

a policy which could be possible only in the context of a New Bretton Woods type of agreement, as Lyndon LaRouche has defined it. This is absolutely essential, given the collapse of the economies in the region, and the widespread poverty, which will eventually radicalize the political situation there. The best intentions of the Israeli, Arab, and U.S. leaders will not prevent a political explosion, perhaps ignited by terrorism, unless a prospect of hope is imparted to the population, through seeing a improvement in their everyday lives and a better future for their children.

The creation of an Israeli Ministry of Regional Development under Shimon Peres is a glimmer of hope, but it must have the powers, resources, and vision necessary to produce concrete results.

One very bad sign is the fact that World Bank Director James Wolfensohn arrived in Israel on July 22. He held meetings with Arafat and with Israeli officials. It was reported that in the five years since the Oslo Accords were signed, the World Bank has presented only 16 projects worth a paltry \$267 million, and not all of this money has been disbursed. Wolfensohn will also travel to Jordan, which is in effect bankrupt.

Unless motion on this track is made, then all other efforts will easily stall or be sabotaged, and war will no doubt follow.

The joint statement issued by the two leaders following their meetings on July 19 is in large part geared to help restore confidence among the Israelis in the viability of the process, by assuring that Israeli security concerns will not be sacrificed. The United States will provide funding for a third Arrow anti-missile battery to protect against any ballistic missile threat. In addition, a new Strategic Policy Planning Group, composed of senior representatives of the relevant national security entities of both countries, will develop recommendations to bolster Israel's deterrent capabilities. The United States will also initiate a closer cooperation with Israel in the area of space. The President informed Barak that an Israeli astronaut and payload of Israeli experiments will fly on a U.S. shuttle mission in the year 2000. But here, again, without serious economic development for the region as a whole, no amount of military hardware or sophisticated defense systems will guarantee peace or security.

President Clinton has promised to follow up Barak's initiative, with Secretary of State Albright assigned to go the the Middle East in August, with an eye on moving forward the negotiations with the Syrians.

Barak spent most of his last day in Washington visiting Congressmen. When asked by some Republicans if he would support Congressional moves that would that mandate that the U.S. move its embassy from Tel Aviv to Jerusalem, Barak said he would never oppose such a move, but made it clear to them that it would seriously imperil negotiations with the Palestinians. Such a move would throw a monkey-wrench into any further progress on so-called final status issues of the peace negotiations, one of which is the status of Jerusalem.

## Senate GOP backs HMOs, defeats patients' rights

by Linda Everett

For the first time in the two years since President Clinton proposed his Patients' Bill of Rights, millions of desperate Americans who battle their health maintenance organizations (HMOs) to get medical care, hoped that they would finally be represented when the U.S. Senate took up the HMO crisis. But, when the Senate acted, on July 12-15—only because of Democrats' threats to paralyze the Senate if the Republican leadership refused to allow debate on the issue—the GOP blocked every patient protection the Democrats offered, finally killing the entire Democratic package by inserting a GOP substitute.

The Republican action outraged patients and physicians alike. Some 80-83% of Americans support every major HMO reform in the Democratic bill, sponsored by Sens. Edward Kennedy (D-Mass.) and Tom Daschle (D-N.D.), which included guaranteed access to the nearest emergency room and to specialists, and the right to sue an HMO for malpractice. Emergency room doctors in California, for example, complain that they are limited to 12 minutes of care per patient in the ER; and physicians who keep their patients in intensive care one day extra have been told by their HMOs that they themselves would have to pay for it.

The GOP's political protection of these insurance vultures is a slap in the face to thousands of people harmed or killed by HMOs' denial of care. The final GOP bill (S. 1344) would codify such barbarous HMO policies into law. How can a nation tolerate policies, which kill children with cystic fibrosis by denying them access to the appropriate specialists to perform life-saving surgery? How can hospitals survive if HMOs are allowed to steal outright, exemplified by the case of Blue Cross and Blue Shield of Maryland, which has denied Maryland hospitals more than \$155 million reimbursement for HMO-approved services that the hospitals provided, which the HMO had approved? These human rights violations, outright theft, and destruction of hospital care are escalating as the global economic crisis worsens—making it all the more urgent that the “managed care system,” and the predatory free-market policies driving it, are scrapped immediately, as the LaRouche movement has urged.

The hospital system must be salvaged, kept functioning, and rebuilt to serve the nation, while the financial system undergoes economic restructuring, as per the LaRouche's proposed New Bretton Woods system. Until that occurs, pa-

tient protections, such as those in the administration's Patients' Bill of Rights, should be supported when Congress takes up the battle in the House in late July.

The Democratic Patients' Bill of Rights provides decent protections for 161 million privately insured Americans, and has the support of *every* health care organization. The Republicans' counterfeit bill, sponsored by Senate Majority Leader Trent Lott (R-Miss.), has patronizing, but hollow provisions, that cover about 10% of the 48 million people in self-insured employer plans who are covered by HMOs. The Republican bill leaves out more than 130 million people in all but two of its provisions—but it has the backing of the insurance/HMO industry and its \$100 million blitz of lying ads, lobbyists, and consultants.

### **Emergency and specialist care**

When a Maryland woman, Jacqueline Lee, fell off a 40-foot cliff while hiking, she was airlifted to a Virginia hospital for trauma care, which her HMO refused to cover because she failed to get preauthorization from her HMO for an emergency room visit—despite the fact that she was unconscious! The Democrats' bill ensures that when a "prudent lay person" thinks he or she has a medical emergency, the patient must be assured that emergency care, screening, stabilization/post-stabilization care at the nearest hospital are covered without prior authorization by their plan. The Republican defeated this provision, exchanging it for one of their own, which gives "access" to emergency care screening and stabilization only if these services are "available under the group health plan," and only if the emergency is on the HMO's approved list of conditions that warrant emergency care.

The American College of Emergency Physicians calls the GOP's interpretation of "post-stabilization care" dangerous. When a patient with a smashed elbow was recently brought to a hospital outside his plan's network, the ER doctors "stabilized" him, but the HMO denied authorization for the necessary orthopedic surgery (post-stabilization care) which their surgeon was prepared to do. The HMO ordered the patient sent to another network hospital, which had no orthopedic surgeon available; then, sent him to a third network hospital, that also had no orthopedic surgeon. Twelve hours later, after risk of infection and degradation of the wound, the patient was returned to the original, non-network hospital, to get the necessary surgery.

The Democrats' bill requires plans to cover specialist care outside the plan if it does not have a specialist to treat a patient's specific condition; it requires that plans have an adequate number of specialists to assure timely care (some plans have so few specialists that patients wait months for appointments); it allows for chronically ill patients to have a specialist as their primary care doctor. The Republicans defeated this for a meaningless provision that says if a plan does cover specialist care, it must provide it, but can charge extra.

When the family of a teenager with a seriously injured

hand was told by his insurance company that it would pay to amputate his hand, but not to reconstruct it, the family needed access to timely, independent review of the HMO's denial of treatment—which the Democratic bill provides for, but which the GOP defeated. Sen. Bill Frist (R-Tenn.), whose family helped found Columbia-HCA, the world's largest for-profit hospital cartel that is charged with bilking Medicare, repeatedly lied that the Republican bill guarantees 113 million patients access to independent external appeals. The truth is, the HMO chooses and pays for an "expert," who works for the HMO, who is under contract with the HMO, and who must base his review of the HMO's treatment decision on the HMO's own arbitrary definition of "medical necessity."

Hence, Aetna-US Healthcare (the nation's largest managed care company, which just bought up Prudential Healthcare for \$1 billion), which controls up to 60% of all U.S. insured patients, will be allowed to continue its physician contracts under which Aetna retains its "power to amend, unilaterally, all terms of the contract," including power to alter the definition of the term "medically necessary treatment." Another HMO calls medically necessary care "the shortest, least expensive or least intense level of treatment as determined by the plan."

### **The right to sue**

In the event of serious injury or death, the Democrats' plan allows patients or families to sue an HMO if their state law allows it. In one case, despite a doctor's begging, an emergency room patient's HMO repeatedly denied authorization to treat the man's uncontrollable blood pressure overnight with IV medications. The patient, saying that "I am sure my HMO would never put me in danger," went home. He thereupon suffered a stroke, and remains permanently paralyzed on one side of his body.

The Democratic bill makes HMOs and insurers legally accountable for their negligence, but it does not, as the GOP/HMO lobby lie, hold employers liable, unless they block treatment. Sen. John Chafee (R-R.I.) offered a compromise which gives patients the right to sue in Federal court, but not in state court, for damages and for pain and suffering. Chafee expressed hope, that his bill, which has several Democratic co-sponsors, would be heard this year. No other industry in America enjoys such immunity from accountability for its actions. Under the Employee Retirement Income Security Act of 1974, employee group health and benefit plans cannot be sued. Court papers filed in a class-action suit against Aetna, which covers 21 million people, reveal that Aetna explicitly directs its employees to discriminate against patients in ERISA plans—i.e., deny them services—because under ERISA, Aetna has total immunity from liability. The Democrats' bill changes that, and this strikes terror in HMOs. The Republicans defeated this measure as well.

The final Republican bill, which Chafee and Peter Fitzgerald (R-Ill.) opposed, passed 53-47.