This swath of destruction to the state's health infrastructure is indicated by the maps in **Figures 5a-d.** They show that the Hill-Burton standard of 4.5 beds per 1,000 people had been built up in 27 out of the state's 67 counties in 1980, but by 2002 this infrastructure had been wiped out. The state's two most populous counties, Philadelphia in the east and Allegheny in the west, suffered huge contraction of their health infrastructure. **Figures 6** and **7** show that from 1980-2002, 43% of Philadelphia's hospitals and 35.5% of its beds were lost, while Allegheny County lost 20.8% of its hospitals and 36% of its beds. What cannot be quantified is the untold number of lives lost needlessly because of this greed and budget cutting.

The impact of this 20-year long flirtation with market medicine has been a disaster. In June, the *Philadelphia Inquirer* reported: "Starved for payments, hospitals have been shrinking . . . especially in poor areas. Twelve hospitals have closed in Southeastern Pennsylvania since 1993. Other hospitals have quietly mothballed some beds." Overcrowding and long waits at still-operating emergency rooms has become the norm as ER visits jumped 30% since 1999, the paper reported.

As more people lose jobs and health insurance, the number of Pennsylvanians uninsured has risen to 12%. Just since February 2004, the wait list for the state's *adultBasic* health insurance program grew by one-third to over 100,000 adults. A full 69% of these uninsured work full or part time.

Heritage of Healing Must Be Restored

Hemorrhaging of the state's hospital infrastructure has not halted. The Pennsylvania Health Care Cost Containment Council's April 2004 "2003 Financial Analysis" reported that 48% of general acute-care hospitals reported losses for Fiscal Year 2003, and that 60% are barely surviving, as measured by their total margin over three years. Gov. Ed Rendell stepped in to save the 153-year old Medical College of Pennsylvania Hospital after the blood-sucker Tenet Heatlhcare Corp. had bled it dry and planned to close it this year. Much more must be done to restore adequate access and affordable healthcare (see box).

LaRouche: Healthcare As Infrastructure

From a September 2002 EIR *Special Report on* Science and Infrastructure*, the statement excerpted here was written on Aug. 23, 2002 by then-Presidential candidate Lyndon LaRouche.*

HMO law is not merely an inevitable failure, now becoming a national catastrophe; it is a predatory medical malpractice performed by shareholder value. We must reverse the presently continuing, disastrous course.

Among the principal changes to be made, we must end the worsening trend toward basing the financial system of health-care on that usurious illogic, of using case-by-case accounting as an instrument of accountants' financial control of the medical practice, respecting the functions of diagnosis and care for the individual patient. It is ultimately as injurious to the U.S. national interest to regulate the delivery of medical service on a patient-case by patient-case basis, as it would be to provide public sanitation for the sole benefit of one residence, but not the adjoining ones. My neighbor's disease is a disease of our neighborhood—or, like epidemic contagious disease, or pollution, a disease of the nation as a whole. Health-care for a society is a matter of national-security interest.

The delivery of health-care by the medical profession is "entrepreneurial" in respect to its most essential characteristic: the application of the developed creative mental powers of the individual professional; public-health policy is a matter of the interdependency of the universal and particular role of the professional. *The provision of available health-care is universal; the professional care for the patient, is a privileged action by the relevant individual professional's direct relationship to the patient.*

The arrangement under which quacks, guised as financial executives or accountants, engage in the malpractice of medicine, must be ended, and banned from future recurrence.

The leading edge of the process of rebuilding our national health-care system, will be the emphasis of public effort, by the Federal and state governments, on buttressing existing full-service general hospitals, and re-establishing them where closures of essential such institutions have occurred. Full-service general hospitals which function as teaching institutions, are crucial. Such an emphasis on general hospitals, and enhancement of their relations with the related research functions of universities, will provide the technological lever of reconstruction of the nation's health-care potential as a whole.

On the financing of health-care, we must return to the pre-HMO system. Health-care as a whole, is a bulk-purchase, not a retail sales outlet. The forecast payments from private patients, and from those under insurance or related programs, must be supplemented by the combination of contributions to hospital budget-requirements, and also capital improvements, by fund-raising, with contributions from agencies of government as that last-resort amount which enables the institution to meet the requirements of relatively indigent patients.