LaRouche On Public Health Key Issue At Briefing In Congress

by Dennis Speed

Dr. Abdul Alim Muhammad, minister of health of the Nation of Islam and director of the Abundant Life Clinic in Washington, D.C., was a featured speaker at a Congressional briefing on "Public Hospitals In Crisis: Is The Safety Net Unraveling?" The briefing, held Nov. 14, 2001, was convened by Congressmen John Conyers (D-Mich.) and Dennis Kucinich (D-Ohio), on Capital Hill. It was noteworthy for two developments. First, was the public acknowledgment by Democratic Rep. Maxine Waters of California, at an early point in the session, that Lyndon LaRouche had been right in his movement's principled fight over public health and the general welfare, in which D.C. General Hospital was made a national and international issue. Second, Dr. Muhammad's testimony threw the light of truth on a nationally publicized fraud—the TV photos of capital-area postal workers, at the height of the anthrax crisis, sent to D.C. General Hospital "for testing."

Beginning in 1996, Dr. Muhammad participated in a series of FDR-PAC public forums, initiated by LaRouche, which were aimed at intervening to shape policy for the Democratic Party and the nation as a whole. The first of these policy forums was held in Washington on Nov. 9, 1996, in the immediate aftermath of an election which saw widespread defeats for Democratic Congressional candidates. Their defeats followed the capitulation earlier that year, to the Conservative Revolution "budget-balancing hysteria," coming from both the Gingrich wing of the Republican Party and the Al "Born to Lose" Gore wing of the Democratic Party. This first policy forum featured the nation's current crisis in health care and was entitled, "Roll Back 'Managed Care'—Return To Hill-Burton Hospital Building And Universal Care." Had the policy prescriptions, laid out by LaRouche, Dr. Muhammad, and others at that forum and further meetings, been heeded, the nation would not have found itself so woefully unprepared to deal with the events of Sept. 11 and the subsequent anthrax incidents.

Representative Waters recognized the fact that "LaRouche was right," both with his leadership of the fight to save and now to restore D.C. General Hospital, and more broadly on the national health-care crisis. She apologized publicly: "We have had a group of people coming to this Congress, trying to focus us on D.C. General Hospital. And, we basically, told them, 'It's not our district. It's not a national issue.' And a lot of people shied away from that because the LaRouche organization was at the forefront, of trying to help us to understand what was going on. We should all apologize. And I do now. I apologize because, you were right. It *is* a national issue. *And we could have understood this*."

LaRouche and his associates have repeatedly issued policy outlines for dealing with the economic and security crisis, including his recent document on "Building A National Defense Against Germ Warfare" (*EIR,* Nov. 9). It is now time for Sen. Tom Daschle (D-S.D.) and others to correct their error on the very same principle of health care, and get about the business of having an actual economic recovery program.

LaRouche Task Force Doctor Briefs Congress

Dr. Abdul Alim Muhammad testified on Nov. 14 to the Congressional briefing, "Public Hospitals In Crisis," chaired by Reps. John Conyers (D-Mich.) and Dennis Kucinich (D-Ohio). His testimony is slightly excerpted, with subheads added.

Thank you very much, Mr. Chairman, all of the other members of this committee. I want to thank you for this hearing,

which is, I believe, the third one in a series of hearings, in the last 12 months, on the issue of the public-health crisis, both throughout the nation, but specifically here, at ground zero, in Washington, D.C.

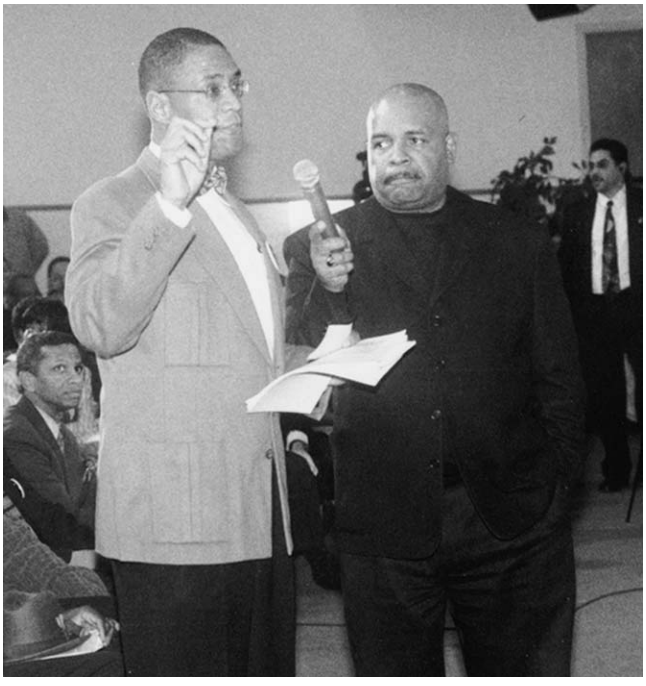
I represent several organizations. I'm a part of the LaRouche Task Force on Health; I'm the Minister of Health and Human Services for the Nation of Islam; but, specifically, here in the District, I operate a small clinic, about eight blocks from here, called the Abundant Life Clinic, and I used to depend quite heavily on the [services] of D.C. General Hospital; now, I don't know what to do in certain cases. I also have become somewhat of a reluctant spokesperson for the Citizens Coalition for the New D.C. General Hospital. The Coalition testified at previous hearings, and at that time, it was called the Citizens Coalition to *Save* D.C. General Hospital, but since the last hearings, D.C. General Hospital has been closed, as we all know. . . .

About a year ago, I picked up a current textbook on public health, and in the introduction, the author pointed out that the American health-care system is not actually a system; it doesn't qualify as a system. I also take exception to the use of the term "safety net," because "safety net," to my mind, is equivalent to talking about a band-aid, when, in fact, major surgery might be required. And so, to say that the band-aid is unravelling, the safety net is unravelling, is to miss the point entirely: that what we have in this country, is a *non*-system of health care, that does not serve the needs of the country. This, obviously, if neglected long enough, leads to a crisis.

But, here again, the maximum point of crisis in public health—and when you meet that maximum crisis point in public health, it becomes a problem of national security. The events of Sept. 11 have drawn that in very sharp focus. As a member of the Citizens Coalition for the New D.C. General Hospital, I could very easily say, "We told you so." We testified a few months ago [at a Congressional briefing], that there would be tremendously negative consequences from closing D.C. General Hospital.

A Shell Of A Hospital

Recently, I guess about three weeks ago, I was out of town, in Chicago, and I happened to turn on CNN, and there was the Mayor of Washington, D.C., and his Health Commissioner standing in front of D.C. General Hospital, with about 2,000 postal workers from the Brentwood Post Office; and the people who were in the room with me, said, "Oh, there's your hospital, on television." And, I had a very difficult time explaining to them, that what they were seeing on CNN, was not actual proof, or actual fact: "That is not a hospital," I tried to explain; "that *used to be* a hospital; it is an empty shell that has been gutted." And why, in good conscience, the Mayor and the Health Commissioner for the District of Columbia would invite thousands of postal workers—who have been possibly exposed to the deadly anthrax—why they would be invited to the closed-down, empty hospital, is just beyond me. I don't think that is a good-faith action. I think that is a cynical, fraudulent action, where a hospital is being used as a backdrop for a television news sound-bite.



Dr. Abdul Alim Muhammad told Congress that what the District of Columbia needs, is a full-service, fully funded public general hospital, "which would be a symbol for the rest of the country, that we are now ready for a serious consideration of the public-health needs of the country as a whole."

One of the very first employees of D.C. General Hospital, Dr. Seymour—who was fired, given a pink slip, last December—he was the chief of microbiology, he was the head of a fairly large microbiology laboratory at D.C. General Hospital [see interview, *EIR,* Nov. 16]. If the hospital had not been closed, and if Dr. Seymour had not been fired, he would probably be a household name throughout the country. Because when the postal workers were lined up in front of an empty shell that used to be a hospital, and the American public was being lied to, that they were being somehow treated, that they were screened for anthrax, all of which is just a lot of lies—you cannot screen, you cannot test, where there is no laboratory—Dr. Seymour would have been able to handle that situation, because D.C. General Hospital happens to be one of the very best bioterrorism response centers in the country. . . .

President Bush has let us know that he intends to fight a war against terrorism, even if it takes 10 years, or 20 years, that he's going to win this war against terrorism. Well, we need to have the same level of resolve where public health is concerned.

We will continue to fight, until we have a true public-health system in this country, to which each and every citizen, each and every resident of the country, has complete access. Luck is no substitute for a public-health policy. Why do I use the world "luck"? Because on 9-11, a jet airliner was driven

into the Pentagon, and it was lucky, if you get my meaning, that most of the casualties were dead at the scene, and so therefore, the inadequate hospital system in the District of Columbia was saved from having to deal with a lot of wounded and injured casualties. . . .

Not to mention the luck, so far, in the recent anthrax attacks through the postal system, lucky in the sense that, whoever is behind this kind of activity doesn't have a better way of deploying anthrax spores into the general population. Because if they were a little bit more skillful in what they're doing, then, we would have a public-health emergency that could not be met under current circumstances.

The Hill-Burton Model

Now, history is best qualified to reward our research. This is not the first time that this country has been in the midst of an ongoing economic collapse, even though people skirt the issues. I looked at Alan Greenspan last week, as he lowered the interest rate for the tenth time in this year, and I thought, as a physician, well, you know, if I got a diagnosis, and I gave a treatment, and one or two doses were supposed to be sufficient, and I had the tenth dose, and it still wasn't working, I'd think my diagnosis is questionable, and the treatment is questionable. But here, you've got the tenth lowering of the interest rate, so this tells you where we are. We're in the midst of a depression; even though people have trouble with the word "recession," it's actually a depression. LaRouche was right about that, along with many other things. And we are also in a state of war. Well, we go back 50 or 60 years, during the administration of Franklin Delano Roosevelt—this was exactly the same situation. The country was at war, and had an economic depression at the same time, and there were terrible, horrific health statistics all over the country, due to the lack of a health-care system.

And so, I think that we can use history as a guide, to understand that what Roosevelt, and those who were then in the Congress, did in those days, is what needs to be done again today. I feel like singing that old song, "Give me that old-time religion. It was good enough for my mother. It was good enough for my father. . . ." I feel like singing that, and, in this case, the religion is called the Hill-Burton legislation, that saw to it that there were adequate hospitals all over the country—even in rural counties, in urban areas—there was no question of money; it was a matter of protecting the public welfare. It was not an issue of trying to make a profit off of poor people; the only way you can make a profit off of poor people, is, you cheat them.

And so, the Hill-Burton idea needs to be resurrected, and we need to have the political leadership, in Congress and elsewhere, to put it across. . . .

Another President had a bad idea—in 1969, Richard Nixon—that we now commonly refer to as the "HMO Act": It was a bad idea in 1969; it's a bad idea in 2001; it's a bad idea, in my opinion, whose time has come and has gone. We need to face up to the fact that it's a dismal failure; it has caused disaster to the country. It has destroyed the public-health system that we had. And so we need to abolish the HMO Act; we need to make health-maintenance organizations illegal; and they need to be investigated because they obviously are guilty of perpetrating fraud against the Federal government, against the American public; they're obviously engaged in criminal, or quasi-criminal activities, and that needs to be investigated.

What we need in the District of Columbia, to be specific, is a full-service, fully funded, public general hospital, that is in the budget, that is able to meet the health-care needs of the city, and which would be a symbol for the rest of the country, that we are now ready for a serious consideration of the public-health needs of the country as a whole. . . .

The Hill-Burton Act

The Hill-Burton Act became law on Aug. 13, 1946, as Public Law 725. The official title is, "Hospital Survey and Construction Act," and the document is nine pages in length. The chief sponsor was Sen. Lister Hill (D-Ala.). The act was an amendment to the Public Health Service Act, which authorized grants to the states for surveying their hospitals and public-health centers and for planning construction of additional facilities, and it authorized grants to assist in such construction. The law was extended in several subsequent acts of Congress.

The following are excerpts from 42 U.S.C. 291 et seq., which are, at present, incorporated into current U.S. law by the Hill-Burton Act.

291. Declaration of Purpose

The purpose of this title is

(a) to assist the several States in the carrying out of their programs for the construction and modernization of such public or other nonprofit community hospitals and other medical facilities as may be necessary, in conjunction with existing facilities, to furnish adequate hospital, clinic, or similar services to all their people;

(b) to stimulate the development of new or improved types of physical facilities for medical, diagnostic, preventive, treatment, or rehabilitative services; and

(c) to promote research, experiments, and demonstrations relating to the effective development and utilization of hospital, clinic, or similar services, facilities, and resources, and to promote the coordination of such research, experiments, and demonstrations and the useful application of their results.

291c. General Regulations

The Surgeon General, with the approval of the Federal Hospital Council and the Secretary of Health, Education, and Welfare, shall by general regulations prescribe

(a) Priority of projects. The general manner in which the

State agency shall determine the priority of projects based on the relative need of different areas lacking adequate facilities of various types for which assistance is available under this part, giving special consideration

(1) in case of projects for the construction of hospitals, to facilities serving areas with relatively small financial resources and, at the option of the State, rural communities;

(2) in the case of projects for the construction of rehabilitation facilities, to facilities operated in connection with a university teaching hospital which will provide an integrated program of medical, psychological, social, and vocational evaluation and services under competent supervision;

(3) in the case of projects for modernization of facilities, to facilities serving densely populated areas;

(4) in the case of projects for construction or modernization of outpatient facilities, to any outpatient facility that will be located in, and provide services for residents of, an area determined by the Secretary to be a rural or urban poverty area;

(5) to projects for facilities which, alone or in conjunction with other facilities, will provide comprehensive health care, including outpatient and preventive care as well as hospitalization;

(6) to facilities which will provide training in health or allied health professions; and

(7) to facilities which will provide, to a significant extent, for the treatment of alcoholism;

(b) Standards of construction and equipment. General standards of construction and equipment for facilities of different classes and in different types of location, for which assistance is available under this part.

(c) Criteria for determining needs. Criteria for determining needs for general hospital and long-term care beds, and needs for hospitals and other facilities for which aid under this part is available, and for developing plans for the distribution of such beds and facilities;

(d) Modernization. Criteria for determining the extent to which existing facilities, for which aid under this part is available, are in need of modernization; and

(e) State plan requirements. That the State plan shall provide for adequate hospitals, and other facilities for which aid under this part is available, for all persons residing in the State, and adequate hospitals (and such other facilities) to furnish needed services for persons unable to pay therefor. Such regulations may also require that before approval of an application for a project is recommended by a State agency to the Surgeon General for approval under this part, assurance shall be received by the State from the applicant that (1) the facility or portion thereof to be constructed or modernized will be made available to all persons residing in the territorial area of the applicant; and (2) there will be made available in the facility, or portion thereof, to be constructed or modernized, a reasonable volume of services to persons unable to pay therefor, but an exception shall be made if such requirement is not feasible from a financial viewpoint.

Open Letter To The AFL-CIO

by Lyndon H. LaRouche, Jr.

November 18, 2001

The vendetta against me from certain elements of the AFL-CIO bureaucracy, radiates chiefly from a network of former Communist Party U.S.A. General Secretary Jay Lovestone, Lovestone's long-standing patron, David Dubinsky of the ILGWU, Lovestone CIA crony and nut-case James Jesus Angleton, Lovestone's crony Leo Cherne, the International Communist Right Opposition, and, the latter's offshoot, the International Rescue Committee (which, since no later than 1933, was simultaneously an operation of Bukharin, Brandler, Thalheimer, Radek, et al. inside the Soviet intelligence apparatus, and the U.S. State Department—the latter via such channels as the daughter of the U.S. Ambassador to Berlin (and through a hole in a tree in a famous Berlin park).

One of the most significant cronies of Lovestone to the AFL-CIO, apart from Dubinsky himself, was the notorious Angleton who was ultimately fired, on grounds of insanity, from the CIA by Bill Colby. Angleton was notorious otherwise for his father, former head of National Cash Register's Italy division, and a decorated admirer of dictator Benito Mussolini, and among those closely associated with the notorious, lunatic American poet, Ezra Pound, who adopted insanity as the option for avoiding a treason trial and sentencing. Angleton was part of the anti-Roosevelt London staff of the OSS, who was shipped from London to Rome, after the war had been won and Mussolini dead, to serve under Allen Dulles' takeover of the Rome office of U.S. intelligence, a servant of Allen Dulles, either actually or implicitly, until the end of his life.

Until late during the 1930s, Lovestone bragged of being a Soviet intelligence asset of Josef Stalin, but officially turned against Stalin after the execution of Lovestone's Soviet crony Bukharin. Later, Lovestone and his associates entered virtually en masse into the U.S. foreign-intelligence operations, and became a key element of the U.S. intelligence operations under cover of both the AFL and CIO.

The attacks on me personally, from AFL-CIO circles, especially the foreign operations sections, have always had that special lunatic quality peculiar to the aberrant mental state of Lovestone, Angleton, and Cherne.

The answer to such charges from AFL-CIO reports should therefore be: every large organization has its nuts; those who attack LaRouche in the AFL-CIO are the AFL-CIO's nuts, usually in the Lovestone-Dubinsky, Angleton, Cherne tradition. Those nuts ought to admit to other AFL-CIO officials, the nature of their real, non-labor loyalties, and a lot of foolish, self-defeating behavior from within the AFL-CIO would come to an end, at long last.