 50,000 up to 92,000. It is true that 21 of the closed hospitals had 75 beds or fewer. But 54 had 75 beds or more, and some were very, very large. We will return to this point, as you, the reader, are taken on a walking tour of Harlem, other parts of Manhattan, and Brooklyn.

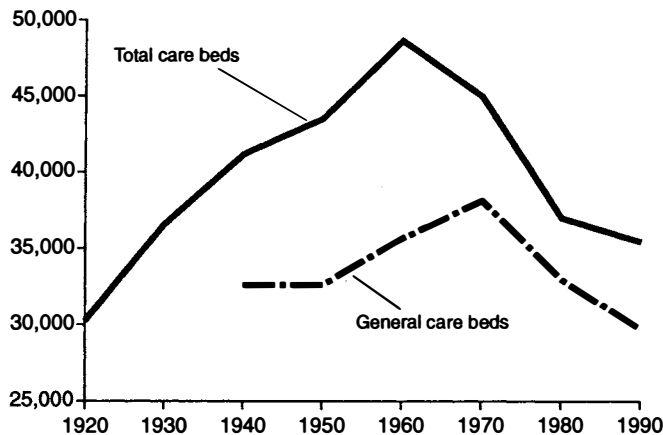
Figure 6 displays the number of general care beds and total care beds. General care beds are the beds assigned to patients who enter the hospital for any type of surgery, as well as for pediatrics and obstetrics. Total care beds include all the general care beds, plus beds that are assigned to patients who enter the hospital for tuberculosis, long-term chronic ailments, psychiatry, and so forth. Between 1960 and 1990, the number of certified total care beds ratcheted down from 48,672 to 35,470, a fall of more than 25%.

Table 3 presents the information on total and general care beds, on a per capita basis. Total care beds fell from 6.25 beds per 1,000 people in 1960, to 4.84 beds today.

To give a sense of what is going on in New York City, it is appropriate here to say something about psychiatric pa-

FIGURE 6

**Hospital beds available in New York City**



tients. In 1970, New York State had 90,000 people in mental institutions, of whom a large number were from New York City. Then television pornography commentator Geraldo Rivera decided to do an exposé on Willowbrook Mental Institution, which is in Staten Island, New York City. He showed people urinating on the floor, walking around naked—and there are some really horrid, squalid conditions in mental institutions, make no mistake about that. However, these are mental institutions. People do not act in a normal way. As a result of Rivera’s “exposé,” the American Civil Liberties Union moved in, championing mental patients’ rights, and a process called the “deinstitutionalization” of the mental institutions set in. In 20 years, Willowbrook went from 10,000 mental patients to 1,000. New York State went from 90,000 to 8,000 mental patients. Where did these patients, dumped from mental institutions, go? Who do you think the homeless are? Why do they look crazy? They are. One can be driven crazy by the conditions of poverty, and some are, but this is where the mental patients went.

Recently, an official confirmed this. He said, “Sure, it’s known.” When asked what should be done with people in need of mental institutions, this official said that long-term care hospitals, where mental patients might go for 2 to 20 years, are not needed. This is a place where the staff might try to show the mental patient compassion, and try to bring the patient out of whatever condition he or she is in, and if that is not possible, at least treat him like a human being. The official said, “Mental patients don’t have to be in the hospital more than 20 days.” When asked what one is to do with them, he said, “We’ve got drugs like Prozac.” That’s the policy.

It could be said about both general care and total care hospital beds, that some may not be needed because of im-

TABLE 3

**Certified inpatient beds per 1,000 New Yorkers**

	Total care beds	General care beds	Non-general care beds
1920	5.38	N.A.	N.A.
1930	5.30	N.A.	N.A.
1940	5.52	4.37	1.15
1950	5.51	4.13	1.38
1960	6.25	4.58	1.67
1970	5.70	4.83	0.87
1980	5.23	4.66	0.57
1990	4.84	4.05	0.79

provements in surgical techniques. For example, the removal of an appendix can be done, using lasers, on an outpatient basis, where it used to take several days of in-patient hospitalization. But there are many conditions which are simply not being treated, and people should be in hospitals. For example, the medical insurance industry usually allows only 3.5 to 4 days of hospital coverage for pneumonia, under managed care. But if the patient is sick, the attending physician, instead of giving medical care, has to fight every successive day to make sure that his patient doesn’t get thrown out of the hospital. He has to call the Blue Cross/Blue Shield or some other insurance agency and say, “Keep my patient in today.” The next day, the doctor has to do the same thing again. It’s an insane process. How long should a hospital provide care to someone with pneumonia? The only competent answer is, “What are the complications the patient may have?”

A friend of mine and his wife had a friend with pneumonia who was thrown out of Loudoun Hospital Center, in Leesburg, Virginia, which is a good hospital, because the hospital had a managed care cap on the number of days a person could stay in the hospital with pneumonia. The woman, who had not recovered, died.

Of course, a favorite reason for closing down hospitals is that they are “not occupied.” One thing needs to be said about that. New York City hospitals have occupancy rates of 85-86%. So, an accountant says, “Well, that’s 15% unoccupied.” In reality, the hospital is perhaps over-occupied. A hospital doesn’t work like the gas gauge in your car. There are different divisions in a hospital, with beds that serve different patient groups, such as obstetrics, surgery, or long-term care. If suddenly something happens, an influenza epidemic comes along, and the division of the hospital supposed to handle that, doesn’t have enough beds, or some doctors are not there, and there are not enough doctors to handle the patient load, then the occupancy rate for a unit or for a hospi-

FIGURE 7

**The decline of office-based family and general practice physicians in New York City**

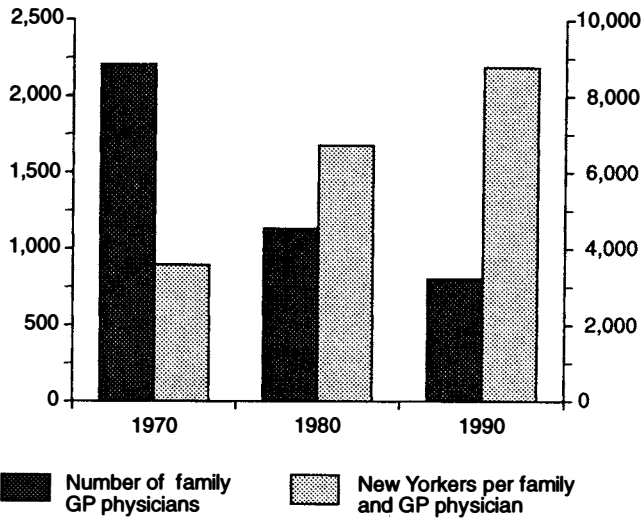
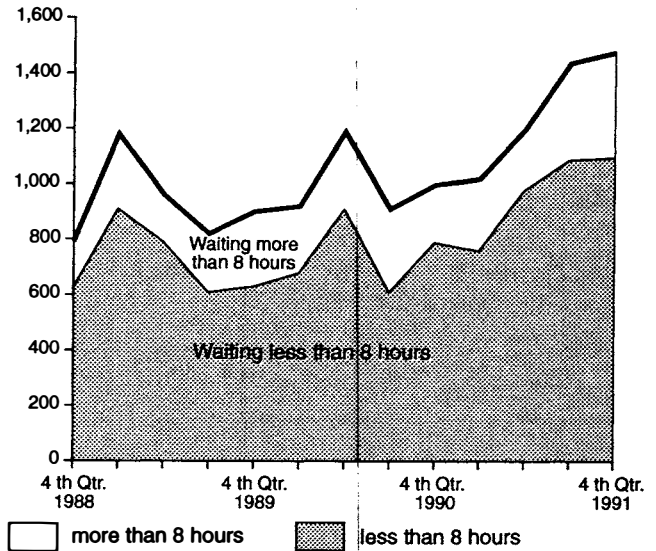


FIGURE 8

**Persons in the emergency room at midnight and waiting time for admission, New York City 1988-91**



tal can suddenly go up to 130 and 140%, and people are stacked in the hall. A hospital can't go beyond 85-86% occupied. When a hospital says it's 85% occupied, that's practically stacked up. Moreover, in New York City, the official occupancy rate for certain diseases is out of reach. The hospital occupancy rate for AIDS is 136%.

Figure 7 exhibits the decline of office-based family and general practice physicians in New York City. In 1970, there were 2,207 such office-based family and general practice doctors. Today that is down to 806, for all of New York City. A city of 7.3 million, 806 office-based family physicians. Since 1970, the number of patients per general/family practice doctor, has more than doubled to 8,770. That is unconscionable. Now, it may be claimed that Figure 8 overstates the severity of the problem, and understates the number of doctors, because today, many doctors who would have become family physicians in the past now become internists. They put in two more years of medical school, become an internist, gain admittance rights at hospitals, but often perform a function similar to that of family practitioner. As far as it goes, that statement has limited truth. And there are no citywide figures for internists. But in a recent study, the Robert Wood Johnson Foundation deployed its staff to try to find, in the Bronx, physicians for an area covering several hundred thousand people. The staff found only four office-based physicians to whom they could take a patient, who would accept the patient's limited means of payment.

Furthermore, in poor areas, and there are many of them

in New York, 86% of people don't have an office-based physician at all, and have to go to a hospital directly. So the shutdown of hospitals hurts them immensely.

Figure 8 shows the number of people sitting in a waiting room at 12 midnight in New York. That's the very darkly shaded area. The lightly shaded area is those who are waiting at 12 midnight, who have been there for more than eight hours.

Figure 9 displays the collapse of New York's manufacturing employment. In the past, New York's employment profile was not what most people think it is. In 1950, New York had nearly 1.1 million manufacturing workers, who represented 1 out of 3 workers in New York City's workforce. That percentage was higher than most places in America in the 1950s. But between 1950 and 1990, that percentage plunged from 30% to 8.7%. In part, this explains the weakness of New York's tax revenue base. In that period, construction, transportation, and public utilities, as a percentage of the workforce, also fell. But there is a resurgence of a second type, called FIRE—the acronym given by the Department of Labor to Finance, Insurance, and Real Estate employment. A double-barreled fire policy. Now, this FIRE was, in 1950, only one-third the size of New York's manufacturing workforce. Today, it has crossed over, and is 60% higher. Thus, when one thinks of New York's employment coming principally from the financial realm, that traces from the 1970s. That was not the way New York City used to be organized; it represents New York's destruction.

FIGURE 9

**Collapse of New York City's manufacturing workforce**

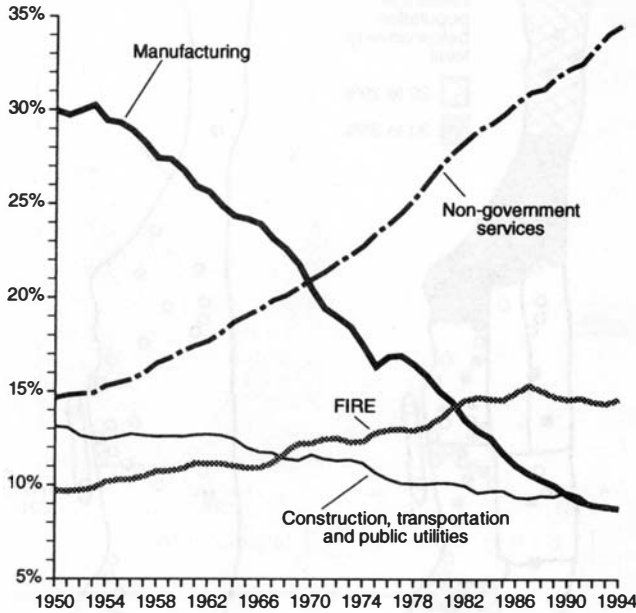


TABLE 4

**The collapse of New York City as a place to raise a family**

	Number of families	Number of households	Children under 19 years old	
			Total number	Percent of population
1960	2,052,454	2,654,445	2,560,273	32.9
1970	2,043,765	2,896,872	2,474,072	31.3
1980	1,757,564	2,788,530	1,987,796	28.1
1980	1,734,908	2,819,401	1,888,075	25.8

Figure 10 reveals the number of poor. The official poverty level in the United States is a joke: an income of \$14,800 for a family of four. In reality, if you fall below that, you are not poor, you are *extraordinarily poor*. But you'll see that 45% of Hispanics, 39% of blacks, and 13% of whites are below the poverty line. The next shaded figure is those who are within 50% of the poverty level. That means you've got entire sections of the population that are extraordinarily poor.

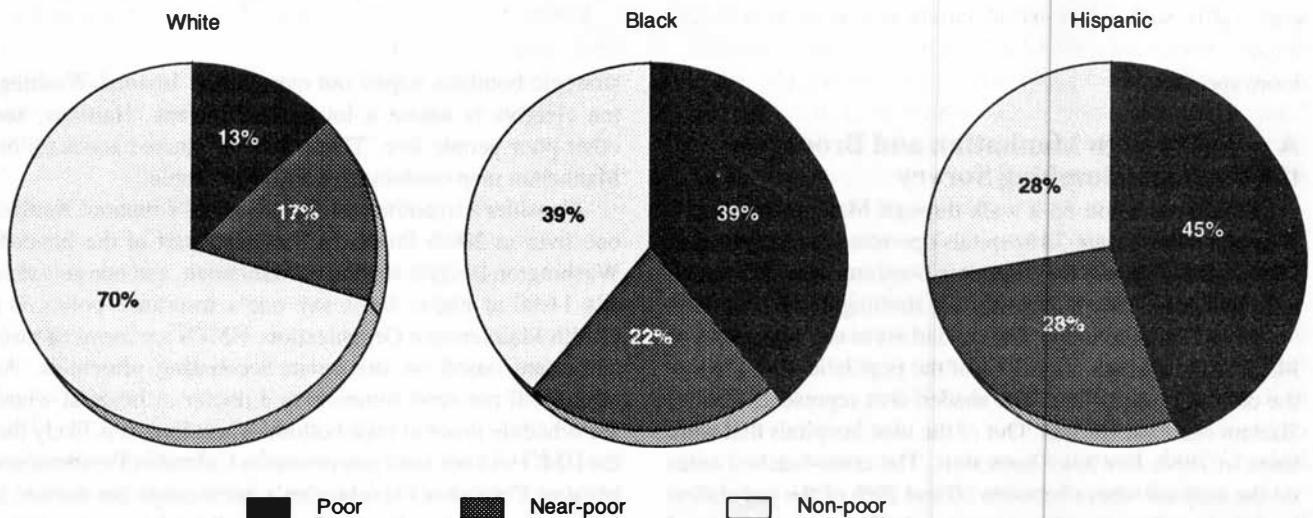
Table 4 documents that the collapse of health care means that New York is not a place where one can or will raise a family.

These shocking parameters show the devastation of New York's health and hospital infrastructure. But one can get

FIGURE 10

**Distribution of the population by income status and race/ethnicity**

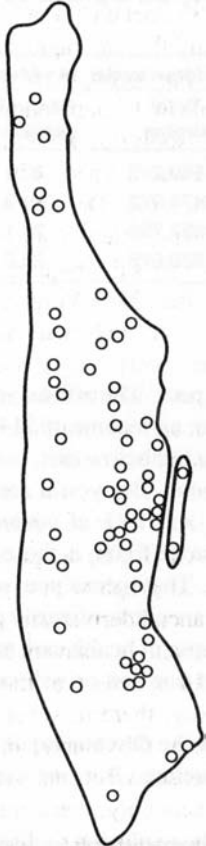
New York City residents 1982 to 1984 average



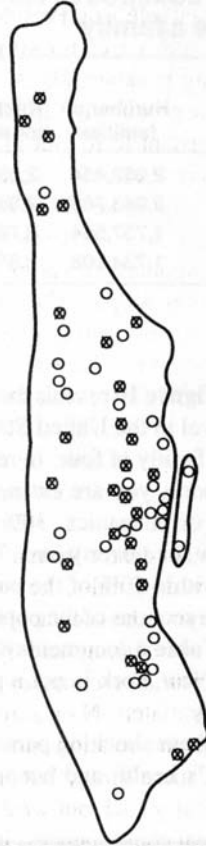
Note: percents may not add to 100 due to rounding.

Source: United Hospital Fund and Medican and Health Research Association, based on data from the National Health Interview Survey

MAP 1  
Hospitals in  
Manhattan, 1960

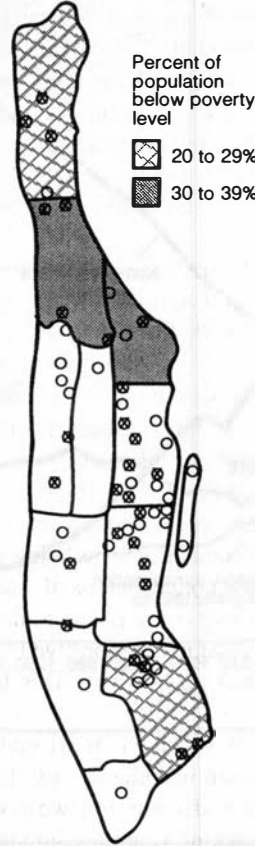


MAP 2  
Manhattan hospitals  
now closed down



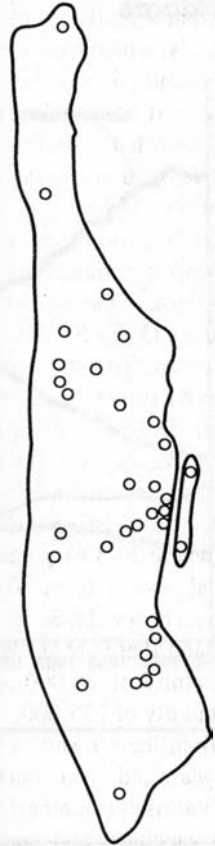
*The hospitals marked with an X were shut down by the "strategic bombing survey."*

MAP 3  
Areas of Manhattan  
below the poverty line



*In the poorest areas of the city, the number of hospitals shut down is devastating.*

MAP 4  
Hospitals in Manhattan  
today



more specific.

### A walk through Manhattan and Brooklyn: the Strategic Bombing Survey

Let me take you on a walk through Manhattan. **Map 1** shows that there were 78 hospitals operating in Manhattan in 1960. **Map 2** shows the "strategic bombing survey," which is equivalent to the FIRE policy for shutting down hospitals.

**Map 3** is an overlay. The shaded areas are those parts of Manhattan in which 30 to 39% of the population lives below the official poverty line. The shaded area represents Central Harlem and East Harlem. Out of the nine hospitals that were there in 1960, five have been shut. The cross-hatched areas on the map are where between 20 and 29% of the population lives below the official poverty level. The top-most striped zone is Inwood-Washington Heights. Today, there is only one hospital, Columbia Presbyterian, and a smaller extension, which still exists there from the 1960s period. The

strategic bombers wiped out everything. Inwood-Washington Heights is where a lot of Dominicans, Haitians, and other poor people live. These four designated zones on the Manhattan map contain over 700,000 people.

Consider a hypothetical, but very real situation. Assume one lives at 200th Street, in the upper part of the Inwood-Washington Heights section of Manhattan, and one gets sick. It's 11:00 at night. Let's say one's insurance policy is a Health Maintenance Organization. HMOs are forms of managed care based on draconian accounting principles. An HMO will not send someone to a doctor or hospital whose fee schedule is not at rock bottom. Therefore, it is likely that the HMO will not send you to nearby Columbia Presbyterian, because Columbia Presbyterian's price-range for doctors is higher than the ordinary, because they have a teaching school, and they cover the costs of maintaining a teaching school, by charging you higher fees. That's the way it works. Do you ever wonder why the Defense Department has a

\$600 screwdriver on its books? It's because the Defense Department is covering research work they can't put on the budget, and they spread the costs over everything else. So an idiot congressman says, "I found a \$600 screwdriver." That's not what's really going on. Same thing at these teaching hospitals, which have to spread around the cost. So the HMO won't send you to Columbia Presbyterian. They'll send you to the next hospital down. That's the next clear dot on the map. But that's Harlem Hospital, which is extraordinarily busy. If you don't go there, you're already approaching 100th Street, and if your illness is serious, you're probably dead, or there's a good chance you will be.

**Map 4** demonstrates what Manhattan looks like now. Next, look at the Brooklyn maps. In 1960, Brooklyn had 56 hospitals (**Map 5**); now it has only 28 (**Map 8**); half were shut down. The strategic bombing survey map of Brooklyn (**Map 6**) shows in what neighborhoods the hospitals were closed. The overlay map (**Map 7**), designating the areas with large percentages of the population below the poverty level, adds another dimension. See what happens in the eastern-most zone of Brooklyn, called East New York. This is an area where 30-39% percent of the population lives below the official poverty level. You will now notice that, as of today, it has no hospitals. Some 175,000 people live in this community, and there are *no hospitals*. Imagine, if you lived in a community of 25,000 and you had no hospital. This is a community of 175,000.

Then there's shows the lack of vaccinations. If you're two years old, you should have been inoculated with three DTP vaccines (diphtheria, typhoid, and pertussis), two poliovirus vaccines, and one MMR vaccine (measles, mumps, and rubella). *Fifty-seven percent of two-year-old children in New York City have not been vaccinated to that level.*

## Explosion of disease

We will now survey some of the major diseases, the consequence of the health system collapse. **Figure 11** exhibits the dramatic increase in the annual new cases of AIDS. In 1981, there were only 179. Today, there are nearly 10,000. The number of cases is growing unremittingly.

There is no accurate figure for cocaine and heroin use, and this is extremely important, because the banks are flooding New York with drugs, especially since 1985-86 with new designer drugs, such as the inexpensive but deadly crack cocaine. **Figure 12** shows the number of arrests for cocaine and heroin use. I don't believe, as the graph indicates, that because drug arrests have gone down, drug use has gone down. But be that as it may, the graph shows approximately 60,000 arrests for cocaine and heroin use in 1992. As a rule of thumb, multiply that figure by 5 to 10, and New York City has somewhere between 300,000 and 600,000 cocaine and heroin users.

**Figure 13** gives a longer time frame on the incidence of tuberculosis. One can see that the incidence rate from 1940

went steadily downward, just as the rate had gone downward since 1900, but since 1978, it has gone back up. I spoke earlier about the danger of drug-resistant TB, and mentioned Dr. Charles Felton, the director of Chest Medicine at Harlem Hospital. He's on President Clinton's panel on TB, and he's been in this area for 40 years. He said that the rapid spread of drug-resistant TB is frightening. For example, if a new drug is produced, 1 in 100,000 people in the population will be resistant to it. But in the case of isoniazid, which is the workhorse drug for combatting TB, 1 out of 5 people in New York who have TB is resistant to the drug. Dr. Felton has said that we need to step up mass testing. New York has to test, eventually, every schoolchild—that's three-quarters of a million people. The sooner, the better. New York is supposed to be testing every single prison, and every single shelter, but it may also have to test every single nursing home. All told, that's above 1 million people. But it had better darn well do it. This is what a serious health policy, not a cosmetic one, has to start to take into account.

Having reviewed the major diseases, let us look at the first graph we saw (Figure 1), which shows the dramatic growth of deaths from five diseases: AIDS, TB, drugs, hepatitis, and syphilis. Let us overlay that graph with a graph displaying the spectacular rise in financial derivatives' positions outstanding held by commercial and investment banks and insurance companies. **Figure 14** reveals that the two graphs match. Now someone may say, there may not be a one-to-one relationship between them. Obviously, in one sense there's not, but in another sense, when derivatives physically suck out wealth from an economy, there are certain real consequences, in terms of the explosion of disease.

## The murder of Harlem

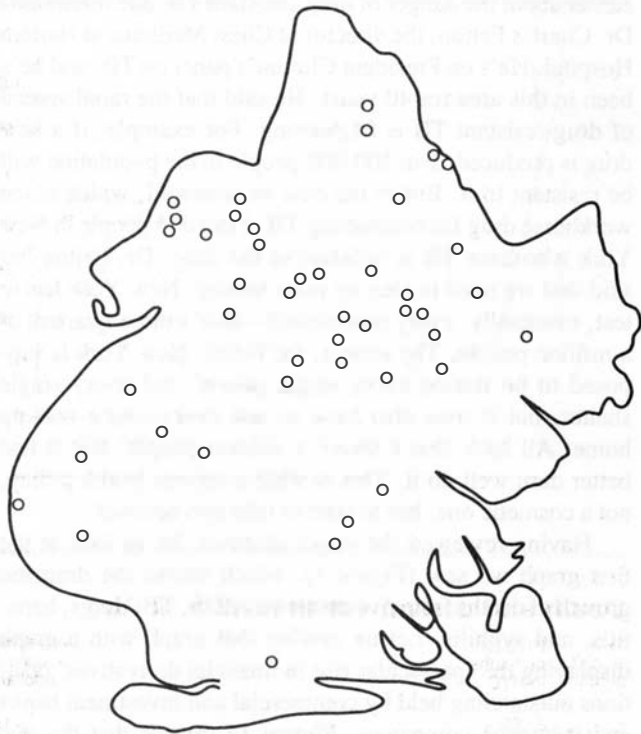
I've taken you to New York, and shown you some of the neighborhoods. I want to narrow it down even further.

To think about TB, think of a nested series of concentric circles. The first circle represents drug-resistant TB, which is infectious and spreading rampantly. At the next circle out, there is the resurgence of general, non-drug-resistant TB, also growing by leaps and bounds. And that first circle can feed the second. Then in New York City, there is a third circle, of people who test positive for the disease, and who are passive carriers, meaning that the disease is not yet active in them. That's 7% of the population, or 513,000 people. So the basis exists to radiate the disease outwards and activate the third circle.

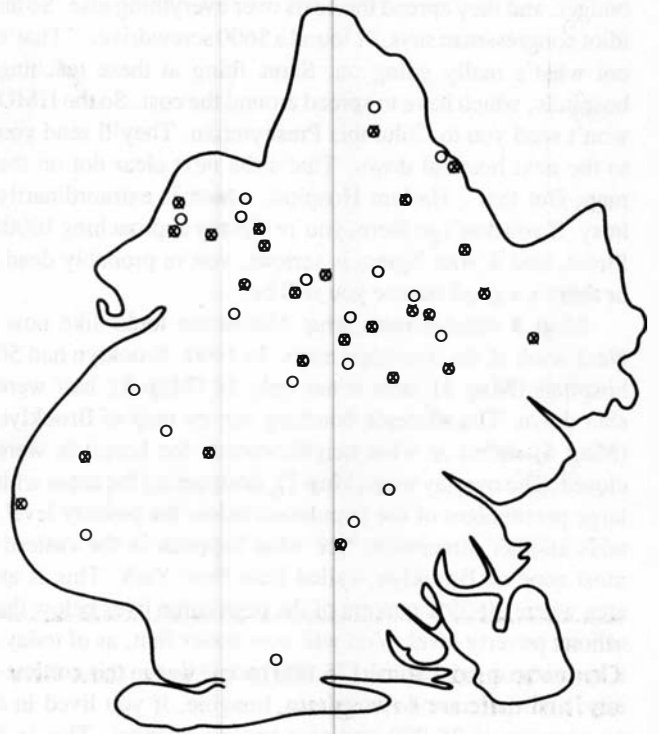
I want to get even more particular, showing rates of contracting TB for central Harlem, Bedford, and Morrisania, which are in Manhattan, Brooklyn, and the Bronx, respectively (**Table 5**). For New York City as a whole, the TB incidence rate fell from 1940 onward, but stopped falling in 1978, when it reached 17.2 per 100,000 New Yorkers. Since 1978, it has more than doubled, rising up to 44 per 100,000 New Yorkers today. But in 1993, the TB incidence rate in



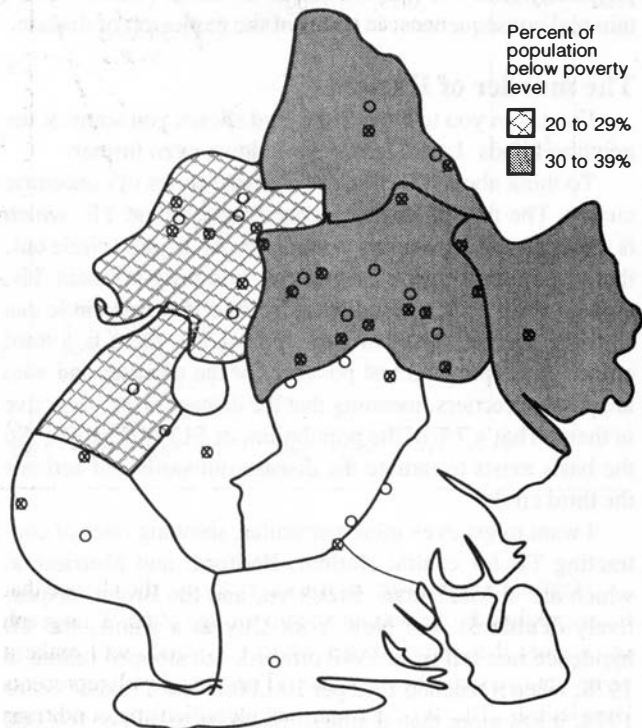
MAP 5  
**Hospitals in Brooklyn, 1960**



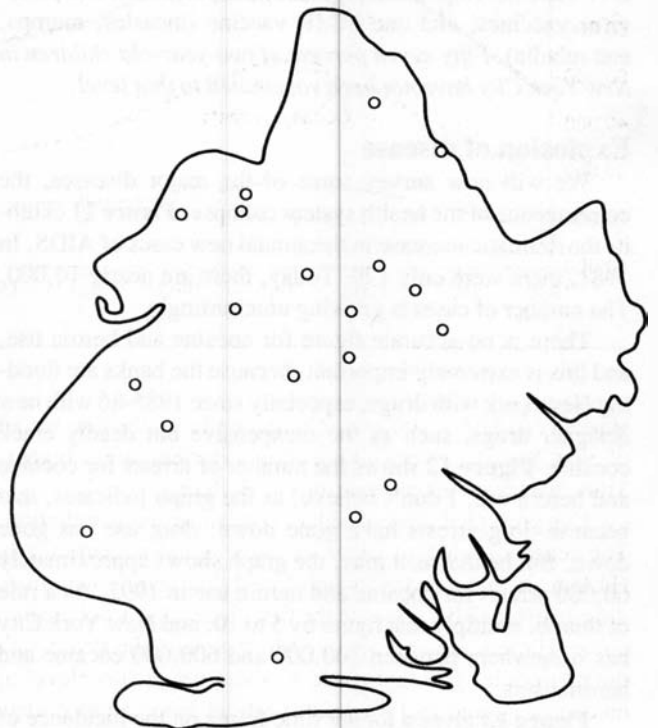
Map 6  
**Brooklyn hospitals now closed down**



MAP 7  
**Areas of Brooklyn below the poverty line**



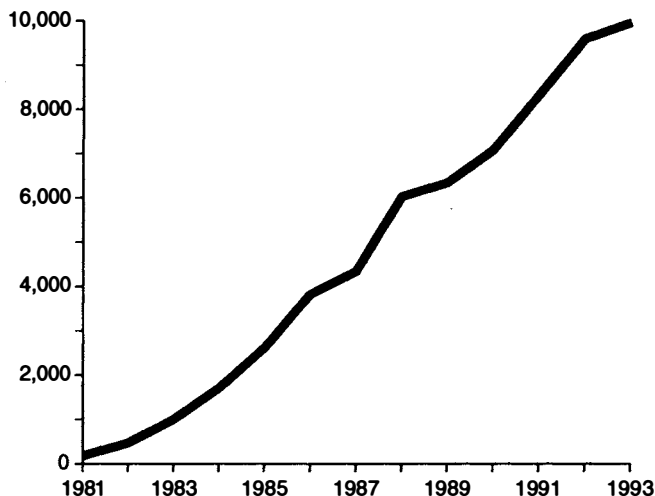
MAP 8  
**Hospitals in Brooklyn today**



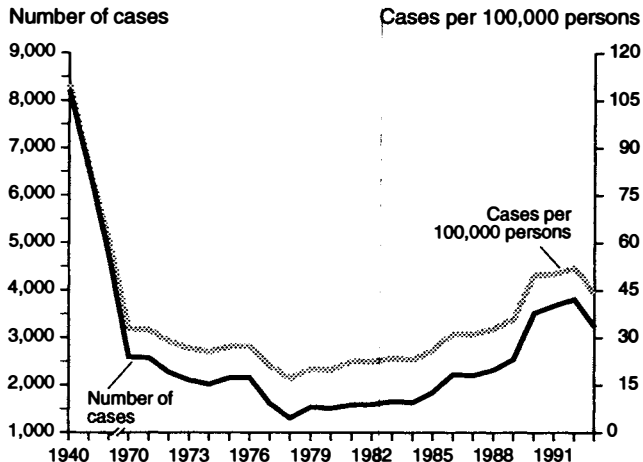
*As in the case of Manhattan, the number of hospitals shut down is particularly great in the poorest areas of the city.*

**FIGURE 11**  
**Dramatic growth in AIDS, New York City**

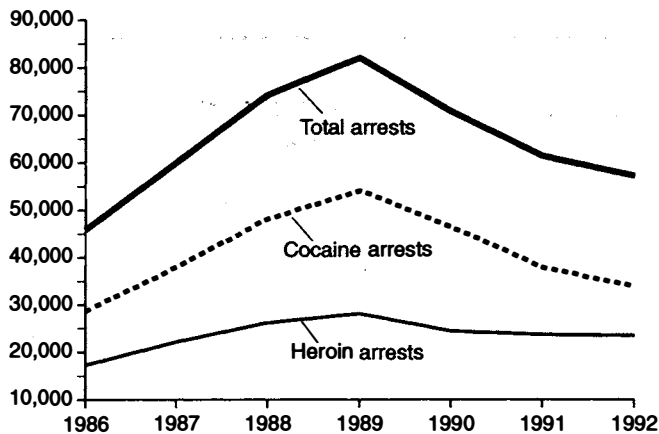
Annual new cases



**FIGURE 13**  
**Resurgence of tuberculosis in New York City**



**FIGURE 12**  
**Cocaine and heroin arrests in New York City as indication of drug use**



Harlem is 182 per 100,000. Compare that to the rate for all of New York City for 1930. Today's Harlem rate is higher. Thus, we have 1930s conditions in Harlem.

I've presented this concept of concentric circle radiation. The reason I want to focus on these locales, particularly Harlem, is that actually, when I said that people who have drug-resistant TB constitute the first circle, that's not the first circle. Harlem, and places like Morrisania in the Bronx, are the first circle. The first circle is where the greatest level of holocaust is, and that's why this whole process can plunge New York City into a Black Death.

**FIGURE 14**  
**Death and derivatives in New York City**

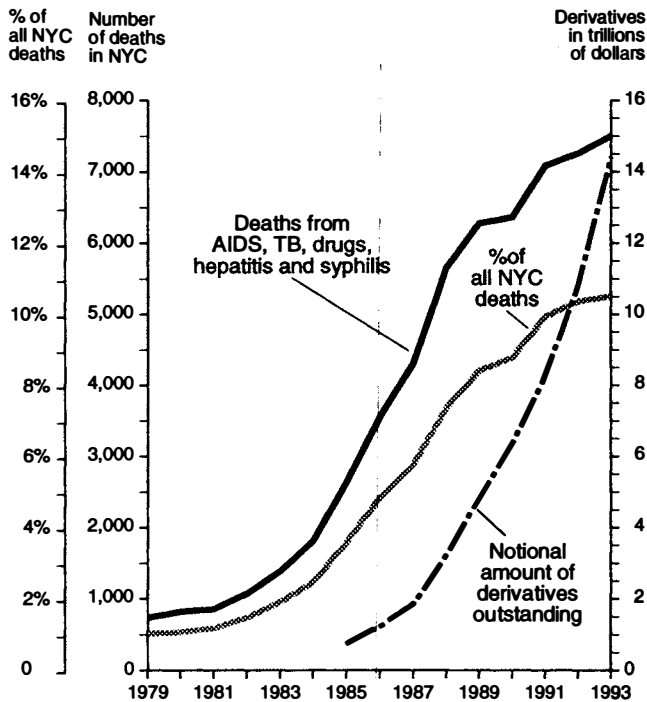


Figure 15 demonstrates life expectancy, the chance that from childhood, one will make it to the age of 65. This graph shows first the chance that a white U.S. male will make it to 65. He has the best chance. The next level represents Bangladesh. The World Bank has identified the conditions under which Bangladesh lives; it is one of the worst places

TABLE 5

**Tuberculosis resurgence in New York City: selected areas**

(Case rate per 100,000)

	New York City	Central Harlem (Manhattan)	Bedford (Brooklyn)	Morrisania (Bronx)
1993	44	182	89	109
1983	23	109	44	40
1982	23	104	41	40
1981	22	80	48	33
1980	20	79	41	23
1975	27	105	64	48
1970	33	135	75	58
1965	45	191	120	73
1960	60	249	101	75
1950	83	364	124	107
1940	110	455	120	85
1930	170	543	143	145

for health in the world. Harlem is worse. Men have less of a chance of living to 65 years of age in Harlem than they do in Bangladesh. What does that tell you about the health system in this country?

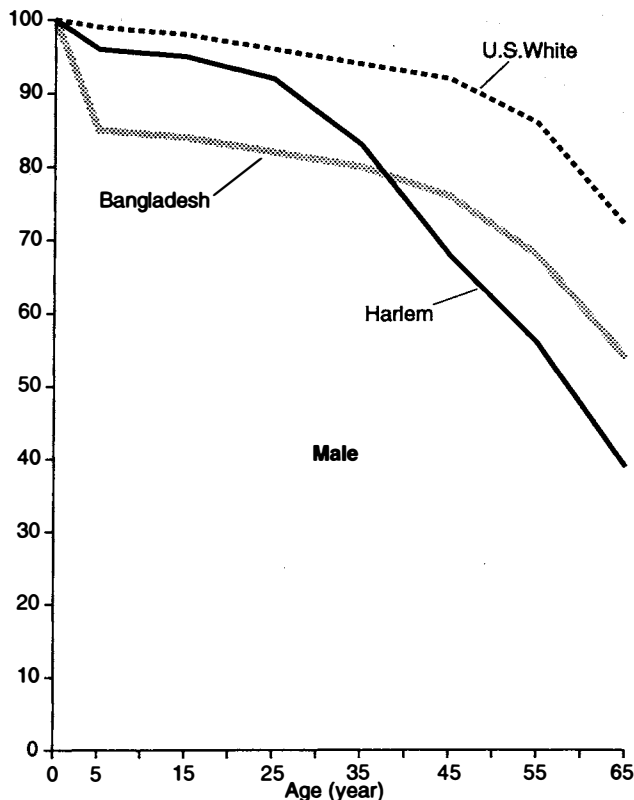
With women, it looks better. You see, Harlem is only second. But that's because in Bangladesh, a lot of young girls die before reaching the age of five. If you correct for that, there's a higher death rate for women over the age of five in Harlem than among women in Bangladesh.

In Table 6, the crucial second column is the Standard Mortality Rate. This measures the number of times the standard death rate for white males, that exists in Harlem. For example, one can see that with drugs, there are 283.1 times more deaths in Harlem than would be standard for the United States. But look at the chance of dying from cirrhosis of the liver in Harlem, look at pneumonia, diabetes, renal cancer. The rates are all 2, 3, 5, 7, 10 times the Standard Mortality Rate. This is the transmission belt. The same thing exists for the South Bronx. The same thing exists for Bedford in Brooklyn. The same thing exists for many places in New York. Some 660,000 people live in areas of New York City which have double the Standard Mortality Rate of white males in New York, and New York's mortality rate is 40% higher than the rest of the country.

FIGURE 15

**Survival to the age of 65 in Harlem, Bangladesh, and among U.S. whites in 1980**

Percent alive



Percent alive

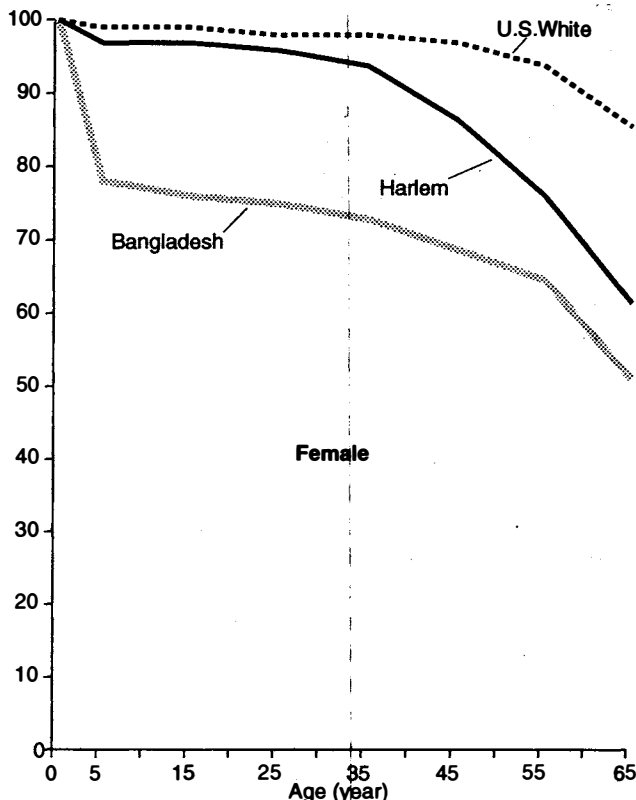


TABLE 6

**Causes of Excess Mortality in Harlem, 1979 to 1981\***

Cause	Observed deaths (no.)	Standardized mortality ratio	Annual excess deaths per 100,000
Cardiovascular disease	880	2.23	157.5
Cirrhosis	410	10.49	120.4
Homicide	332	14.24	100.2
Neoplasm	604	1.77	84.9
Drug dependency	153	283.1	49.5
Diabetes	94	5.43	24.9
Alcohol use	73	11.33	21.6
Pneumonia and influenza	78	5.07	20.3
Disorders in newborns	64	7.24	17.9
Infection	65	5.60	17.3
Accident	155	1.17	7.2
Ill defined	44	2.07	7.4
Renal	26	4.54	6.6
Chronic obstructive pulmonary disease	35	1.29	2.6
Congenital anomalies	23	1.21	1.3
Suicide	33	0.81	-2.5
All other	181	3.13	40.0
All causes	3,250	2.75	671.2

\*The calculations are based on the deaths of all persons—male and female—under the age of 65. The reference death rate are those for U.S. whites in 1980.

Finally, what are we doing to the children? At Harlem Hospital, the likelihood of giving birth to a low birth-weight child is three times the national average. Back in 1984, 3.5% of all children born in Harlem Hospital tested positive for crack cocaine. Then the bankers opened the floodgates of crack cocaine into Harlem. As a result, by 1988, 15% of all children born in Harlem Hospital tested positive for crack cocaine. But during that period, 40,000 babies were brought into foster care, in large measure because cocaine mothers don't want them. HIV-related illness is now the third leading cause of pediatric admission to Harlem Hospital. Four percent of infants born at Harlem Hospital are HIV positive, one out of 25 babies. In Kinshasha, Zaire, a recent seroprevalence survey found 5.8% of mothers to be HIV-positive at delivery, and that's the worst place for AIDS in the world. *This is New York City we're talking about, destroyed as much as the worst parts of Africa. This is genocide.*

Lest anyone think, "Gee, I'm glad I don't live in New York," consider that the model of the destruction of New York's health system is being replicated, at increasing rates over the last decade, throughout the country, in urban and rural areas alike. The driving force is the same: the collapse of hospitals, water management systems, housing, triggered

by the emerging physical depression in America. On top of that is imposed a fanatical budget-cutting austerity of the sort championed by Sen. Phil "Landfill" Gramm (R-Tex.), mixed in with a policy of eugenics and population control.

In New York, there is an attempt now to impose further severe austerity, a push to "privatize" New York's 11 municipal hospitals, which means they will be administered by Health Maintenance Organizations on a draconian budget-cutting basis. On Sept. 20, Dr. Bruce Siegel, the head of New York's Health and Hospital Corp., acting for Mayor Rudolf Giuliani, announced that he will cut \$356 million from the municipal hospitals' budget; lay off 3,000 nurses, aides, and health workers; and close down 352 municipal hospital beds.

**What must be done**

In conclusion, what can we do? In 1977, Harlem Hospital was forced by budget-cutting to close down its nursing school, which had been in operation since 1924. But today, less than half the nursing stations at the hospital are manned by full-time nurses. The hospital can't get full-time nurses. In New York City, there are two proposals that I think we as an organization should raise to get action on. First is Dr. Charles Felton's serious proposal for mass-scale testing for TB, using tuberculin skin tests and chest x-rays where needed, because a transient person usually won't come back to get the results of a skin test. The spread of drug-resistant TB is a threat. The second proposal is to reopen Harlem Hospital's Nursing School. It's a crime that it was ever shut down, and it is desperately needed.

More broadly, New York City has 79 hospitals. It needs 20 more. That would be about seven or eight for AIDS patients, six for psychiatric, and six for other things. Perhaps we could do a lot better, but this starts the process. The cost of a hospital is about \$1 million per hospital bed. Recently, a hospital was built holding 200 beds, which cost about \$250 million. So that would mean, for 20 new hospitals, at approximately 200 beds per hospital, we're looking at a project of 4,000 beds, at a cost of \$4 billion. That will also employ, by thumb-nail calculations, about 300,000 people. Where needed, similar work can be projected for other parts of the country.

This conference is taking place under a banner reading, "Exonerate Lyndon LaRouche." This is the world's foremost strategic necessity today. As we achieve this, we will also vindicate LaRouche, and, in reality, exonerate America, by implementing his economic ideas. In the health area, that means building the health and related infrastructure, preventive medicine, and crash biological research. If we do that, in Harlem, children will live, thrive and grow up; and if somebody walks into a hospital in Queens, he won't die of a massive heart attack waiting to be examined. Only that method will prevent a Black Death. It will require a lot of work; doing it will be a lot of fun.