

Universal health care: The great debate is on

by Mel Klenetsky

Senator Edward Kennedy (D-Mass.), chairman of the Senate Labor Committee and one of the strongest backers of President Bill Clinton's call for universal health coverage, led a 500-person rally on Capitol Hill in July, sponsored by the Consortium for Citizens with Disabilities and the Real Health Care for All Campaign. The demonstrators urged Congress to endorse health care legislation that included universal health care and long-term care.

At the same time, 40 members of Citizen Action, a group that advocates a Canadian-style health plan, shouting, "Bob Dole sold his soul, insurance companies pay the toll," were arrested in front of Senate Minority Leader Dole's office for trying to stage a sit-in.

With the 1994 mid-term elections drawing near, the great debate on health care has gripped the halls of Congress with a fury that will not relent until both House and Senate come up with a bill. As *EIR* went to press, Senate Majority Leader George Mitchell (D-Me.) and House Majority Leader Richard Gephardt (D-Mo.) were trying to devise a viable health care proposal, one that has the possibility of passing both houses of Congress, without straying too far from the goals which President Clinton and First Lady Hillary Clinton initially laid out. The Democratic leadership is attempting to forge a compromise based on the proposals which worked their way through the congressional committee process over the past months.

The Democratic leadership is anxious to complete action on health-care legislation by mid-August, when Congress is scheduled to take its summer recess. To accomplish this, Mitchell has vowed to keep the Senate working six days a week if necessary, until a health-care bill is completed. Gephardt, who also wants to keep to a strict deadline, says he will formally propose a bill to the House by Aug. 8 or 9, and hopes

to see debate on the measure completed by Aug. 12.

Assuming that the House and Senate both act by that time, the two versions would still need to be reconciled, once Congress comes back into session. This would bring the final struggle right into the election period.

The Republicans, clearly wanting to deny President Clinton a victory on the hallmark issue of his presidency, have used all sorts of stalling tactics to hold up action on a bill. Former Bush Defense Secretary Dick Cheney, who has his eye on the 1996 Republican presidential nomination, told the Republican National Committee on July 23 that GOP strategy is to avoid a vote on a final health-care package until after the November elections, in which the Republicans expect to pick up several dozen House and Senate seats, making passage of anything like the Clinton plan only a remote possibility.

The plans

President Clinton has defined a health-care package stressing universal health care and employer mandates. He sees that universal health care is an issue that can win him a domestic constituency, given that 39 million Americans are without health care insurance and, more importantly, a vast number of Americans fear coming under circumstances, such as job loss, in which they would lose their insurance.

It is on these two issues that the House and Senate proposals differ. Mitchell's proposal reportedly will include an employer mandate that would split the cost of insurance between employers and workers on a 50-50 basis. The mandate would only go into effect if voluntary measures fail to cover 95% of the population by 2001. Currently, 85% of Americans are insured. As an interim measure, Mitchell is considering extending universal coverage to low-income women and children, people between jobs (for six months), and mothers

leaving welfare.

Gephardt's plan, according to accounts, also includes an employer mandate, but would have employees paying only 20% of the cost of insurance, with the employer picking up 80% of the tab. This proposal is based primarily on the bill which the House Ways and Means Committee passed earlier this year. To provide insurance to the uninsured, Gephardt's legislation would create a new Medicare Division Part C. Funded by employer contributions, Part C could eventually cover 90 million people.

The Health Insurance Association of America has attacked this proposal as "the largest entitlement program in history." Such opposition, along with the discrepancies between the House and Senate versions, will make it difficult to agree on a final bill when Congress returns from recess.

The LaRouche alternative

While universal coverage and employer mandates are the principal issues that have defined the health care debate, the more important question of how you deliver the best possible health care, not just adequate care, to the entire population, has been studiously avoided.

The Hill-Burton Act of 1946 defined a national health care policy for the country which established per capita standards of numbers of community hospitals, general and intensive care hospital beds, doctors, and other parameters that ensured a basic level of health for the 148 million Americans who had just concluded fighting World War II. (See last week's *EIR* for a detailed summary of the act.) Once these standards were established, the funding for such programs was achieved by a combination of private, community, charitable, and federal funding, thereby eliminating the wasteful administrative and insurance ripoffs that dominate today's health-care industry.

Lyndon LaRouche, a candidate for the 1996 Democratic presidential nomination, agreeing with President Clinton's call for universal health care coverage, has commissioned a study to investigate the logistical requirements for delivering good health care coverage to all Americans based on Hill-Burton standards.

The Hill-Burton standards for general hospital beds per 1,000 people rose from 3.5 in the 1940s to 4.5 in the 1970s, whereupon they dropped to under 3.0 as the economic decline of the past 25 years set in. LaRouche's study not only includes examining and correcting existing shortages, such as the shortage of hospital beds, but it incorporates a concept of planning for future contingencies.

With the epidemic of AIDS and the emergence of drug-resistant tuberculosis and other diseases, it is clear that we are at the outer limits of medical technology based on vaccinations and antibiotics. Research and development funds to fully exhaust the potential of antibiotics and vaccinations, plus opening up such areas as optical biophysics, defining the next level of breakthroughs in medical technology needed,

become the heart and soul of a national health-care program. A Hill-Burton approach addresses current and future needs of the nation.

During his 1992 presidential campaign, LaRouche proposed a health-care plan based on restoring Hill-Burton standards for the country. More recently, in a July 20 radio interview with "*EIR Talks*," he made the following comments:

"I'm not against people having insurance. I think they should have insurance to help out, like the old Blue Cross/Blue Shield used to be. . . . But, the problem today is that, since the introduction of malpractice insurance racketeering by the legal profession, and others, back in the late '70s and beginning of the '80s, that malpractice racket was used as a way to virtually shut down medicine and introduce changes, increase the cost of medicine, skyrocket it. Plus, of course, the economy of the United States was collapsing, and therefore, people had less income than before, and it was more difficult to try to keep pace with medical costs, because you have, really, less purchasing power than you had, say, in 1967 or so. . . .

"What I think we ought to do, is to take the overhead and the administrative costs out of health insurance. Let's get the paperwork out of the system. Let's go back to the Hill-Burton conception of a bulk rate, in which people have insurance, they try to cover themselves the best way they can. They have access to an adequate number of physicians, to an adequate number of hospitals when they need them, and so forth; and, if we have a few people who come in without the money to fully cover their care, give them the care.

"It's cheaper to pay hospitals and clinics in bulk, to help meet these obligations, than it is to go through some very complicated insurance scheme which, in the end, turns out to be a ripoff for insurance companies, or some private investors.

"Let's give people health care, let's not give the insurance companies super-ripping profits. That's where I think the divide comes, and I'm going to do everything I can to help get health care through, but to get it through with the idea of an emphasis on the Hill-Burton philosophy, as opposed to the insurance company get-rich policy."

President Clinton's call for universal health-care coverage is far more popular than media coverage would lead people to believe. The Catholic Church, the National Farmers Union, and many others have campaigned for universal coverage. NFU President Leland Swenson, representing 253,000 farmers, told reporters that rural America needs universal health care. A study commissioned by the National Conference of Catholic Bishops, which was released in mid-July, showed overwhelming support for universal coverage.

If President Clinton and Congress were to fight for the concept of universal coverage, while adopting the Hill-Burton approach urged by LaRouche, people would begin to see the health-care issue in far clearer terms, and the nation could be on its way to a comprehensive system of advanced health care for all its people.