

## Use 'Hill-Burton' approach to restore health care

"Hill-Burton" is the common name for a federal law that went into effect in August 1946, which launched a major drive to expand the number of hospital beds. Only nine pages long, the bill had enormous impact in creating the health care system that is now being dismantled. Officially called the "Hospital Survey and Construction Act," the bill was a bipartisan effort, co-sponsored by Sens. Harold Burton (R-Ohio) and Lister Hill (D-Ala.)

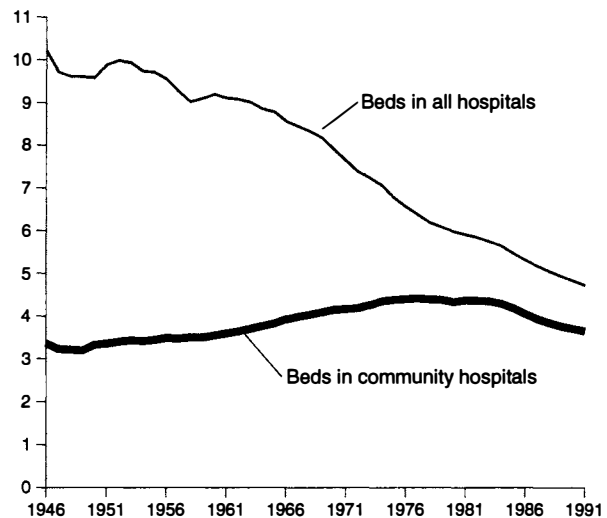
Hill-Burton called for universal care for Americans, stating that state hospital construction plans "shall provide for adequate facilities for the people residing in a state, without discrimination on account of race, creed, or color, and shall provide for adequate hospital facilities for persons unable to pay therefor."

The Hill-Burton approach was based on the physical-economic premise that even if every person had the money to pay for health care, it would be worthless unless the needed ratios of infrastructure were present to provide that care per 1,000 people—enough community hospital beds, physicians and nurses, diagnostic and treatment equipment, and so forth. The exact ratios were dependent on the medical care standards prevailing at that time, and on the disease profile of the period. For example, in the 1940s there were needs for additional hospital beds for tuberculosis patients, and special facilities, such as iron lungs, for polio cases.

The Hill-Burton Act specified that for general care, there should be made available an average of 4.5 beds per 1,000 people in all states, with local distribution made according to density of settlement. In 1946, the national average of beds for community hospitals was 3.5 per 1,000 people, and many hundreds of counties had no hospital at all.

Under Hill-Burton auspices, that average rose to the mandated 4.5 per 1,000 by the mid-1970s. Community hospitals were built all over the country. Within the first five years of the Hill-Burton Act, mortality rates fell by half for appendicitis, childbirth, and other common conditions requiring facilities for prompt attention.

FIGURE 1  
**Hospital bed availability, 1946-91**  
(beds per 1,000 people in the United States)



Sources: U.S. Statistical Abstracts; Historical Statistics of the United States.

Since the late 1970s, however, the needed health care infrastructure ratios have all gone into decline, and not because technological improvements have made them obsolete. Today, there are again counties with no hospitals, and hospitals without adequate ratios of nurses to patients or diagnostic and treatment equipment per population served. In such metropolitan areas as Minneapolis-St. Paul, Seattle, and San Diego, there are fewer than 3.5 beds per 1,000 people. The crisis in the rural areas is epitomized by North and South Dakota (reviewed in the accompanying testimony).

A Hill-Burton approach to restoring medical infrastructure, along with other economic and financial emergency measures, would both restore the U.S. health care system and create an economic boom. The full text of the Hill-Burton Act (Public Law 725), in effect as of Aug. 13, 1946, can be found in the public laws volume for the 79th Congress, 2nd session, Chapter 958. See also *EIR*, July 29, 1994, "Why U.S. Health Care Must Return to the Hill-Burton Standard."—*Marcia Merry Baker*

**Consortium for Citizens with Disabilities Health Task Force on Medicare Reform**, comprised of over 65 national disability-related organizations, statement on Oct. 13.

... While Medicare serves the health care needs of

nearly 40 million seniors, it also covers 4.2 million people with disabilities below 65 years of age. Coupled with the dramatic dismantling of federal protections in the current Medicaid program, these reforms constitute a serious threat