Title: "The Adrian Report on U.S. Healthcare, Vols. 1,2, & 3"

Vol. 1, 2006, Parts One Two & Three [I,2,3]

The Adrian Report on U.S. Health Care

"Whoever said Jack Abramoff, hat specialist among hat specialists, ain't connected to GW Bush?"

CLICK HERE to read a late breaking late Jan. 2006 lead story on HILLARY the Lady Knight taking on the surly and sour and sulking and sinful REPUBLICANS gouging out our MEDICARE and MEDICAID programs, and lancing the side of shifty HMOs and their insurance lobbies also!

Free Postage Below for Your letter to the White House to Express Your Anger!

Fab Whistleblower J.K. Poteet, we thank you!!

"How do I spell corruption, sir? Well, that is easy – 'G-W-B-U-S-H' "

PAID ANNOUNCEMENT BY THE MEDICARE REFORM MOVEMENT

FEMA agents assist a victim of a natural catastrophe [flooded bathtub]. He is reminding them that he is unemployed, as are most of his friends and family due to outsourcing and illegal immigrant labor pervasive in the 50 states, and repeating to them that he and his family are medically uninsured. The FEMA agents are trying to relieve him of his difficulties according to the new Karl Rove and Dick Cheney FEMA procedures with kinder & gentler actions.

A bilked shareholder of Hospital Corporation of America aka HCA, owned by the Senator Bill Frist family, since 1968, demands to hear an explanation of "conflict of interest," from Glad Hand Bill Frist, who was just recently subpoened for his fraud against shareholders, the voting public, and the ill and infirm.

Please leave my country

Vol. 1, 2006, Part One [I]

Recommended websites:

http://www.angelfire.com/electronic2/haarpmicrowaves/IMMIGRATION-MELTDOWN1.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/IMMIGRATION-MELTDOWN2.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/permatemps.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/Temp_Agency_Slaves2006.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/Adrian_Report_Prisons_2002.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/AdrianReport-Healthcare2004.html

http://www.angelfire.com/poetry/aisling/Elmer_T_Adrian_novelist.pdf

http://www.angelfire.com/zine/cetaceandragon/Existence_of_Unicorns.pdf

http://ross.mcconnell.angelfire.com/2006_Adrian_Report_on_Immigration.pdf

"HAPPY HOUR IN GW'S USA"

"Yeah, I voted for GW Bush and heard all about his not letting behind any child or man or woman or cripple or homeless decent American.

I remember his father's 'kinder and gentler' nation and mistook his son to be at least as sincere as his old man.

Dude, was I wrong!

I've been seeking a job for over two years now. Both my sons are dead over on the sand dunes of Iraq and my daughter lost her uterus and one leg in Baghdad in the Reserves.

I've got no medical insurance and used up my unemployment benefits in 6 lightning fast months.

I can't get a job as a cashier or grocer's assistant, they only want illegal immigrant labor.

My computer company outsourced all the software designer jobs over to Bangalore India, and here in the states only use foreigners with H1-B visas. I found my medicine in the bar during happy hour."

Make a Donation

NAME: Mark McClellan
POSITION: Administrator, Medicare & Medicaid Svcs.
SALARY: $143,250/year

"Hey! I was appointed by GW. It surprised me, for previously I was just one of many of GW's economic advisors, then he put me in as Commissioner of the FDA, and now Chief of Medicare & Medicaid. Golly!"

Leavitt "chillin" with the homeless of NEW ORLEANS

Just last year Mike Leavitt [R-Utah] was appointed head of EPA. Now suddenly, after helping with Homeland Security, he is head honcho of the Health and Human Services [HHS], which overseas the Medicare and Medicaid branches and the NIH. Leavitt earned a business BA from a small Utah college and accumulated wealth as the CEO of an insurance company.
Leavitt is a life long REPUBLICAN.

NEPOTISM? CRONYISM?

Scott McClellan [brother of Mark, photo above] is the White House press secretary, promoted to replace Ari Fleischer as press secretary after he left the post on July 14, 2003. Previously he served as Deputy White House press secretary, Fleischer's assistant.

McClellan, 35, began working for President Bush, in 1999 as the deputy communications director, when Bush was the governor of Texas. He served as the traveling press secretary during the 2000 Presidential Campaign.

McClellan comes from a Texas political family. His mother, Carole Keeton Strayhorn, is the Texas state comptroller, and former mayor of Austin [one of the computer/electronics capitals of the world]. McClellan is a three-time campaign manager for his mother.

His brother, Mark McClellan, the oldest of Scott's three brothers, former commissioner of the Food and Drug Administration and a former high level economic adviser to Bush, is currently the very top man running Medicare and Medicaid, nationwide.

His grandfather was the law school dean at the University of Texas

The 2nd Quarter 2006 while on Benjamin Sholom Bernanke's WATCH, the horrible CREDIT CARD RIOTS across the USA!

January 16, 2006

GW Bush & HHS Dr. McClellan Nursing Home Inspections Missed Egregious Violations, Report Says

By ROBERT PEAR

WASHINGTON, Jan. 15 - State inspectors often overlook serious deficiencies, including life-threatening conditions, in the nation's nursing homes, Congressional investigators say in a new report.

In the report, the investigators, from the Government Accountability Office, questioned data used by the Bush administration in arguing that its policies have fostered "significant improvements" in the nation's nursing homes.

Nursing homes must meet federal standards to participate in Medicaid and Medicare. Homes are inspected by state employees working under contract to the federal government.

Much of the apparent improvement has resulted from the fact that those state inspectors "missed serious deficiencies" or understated their severity, the accountability office said.

The Congressional investigators found pervasive understatement of "serious deficiencies that cause actual harm or immediate jeopardy to patients." The harm includes severe weight loss, "multiple falls resulting in broken bones and other injuries, and serious, avoidable pressure sores," the report said. The deficiencies included fire safety violations.

The top Medicare official, Dr. Mark B. McClellan, GW appointed director of HHS, said that he too was

"concerned about possible understatement or omission of serious deficiencies" by state inspectors.

Over all, Dr. McClellan said, the quality of nursing home care has improved in the last five years. But, he said, these gains are in jeopardy because Congress has not provided enough money and state budgets for this purpose are "very limited."

Dr. McClellan said the Bush administration wanted to link payment of nursing homes to the quality of care they provide. He said he expected to test such a "pay for performance" system this year.

Medicaid, the federal-state program for low-income people, covers two-thirds of the nation's 1.6 million nursing home residents. Together, Medicaid and Medicare spend more than $67 billion a year on nursing home care.

The study was requested by Senators Charles E. Grassley, Republican of Iowa, and Herb Kohl, Democrat of Wisconsin. "If state surveyors are missing serious deficiencies in the quality of care, then the federal government has not yet achieved the necessary level of improvement in oversight of the inspection process," said Mr. Grassley, who is chairman of the Finance Committee.

In its report, the Government Accountability Office made these points:

States often take weeks or months to start investigating reports of harm to nursing home residents. These reports come from patients and their relatives and from nursing home employees.

Some useful information on nursing home quality is available at a federal Web site, but much of the data is inaccurate or unreliable.

The timing of inspections is highly predictable. This "allows homes to conceal problems if they so desire."

Concerns about cost have delayed the installation of automatic sprinkler systems in older nursing homes. More than 20 percent of homes lack such fire protection devices. The industry wants the government to help pay the installation costs, estimated at $1 billion. Dr. McClellan said the proportion of nursing homes cited for serious deficiencies had declined sharply, to 16 percent last year from 29 percent in 1999.

The Government Accountability Office found great variation from state to state, and it suggested that inspectors were more rigorous in some states.

From 2003 to 2005, the report said, California cited 6 percent of its nursing homes for serious violations, while Connecticut cited 54 percent of its homes. Senator Kohl said, "There are too many inconsistencies in what is deemed a deficiency from state to state."

The accountability office said that some inspectors were confused about the meaning of "actual harm." As a result, it said, the same conditions are sometimes viewed as a violation of federal rules in one state but not in others.

Texas reported a big decline in serious deficiencies over the last five years. But one reason, the report said, is that Texas had "a significant number of inexperienced surveyors" who were hesitant to cite nursing

homes for major violations.

The Bush administration said that, by some measures, the regulation of nursing homes had improved. For example, it said, inspectors investigated 47,124 complaints in 2004, reflecting an increase of 45 percent over the number investigated in 1999.

Moreover, Dr. McClellan said, inspectors have paid more attention to fire safety since 31 people died in nursing home fires in Connecticut and Tennessee in 2003. Inspectors identified 47,456 fire-safety violations in 2004, an increase of 20 percent over the previous year.

Federal employees visit about 5 percent of the nation's 17,000 nursing homes each year to validate the findings of state inspectors. In 28 percent of these visits from 2002 to 2004, the federal agents found serious problems not detected by state inspectors. This proportion has increased in recent years, from 22 percent in 2000 to 2001.

Fannie Mae in league with Bank of America and the Hispanic Caucus over trillions of faulty home mortgage loans to illegal Mexican/Central American immigrants!

"MISTER DEFLATION -- [Our new Federal Reserve Chairman Republican]" ... As a child,

BENJAMIN SHALOM BERNANKE honed his analytical mind by playing chess and studying Hebrew at the local synagogue ... Shalom Bernanke argues that America's trillions of dollars of trade deficit and debts to China, especially in regards to our T-bonds tied to the home mortgage loan industry and Fannie Mae, are not responsible for our woes, but rather that the disciplined European nations, and dutiful Japan, through their diligence for maintaining healthy savings accounts, is what put us in our empty house of cards! FULL STORY BELOW A BIT!

OCTOBER 13TH 2005 SCANDAL

BILL FRIST is a HEALTHCARE SCOUNDREL !

click for full story --- Senate Majority Leader Bill Frist (R-Tenn.) has been subpoenaed to turn over personal records and documents as federal authorities step up a probe of his July sales of HCA Inc. stock, according to sources familiar with the investigation.

The Securities and Exchange Commission issued the subpoena within the past two weeks, after initial reports that Frist, the Senate's top Republican official, was under scrutiny by the agency and the Justice Department for possible violations of insider trading laws in regards to his family owned HOSPITAL CORPORATION OF AMERICA [HCA].

A Very Short & Simple Reason Why the #1 Military Superpower of the Planet Just Begs For a Universal Health Care Program --- the United States in recent years has had the third-greatest disparity in incomes

between the very top and everyone else. Only Mexico and Russia, among major economies, have greater disparity

By DAVID CAY JOHNSTON (NYT) 809 words

Published: October 5, 2005

After falling for two years, the share of income going to the richest slice of Americans -- the top tenth of 1 percent -- grew significantly in 2003 while the share going to 99 percent of Americans fell, tax data released yesterday showed. At the same time, the effective income tax rates paid by the top tenth of 1 percent fell sharply, declining at more than 10 times the rate reduction for middle-class taxpayers, the new report, by the Internal Revenue Service, showed.

Please leave my country

Overall incomes rose by 2.7 percent in 2003, compared with the previous year, the I.R.S. said. A quarter of this increase went to the top tenth of 1 percent, the 129,000 taxpayers with reported incomes of $1.3 million or more, an analysis of the data showed.

Prof. Edward N. Wolff, a New York University economist who studies wealth, contended that the data could be tied to stock market gains in 2003 and a sharp rise in the pay of chief executives while most workers' pay was barely keeping up with inflation.

The top 10th of 1 percent paid almost 23.6 percent of their reported income in income taxes in 2003, down from just under 27 percent in 2002. That is a decline of 3.4 percentage points. For taxpayers in the bottom 80 percent, the effective tax rates fall by three-tenths of a percentage point or less.

Only for those Americans in the top 1 percent, the nearly 1.3 million taxpayers who made at least $327,000, did incomes increase significantly more in 2003 than the rate of inflation. And this increase was concentrated within the top tenth of 1 percent. The income of that group grew by 9.5 percent in 2003 over the previous year while the rest of the top 1 percent had a gain of 3.7 percent.

For the bottom 99 percent of taxpayers, income rose by slightly less than 2 percent, which was below the inflation rate of 2.3 percent.

The top 1 percent of taxpayers received almost 17.5 percent of all income and paid a third of all income taxes in 2003, the I.R.S. found. The top tenth of 1 percent received 7.57 percent of reported income and paid more than 15.3 percent of all income taxes.

The share of all reported income reported by the top 1 percent of taxpayers increased by 0.57 percentage

point, compared with 2002. Nearly all of this increase -- 0.47 percentage point -- went to the top tenth of 1 percent.

The top tenth of 1 percent had more income in 2003 than the poorest third of taxpayers, a group with 330 times the number of people, analysis of the data showed. This is a sharp change from 1979, the earliest year in the I.R.S. report, when the total income of the poorest third of Americans exceeded that garnered by the top tenth of 1 percent by 2.5 to 1.

The I.R.S. data tend to understate incomes for those at the very top because of different rules for reporting wages and capital gains, meaning the actual disparity was larger than the official data show.

Other data show that among major world economies, the United States in recent years has had the third-greatest disparity in incomes between the very top and everyone else. Only Mexico and Russia, among major economies, have greater disparity.

Bruce Bartlett, a fiscally conservative Republican tax expert who is writing a book on the tax system, said that he found it remarkable that "just 129,000 tax filers pay more than 15 percent of all federal income taxes."

"Despite all the tax cuts" and flatter tax rates, "it's important to note that the tax code remains effectively progressive," he argued, meaning people with higher incomes pay higher tax rates.

Just last year Mike Leavitt [R-Utah] was appointed head of EPA. Now suddenly, after helping with Homeland Security, he is head honcho of the Health and Human Services [HHS], which overseas the Medicare and Medicaid branches and the NIH. Leavitt earned a business BA from a small Utah college and accumulated wealth as the CEO of an insurance company.

Leavitt is a life long REPUBLICAN.

Leavitt "chillin" with the homeless of NEW ORLEANS

MILLION MORE MOVEMENT AGAINST POVERTY & WHITE HOUSE LIES, OCT. 15, 2005

--summarized from FORTUNE MAGAZINE --

The TOP SEVEN [7] HMOs on the stockmarket and by logical extension the 7 most likely to phuck you --->>

1) Stryker prosthetic devices [which started in WW2 with a cozy relationship between the military and today's mutual funds]-- artificial legs and arms and other body parts due to all the U.S. air strikes worldwide and due to mines set by resistance movements to get US imperial troops out of their lands.

2) Zimmer Holdings -- grew up around 1927 during the Great Depression and has since merged with a big mean Swiss multinational -- medical devices and spinal replacements -- titanium polluters.

3) IMS Health -- medical IT databases that will destroy your privacy -- selling out your data to big pharmaceutical combines -- get ready for spam emails and cold calls at your home on the telephone! Bush is a big advocate of this company and so is Homeland Security! Do your patriotic duty and get phucked!! 5000 national hospitals may all be on the IMS database soon!

IMS Health -- the "dominant" provider of sales and marketing information to the drug industry, with an unrivaled database that TRACKS 75% of all drugs consumed in the world today, ALREADY !!!!!!!!! Bet you didn't know that!! Their database and software "tabulates the exact number of pills each doctor is

doling out."

This company started 50 years ago by one of the founding fathers of the drug marketing business, Ludwig Wilhelm Frohlich. Pharmaceutical supply databases were just 15 years ago rinky dink syndicated publications in hard copy, and now such electronic extensive databases have exploded into the $470 billion pharaceutical industry colossus that it is today! IMS Health's CEO is a former IBM manager. IMS is "strictly" a data vendor in this behemoth market that your Congress is making as easy as duck soup out of all of us!!

4) Cerner -- founded in the early 1990s by a former ARTHUR ANDERSON [hooray for ENRON!] consultant, Neal Patterson, born in Oklahoma, who sees bioterrorism everywhere!! Bio-Terror will be a hip new lucrative growth industry and Patterson chastised all his employees with a corporate wide email because he found out that the parking lot after 6pm at the plant was nearly empty thus not many workers were putting out free overtime!!! Nice guy!!!!!!!!!!! All the large drug companies depend on his type of global database connected to medical records to hawk their pills and goods!

5) Teva Pharmaceuticals -- An Israeli generic drug powerhouse is the largest pill supplier here in the US -- do you think they are on your side?

6) American Healthways (AMHC) -- a Nashville, TN company that has ties to the board members of THE NEW YORK TIMES -- Cigna, Oxford, Anthem are clients!!

They call themselves "disease management" specialists in which anyone connected to their system must be policed by computer and by their physician and insurance companies -- ie. a diabetic must check his/her cholesterol once a year when the computer tells them to or they lose their benefits -- an asthmatic must check their lung capacity and switch to the new inhaler of the moment at their physicians command once a year, etc.]

7) Omnicare -- specializes in nursing homes, i.e., "long term care", a no-holds-barred profit crunching market with little oversight built into our laws! Kentucky-based. This company spun off of the notorius W.R. Grace company which saturated the USA with asbestos fibers!!! Omnicare has had a contract since 1994 with the largest nursing home operator in the world, HEALTH CARE & RETIREMENT CORP [HCRC].

U.S. Treasury Bonds [T-bonds, as in CHINA] Fall on Appointment of New Fed Chairman Benjamin Shalom Bernanke, a Republican

Everyone Knew Shalom Bernanke would get the plum Chairmanship for over a year now

10-25-2005 -- U.S. 10-year Treasury notes fell the most in four weeks as *"Just Print Me Some More of them $100s"* Benjamin Shalom Bernanke was named to succeed Alan Greenspan as Federal Reserve chairman.

Treasury bonds last week made a small rally as miserably falling U.S. stock prices enhanced the appeal of yields higher than 4.50 percent. Still, the Treasury market is headed for its worst year of returns since 1999.

"MISTER DEFLATION
[Our new Republican]" ... As a child, Benjamin Shalom Bernanke honed his analytical mind by playing chess and studying Hebrew at the local synagogue ... Shalom Bernanke argues that America's trillions of dollars of trade deficit and debts to China, especially in regards to our T-bonds tied to the home mortgage loan industry and Fannie Mae, are not responsible for our woes, but rather that the disciplined European nations, and dutiful Japan, through their diligence for maintaining healthy savings accounts, is what put us in our empty house of cards!

A Fed governor from August 2002 to June 2005, Bernanke during his first year raised concern in speeches about the possibility of deflation, or broad price declines that hurt economic growth. He sees disaster when consumer prices begin falling.

Many expressed concerned about comments Bernanke made in a speech as Fed governor that suggested he would consider actually sparking higher inflation in order to combat the threat of deflation, or falling prices that can cripple the economy.

BAPTISM INTO THE THIRD MILLENIUM--->

www.realdemocracy.com/debacle.htm

Fannie Mae /U.S. Treasury 4 trillion dollar imminent collapse

while China booms on our money ....

www.scoop.co.nz/stories/HL0208/S00057.htm How

HUD's mistress Ginnie Mae got reamed by PROMIS's backdoor software

-- and the resulting mortgage loan sellout of our national treasury bonds

www.gold-eagle.com/editorials_05/barisheff050505pv.html

Gold Bar Hoarding

rose 38% in 2004 and gold coin fabrication rose by 7%--- this trend is tripling in 2005

HAPPY NATIONAL OUTSOURCING DAY! [this year dress up as chairman of the Fed Reserve, the scariest monster!!

Says Bernanke: "The U.S. government has a technology, called a printing press (or, today, its electronic equivalent), that allows it to produce as many U.S. dollars as it wishes at essentially no cost," Bernanke said in remarks to the National Economists Club in Washington in November 2002.

"By increasing the number of U.S. dollars in circulation, or even by credibly threatening to do so, the U.S. government can also reduce the value of a dollar in terms of goods and services, which is equivalent to raising the prices in dollars of those goods and services," he said.

During that speech, Bernanke added that "prevention of deflation remains preferable to having to cure it. If we do fall into deflation, however, we can take comfort that the logic of the printing press example must assert itself, and sufficient injections of money will ultimately always reverse a deflation."

Saul Friedman , NEWSDAY **The Return of HMOs: A Cynical Celebration**

FEB. 27, 2004

They're b-a-a-a-ck! Those HMOs that deserted more than 2.4 million Medicare beneficiaries over the past four years because they were not profitable enough, are again looking for Medicare business, offering lower premiums and more benefits. And from Long Island to San Francisco, seniors are celebrating.

Older Americans desperate for more affordable health insurance have reason to cheer, but forgive me if I rain on their parade. They're cheering for an unprecedented 10.6 percent increase this year in the federal subsidy for the insurance industry that translates to $500 million for 2004 and $14.2 billion over the next 10 years. And every penny to support the HMOs is at the expense of the 40 million Americans on traditional Medicare, which is suffering slow strangulation at the hands of this Congress and the administration.

The increased subsidy for the HMOs (and other managed-care plans) was part of the Medicare privatization bill, which included a flawed prescription drug benefit that won't begin until 2006. But the first installment of the HMO windfall (15 percent of which will be used for administrative costs and salaries) will be paid beginning next month.

Insurance companies announced that they would use the money to lower premiums and raise benefits, and San Francisco beneficiaries who had lost their HMOs flooded phone lines to sign up again. Insurance companies clamor for federal approval of new plans to be offered after March 1. And Newsday reported that Long Island seniors celebrated when HMOs in Nassau and Suffolk counties announced they were reducing premiums in line with those of New York City.

The celebrants included Rep. Steve Israel (D-Huntington) and Sen. Charles Schumer (D-N.Y.), both of whom sought to increase federal payments to HMOs on Long Island, especially Suffolk. Long Island HMOs

were due for a raise, but the subsidies included in the Medicare bill were beyond their expectations. As Schumer told a reporter, "This isn't just nickels and dimes, this is a quantum leap in the amount of money HMOs will get for serving seniors." Interestingly, Israel and Schumer voted against the Medicare bill (correctly, I believe) because, like most opponents, they believed the drug benefit was too little, too late, the bill was too generous to the drug companies and it undermined traditional Medicare by virtually forcing beneficiaries into private plans. But once the bill passed, Israel and Schumer were only doing their jobs when they welcomed the windfall for their constituents' HMOs.

Nevertheless, don't forget the downside. If you quit Medicare for managed care, you may have to change doctors. The hospital that specializes in your illness or the specialist you want may not be part of the HMO's network. Your coverage may not be good if you travel or spend time in Florida. Chances are the HMO will not be as generous as Medicare in covering hospital stays or rehabilitation. And the HMO can't guarantee it won't desert again.

"Watch out," said Robert Hayes, president of the Medicare Rights Center. "There may well be some attractive deals. But the administration is forcing people to give up their choice of doctors and even gamble with their health care. ... People with Medicare need to be very cautious." The new program to encourage beneficiaries to switch to an HMO is called Medicare Advantage rather than Medicare+Choice, but even $14 billion may not be enough to satisfy the profit targets of the HMOs when subscribers need expensive care.

Said Hayes, "Experience shows that unlike traditional Medicare, private plans too often fail people with costly health needs." Congress is balking at the costs of the Medicare bill, $534 billion over the next decade instead of the original estimate of $395 billion.

As program costs rise, Rep. Pete Stark of California, senior Democrat on the Ways and Means health subcommittee, doubted Congress would be so generous to the insurance companies in the next years. "If the plans do not make enough profit, they may reduce benefits or withdraw from Medicare." The $14billion "slush fund," as critics call it, was designed by lawmakers and the Bush administration to lure beneficiaries away from Medicare into HMOs. Until now, HMOs have been paid 95 percent of what it costs Medicare per beneficiary. Now they will be paid 105 percent of Medicare's cost.

The administration's goal is to attract 35 percent of Medicare's beneficiaries to private plans, most of them younger, healthier Medicare enrollees who won't cost the insurers as much as older, sicker recipients. If the percentage of beneficiaries in managed- care plans grows, they will have the political clout to prevail over traditional Medicare in the annual struggle for funds, especially if an administration hostile to Medicare continues to dominate Congress.

Combine that with the new bill's requirement that anyone who wants drug coverage in 2006 must sign up with a private plan and there may not be much left of the only universal government-run health insurance program we've known as Medicare.

Some optimists have hoped that the fiasco of the Medicare bill could hasten a national health plan. One might think so, given the growing numbers of uninsured and the cancellations of employer health insurance for workers and retirees.

But the celebrations of HMO subscribers and lawmakers like Schumer and Israel at the expense of Medicare

seem to confirm the cynical view of Princeton health economist Uwe Reinhardt: "The sense of social solidarity that is the sine qua non of universal health insurance just does not exist in this nation of individualists."

Write to Saul Friedman, Newsday, 235 Pinelawn Rd., Melville, NY, 11747-4250, or by e-mail at saul friedman@comcast.net.

HMO-HMA and Medicare Out of pocket costs may soar

By Julie Appleby, USA TODAY

Sharply higher health insurance deductibles may hit workers in the next two years as employers embrace newly created tax-free Health Savings Accounts. Nearly three-quarters (73%) of employers asked by Mercer Human Resource Consulting said they were likely to offer the new accounts to their workers by 2006, according to a survey to be released this week.

"We're looking at a major market change," says Linda Havlin, Mercer's Midwest health care practice leader, noting that a 73% interest in adopting a new program within two years "is unprecedented."

The interest reflects employers' frustration with double-digit increases in health care costs and a dearth of new ideas for dealing with those costs.

The accounts, known as HSAs, enable employers to shift some of the cost of health care to workers and may also result in lower insurance premiums. HSAs, approved by Congress last year as part of the Medicare reform legislation, let policyholders set aside money tax free to cover health care costs.

Unspent money earns interest and can be rolled over, but the accounts must be coupled with insurance policies with annual deductibles of at least $1,000 for individuals and $2,000 for families.

Widespread adoption of the plans could drive up the average annual deductible paid by workers, which is now about $300 for single employees and $600 for families, according to data from Mercer and the Kaiser Family Foundation.

Mercer's survey of 991 employers found that 61% would set the individual annual deductible for an HSA plan at $1,000. But 17% chose $1,500, 11% said $2,000 and 10% were above $2,000.

Don't expect employers to pay that deductible: The Mercer study also found that 39% would not put any money into the savings accounts for workers, while 24% would put in $500 a year, leaving it up to the workers to fund the rest.

Supporters say the accounts will help increase the number of insured Americans and help Americans save for retirement health costs. Critics say the accounts will mainly benefit the rich and could ultimately leave workers paying the majority of their own health costs, much as pensions were replaced by 401(k) savings accounts at many workplaces.

In a March survey, the National Business Group on Health found that 25% of employers surveyed already

had a high-deductible health plan as a benefit offering.

"There will be a big jump in interest," says Helen Darling, who heads the employer coalition.

"With any new idea, there's a lot of publicity, and employers say they're interested," says Bill Sharon, senior vice president Aon Consulting. "But after they have time to reflect on it and see whether it fits into their own organization, that number comes way down."

Making the Presdent's Medicare Drug Plans Viable is Grunt Work

By Donna Shalala

Monday, December 29, 2003

THE WASHINGTON POST

The writer, who was secretary of health and human services from 1993 to 2001, is president of the University of Miami.

The passage of Medicare prescription drug legislation will present the U.S. Department of Health and Human Services with the biggest challenge it has faced since its inception. HHS, the agency that manages Medicare, has the tough job of transforming a very complicated, ideologically driven piece of legislation into a practical drug benefit that will work for our older and disabled citizens when they go to the pharmacy to get the drugs they need.

The stakes are high. The president and the congressional leadership invested substantial political capital in passing this benefit, and they clearly expect to get credit from seniors and the disabled for addressing an important issue. Whether Medicare beneficiaries will applaud or bemoan it depends in large measure on the decisions HHS makes over the next few months on scores of design and implementation issues.

The agency has much work to do and no real-life examples to look to. Congress, for better or worse, determined that most beneficiaries would receive drug benefits from new, private prescription drug plans. This type of plan does not now exist anywhere in our health care system, and no one can currently say who will offer this coverage or how precisely the plans will operate.

[The HHS] will get a strong push from industry groups to write minimal regulations that leave most of the details to the private prescription drug plans. That is largely what Congress did in drafting the law.

In my view, HHS will need to go further and write regulations that establish meaningful minimum standards to protect beneficiaries from potential market abuses.

Let me offer just two examples of areas where HHS needs to move beyond the minimal provisions in the law to protect legitimate needs of beneficiaries.

The first ... the law apparently does not give beneficiaries access to the preferred drug lists of the competing prescription drug plans before enrollment.?Without access to these lists before enrollment, picking a plan could be a roll of the dice: beneficiaries would have no way to know whether the plan covers the drugs they are taking. HHS must address this deficiency.

A second and more serious example involves ensuring that coverage is adequate to meet the needs of beneficiaries. Although most plans are expected to use preferred drug lists (sometimes called formularies) in their benefit designs, the law provides almost no protection for consumers against potentially abusive practices. Plans are left free to design very restrictive preferred drug lists and may change these lists after a beneficiary enrolls in a plan (despite the fact that the beneficiary is locked into the plan for a year). While plans must provide coverage for drugs from each "therapeutic class" (that is, similar drugs that are intended to treat similar medical conditions), the law does not specify that drugs from each class be on the plan's preferred list, nor does it prevent a plan from varying the cost-sharing amounts for its preferred drugs in different classes.

There are other important challenges. Perhaps the most egregious example of where the law may not measure up to its press releases is in guaranteeing the neediest seniors assistance. Although the law offers seniors with incomes below 135 percent of the federal poverty level a full premium subsidy for the average-cost plan in their regions, they will have to navigate unnecessary bureaucratic hoops to get it.

Unfortunately, the states have a terrible record here. Recent reports indicate that no more than 60 percent of the very lowest-income seniors received Medicare premium assistance they were entitled to under the longstanding Qualified Medicare Beneficiary program.

GW Bush can not literally sleep in peace until we are all dead bodies from a war, or by slipping into a genetic modified/engineered food product coma, or perhaps least of all evils, being strapped into a harness for total commercial organ harvesting ... routine free market human body parts vivisection ... read more below!

The Center for Social Gerontology 2307 Shelby Avenue, Ann Arbor, MI 48103 tel: 734 665-1126 fax: 734 665-2071 tcsg@tcsg.org

Cost-Cutting Medicare Law Is a Money Loser for States

3/25/05; According to a March 25th NY Times story: In passing the new Medicare law, Congress intended to relieve states of prescription drug costs for low-income elderly people. But as states do the arithmetic, many find that they will lose money, because they will have to give back most of the savings to the federal government. The law opened a new chapter in federal-state relations, requiring the states to pay billions of dollars a year to the federal government for a Medicare benefit over which they have no control. "This is a sea change in the state-federal relationship," said Trudi L. Matthews, chief health policy analyst at the Council of State Governments, a nonpartisan group that has been tracking trends in federalism for 70 years. "Money generally flows down from Washington to the states, but in this case it's flowing upward, from the states to the federal government." About seven million people are simultaneously eligible for Medicaid, the federal-state program for low-income people, and Medicare, the federally financed program for the elderly and disabled. Medicaid now covers drug costs for this group. On Jan. 1, Medicare will take over the responsibility. But under the law, states must make monthly payments to the federal Treasury to help defray the cost. The Congressional Budget Office estimates that those payments will total $89 billion over the next eight years. People eligible for the two programs, including many nursing home residents, typically have

incomes less than $12,000 a year, tend to have several chronic conditions and use exceptionally large amounts of prescription medicines. They account for about 14 percent of Medicaid recipients, but nearly half of all Medicaid spending on prescription drugs [but don't be misled by these stats -- the bulk of Medicare/Medicaid money goes towards corrupt nursing home and rest homes for the elderly who overbill as much as 5000% for the services, which the Medicare/Medicaid agencies pay for to kingpins and their cronies like Governor Pataki of New York, and many others like him who abuse the federal system. Nursing homes and rest homes charge the Medicare system the rates of a suite at the Park Plaza Hotel, and don't even turn over the elderly allowing them to die of bedsores and stagnation bruises]. When Congress passed the Medicare bill in 2003, it predicted that "states will benefit significantly," and many lawmakers cited the expected savings for their states as a reason to vote for the legislation. The Bush administration still says that, on balance, "states should realize significant savings," $7.9 billion over the next five years, in part because Medicare will cover drug costs for retired state employees. "It's pretty clear to us that states will come out ahead," Dr. Mark B. McClellan, administrator of the Centers for Medicare and Medicaid Services, said in an interview last week. But at the end of its winter meeting on March 1, the National Governors Association declared that the required state contributions, also known as clawback payments, would cause many states to "spend more in Medicaid than they would have in the absence of the law." State officials cataloged the costs in interviews, in budget documents submitted to state legislatures and in letters to Congress, protesting the arrangement. Gov. Kathleen Sebelius of Kansas, a Democrat, said: "Should seniors have drug benefits? Absolutely. But the new law will be expensive for states like Kansas that have done a good job controlling drug costs. The law will produce a net financial loss to our state, and that's worrisome." Click above to access full story.

June 28, 2003

"House & Senate Make MEDICAID into a Kind of Lucky Lotto -- Many Lose, Very Few Win in an Undervalued Voucher System"

RECORD 42 MILLION IN USA --- NO MEDICAL COVERAGE !!

By ROBERT PEAR

WASHINGTON, Sept. 29 ?The number of Americans without health insurance rose to 41.2 million last year, an increase of 1.4 million, and small businesses accounted for much of the erosion in coverage, the Census Bureau said today.

Lawmakers and lobbyists said the increase could propel health insurance back to the forefront of national political debate. But even as the need grows, the federal government and the states are less able to provide aid because their revenues have shrunk in the recession.

Economists and health policy experts suggested several reasons for the latest increase in the uninsured: many people lost jobs last year, and employers are the primary source of health insurance for most Americans; rising health costs pushed up premiums, making insurance less affordable; employers passed on more of the costs to workers.

Households at every income level were more likely to be uninsured last year, the Census Bureau said. The

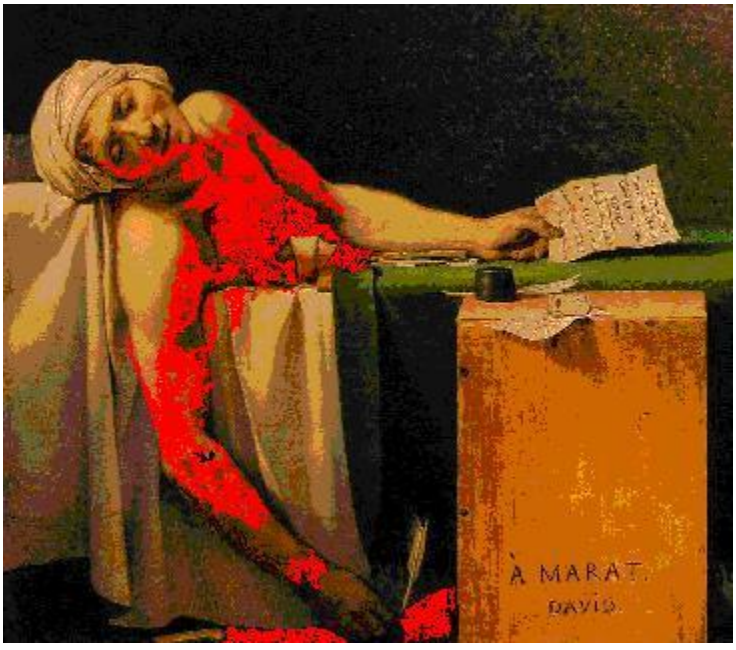
change was particularly noticeable among people with moderate and high incomes.

The number of uninsured people with household incomes of $75,000 or more jumped to 6.6 million last year, an increase of 811,000 or 14 percent, from 2000.

Coverage appeared to deteriorate for adults, but not for children. The number of uninsured children, which declined in 1999 and 2000, was virtually unchanged last year, at 8.5 million. But the number of uninsured adults rose to 32.7 million, from 31.2 million in 2000.

The Census Bureau said that 11.7 percent of all children, 21.3 percent of poor children and 30.7 percent of all poor people were uninsured for the entire year in 2001.

A bilked shareholder of Hospital Corporation of America aka HCA, owned by the Senator Bill Frist family, since 1968, demands to hear an explanation of "conflict of interest," from Glad Hand Bill Frist, who was just recently subpoened for his fraud against shareholders, the voting public, and the ill and infirm.



ABOVE CAPTION--- "They told me, "Marat, all you have to do is sign away your liberties to stop the reign of terrorists!" And look where it got me, the patriot who acts!

Classic Result of Medical and Hospital Gouging

Small businesses are much less likely than larger companies to offer health insurance. At companies with fewer than 25 employees, the proportion of workers with health insurance declined last year, to 31.3 percent.

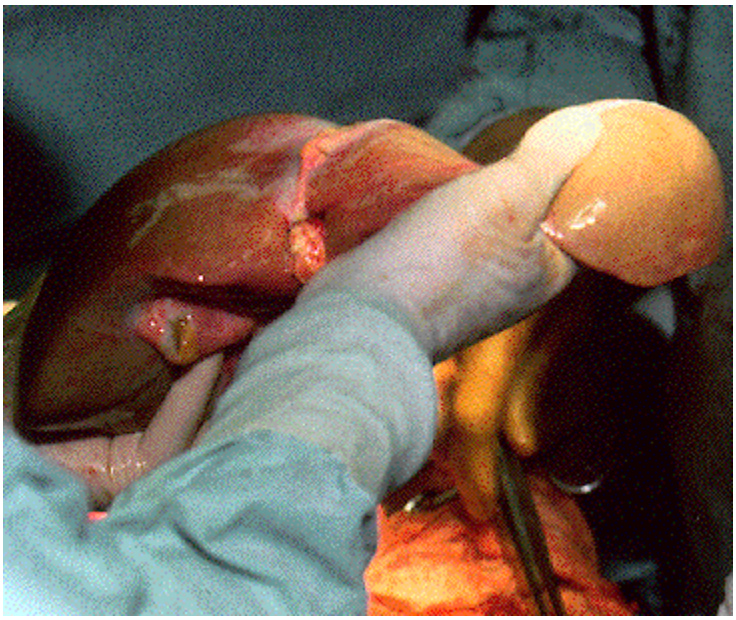
Still, employers of all sizes are passing on more of their health costs to workers and retirees.

Kate Sullivan, director of health policy at the United States Chamber of Commerce, said that many employers, while continuing to subsidize insurance for workers, had reduced subsidies for dependents.

"A lot of insurers are dropping out of the small-group market, and customers are balking at what they have to pay," Ms. Sullivan said. "A small employer with seven employees can easily spend $6,000 a month, nearly $1,000 per employee, for family coverage. Premiums are rising 20 percent a year."

States have not used all the money available to them under the Children's Health Insurance Program. When the new fiscal year begins on Tuesday, $1.2 billion of federal money will revert to the Treasury [or the Pentagon] and can be used for other purposes [bombs] unless Congress preserves it for child health care.

"It would be a huge mistake to let this money disappear," said Thomas A. Scully, administrator of the federal Centers for Medicare and Medicaid Services.



FEMA agents assist a victim of a natural catastrophe [flooded bathtub]. He is reminding them that he is unemployed, as are most of his friends and family due to outsourcing and illegal immigrant labor pervasive in the 50 states, and repeating to them that he and his family are medically uninsured. The FEMA agents are trying to relieve him of his difficulties according to the new Karl Rove and Dick Cheney FEMA procedures with kinder & gentler actions.

Former Hospital CEO Sentenced

By THE ASSOCIATED PRESS

Filed at 12:09 p.m. ET, Sept. 1, 2002

PITTSBURGH (AP) -- The former head of a bankrupt hospital chain pleaded no contest to misusing about $30 million in donations in a failed effort to save the network.

Thursday's plea by Sherif Abdelhak closed a 2 1/2-year criminal case involving Allegheny Health, Education and Research Foundation, which had 14 hospitals across the state and a medical school in Philadelphia.

Abdelhak, 56, who now lives in Louisville, Ky., was sentenced to 11 1/2 to 23 months in jail.

The chain declared bankruptcy in 1998.

Separate civil suits have put the total losses to the endowments at $78 million.

Abdelhak and the other executives had originally faced 1,500 charges when they were accused in March 2000, but judges had whittled them down to just a few hundred over the years, and last week, County Judge Raymond Novak tossed out hundreds more, saying that while Abdelhak's behavior may have been improper, it didn't amount to theft.

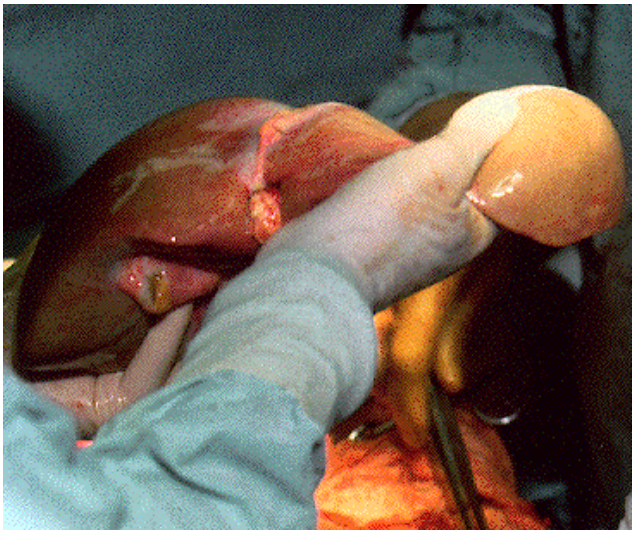
The other two executives charged were former chief financial officer David McConnell and former general counsel Nancy Wynstra.

All charges were dropped against Wynstra, who died in January.

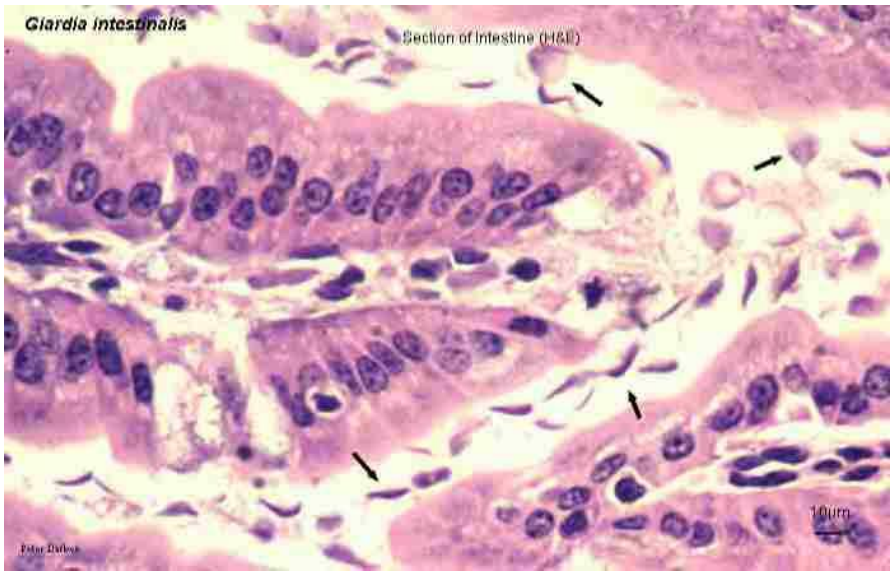
$8M Brain Tumor Verdict Overturned

By THE ASSOCIATED PRESS

click here for Part 2 [TWO] !!



Look before you leap --- be careful what papers you sign, re. your body organ donations!



Don't get gutted by our current legislation!

SUE *** YOUR HMO. Now!!!

"ENRON PROTECTION LAW"

"Congress Approves Law Banning Class Action Suits and we are further Beaten by the Washington Administration"

Feb. 17, 2005

Top Stories - AP

By JESSE J. HOLLAND, Associated Press Writer

WASHINGTON - Congress on Thursday passed legislation that would transfer most large, multistate class action lawsuits to federal court, fulfilling one of President Bush's second-term goals.

The aim of the bill was to protect businesses and stop lawyers from reaping huge profits by filing suits in carefully selected state courts.

The legislation, given final congressional approval by the House on a 279-149 vote, would ban state courts from hearing large multistate class action lawsuits. Such courts have been known for issuing multimillion-dollar verdicts like they did against tobacco companies.

After the bill becomes law, cases against corporations and businesses accused of wrongdoing against large groups of people will be heard by federal judges. Critics have said these jurists are not as amenable as are their state counterparts to these cases, which often involve millions of dollars.

The Senate passed the bill Feb. 10. Bush is expected to sign the bill into law on Friday.

Bush and other Republicans have been pushing for changes in the legal system for years. They argue that greedy lawyers have taken advantage of the state class action lawsuit system by filing frivolous lawsuits in certain state courts where they know they can win big dollar verdicts. Meanwhile, those lawyers' clients get only small sums or coupons giving them discounts for the products of the company they just sued, lawmakers said.

"Frivolous lawsuits are clogging America's judicial system, endangering America's small businesses, jeopardizing jobs and driving up prices for consumers," said House Majority Whip Roy Blunt, R-Mo.

Moving those cases to federal court will ensure that state judges will no longer "routinely approve settlements in which the lawyers receive large fees and the class members receive virtually nothing," he added.

Companies in response have had to cut back on their activities to defend those lawsuits, and have had to raise prices on products to recoup their costs, Republicans said.

"These out-of-control class action lawsuits are killing jobs, they're hurting small business people who can't afford to defend themselves and they're hurting consumers who have to pay more for products," said Rep. Ric Keller (news, bio, voting record), R-Fla.

Democrats argued that the main goal of Republicans was to hurt trial lawyers who donate heavily to the Democratic Party and to help big business escape multimillion-dollar verdicts from state courts. "This bill is the Vioxx protection bill, it is the Wal-Mart protection bill, it is the Tyco protection bill and it is the Enron protection bill," said Rep. Jay Inslee (news, bio, voting record), D-Wash.

They tried to scuttle the legislation by offering an amendment rewriting the bill and trying to force it back to committee, but Republicans voted those efforts down.

The legislation is "a payback to big business at the expense of consumers," House Democratic leader Nancy Pelosi of California said.

Federal courts are expected to allow fewer large class action lawsuits to go forward, which Democrats say means more businesses will get away with wrongdoing and fewer ordinary people will be protected.

CLICK HERE for PART 1 of HMOs Are Out to Kill You!!

CLICK HERE for PART TWO [2] of HMOs Are Out to Kill You!!

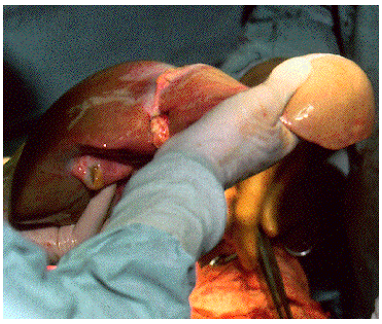
CLICK HERE for PART 3 of HMOs Are Out to Kill You!!

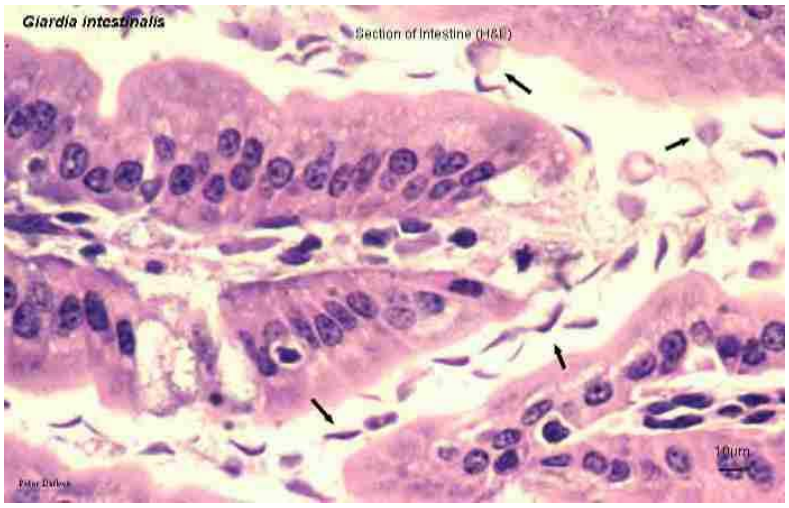
PROTEUS, the Human Fish of Slovenia, and Darwin's Intelligent Design, by Bryan Adrian

THE ADRIAN REPORT ON U.S. HEALTHCARE, Vol. 2

"If there isn't any work and no national healthcare, i'll take my medications into my own hands!"

GW Bush will not sleep until we are all dead bodies
or in a coma, or strapped in for total commercial organ harvesting ... read more!





Vol. III, 2004, Part Two [II]

http://www.angelfire.com/electronic2/haarpmicrowaves/IMMIGRATION-MELTDOWN1.pdf

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http://ross.mcconnell.angelfire.com/2006_Adrian_Report_on_Immigration.pdf

Health and Human Services Secretary Tommy G. Thompson employs more than 60,000 personnel and has a fiscal year 2001 budget of $429 billion. The 2002 Pentagon Budget is pegged at $310 billion, even when including the expectation of add-ons. Tommy controls more money than the entire DoD and military industrial complex. We might see a few hundred or so insurance policies for the poor and underemployed, if he spends this money wisely! He will make Hillary Clinton eat her hat when he exhibits to the entire nation the wisdom of his medical and health-related government programs. What could Hillary do with only $429 billion?! By 2002, that would scarcely cover a few hundred medical insurance policies, as they are currently

written.

click here for timely article titled "American Health Care: Why We Have More Lawyers than Toilets in the USA"

Tommygun engineered the Wisconsin Welfare-to-Work legislation, which served as a national model for harsh welfare reform. The program required participants to work, or go without food, aid, and shelter benefits.

Secretary Thompson has received numerous awards for his public service, including the [ADL] Anti-Defamation League's Distinguished Public Service Award. The ADL is battling several lawsuits charging them with spying on citizens with malicious intent and impunity from all laws (i.e., "above the law").

"Tommy" is also Chairman of the Amtrak Board of Directors, a train system world-renowned for its extensive network of smooth running rails and trains that cut down on excessive automobile dependency .

He also created BadgerCare, which effectively closes the gap for those who make too much money to be eligible for Medicaid, but aren't provided health coverage by their employers [in a 15 to 25 hour-a-week temporary job]. Gov. Thompson's Pathways to Independence is the nation's first program to allow the disabled to have legitimate fears about losing their benefits because his program has become a national model which provides a coordinated system of Medicaid and Medicare and HUD waivers.

click here for TEMP AGENCY SLAVERY, Part 1

Gov. Thompson also created Family Care, which will allow the elderly to receive care in their homes via obscure waivers that would allow Medicaid to cover above all the highly commercial and profitable home-based services – most of them supplied by temporary agencies, beholden to no one. Secretary Thompson favors this financial strategy over nursing homes funded directly through accountable tax dollars voted by the public to serve this purpose.

Gov. Thompson is one of the nation's leading advocates of organ donation, and as former governor of Wisconsin he built the most powerful organ procurement program in the nation, a virtual Fort Knox of human organs and body parts.

click here for PART ONE of GW Bush Will Eviscerate the Patient's Bill of Rights
click here for PART TWO-[ii] of GW Bush Will Eviscerate the Patient's Bill of Rights!

CLICK HERE HMOs working with PBS Are Out to Kill You!!

click here to link to a similar Watchdog publication

+++

MEGABUSINESS cracks the HUMAN GENOME CODE.

The Roslin Institute of Scotland will not stop at Dolly the Lamb. You are up for grabs in the next year or two!!!

click here for COCHLEAR IMPLANTS and PBS Fraud

Click here for MUCH more on HMOs

click here for the book review of DEATH BY HMO, a true story

HISTORY of ERISA:

Health Administration Responsibility Project ERISA Outline: Congress has given HMOs and their Insurers and their Administrators substantial immunities from LIABILITY!

The Secretary of the Department of Labor's (DOL) Amicus Briefs on ERISA Preemption of Medical Malpractice Claims Against HMOs !

By ROBIN TONER and ROBERT PEAR The New York Times [abridged]

WASHINGTON, Friday, June 27 2003

The House vote was 216 to 215 in a lackluster roll-call that lasted a mere 40 minutes, with the "nays" outnumbering the "yeas," until several Republicans switched their votes.

Conservative Republicans joined most House Democrats in voting against the bill in a setback for the Republican leadership and for President Bush, who had lobbied intensely for the measure for months in a bid to gain popularity on the homefront due to the abysmal national economy and the upcoming Presidential elections. The vote finally came around 2:30 a.m., shortly after the Senate decreed its version of the bill by a bipartisan vote of 76 to 21.

In an ignoble effort to secure conservative support for the Medicare bill, House Republican leaders combined it at the very last minute with a completely separate bill misleading people of all ages to set up two types of tax-exempt personal savings accounts to help pay medical expenses. By a vote of 237 to 191, the House on Thursday, June 26, 2003 approved the new and meagre savings accounts. The Senate bill has no such provision.

The coalition behind the Senate bill held on that final test vote against challenges from both the left and the right. The amendment was adopted by a vote of 71 to 26.

This money pinching breakthrough on Medicare in which the elderly will surely suffer was, in part, a triumph for President Bush.

Representative Jim McGovern, Democrat of Massachusetts, warned the elderly, "This bill ends Medicare as we know it and turns it into a convoluted, complicated voucher program."

And Representative Sander M. Levin, Democrat of Michigan, denounced the bill as "a radical effort to [absolutely] dismantle Medicare."

Republicans presented the new meagre privatized health savings accounts as a way to promote "personal responsibility and savings," in the words of Representative J. D. Hayworth, Republican of Arizona.

Representative Pete Stark, Democrat of California, said the small little personal savings accounts would inevitably grow into "tax shelters for the wealthy and the healthy."

Representative Louise M. Slaughter, Democrat of New York, said the accounts "would threaten traditional employer-based health care by encouraging companies to reduce their employees' health coverage."

Many Democrats backed the Senate bill with reservations because they have not yet until this session done anything as a first step to help the elderly with their prescription drug costs.

Critics and experts assert that the drug benefits will fall far short of expectations. Moreover, they note, both bills include substantial gaps in coverage, and both would require much higher copayments than workers were earlier charged.

For example, in the Senate bill, beneficiaries typically pay a 50 percent copayment until their drug costs hit $4,500 in a year; at that point, coverage stops. Beneficiaries are then responsible for all drug costs until spending reaches about $5,800. At that point, Medicare picks up 90 percent of the costs. Many elderly will die in this interim in which it is impossible at their age to drum up the $1,300 shortfall, but the U.S. government will come out a winner in the savings. Most probably the Pentagon will scoop up this windfall.

Lawmakers in both parties are also worried about the complexity of the new drug program and how the elderly will navigate it.

The House and Senate bills rely on the new and risky and largely untested product of private stand-alone insurance policies or through preferred provider organizations and health maintenance organizations.

The House bill would eventually require direct competition between traditional Medicare and private health plans, a goal many conservatives favor. That idea is anathema to Democrats, who argue that private plans would draw the healthiest and wealthiest elderly, and undermine the traditional program.

There are other differences. Under the Senate bill, the government would provide drug benefits in any region where fewer than two private drug plans are available. The House bill includes no backup mechanism.

Many experts asserted that neither House nor Senate bills did enough to control the cost of prescription drugs.

White Plains Presbyterian Hospital [PH],

a former and regular guzzler of enormous MEDICAID-Social Security Disability profits, Drops "Loss-Making Outpatient Programs" While Forging Ahead with Commercial Biotech Initiatives Lauded by Gov. Pataki

County case management programs are "almost exclusively Medicaid funded"

By Lisa Tarricone, The White Plains WATCH [abridged]

http://www.whiteplainswatch.com/A55866/wpw.nsf/All/NYPH+Drops+Loss-Making+Outpatient+Psychiatric+Programs

How much do the psychiatric departments within White Plains Presbyterian Hospital bill MEDICAID for their in-patient mentally troubled residents on a day by day basis, and how much markup for each patient's giant multi-cocktail of drugs, pill by pill by priceless pill [individually billed]? This sum could even exceed $2000/daily, and it should be rigorously monitored by several public accountability agencies, since the funding comes by and large mostly from Medicaid and the Social Security Disability Insurance. These people would be much better off in individual $40-day grass huts on the South Carolina/Georgia coastline, with a Physician's Assistant at their beck-and-call, and three square meals a day, including ample amounts of chilled Sangria rather than nearly lethal pharmaceutical cocktails and addictions with unpleasant and chronic side effects. Such a new program would save 95% off current billing amounts and with much better results.

[January 2003] The outpatient case management programs established at New York-Presbyterian Hospital (NYPH) in 1978 and which receives New York State funding, will be phased out by Feb. 12 along with the 19 hospital staff personnel who currently provide close supervision to over 164 participants of the programs.

Eligibility for these programs is based on a diagnosis of severe and persistent mental illness (SPMI) and limited financial means. "The programs were ... substantial money," says hospital spokesman Geoffrey Thompson, a principal in the public relations firm Thompson & Bender.

"The hospital evaluated its programs and decided that they would not continue with them [Pataki bio-technology parks, which will be the next King Vulture's golden egg, are much more lucrative!]." PR flakman Thompson told the "White Plains Watch" that NYPH will provide support services to its recipients after the Feb. 12 date, if they are unable to be placed with case managers elsewhere.

Christian Reinhard, deputy commissioner of Westchester County's Department of Community Mental Health reports that to date, NYPH is the only provider hospital in the county that has chosen to drop its case management programs. A number of mental health care professionals interviewed by the Watch who declined to speak on the record questioned the hospital's decision to eliminate its case management services, given its eminent reputation as a psychiatric care facility, and acknowledged that case management services are an "integral component" of recovery and stability for the SPMI clients of this major region of New York State.

"Many recipients have a very close and unique relationship with their particular case managers, who help them to focus on fundamental issues of housing, employment and socialization," says Susan Perr, mental health systems advocacy coordinator for Westchester Independent Living Center in White Plains.

"In the case of [NYPH], I commend the county's [lip service] to ensure that case loads remain intact and that there is a continuity of care for these recipients," she adds. (As of presstime, calls made to NYPH personnel to confirm whether or not NYPH staff would be transitioned to other hospitals with their caseloads were not returned.)

The case management services slated to be terminated—Supportive Case Management, Intensive Case Management and Homeless Outreach Worker—assure that recipients living in the community have access to the services and supports necessary to maintain their independent and self-directed style of living.

County case management programs are "almost exclusively Medicaid funded" says Perr and dependent on state budget constraints and allowances.

Pataki Names NYPH His New Center for Biotech Research

During his State of the State address on Jan. 8, 2003, Governor George E. Pataki named NYPH as one of the state's "Centers of Excellence" and the beneficiary of enormously significant state funding for biotechnology research.

"We are in a position to go forward," said Geoffrey Thompson told the Watch, the man who doubles as both a hospital spokesman and as a highly paid principal in the well heeled hospital industry public relations firm of Thompson & Bender. By going forward Thomspson is referring to the hospital as a "major player" in pending bio-tech partnerships with IBM and General Electric.

Thompson excitedly projects that construction for the $260 million bio-tech research center approved by a 6 to 1 vote by the Common Council last August will begin sometime in late 2003. Alan Teck, President of Concerned Citizens for Open Space expresses concern about tax dollars being spent to subsidize a biotech initiative when the state is experiencing such a severe budget crunch: "Now that New York State has a $10 billion dollar deficit it seems inappropriate to use taxpayer money to spend another $200 million or more to fund biotechnology for profit programs [with taxpayers money]." NYPH's upcoming role as a major player in a statewide, multi-billion dollar biotech network, brings with it persistent community concern about the environmental impacts of potentially hazardous biological research.

The possibility of unspecified "commercial partnering" and its impact on the psychiatric care mission of the hospital is also troubling to some.

For now, the individual mental patients who receive case management services at NYPH are concerned with maintaining their emotional recovery on a rocky day to day basis. "I don't know what kind of impact this will have on them," says Perr, referring to the closing of the hospital programs.

"Many of these participants already deal with an overwhelming lack of stability in their daily lives."

City Silent on Discussions with Hospital on Parkland Negotiations

The Watch publication was unable to obtain any details from the office of Mayor Joseph M. Delfino about ongoing talks between the Delfino administration and the WPPH hospital on what has been dubbed issues of

"community concern." These discussions are believed to center around the possible purchase or granting of public parkland on hospital grounds [to the biotech startups].

Pharmaceutical Salesmen Bribe Your Doctor -- Be Careful What Prescription You Swallow -- Triple Check Your Doc's Motives !!

"Doctors increasingly take payments from drug makers, with the result that patients are switched from a product that might be the best prescription drug for them to a more expensive brand-name product."

By ROBERT PEAR [abridged]

WASHINGTON, Sept. 30 - The government warned pharmaceutical companies today that they must not offer any financial incentives to doctors, pharmacists or other health care professionals to prescribe or recommend particular drugs, or to switch patients from one medicine to another.

The government informed the industry that many practices commonly used in the marketing and sale of prescription drugs could run afoul of federal fraud and abuse laws.

Specifically, the government said that drug makers could not offer incentive payments or other "tangible benefits" to encourage or reward the prescribing or purchase of particular drugs by doctors, health plans or companies.

Aggressive marketing is the norm in the industry. For years, drug makers have treated doctors to free Broadway plays, weekend trips, expensive meals and other lavish perks. Many companies have rewarded middlemen, or pharmacy benefit managers, for putting their products on lists of recommended drugs, known as formularies. Many companies have also rewarded doctors and drugstores for switching patients from one medication to another.

Similarly, doctors in a position to influence the prescribing of drugs for large numbers of patients have been retained as advisers and consultants to drug manufacturers.

The government said it was concerned about the industry's marketing practices because they could improperly drive up costs for Medicare and Medicaid, the federal health programs for 75 million people who are elderly, disabled or poor.

The new standards say "switching arrangements," under which drug companies offer financial incentives to shift patients from one drug to another, "are suspect under the anti-kickback statute."

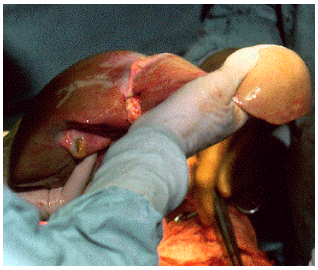
The standards also apply to financial incentives given to purchasing coalitions that buy drugs and medical devices for hospitals [medical prosthetic devices are about the only stock on Wall Street still flourishing, along with aerospace weapons and casinos].

John M. Rector, senior vice president of the National Community Pharmacists Association, said,

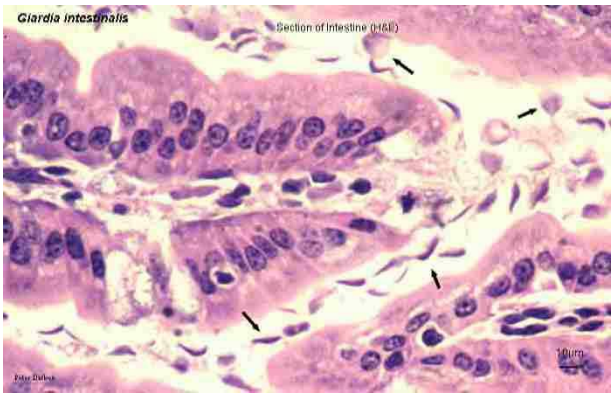
"Pharmacy benefit managers increasingly take payments from drug makers, with the result that patients are switched from a product that might be the best prescription drug for them to a more expensive brand-name

product."

In recent years, the government has issued ... fraud and abuse guidelines to nursing homes, blood labs, home care agencies and suppliers of medical equipment.



Look before you leap --- be careful what papers you sign re. organ donations!



Don't get gutted by current legislation!

http://www.angelfire.com/electronic2/haarpmicrowaves/MITIGATION-BANKS.html

http://www.angelfire.com/electronic2/haarpmicrowaves/Websites-For-DUMMIES.html

OTHER web publications (+ some older online magazines):

Adrian Report on Temp Agency Slavery
http://www.angelfire.com/planet/blacklisting_central/Temp_Slaves.htm
Adrian Report on Permatemps
http://www.angelfire.com/electronic2/haarpmicrowaves/permatemps.pdf
Adrian Report 2005 on Immigration Laws
http://www.angelfire.com/planet/blacklisting_central/Adrian-2005-Report-Immigration.html
Adrian Report 2004 on Healthcare
http://www.angelfire.com/electronic2/haarpmicrowaves/AdrianReport-Healthcare2004.html
Adrian Report 2002 on U.S. Prisons
http://www.angelfire.com/electronic2/haarpmicrowaves/Adrian_Report_Prisons_2002.pdf
http://www.angelfire.com/electronic2/haarpmicrowaves/IMMIGRATION-MELTDOWN1.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/IMMIGRATION-MELTDOWN2.pdf

http://www.angelfire.com/electronic2/haarpmicrowaves/permatemps.pdf

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http://www.angelfire.com/electronic2/haarpmicrowaves/Adrian_Report_Prisons_2002.pdf

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Vol. III, 2004, Part 3

Making the Presdent's Medicare Drug Plans Viable is Grunt Work

By Donna Shalala

Monday, December 29, 2003

THE WASHINGTON POST

The writer, who was secretary of health and human services from 1993 to 2001, is president of the University of Miami.

The passage of Medicare prescription drug legislation will present the U.S. Department of Health and Human Services with the biggest challenge it has faced since its inception. HHS, the agency that manages Medicare, has the tough job of transforming a very complicated, ideologically driven piece of legislation into a practical drug benefit that will work for our older and disabled citizens when they go to the pharmacy to get the drugs they need.

The stakes are high. The president and the congressional leadership invested substantial political capital in passing this benefit, and they clearly expect to get credit from seniors and the disabled for addressing an important issue. Whether Medicare beneficiaries will applaud or bemoan it depends in large measure on the decisions HHS makes over the next few months on scores of design and implementation issues.

The agency has much work to do and no real-life examples to look to. Congress, for better or worse, determined that most beneficiaries would receive drug benefits from new, private prescription drug plans. This type of plan does not now exist anywhere in our health care system, and no one can currently say who will offer this coverage or how precisely the plans will operate.

[The HHS] will get a strong push from industry groups to write minimal regulations that leave most of the details to the private prescription drug plans. That is largely what Congress did in drafting the law.

In my view, HHS will need to go further and write regulations that establish meaningful minimum standards to protect beneficiaries from potential market abuses.

Let me offer just two examples of areas where HHS needs to move beyond the minimal provisions in the law to protect legitimate needs of beneficiaries.

The first ... the law apparently does not give beneficiaries access to the preferred drug lists of the competing prescription drug plans before enrollment. Without access to these lists before enrollment, picking a plan could be a roll of the dice: beneficiaries would have no way to know whether the plan covers the drugs they are taking. HHS must address this deficiency.

A second and more serious example involves ensuring that coverage is adequate to meet the needs of beneficiaries. Although most plans are expected to use preferred drug lists (sometimes called formularies) in their benefit designs, the law provides almost no protection for consumers against potentially abusive practices. Plans are left free to design very restrictive preferred drug lists and may change these lists after a beneficiary enrolls in a plan (despite the fact that the beneficiary is locked into the plan for a year). While plans must provide coverage for drugs from each "therapeutic class" (that is, similar drugs that are intended to treat similar medical conditions), the law does not specify that drugs from each class be on the plan's preferred list, nor does it prevent a plan from varying the cost-sharing amounts for its preferred drugs in different classes.

There are other important challenges. Perhaps the most egregious example of where the law may not measure up to its press releases is in guaranteeing the neediest seniors assistance. Although the law offers seniors with incomes below 135 percent of the federal poverty level a full premium subsidy for the average-cost plan in their regions, they will have to navigate unnecessary bureaucratic hoops to get it.

Unfortunately, the states have a terrible record here. Recent reports indicate that no more than 60 percent of the very lowest-income seniors received Medicare premium assistance they were entitled to under the longstanding Qualified Medicare Beneficiary program.

Legislators must focus their attention on the efforts by HMOs to weaken the state's Patients' Bill of Rights--even the sneak attacks.

By Jamie Court

The above op-ed was printed in The Los Angeles Times on June 10, 2002.

E-mail: Jamie@consumerwatchdog.org .

California HMOs are slyly attacking the new patients' rights laws touted by Gov. Gray Davis as the toughest in the nation. The industry can't be allowed to undermine the two pillars of HMO patients' rights it has targeted effective state regulation and legal accountability.

In the latest assault, Kaiser Permanente convinced an administrative law judge to rule that the state's HMO regulator could not intervene in most patients' quality of care problems.

The dangerous reasoning grew out of Kaiser's aggressive legal opposition to a $1.1-million fine levied against it after three patients with ruptured abdominal aortal aneurysms died after their access to treatment was blocked by Kaiser's unresponsive telephone call system or its over-capacity emergency rooms.

Newly uncovered internal documents have proven the systemic nature of Kaiser's problems, although these were not introduced as evidence in the case. In a program Kaiser claims to have ended, the company's telephone clerks who handled patient calls were paid financial bonuses to limit doctor appointments, to not transfer calls to nurses and to hang up quickly. For its part,

Kaiser has contended that its patients' quality of care is its doctors' problem, not the HMO's.

The state medical board, which regulates doctors, says it has no authority to address systemic quality of care and access to care problems at HMOs or in doctor-run medical groups; the board leaves those problems to the HMO regulator, the Department of Managed Health Care.

Kaiser now is seeking to turn this crack in the law--the lack of regulation of doctor-run medical groups--into a gaping loophole.

For the largest HMO in the nation to hide behind its doctors, who work only for Kaiser, is like an auto manufacturer claiming it is not responsible for the design of its exploding gas tanks because its workers built them.

Fortunately, the Department of Managed Health Care rejected the administrative law judge's decision, saying, "California's reforms are a beacon to the nation and we will not turn back the clock." Department Director Daniel Zingale also urged Kaiser to reconsider its "legal strategy of arguing that limitations on patient protection laws render this case unenforceable."

Now, Kaiser can decide whether to pursue its case in state Superior Court, where a similar ruling could

undermine the authority of the agency created in 2000 specifically to enforce the California HMO reform package.

Kaiser and other HMOs supported much of this reform legislation to quell a public backlash at the time; now they must begin to live within those laws rather than continually try to obstruct them.

Ironically, Kaiser's litigiousness over the company's rights contrasts starkly with HMOs' evisceration of the legal right extended to their patients in 1999. The mandatory binding arbitration agreements HMOs have forced their patients into as a condition of enrolling have become a means of disemboweling the HMOs' legal accountability to the individual.

Until the state's "right to sue" law, most patients could not recover damages when HMOs harmed them. Effective in 2001, the liability law gave all patients that right when their HMO interfered with the quality of their care but did not specify in what

forum. Currently, there is no public record of any patient using the law. Forced arbitration has prevented cases from coming before judges, which keeps case law beneficial to patients from developing.

Without such precedents to determine the scope of HMOs' liability, the industry is evading accountability on yet another front.

Legislators must focus their attention on the efforts by HMOs to weaken the state's patients' bill of rights--even the sneak attacks.

The above op-ed was printed in The Los Angeles Times on June 10, 2002.

Filed at 10:10 a.m. ET, Sept. 1, 2002

BOSTON (AP) **-- A federal appeals court tossed out an $8 million jury verdict against Massachusetts General Hospital and a neurosurgeon sued by families of two brain tumor patients who died during experimental nuclear treatments in the 1960s.**

The 1st U.S. Circuit Court of Appeals ruled there was ``insufficient evidence'' presented during the 1999 trial to support the jury's finding that the hospital and Dr. William Sweet hastened the deaths of the patients by using them in a government-funded cancer research project.

A report written by Sweet in 1962 about the unsuccessful nuclear therapy administered to some 60 patients at the hospital in the 1950s and '60s had the benefit of ``hindsight'' and failed to show what he knew at the time of the trials, the appeals court concluded. A lawyer for the hospital and Sweet called the ruling "complete and absolute vindication."

Surgeons Are Warned About Organ-Tissue Transplant Ultra Lethal Fungi

By SANDRA BLAKESLEE, The New York Times, Sept. 1, 2002

Two weeks ago, the Food and Drug Administration ordered CryoLife Inc. of Kennesaw, Ga., a leading supplier of donated human tissue, to recall all tissue used in orthopedic surgery ligaments, tendons, cartilage and other soft tissue popular for repairing knees and joints. The agency said CryoLife could not assure that its tissues, taken from donated cadavers, were free from dangerous bacteria and fungi.

CryoLife has about 70 percent of the nationwide market in these valves, and while it uses the same process for removing microbes from them as from other kinds of tissue, the F.D.A. is only warning heart surgeons to watch for bacterial or fungal infections in patients who have received CryoLife valves.

In recent months, CryoLife tissues have been implicated in one death and at least 25 serious infections following routine knee surgery.

The American Association of Tissue Banks has drawn up technical guidelines for handling tissues and regularly inspects its members' operations. But CryoLife does not belong to the group and has its own procedures for handling tissue, which it does not disclose.

Many valve recipients are elderly, and when an older person has a stroke months after heart surgery, doctors are likely to blame a blood clot, not bits of fungus that break off the valve and lodge in the brain.

Ken Alesescu, who received a CryoLife heart valve in July 2001, does not fit that profile. A 50-year-old chiropractor from San Luis Obispo, Calif., he was relatively young and active but had high blood pressure because of a faulty heart valve. His case was first reported last night on the CBS Evening News.

Within a month of surgery to receive the replacement valve, Mr. Alesescu began losing weight, then developed fever, chills and diarrhea, according to his wife, Pam.

Then, in January, he suffered a stroke that paralyzed the left side of his body, and underwent emergency brain surgery to remove a blood clot. In February, a test revealed the heart valve was contaminated with fungus. A new one was implanted, but Mr. Alesescu continues to have a fungal infection throughout his lower spine. Mr. Alesescu is suing CryoLife, contending that the replacement valve caused his illnesses.

David Fronk, vice president for clinical research at CryoLife, said any kind of heart valve, whether synthetic or biological, could carry infections. Moreover, he said, CryoLife has never labeled its products as sterile. It is not possible to guarantee complete sterility, he said.

Assuring that the tissue used for such transplants is uncontaminated is difficult. The cadavers from which the tissue are drawn may contain microbes like bacteria and fungi that can contaminate the tissues. Sterilization can kill microbes, but it can also damage human tissue, sometimes destroying its usefulness.

Once donor tissue is implanted, certain kinds of microbes, under certain conditions, can undergo explosive growth; some release deadly toxins that are difficult to eradicate once an infection occurs.

Most processors test each piece of tissue for microbes when they receive it. If there are signs of contamination, they discard the tissue, said Dr. Marion Kainer, a former epidemiologist at the Centers for

Disease Control and Prevention who recently investigated the industry after a 23-year-old Minnesota man died following routine knee surgery.

"A cabal of silent corporate Democrats vote against HMO patients interests"

By Jamie Court, June 26, 2002

Ignoring the pleas of a Health Net patient locked out of the court system by mandatory arbitration, a cabal of silent Democrats friendly to corporations joined with Republicans to put the interests of the HMO industry above those of patients. They refused to support, or to oppose, legislation that would have allowed patients seriously injured by their HMO to choose between courts and arbitration.

Without such precedents to determine the scope of HMOs' liability, the industry is evading accountability on yet another front.

Legislators must focus their attention on the efforts by HMOs to weaken the state's patients' bill of rights--even the sneak attacks.

Residents' Hours Worry Teaching Hospitals -- Maybe the Surgeon Who Cuts You Open Will Have Slept As Many as Twelve Hours in 7 Days Before He Opens You Up

June 14, 2002

By REED ABELSON , The New York Times

Many of the nation's teaching hospitals, already under financial pressure, are raising concerns about the effect of new rules that will limit the number of hours worked by medical residents.

"For academic medical centers, the impact is going to be profound," said Dr. Peter Herbert, the chief of staff for Yale-New Haven Hospital, a teaching affiliate of the Yale School of Medicine, who estimates that the cost for some hospitals could run into the millions of dollars.

The rules, which are being imposed by the group that accredits teaching hospitals, will limit the average residents workweek to 80 hours and restrict a resident's continuous duty to no more than 24 hours at a time.

Some hospitals consider residents an inexpensive source of labor. Having significantly cut back on nurses and other staff, hospitals rely heavily on these new doctors, who spend several years training at a hospital after earning their medical degrees.

In addition to caring for patients, particularly the poor and uninsured, these doctors often handle paperwork,

transport patients and perform tasks once delegated to others [such as PAs, Physician Assistants].

The new rules, which are aimed at reducing the risk of dangerous errors by inexperienced doctors who are sleep deprived, will not take effect until next July 2003.

The cost of two to three physician assistants [PAs] can run as high as $200,000 a year, compared with $50,000 to pay a medical resident, Dr. Cohen said. "No one knows where that money is going to come from," he said.

In New York, the cost of adopting the law limiting residents' hours was estimated by the state at $220 million a year, some of which the hospitals recovered through higher reimbursements.

The New York law took effect in 1989, and a study done in the late 1990's suggested that many hospitals, particularly in New York City, were still asking residents to work much longer hours than the non-enforced law required. In recent years, however, enforcement of the law has been increased, and many hospitals have made more significant changes in their staffing.

New York hospitals are not likely to feel much impact from the new rules, said Kenneth Raske, the president of the Greater New York Hospital Association.

While some hospitals will hire senior nurses or physician assistants, others may rely more on other doctors and may curtail some of the areas where residents provide care, Mr. Bentley said.

But hiring nurses or physician assistants may not add significantly to costs, others say. "The financial impact won't be catastrophic," said Mark V. Pauly, a professor of health care at the Wharton School at the University of Pennsylvania.

At the University of Chicago hospitals many residents work 36 or 38 hours at a time without any sleep [they can barely tie their shoelaces after 18 hour shifts without sleep, much less take someone's temperature], to be able, presumably, to provide follow-up care and attend educational programs, said Dr. Holly Humphrey, who oversees the residents in internal medicine.

The 24-hour limit, even with a possible additional six hours for handing off patients or attending lectures, "is a big, big change," Dr. Humphrey said.

click here for PART TWO of GW Bush Will Eviscerate the Patient's Bill of Rights

click here for COCHLEAR IMPLANTS and PBS Fraud

click here to link to a similar Watchdog publication

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The Roslin Institute of Scotland will not stop with only Dolly the Lamb. You are up for grabs too in the

next year or two!!!

click here for COCHLEAR IMPLANTS and PBS Fraud

click here for the book review of DEATH BY HMO, a true story

HISTORY of ERISA:

Health Administration Responsibility Project ERISA Outline: Congress has given HMOs and their Insurers and their Administrators substantial immunities from LIABILITY!

Minimum Wage has been $5.15 for over Five years! Teens allowed to work beneath the minimum at $4.25/hour!! Figures to Boast about from the DOL -- Uncle Sam Really Cares!!

Last year, about 2.2 million workers earned the federal minimum wage of $5.15 an hour or less, according to the Bureau of Labor Statistics. Sen. Paul Sarbanes, the Maryland Democrat who chairs the Senate Banking, Housing and Urban Affairs Committee, called the lack of affordable housing a national crisis. "When housing is unaffordable, families are forced to double or triple up, crowding into places meant for far fewer people. They live in substandard housing, or they must forgo other necessities," he said in a statement. "Families should not have to choose between rent and food, or rent and medications."

Limits on Residents' Hours Worry Teaching Hospitals

June 14, 2002

By REED ABELSON , The New York Times

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Maine at Front Line in Fight Over
the High Cost of Drugs

May 11, 2002

By ROBIN TONER

The anxiety, the sense of grievance and most of all the anger fill the meeting room at a residence for the elderly in Augusta, Me. It is another day on the barricades in Maine, where the political rebellion against the soaring cost of prescription drugs, now brewing around the country, may be at its peak.

Norman Quirion, a 70-year-old retired police officer, says it is just not right that he has to make "a drug run" to Canada, where prices are far lower, to afford the medicines he and his wife so badly need.

He chokes up when he talks about a neighbor's solution to the problem: one month, the husband gets his medications, the next month, the wife gets hers.

Dorothy Merrick, a 78-year-old retired social worker, says she fumes when she watches the drug companies' television commercials - "they're so elaborate, like Flo Ziegfeld" - and thinks about how much they add to the price of drugs.

Around the country, the cost of prescription drugs has become the issue that will not go away.

Spending on medications was up 17.1 percent last year, 18.8 percent the year before. This month, Congress will embark on what has become a pre-election ritual: trying to pass a law that provides relief to older Americans. The chances of actually succeeding this year are considered slim, but the pressure for action is so strong that lawmakers dare not ignore it.

Nowhere is the political debate over the drug industry more intense than in Maine, with its easy access to Canada, where prices are regulated and the cost differences are often achingly apparent. Support for expanding drug benefits, regulating prices and allowing imports from Canada runs across party lines here.

Groups periodically organize buying trips across the border. Organizers of one such trip said their last run saved 25 people $18,000.

Most significant, the state has approved two groundbreaking programs to lower drug prices for the elderly and the uninsured, measures fought hard by the industry.

Now, the state has a Democratic candidate for the United States Senate, Chellie Pingree, who is building her campaign on the issue.

"Gigi" Bush Eviscerates Patients' Rights

March 22, 2002

By ROBERT PEAR

WASHINGTON, March 21 - The Bush administration today proposed dropping a requirement at the heart of federal rules that protect the privacy of medical records. It said doctors and hospitals should not have to obtain consent from patients before using or disclosing medical information for the purpose of treatment or reimbursement.

The proposal, favored by the health care industry, was announced by Tommy G. Thompson, the secretary of health and human services, who said the process of obtaining consent could have "serious unintended consequences" and could impair access to quality health care.

The sweeping privacy rules were issued by President Bill Clinton in December 2000. When Mr. Bush allowed them to take effect last April, consumer advocates cheered, while much of the health care industry expressed dismay.

Today's proposal would repeal a provision widely viewed as the core of the Clinton rules: a requirement that doctors, hospitals and other health care providers obtain written consent from patients before using or disclosing medical information for treatment, the payment of claims or any of a long list of "health care operations," like setting insurance premiums and measuring the competence of doctors.

"HMOS Amputate Senior Citizens from HealthCare"

[excerpts from Robert Pear's article in THE NEW YORK TIMES]

"The federal policy of increasing payments to health maintenance organizations in the hope of persuading them to stay in the Medicare program has largely been a failure, federal investigators said today."

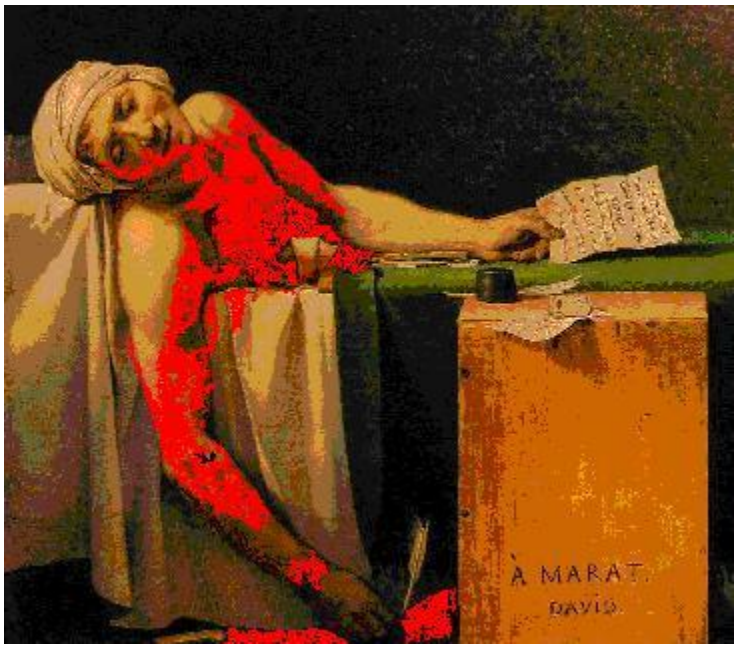
"[...] John D. Dingell, Democrat of Michigan, said: "Congress continues to pour money into the coffers of Medicare H.M.O.'s in hopes of providing better care to America's seniors. But the H.M.O.'s keep stranding hundreds of thousands of beneficiaries annually by either leaving the program or reducing benefits. It is foolish even to consider throwing more money at this failed system."

On Jan. 1, 536,000 elderly people are to be dropped from health maintenance organizations that are curtailing their participation in Medicare. Those actions are being taken after three years in which health plans dropped more than 1.6 million Medicare beneficiaries, 933,600 this year, 327,000 at the start of last year and 407,000 in 1999."

MARATHON MAN, President G.W. Bush, completes his contribution to the summer end Marathon Congressional Hearings:

"Gigi" G.W. Bush, using Dr. Charlie Norwood's dental instruments [R-GA], practicing 'sensible' oral surgery to extract the full linguistic meaning from our 'Patients Bill of Rights'. President 'Gigi' is the essence of our loftiest national medical program reforms, ... as he repeatedly asks us, one and all, the rhetorical question:

Is it safe?



Classical Story: HMO Patient Suffers Sub-clavicular Bleeding Under Current Patients' Bill of Rights

from today's Reuters, excerpts from article by Adam Entous

"The Senate voted in June to expand those rights [Patients' Bill of Rights] in state and federal court despite objections from Bush and business. Norwood and Dingell were poised to follow suit in the House -- that is, until Norwood reached his own Oval Office agreement.

Under the compromise he reached with Bush, which Republicans will offer as an amendment to the original Norwood-Dingell patients' bill of rights, patients would be able to file suit against HMOs and insurance companies in state court. But the proceedings would be governed by new federal standards which have yet to be spelled out. Bush had previously sought to limit all lawsuits to federal court.

The agreement would also set $1.5 million caps for both pain-and-suffering and punitive damages -- higher than the $500,000 caps Bush initially proposed, but far less the $5 million limits approved by the Senate and backed by Dingell and other House Democrats.

In a victory for business, Norwood and Bush would steer lawsuits against large U.S. employers that administer their own health plans to federal court rather than state court, where juries are more likely to return large verdicts in favor of plaintiffs. The agreement also bars class action lawsuits in both federal and state courts."

Some history on Congressman Charlie Norwood (R-GA):

Good ole Congressman Charlie! He has his hand at the nuclear till, like it's a honeypot! First, with the Savannah River Site (SRS), homesite of our thousands of tons of Cold War nuclear sludge and metal oxide salts, with a half-life radioactive toxicity of a billion years. And, he is one of the favored recipients of

PAC dollars and contributions, from the Radiology Political Action Committee (RADPAC), a lobby PAC mobilized to ensure that mammograms are billed at over a hundred bucks, and that there are no restrictions on insider referrals, between radiologists and the lucrative labs they select as their "honey".

Savannah River Site (SRS), Aiken, South Carolina

Immediate actions are necessary to manage nuclear materials at the Savannah River Site (SRS), Aiken, South Carolina, until decisions on their ultimate disposition are made and implemented, in many ways contingent upon decisions executed by Congressman Charlie Norwood.

The actions evaluated in our EIS would stabilize SRS materials that represent environment, safety and health vulnerabilities in their current storage condition or which may represent a vulnerability within the next 10 years. These vulnerabilities are the result of the suspension of nuclear materials production and processing operations which accompanied the end of the Cold War.

The U.S. Atomic Energy Commission, a predecessor agency of the Department of Energy (DOE), established the Savannah River Site in the early 1950's. The SRS occupies approximately 800 square kilometers (300 square miles) adjacent to the Savannah River, mostly in Aiken and Barnwell Counties of South Carolina, about 40 kilometers (25 miles) southeast of Augusta, Georgia, and about 32 kilometers (20 miles) south of Aiken, South Carolina. The SRS mission for the past 40 years has been the production of special radioactive isotopes to support national programs.

The primary mission was the production of strategic isotopes (plutonium-239 and tritium) used in the development and production of nuclear weapons for national defense. The Site produced other special isotopes (e.g., californium-252, plutonium-238, americium-241) to support research in nuclear medicine, space exploration, and commercial applications. To produce the isotopes, DOE fabricated selected materials into metal targets and irradiated them in the SRS nuclear reactors. After irradiation and cooling, the targets and reactor fuel were dissolved in acid and the special isotopes were chemically separated and converted to a solid form, either an oxide powder or a metal. The oxide or metal was fabricated into a usable form at the SRS or at other DOE sites. The final form of the material depended on the application (nuclear weapon component, encapsulated medical source, power source, etc.).

Due to the large scale chemical separation capabilities at the SRS, materials containing significant quantities of plutonium-239, uranium- 235, and other special isotopes were shipped to the Site for processing and recovery. The materials were in a wide variety of physical shapes and forms, including (1) small encapsulated plutonium sources returned after use by national laboratories and domestic universities; (2) cans or drums of scrap metals and oxides from weapons manufacturing operations at other DOE sites; (3) irradiated metal fuel rods, tubes, plates, or assemblies from experimental DOE reactors, university research reactors, and foreign research reactors; and (4) cans, bottles, or drums containing residues or samples used in laboratory experiments at other DOE sites.

Radiologists' PAC lobby

Re: the Radiology Political Action Committee (RADPAC):

Our mission, to generate funds to donate to campaign funds of legislators the administrative branch of RADPAC, RAA (radiology advocacy alliance) feels will support legislation that allows us to practice quality radiology. The ACR is a non-profit organization and cannot be directly involved with a Political action Committee (PAC). The Radiology Advocacy Committee is the administrative arm of RADPAC and radiologists can join this for $24. After joining RAA radiologists can contribute $100 to $1000 to RADPAC which will be used for political contributions.

BATTLES

Bill Thomas(R-CA) is leading a strong effort with backing from many medical groups to repeal the Stark II Bill that limits self-referral by physicians to facilities they have a financial interest in.

The ACR has strongly opposes this because it creates a conflict of interest for physicians.

New Federal legislation is pending that would allow nurse practitioners to order and interpret x-rays. The ACR is asking congress to look again at this law and its potential to decrease the quality of health care.

THIS POINTY EARED BADGER wins hands down our "Rodent of the Year" Award! True to his name, his pet program is called "BadgerCare", which amputates Medicaid benefits to those who are only partially employed, and really hurting because their lives are stretched to the limit with part-time, infrequent, no-benefits work ... please click here for more

Recommended Websites:

http://www.angelfire.com/poetry/aisling/Recommended_Websites.htm

http://www.angelfire.com/planet/blacklisting_central/Temp_Slaves.htm

http://www.angelfire.com/electronic2/haarpmicrowaves/NATO_in_USA.html

http://www.angelfire.com/electronic2/haarpmicrowaves/Silent_Voices_First.html

http://www.angelfire.com/planet/blacklisting_central/NED-AmCham-globalists.html

http://www.angelfire.com/planet/blacklisting_central/ducksunlimited.html

http://www.angelfire.com/planet/blacklisting_central/BOYCOTT-all-USA-elections.html

http://www.angelfire.com/planet/blacklisting_central/FANNIE_MAE_REPORT.html

new B. Traven link (how many centuries has Mexico been transfused by the occult?)
https://docplayer.net/56059722-Short-stories-blogs-poems-filmscripts-news-articles-video-journalism-by-bryan-adrian-follow-this-link.html

http://rebbe_rocky.tripod.com/Jon_Stewart_NED.htm

jack marchand
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http://rebbe_rocky.tripod.com/CHABAD_gangsta_ties_TRUMP.html

Rachel Maddow family
http://rebbe_rocky.tripod.com/Rachel-Maddow-background.html

Synthetic Telepathy & Elon Musk
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