

We should understand, however, that the technology does exist that would permit cost-effective mass testing of populations. The technology in the area of therapeutics also exists that can arrest and in some cases even cure HIV and AIDS infection, and it is specifically in these areas that resources are not made available.

I'll just briefly cite the example—I'm sorry I didn't bring it, but there's a test kit that could actually make the diagnosis of HIV and AIDS, within five minutes with a single drop of blood. This is off-the-shelf technology, but our FDA [U.S. Food and Drug Administration] has embargoed this technology for the last four years. The Abundant Life Clinic did the clinical research to prove the efficacy and the specificity of this diagnostic test. It could literally bring us up to speed in this country and throughout the world, because it's a technology that does not require electricity or any sophisticated infrastructure to utilize. We could literally do epidemiological testing anywhere we wanted to, and find out the actual facts of HIV and AIDS. And then, in addition to the diagnosis, we also have treatment modalities that are also under embargo, specifically, the interferon treatment that was pioneered in East Africa, in Kenya, which is also cost-effective, as well as being clinically effective.

So I think that those two things, the diagnostic testing technology and the therapies that are proven to be effective, need to be employed now, in order to get a grip on this epidemic and to literally save nations that are on the brink of extinction. Thank you.

Abolish HMOs, Before More Lives Are Lost

by Joe Jones

Good afternoon, members of the panel, and fellow Democrats. My name is Joe Jones, and I am a member of the City Council of Cleveland, Ohio, representing the First Ward.

On May 22 of this year, the Cleveland City Council unanimously adopted an Emergency Resolution which I had introduced, calling on Congress "to investigate the provision of health care services by health maintenance organizations and managed-care organizations, and if necessary, to abolish such organizations."

Today, I am convinced more than ever, that the platform of the Democratic Party should include a commitment to abolish HMOs and managed care, and that legislation to that effect should be introduced into the U.S. Congress as soon as possible, along with similar bills and resolutions on the state and local level around the nation. Lyndon LaRouche should be

commended for initiating this movement some weeks ago; his published material and research on this subject have been very useful to me in Cleveland. Furthermore, we need to restore the principle that the lives, health, and well-being of the people come first, before any consideration of profit margins, dividends, and executive salaries and bonuses, which is the kind of policy we used to have before HMOs were authorized by Congress in 1973.

As public officials, sworn to promote the General Welfare, we have a moral duty to do this. We know that many times, our moral principles seem to come into conflict with so-called "practical political considerations." However, the current health-care crisis shows that doing what is morally right, is the only practical political course to follow. In fact, this issue may be the key to winning Democratic majorities in the Congress and many state legislatures around the country, because on this issue people can be mobilized to vote as if their lives depended on it.

Hospital Cartelization

For example, we are going through a major health-care crisis in Cleveland, similar to many other cities, where three hospitals were going to be shut down this year, because of the bankruptcy of Primary Health Systems, a for-profit hospital company based in Pennsylvania. One hospital was actually closed in February, and remains empty to this day, with the loss of almost 1,000 jobs there. The two other hospitals have been saved, at least temporarily, as the result of a massive political mobilization, led by City Council members along with Congressman Dennis Kucinich [D-Ohio]. We had hundreds of people marching in the streets, holding vigils and demonstrating at City Council meetings, over a period of several weeks. The mobilization involved almost every sector of the community, including medical professionals, church and civil rights leaders, and organized labor.

This battle involved the Cleveland Clinic, a corporate giant that controls over 60% of the hospital beds in Cuyahoga County [which includes Cleveland]. The Clinic made a back-room deal to buy two community hospitals from Primary Health Systems, just so they could be shut down, thereby eliminating competition for their other facilities. The Clinic also planned to buy a suburban medical campus as part of the deal, which would stay open, since it is a big moneymaker in a relatively affluent area.

On March 29, a Federal bankruptcy judge in Wilmington, Delaware not only overturned the Cleveland Clinic deal, but threatened to turn the matter over to the Justice Department for possible violations of anti-trust laws! That day, the courtroom was packed with a busload of Cleveland residents and hospital employees, who travelled several hundred miles to be there, along with three of my City Council colleagues and Congressman Kucinich. This was without question a significant victory of the people over the corporate establishment.

Where we stand now, is that two community hospitals have been saved—at least temporarily—by being purchased by the University Hospitals Health System, while the Cleveland Clinic took over the suburban medical campus it wanted all along. We are now faced with a situation where these two corporations control over 90% of the hospital beds in Cuyahoga County, and both are under pressure by HMOs and managed-care policies to cut costs further, and eliminate “unprofitable” operations.

Among the lessons to be learned from this experience, are: 1) the health-care crisis will not be solved, unless we address the underlying problem, which is the pressure for constant cost-cutting coming from HMOs and managed care; and 2) the people can be mobilized, if there is leadership.

The Whole HMO System Is Wrong

We know that it is all but impossible to pass a bill to abolish HMOs this year, given the Republican control in Congress and many state legislatures, and also given the attitudes of some of our Democratic colleagues. But such bills should still be introduced, to give us a rallying point which addresses the reality of the economic crisis facing the majority of people. “Where does my Congressman or legislator stand on the bill to abolish HMOs?” can be the litmus test which determines who is going to be elected in November.

But why, some may ask, do we need to abolish HMOs? Why can't they simply be reformed with a Patient's Bill of Rights?

While those proposing reforms are usually well-intentioned, and certain reforms, such as including prescription drugs under Medicare, should be supported wholeheartedly, the problem is that the HMO managed-care system itself is wrong.

It is wrong to put a price tag on human life, by giving doctors and hospitals a financial incentive to withhold necessary care.

It is wrong to give an accountant the power to overrule the judgment of a medical professional, for the sake of profit margins and stock valuations on Wall Street.

Consider a recent case involving the Kaiser Permanente HMO, which has a major presence in Cleveland. Kaiser was fined a record \$1 million in May by the State of California, which accused Kaiser of “systemic health-care delivery problems.” The case involved a 74-year-old woman, Margaret Utterback, who started calling her primary care physician at 8:30 in the morning of Jan. 26, 1996, complaining of severe back and abdominal pain. She was treated like many of us have been treated when we try to call our health plan—put on hold, transferred to a recording and given the runaround, evidently in the hope that she would become discouraged and give up trying to see her doctor. After calling five times, Mrs. Utterback was scheduled for an appointment at 4:15 in the afternoon.

Despite pleading to be seen early, and visibly suffering in the waiting room, the doctor did not see her until 4:30 p.m., and by then it was too late. Mrs. Utterback was suffering from a dissecting abdominal aortic aneurysm, which means that the aorta from her heart was expanding like a balloon. The aneurysm ruptured an hour later, and she died within a day and a half.

Is the \$1 million fine going to bring Mrs. Utterback back to life? In fact, it was the HMO mentality that killed her, the



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inhuman mentality that looks at sick people as a threat to the bottom line. The only solution is to abolish HMOs and managed care altogether.

For the record, I have 218 more HMO “horror stories,” all documented cases of deaths and injuries to innocent people caused by managed care, assembled by the National Health Insurance Citizens Network, and available on the Internet. There is no way to remedy all these abuses with separate laws for each abuse. Since the system itself is the problem, the system will generate abuses faster than we can legislate. Again, the only solution is to abolish HMOs and managed care.

The U.S. Supreme Court perhaps provided the best argument in support of Congressional action to abolish HMOs, as a result of its unanimous ruling June 12, in the case of *Pegram v. Herdrich*. The court ruled that, even if someone is injured or a loved one dies as a result of an HMO withholding necessary care, the HMO cannot be sued in Federal court. Why not? Because, wrote Justice David Souter for the court, the rationing of health care, through means such as giving doctors

bonuses to reduce care, was the intent of Congress in authorizing HMOs in the first place! If injured patients could sue HMOs for withholding care, Souter wrote, it would result in “nothing less than elimination of the for-profit HMO.”

In other words, according to the U.S. Supreme Court, HMOs cannot exist without being given *carte blanche* to kill and injure innocent people by rationing health care.

Ladies and Gentlemen, fellow Democrats: The situation is urgent. HMOs must be abolished before more innocent lives are lost.

Drugging Our Children into Submission

by Rep. LeAnna Washington

Good afternoon, I am State Representative LeAnna Washington, and I represent the 200th Legislative District in Philadelphia, Pennsylvania.

Thank you for the opportunity to testify today about the effects of psychotropic drugs on this nation’s children.

I am glad to see attention being focused at the national level on the use of these mind-altering drugs on our most vulnerable population, our children, our future.

In 1968, three years after the U.S. Elementary and Secondary Act was passed, broadening the definition of “handicapped” to include “mental disturbance,” this gave psychiatry the green light to label and drug children into compliance. A new category for children emerged called “behavior disorders of childhood and adolescence.” In 1975, the Americans with Disabilities Act was passed, providing “special education” classes for learning disabled [LD] children. Within two years, the number of children labeled LD reached more than 782,000. This figure soared to 1.9 million in 1989, and by 1996 it reached 2.6 million. Yet, Kevin Dwyer, assistant executive director of the National Association of School Psychologists, admitted that the way “learning disorders” are diagnosed is “not a science.”

In 1987, Attention Deficit Hyperactivity Disorder (ADHD) was literally voted into existence by the American Psychiatric Association. Within one year, 500,000 children in the United States were diagnosed with this affliction.

In 1990, the lucrative doors were opened to a cash welfare program to low-income parents whose children were diagnosed with ADHD. A family could get more than \$450 a month for each child. In 1989, children with ADHD made up 5% of the disabled population. In 1995, it rose to 25%. In 1991, education grants also funded schools an additional \$400 in annual grants money for each child. The same year, the Department of Education recognized it as a handicap, provid-

ing children with special services. In 1997, 4.4 million children were diagnosed with ADHD. In 1996, \$15 billion was spent annually on the diagnosis, treatment, and study of these so-called disorders.

Ritalin and similar drugs are prescribed to an estimated 6 million to 9 million children and adolescents in the United States. This reflects why Ritalin production has increased an incredible 700% since 1990.

Ritalin use in the U.S. is five times higher than the rest of the world combined.

The question of whether or not these drugs are helping or



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hurting our children is the subject of great debate. It has been suggested that recent incidents of school violence and other occasions of violence are the result of children being unnecessarily medicated by such drugs.

Others maintain that placing the blame on these drugs is an over-reaction, and that the drugs are safe if used properly. According to the *Journal of the American Medical Association*, from 1991 to 1995, the number of preschoolers on antidepressants increased 200%, and the number of children ages 2 to 4 taking stimulants more than doubled.

I have been concerned about this issue for quite some time. As an African-American representing a predominantly African-American legislative district in the city of Philadelphia, I am witness to what I believe is the disproportionate prescribing of these medicines to minority children.

During my studies of the issue, I have learned that drugs such as Ritalin have become a convenient “easy way out” substitute for dealing with problems that often are unique to