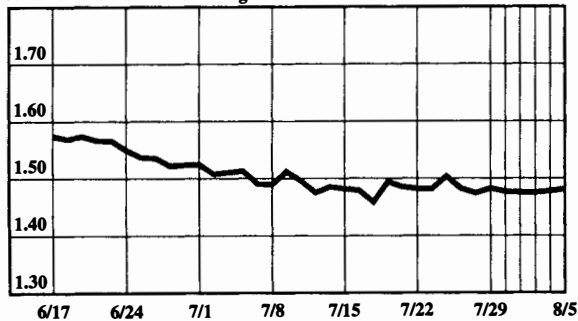


Currency Rates

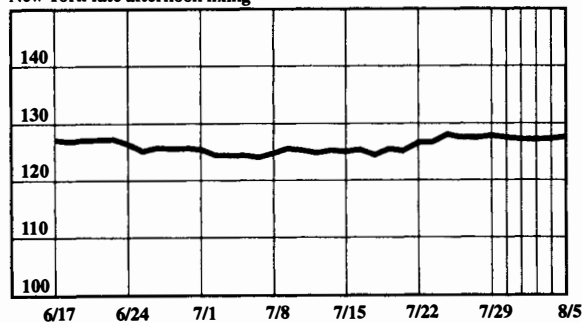
The dollar in deutschemarks

New York late afternoon fixing



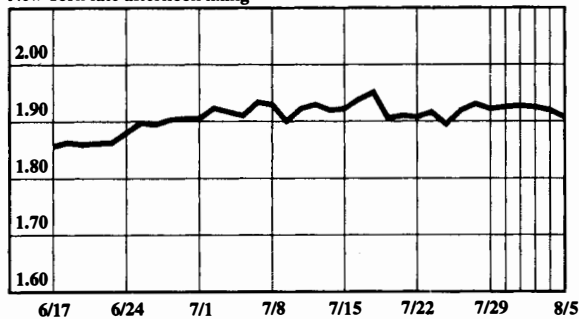
The dollar in yen

New York late afternoon fixing



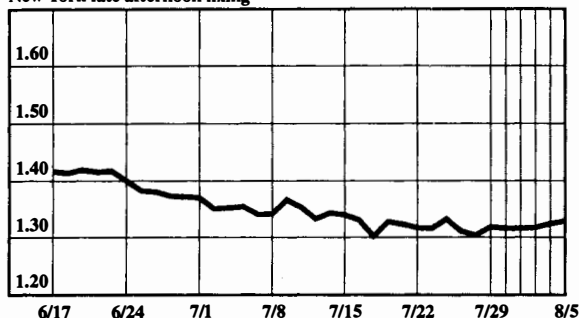
The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing



Bush vetoes Oregon rationing plan

by Linda Everett

On Aug. 3, Secretary of Health and Human Services Louis Sullivan officially rejected Oregon's five-year plan to ration health care services for the poor, allegedly because the Bush administration is concerned that the Medicaid plan in its present form discriminates against people with mental or physical disabilities.

The administration's action is especially interesting because it has been studying the plan for nearly two years, giving signals that it would approve the major structural changes in the state's Medicaid program. The only criticism raised was from Office of Management and Budget czar Richard Darman, who complained that the plan would cause an increase in federal matching funds to Oregon. And heretofore, the prescriptions for health care reform from either the Bush or Clinton camp started with the candidates' repeated avowals that their major concern is cutting costs.

Now, the twin candidates are mouthing concerns about the rights of those with disabilities, with Secretary Sullivan calling for the Oregon plan to be retooled. This occurred after a consortium of 21 groups representing people with disabilities raised substantial problems with Oregon's experiment.

Last January, member organizations of the Consortium for Citizens with Disabilities requested a meeting with Secretary Sullivan to convey their concerns about the rationing plan. They were ignored. On July 24, in a letter to President Bush—and to the press—the consortium again requested a meeting. It read: "If services are to be prioritized for funding on the basis of presumed quality of life, we will have a long way up the 'slippery slope' (which is getting steeper every day in the face of the growing cost containment crisis), to try to justify health care for persons with disabilities whose treatment may be viewed by the general public and by some health care providers as causing 'minimal or no improvement in quality of life.' "

Such discrimination, the consortium wrote, violates the Americans with Disabilities Act, as well as the Rehabilitation Act of 1973, which allows state limits on services in Medicaid programs as long as they do not deny individuals with disabilities access to care; and the federal child abuse ("Baby Doe") laws of 1984, which prohibit the withholding of medically effective treatment from a child born with a disability that would be provided to a child without a disability.

A meeting was finally arranged between the consortium

and Secretary Sullivan on July 30—a day before the administration was supposed to decide on Oregon's plan. Bob Griss of the United Cerebral Palsy Association told *EIR*, "If quality of life replaces medical necessity as criteria for treatment, we are all going to have a lot less protection."

'Quality of life' replaces medical need

The centerpiece of Oregon's plan expands Medicaid coverage to families with incomes less than 100% of the federal poverty level. One of the major concerns of the consortium is the way some 709 health care conditions and their treatments are ranked according to a numerical value that measures each condition-treatment pair's cost effectiveness, "clinical efficiency," necessity, and the duration of the therapy, and its "value" to society. A medical treatment's net benefit is no longer evaluated according to its ability to cure a disease or to treat a medical condition. As the consortium states, the Medicaid prioritization plan employs a subjective, value-based judgment, that moves from a "medically necessary" standard to a "quality of life" standard to decide what services are covered.

This new standard, the plan's authors would have you believe, was drawn from a survey of Oregon residents on how they assess the damage done to a person's "quality of life" by various conditions. But the survey, rigged and biased against treating people with chronic diseases or handicaps, comes after years of brainwashing by insurance company-sponsored town meetings on "who should live, who should die in an era of scarce resources." So, a costly treatment that could save a life is ranked low if the treatment "duration" lasts "only" one or two final years of the patient's life. "Terminal" cancer is not treated, only palliative care or death help is given. As the budget fluctuates, so does the benefit package. Already, it is cut to line 587. Those with disabilities that fall below the cutoff line will be denied basic life-saving services.

Services not covered are likely to also become the precedent with private insurers. While the overall plan guarantees no minimum set of medical benefits to any patient, it denies some Medicaid patients benefits they now have. But doctor-gatekeepers can extend non-treatment categories, since Oregon's managed care policy forces doctors to restrict access to specialized or hospital care or lose money each time treatment costs exceed a contracted fee for service. Oregon exempts hospitals and doctors from liability when they refuse Medicaid patients medically necessary treatment—even emergency care. Poor patients are denied any right to legal recourse. They are condemned to substandard medical care, violating the Equal Protection Clause of the Fourteenth Amendment.

The Oregon plan cannot be reworked. This country does not have an adequate integrated model of proper medical and rehabilitative care for our disabled citizens—and it is unlikely to ever have one as long as the value of human life is reduced to a budget item.

Schiller Institute sets Labor Day conference

The annual U.S. conference of the International Caucus of Labor Committees (ICLC) will be sponsored by the Schiller Institute and held on the weekend of Sept. 5-6, near Washington, D.C. The theme of the conference, inspired by Abraham Lincoln's defense of the American nation in his 1860 presidential campaign, is: "A Planet Cannot Endure, Half-Slave and Half-Free."

This theme will be viewed from the standpoint of the urgency of defending the American Revolution today, when the collapse of the United States threatens the lives of millions here and abroad. The context is the 1992 U.S. presidential campaign, in which Lyndon H. LaRouche, Jr. is running as an independent candidate, with civil rights leader Rev. James Bevel as his vice presidential running-mate.

The keynote panel will feature messages from LaRouche and from his wife, Helga Zepp-LaRouche, who founded the Schiller Institute and presides over its international advisory board.

Other panels include:

- 1) Civil Rights for All: The Fight for the Divine Spark of Human Dignity;
- 2) End Foreign Freemasonic Takeover of the U.S.: Defeat the Confederacy;
- 3) Venice, the Satanic Evil of Aristotelianism: Defeating the Usurers and Slave Traders;
- 4) The Lost Art of Classical Composition: Continuing the Bach, Haydn, and Mozart Musical Revolution; and
- 5) Metaphor, the Science of the Transformation of the Mind.

The panel on music will be followed by an "open rehearsal" demonstrating Mozart's unfinished Great Mass in C, by a Schiller Institute Festival Chorus and Orchestra.

The ICLC is the philosophical association founded 25 years ago by Lyndon LaRouche. This conference is dedicated to the fighting spirit of ICLC leader Allen Salisbury, who is battling cancer. Salisbury is the author of a groundbreaking book on the political economy of Lincoln and his advisers, *The Civil War and the American System: America's Battle with Britain, 1860-1876*.

The conference will take place at the Sheraton Premiere hotel at Tysons Corner, Virginia.