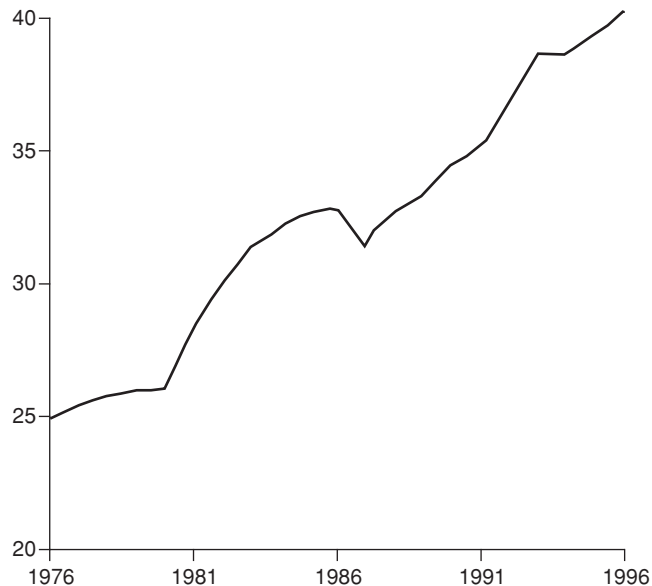


FIGURE 3
Number of Uninsured Americans, 1976-96

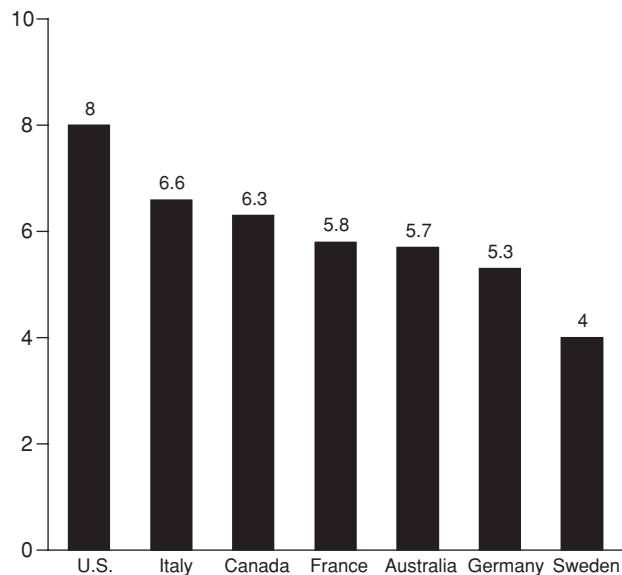
(millions)



Source: David U. Himmelstein, M.D. and Steffie Woolhandler, M.D., M.P.H., *Healthy Profits, Unhealthy Care: An Update on Market-Driven Health Care*, tabulation from CPS and NHIS data.

FIGURE 4
Infant Mortality, 1995

(deaths in first year of life/1,000 live births)



Source: OECD, 1997.

that HMOs or insurance companies refused to cover necessary medical procedures.

We will also report on the campaign which you will be carrying out, to get this Nazi policy banned. So, be sure you are registered to vote, and use the list of Congressmen you will find below to begin this campaign now. As LaRouche said: Your life may depend on it!

The Proposed 'Right to High-Quality Health Care Act'

Declaration of Purpose

The purpose of this legislation is: a) to affirmatively establish the right of every person to the highest quality health care available; b) to abolish Health Maintenance Organizations, Managed Care Organizations, and the practice of managed care by health insurers; and c) to re-assert the principles of the Hill-Burton Act (42 U.S.C. Section 291 et seq.) as the primary policy governing U.S. health policy.

This Act is necessitated by the immediate crisis in the health conditions in the United States, where millions of citizens are denied access to necessary health care services due to the financial practices of Health Maintenance Organizations, Managed Care Organizations, the practice of managed care by health insurers, and the lack of adequate medical facilities in many communities in the country. This has created a health care emergency in the United States.

Under the Preamble to the United States Constitution, the Federal Government is required to "promote the general welfare," thus necessitating immediate action by the Federal Government to address this health care emergency.

The lack of access to adequate health care, and the practices of the Health Maintenance Organizations and Managed Care Organizations, are in violation of Article 25 of the Universal Declaration of Human Rights of the United Nations, and Article 12 of the International Covenant on Economic, Social, and Cultural Rights, which establish the universal right to adequate health care, and require governments to take steps to assure access to quality medical care. The United States is a signatory to these declarations and covenants.

The practice of denying needed medical treatment to certain persons in order to cause their death, was prosecuted as a crime against humanity by the United States in the post-World War II Nuremberg Tribunals.

Section 1

A. It is hereby established and affirmed that every person has a right to the highest quality health care available.

B. Any practices by health insurers, that deny any person the right to the highest quality health care available, for financial, or any other reasons, are hereby prohibited.

Section 2

A. 42 U.S.C. Section 300e, et seq., providing for the establishment and operation of Health Maintenance Organizations, is hereby repealed.

B. It shall be unlawful to operate a Health Maintenance Organization, Managed Care Organization, or any health insurance program that practices managed care, or seeks to control costs by limiting necessary health care services provided to patients.

Section 3

A. It is hereby re-affirmed that the provisions of the Hill-Burton Act, 42 U.S.C. 291 et seq., are the governing principles for U.S. health care policy.

It Can Happen Here!

The following is a memo in support of the Right to High-Quality Health Care Act:

To calm the credulous, in the wake of the latest round of crashes on the world financial markets, U.S. administration officials, such as Treasury Secretary Larry Summers, loudly proclaimed, “The fundamentals of the economy are sound.” Nothing could be further from the truth. In fact, the fundamentals are very sick, weakened by more than 30 years of deregulation, de-industrialization, globalization, and privatization, that have left the U.S. economy a shadow of its former self.

Just look at the state of health care in the United States. Currently, millions of Americans are without access to adequate health care, either because they have no health insurance, are enrolled in a managed care plan that denies or delays medical care on the basis of cost, or, even if they are financially able to pay for whatever medical care they need, their local communities lack the adequate facilities through which to deliver the care. Consequently, millions of Americans routinely die or are injured, as the result of a lack of adequate medical care. Meanwhile, the health maintenance organizations (HMOs) suck millions of dollars out of the health system, to feed the income streams that fuel the speculative bubble on Wall Street. Like predatory sharks, HMOs have created enclaves of death in the United States, where the poor, disabled, elderly, and uninsured are sacrificed on the altar of shareholder values. The present looting of the U.S. health care system by the HMOs, is comparable only to the policy of eliminating “useless eaters,” carried out by Hitler’s Nazi regime.

This state of affairs is, in fact, a sharp deterioration from conditions that existed in the U.S. health care system under the guidance of the Hill-Burton Act of 1946, under which most Americans had access to high-quality medical care, whether they could afford it or not. Congress passed the Hill-Burton Act, consistent with the Preamble to the U.S. Constitution, which establishes the promotion of the “General Welfare,” as a purpose of the Federal Government. The Act provided for Federal and state cooperation, to establish the minimum standards for health care infrastructure, required to maintain the general health of the U.S. population. The Act also established a right to receive adequate health care, regardless of the ability to pay. The Act reflected a general commitment on the part of the U.S. government and citizens to the U.S. Constitution’s “General Welfare” clause.

In the name of the “New Economy,” the high-quality health care achieved under Hill-Burton has been replaced with the Nazi-like death policies of managed care. If the fundamentals are so sound, how come America can no longer afford the high-quality health care it once had? If the fundamentals are so sound, how come HMOs routinely deny or delay needed medical treatments, in order to save money and cut costs? If the fundamentals are so sound, how come you or your relative might die for want of medical treatment, because your local hospital has been downsized in order to make ends meet? If the fundamentals are so sound, how come you receive primary care from medical technicians, because the hospital can’t afford to pay living wages to nurses or doctors?

In earlier times, Americans would have called these policies crimes against humanity. After World War II, Americans often said, “Never Again,” and, “It Can’t Happen Here.” Yet it is happening here. A holocaust is ongoing in the United States, where millions of Americans, especially the poor, elderly, and disabled, are routinely sacrificed for financial considerations, under the practice of managed care. The only solution is to outlaw HMOs and managed care, re-assert our commitment to the U.S. Constitution’s “General Welfare” clause, and go back to the system that once worked: the Hill-Burton Act.

Some might say, “But we can’t afford it.” Well, if we can’t afford today, what we once afforded in previous times, maybe the fundamentals aren’t so sound, after all.

How It Happened Here

On Aug. 15, 1971, President Nixon pulled the plug on the Bretton Woods monetary system, which led to the creation of an international financial bubble, inflated to this day, by the successive measures of Federal Reserve Board chairmen Paul Volcker and Alan Greenspan. This hyperinflationary bubble was not, in reality, fueled by the funny-money that Volcker and Greenspan printed, nor by the sundry other varieties of financial paper that have achieved currency. In truth, the bubble was fed, in the same way that Nazi Economics Minister



A renal dialysis patient confers with his physician, prior to the takeover of American health care by the HMOs. Today, under the “managed care” regime, life-and-death decisions are no longer made by the doctor, but by bureaucrats who are sacrificing patients on the altar of “shareholder values.”

Hjalmar Schacht fed the Morgan/Harriman financial interests of George W. Bush’s grandfather, Prescott Bush—with human blood.

The collapse of the Bretton Woods system triggered an acceleration of the then-ongoing collapse of America’s industrial and agricultural production, and the shift of the U.S. economy into a non-productive, parasitical service economy, euphemistically called today, the “New Economy.” As the once highly productive agro-industrial economy collapsed, America became poorer. As America became poorer, it relied increasingly on slave labor and looting the standard of living of the population, to survive.

Exemplary is the case of the U.S. health care system, which was looted by the take-down of the Hill-Burton Act, and its replacement with the practice of managed care and HMOs. The contrast couldn’t be clearer. Under Hill-Burton, America established the minimum requirements for a health care system, necessary to promote the general welfare. The costs of that health system were provided by increasing production of the agro-industrial economy. Today’s “New Economy” cannot support the necessary health system required by the U.S. Constitution. Consequently, HMOs and managed care loot the health care system to feed the hopelessly bankrupt bubble. The result: People die!

Hitler would have loved the HMOs.

There was a time when we had no HMOs. In fact, HMOs were established in 1973 by an act of Congress, only after the collapse of the Bretton Woods system. Over the course of the 1970s and 1980s, as the financial bubble grew, Congress gave

more and more support to HMOs, until, like a Molloch, HMOs and the practice of managed care came to dominate the health care system, siphoning billions of dollars from medical treatment, into the growing hyperinflationary bubble.

Hitler would have loved the HMOs.

Today, needed medical care is routinely denied or delayed, by accountants and financial managers of HMOs, who make life-and-death decisions about medical care, based solely on cost management considerations. Horror stories abound, about how HMOs and the practice of managed care, are causing death and injury, in the name of keeping costs down.

Hitler would have loved HMOs.

The brunt of the suffering is borne by the weakest members of

society—the poor, the elderly, and the disabled. According to a study in the *Journal of the American Medical Association*, elderly, poor, and chronically ill patients had worse physical outcomes when treated under managed care and HMOs. The HMOs have eliminated more “useless eaters” than the Nazis ever dreamed of killing.

Hitler would have loved the HMOs.

Whole sections of America’s health infrastructure have been devastated by the cost-cutting policies of managed care and HMOs. Hospitals around the country have been downsized, or driven into bankruptcy, because HMOs refuse to pay their bills. This affects everyone. Even if your insurer is not an HMO, your local hospital has been looted by them, and if you need care, it won’t be there. This way, the HMOs can kill people without even enrolling them in their plan.

Hitler would have loved the HMOs.

Even if Americans are getting sicker and dying because of HMO looting, the financial bubble is “healthy.” HMO profits are up, fueling the orgy of speculation on Wall Street.

Hitler would have loved the HMOs.

HMOs Violate International Law

In 1948, the United States, as a member of the United Nations General Assembly, adopted the Universal Declaration of Human Rights. Article 25 of that Declaration states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment

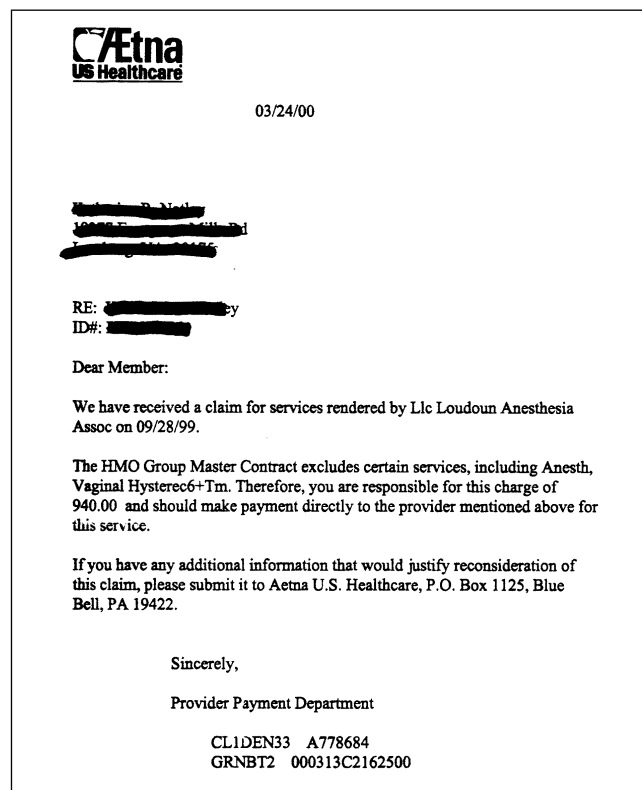
ment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.” In 1977, the United States signed the International Covenant on Economic, Social, and Cultural Rights, which, in Article 12, requires states to “Create conditions which would assure to all medical services and medical attention in the event of sickness.”

Furthermore, after World War II, the United States tried Nazi officials at Nuremberg, for denying medical care to what the Nazis deemed “useless eaters.” These practices were termed, “crimes against humanity.”

Under the current state of the U.S. health care system, especially the practices of the HMOs and managed care, the United States is in violation of both these international declarations and covenants, as well as the rulings of the Nuremberg Tribunal.

For these reasons, it is imperative that the U.S. Congress pass “The Right to High Quality Health Care Act,” which establishes the right to the highest quality health care available to every person, abolishes the practice of managed care, and re-affirms the principles of the Hill-Burton Act, as the governing framework for U.S. health care policy.

Any Congressman who does not support this legislation, should be driven from office.



An example of the murderous policies of HMOs: Six months after an HMO member had a hysterectomy, which her HMO had authorized, Aetna/US Healthcare informed her that anesthesia was not included in her benefits for such a surgical procedure.

How the Congress Voted

Below is a list of Republican Senators who protected HMOs and managed care companies and their human rights violations against Americans, by voting against the Bipartisan Patients’ Bill of Rights (S. 6) in July 1999:

Abraham (Mich.); Allard (Colo.); Ashcroft (Mo.); Bennett (Utah); Bond (Mo.); Brownback (Kan.); Bunning (Ky.); Burns (Mont.); Campbell (Colo.); Cochran (Miss.); Collins (Me.); Coverdell (Ga.); Craig (Id.); Crapo (Id.); DeWine (Ohio); Domenici (N.M.); Enzi (Wyo.); Frist (Tenn.); Gorton (Wash.); Gramm (Tex.); Grams (Minn.); Grassley (Iowa); Gregg (N.H.); Hagel (Neb.); Hatch (Utah); Helms (N.C.); Hutchinson (Ark.); Hutchison (Tex.); Inhofe (Okla.); Jeffords (Vt.); Kyl (Ariz.); Lott (Miss.); Lugar (Ind.); Mack (Fla.); McCain (Ariz.); McConnell (Ky.); Murkowski (Ak.); Nickles (Okla.); Roberts (Kan.); Roth (Del.); Santorum (Pa.); Sessions (Ala.); Shelby (Ala.); Smith (N.H.); Smith (Oreg.); Snowe (Me.); Specter (Pa.); Stevens (Ak.); Thomas (Wyo.); Thompson (Tenn.); Thurmond (S.C.); Voinovich (Ohio); Warner (Va.).

The House Vote

For five years, the House Republican leadership has opposed any true HMO patient protections, and has refused to allow even a single subcommittee vote on the Bipartisan Patients’ Bill of Rights—despite national support from patients, physicians, hospitals, advocacy groups, and employers. House Speaker Dennis Hastert (R-Ill.) used every trick that House Majority Whip Tom DeLay (R-Tex.) handed him, to defeat the bill in the House. When it became clear that a bipartisan majority was forming in the House that would pass the bill, Hastert brought up several bills which would allegedly expand assistance to the uninsured, but in fact would allow proliferation of plans which would skirt the protections in the Patients’ Bill of Rights. On Oct. 7, 1999, the Patients’ Bill of Rights, renamed the Bipartisan Consensus Managed Care Improvement Act (H.R. 2723), was passed 275-151 as an amendment to the GOP “Uninsured Help” or “Affordable Health” bill, H.R. 2990.

The full list of those who voted *against* patients’ rights, and to continue murderous managed care policies, follows. They are Republicans unless otherwise indicated:

Aderholt (Hi.); Archer (Tex.); Armey (Tex.); Baker (La.); Ballenger (N.C.); Barrett (Neb.); Bartlett (Md.); Barton (Tex.); Bass (N.H.); Bereuter (Neb.); Biggert (Ill.); Bliley (Va.); Blunt (Mo.); Boehner (Ohio); Bonilla (Tex.); Bryant (Tenn.); Burr (N.C.); Burton (Ind.); Buyer (Ind.); Calvert (Calif.); Camp (Mich.); Campbell (Calif.); Chabot (Ohio); Chenoweth-Hage (Id.); Collins (Ga.); Combest (Tex.); Cox (Calif.); Crane (Ill.); Cubin (Wyo.); Cunningham (Calif.); Deal