to follow up with ultrasound testing (inappropriate denial of testing).

- 4. Four patients died of a heart attack due to capitation (inadequate cardiac work-up). [Capitation is the HMO practice in which a flat rate is paid to a primary care doctor (the "gatekeeper"), per person per month, which is supposed to cover all medical care the patient needs, with tight control over prescription drugs, and referrals for specialists or tests. Doctors are financially penalized if they allow their patients to see too many specialists.]
- 5. A young woman lapsed into a coma due to capitation (inadequate cardiac work-up).
- 6. A young man lapsed into a coma due to capitation (inappropriate denial of referral to hospital emergency room).
- 7. Three mentally ill patients committed suicide (due to capitation). One of them killed his own son.
- 8. A pregnant woman died of Eclampsia due to delayed admission (capitation).
- 9. Two stillborn babies were delivered due to withholding of testing (capitation).
- 10. A woman in her early forties died of previously undiagnosed malignant Melanoma, due to the fact that the excised mole was not sent for pathological examination (no testing—capitation).
- 11. Three women had delay in diagnosis of breast cancer. One of them died. All were victims of capitation.
- 12. Delay in diagnosis of three types of cancer, in two female patients—cancer of stomach and choriocarcinoma—and in a male patient, cancer of the larynx. There is always delay in the diagnosis of cancer because of delay in obtaining referral.
- 13. Delay in diagnosis of ruptured, inflamed appendix and obstruction of colon due to inappropriately delayed referral of two women.
- 14. Inappropriate denial of referral to a specialist of a patient with Subacute Bacterial Endocarditis, resulting in motor and speech impairment.
- 15. US Healthcare Systems of PA trying to dictate the treatment of a patient with T-cell Lymphoma (direct liability).
 - 16. Undiagnosed pregnancy resulting in fetal demise.
- 17. Birth injury due to HMO dictating on Cesarean section rate (Erb's Palsy).
- 18. A baby developed cerebral palsy due to amnionitis following premature delivery at 32 weeks.
- 19. Another baby developed cerebral palsy due to delayed and inadequate testing prior to mother's delivery at term.
- 20. Accidental death of a drug rehabilitation patient who was discharged prematurely.
- 21. Post-operative injury of a post-splenectomy patient resulting in total urinary incontinence.
- 22. Patient was complaining of chest pain. An EKG [electrocardiogram] was done. No further testing was done. As a result of withholding testing, he continues to suffer.
- 23. Patient had cervical abcess. Physician refused to authorize treatment to a non-participating Spinal Cord Trauma

Center. Patient arrived at the designated hospital already a quadriplegic.

(For hundreds of more such managed-care case histories from around the country, the reader is referred to the Internet website www.his.com/~pico/1-25.htm.)

Interview: Dr. Emerita T. Gueson

'I Cannot Practice Medicine Like This'

Dr. Emerita T. Gueson, a Philadelphia gynecologist, is a devoted practitioner of medicine and fervent advocate of patients' rights. She graduated from the University of Santo Thomas in the Philippines. She had her rotating internship at Germantown Hospital, and her General Practice residency at Community General Hospital, in Reading, Pennsylvania. In addition to her Obstetrics and Gynecology residency training, she took a year of Gynecologic Pathology and Cytology at Philadelphia General Hospital. In 1970, Dr. Gueson was a gynecological research consultant on herpes simplex at the University of Pennsylvania Dental School. She is presently on the medical staff of Holy Redeemer and Nazareth Hospitals. The interview was conducted by Marianna Wertz on June 3.

EIR: You've been advocating the elimination of managed care for several years. Could you say why you want to see managed care done away with?

Dr. Gueson: This all started when my mother suddenly became ill. This was in 1986. I met a lot of people, while we were taking support-group therapy. When you are with an HMO, if you have a stroke, they admit you for one day, then they start calling the hospital, to get you moved to the hospital where they have a contract. They dictate how many days you can stay, even if you are not well yet.

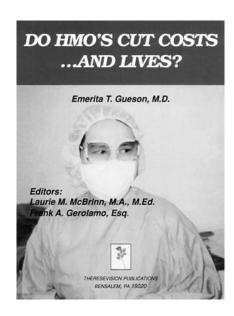
EIR: So it was not through your own practice, but through your mother's treatment that you first encountered managed care?

Dr. Gueson: No. My mother didn't have any problem, because she had good insurance. She had Blue Cross/Blue Shield. What bothered me is that other patients were having problems. I'm doing this for them, for the public, because I know my way around with this health care.

EIR: In *Survival Guide*, you give numerous case histories, documenting how the implementation of managed care in Pennsylvania has cost lives and destroyed lives.

Dr. Gueson: It's bad. A lot of doctors are closing their of-

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Dr. Emerita Gueson's 1997 report, which exposes the killing that is being carried out under "managed care."

fices. They cannot afford it. This is a civil rights violation, because we are being denied economic freedom. I'm going to challenge the law. It's unconstitutional. In Pennsylvania, it's terrible, the HMOs have perpetual credentialing. I reported this to the Insurance Commissioners and the Director of Health, and nobody did anything.

EIR: In 1996, Lyndon LaRouche said that Pennsylvania Gov. Tom Ridge should be impeached for Nuremberg crimes. **Dr. Gueson:** He should. I wrote him a letter, that he should be impeached.

EIR: You have also called managed care "the second Holocaust."

Dr. Gueson: Right, it's true.

EIR: What has happened to you as a result of what you've done?

Dr. Gueson: US Healthcare, because I think someone gave them a copy of my first book, *Doctors Under Fire, What's Wrong with HMOs*, they did not want me. They terminated me with Aetna, once they bought it [Aetna merged with US Healthcare in 1998]. Then they kept on inviting me, soliciting me, because patients were asking for me. So I applied, because my patients wanted me to apply, so I could protect their interests.

EIR: Do you have any managed-care patients now?

Dr. Gueson: Yes, because Blue Shield lets me do what I want. They know I will sue them if they don't let me. I do the lawsuits myself. I study at night. Everybody's afraid of them.

EIR: Mr. LaRouche is organizing a movement to shut down managed care altogether. To ban it. LaRouche would like to return to the principles of the Hill-Burton Act of 1946 as the

approach to medicine. It basically said that the number of hospital beds should be capable of providing adequate hospital services for the whole population. That's the exact opposite of what managed care is doing today.

Dr. Gueson: What they try to do is close the beds, and patients are being discharged prematurely. And they die. A lot of deaths.

EIR: Both Bush and Gore are for managed care.

Dr. Gueson: I know. That's why people are upset. Ridge wants to run as Vice President. We have to stop him.

EIR: We have to intensify this fight.

Dr. Gueson: I'm going to tell my patients to distribute your pamphlet in their neighborhoods.

EIR: You attribute your ability to withstand this fight to your "life of faith," through which, you say, you developed moral courage and "the dignity of the human spirit." Could you expand on that?

Dr. Gueson: If you suffer, the more you suffer, your faith gets stronger, and you mature intellectually, spiritually, and emotionally. While this was all going on, I was doing the research on the book, Ridge tried to get me suspended, because they [her fellow physicians] could not get anybody to lead the lawsuits against the CATFUND. So, they got me; so I got it started. It's the way I was brought up. My mother was a very strong woman.

I am Catholic. When everything goes downhill, what is left is your faith, and your sense of humor!

EIR: How does managed care affect doctors?

Dr. Gueson: These doctors are just giving up. Yesterday, I met a doctor who's going to close his office. He has no job. They are depriving doctors of the right to make a living. Those who injure patients — the HMOs should be charged with fraud with malice, because they know these doctors are bad and they are marketing them. It's terrible, and patients have no knowledge of what's going on. That's why a national databank should be available to the public. These HMOs have flourished because the doctors did not stand up. The doctors are greedy, too.

They were banking that I would be afraid, because everybody is afraid. But if you feel you have been wronged, you have to stand up for what's right. And you should be willing to suffer. My friends said, "You're going to sue Ridge and the Attorney General, but they are so powerful." I said, "I am more powerful, because God is with me."

I can't stand what they are doing to people. But, if I don't do anything, I am just as bad as them. They are trying to deprive me of my right to practice my profession.

They should not have touched the medical system, which was working. They should only have fixed what wasn't working. When I saw the HMO law signed by Nixon, I said to myself, "I cannot practice like this."

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U.S. Ambassador to China Assesses Situation in Wake of Trade Vote

by William Jones

At a June 2 ambassador's briefing at the Willard Hotel in Washington, D.C. sponsored by the Asia Society, Adm. Joseph Prueher (ret.), the U.S. Ambassador to China, had an opportunity to give his analysis of the situation in Beijing.

Speaking shortly after the House of Representatives passed Permanent Normal Trade Relations (PNTR) with China, on May 24, Prueher was generally upbeat in his comments. Comparing his present post as Ambassador to his former job of landing fighters on an aircraft carrier, Prueher made note of the precision andcoolness needed toland an airplane on a carrier deck even with fair weather and a calm sea.



U.S. Ambassador to China Adm. Joseph Prueher (ret.).

"A discrepancy of a few feet one way or the other becomes decisive," he observed. "Now, factor in darkness, waves that pitch the carrier up and down, and other disturbances. The possibility of landing in that situation is then much more difficult." All of this was to imply that the "stridency" that often arises in the debate over China, propelled by the machinations of the notoriously anti-China "Blue Team" lobby, financed by billionaire Richard Mellon Scaife, makes it much more difficult to keep the important U.S.-China relationship on track.

When one young major asked Ambassador Prueher about the volatile rhetoric that often appears in People's Liberation Army publications, Prueher replied, "China is not a monolith. And besides, when you read some of our own press, you would also tend to think that their statements on China are pretty 'hard-line.'

Recent "surprises" haven't made things easier for the new Ambassador. China's publication of its White Paper on Taiwan, indicated heightened concern in Beijing over the renewed impulse toward independence by Taiwan, and the rumblings around that—as well as the surprise election of

Democratic Progressive Party (DPP) candidate Chen Shuibian as President—all combined to create some obstacles, he indicated. And then there was the NATO bombing of the Chinese Embassy in Belgrade, on May 7, 1999, which all but put a stop to many of the U.S.-Chinese exchanges. The reverberations of that particular incident are still being felt in Beijing, the Ambassador admitted. The Ambassador was correct as far as he went: U.S. insistence that the bombing of the Chinese Embassy was "accidental," has never been taken seriously by the Chinese authorities, and still serves to feed strong suspicions over U.S. motives.

Nevertheless, Prueher was confident that things were moving in the right direction. "The fundamental goal of our policy is a secure and stable Asia-Pacific region, and this can't be done without the participation of China," he said. He noted the important role that China has played in brokering a dialogue with the opaque government in North Korea, with which China has historically had fairly close ties.

PNTR: A Weathervane

The PNTR vote was considered a weathervane of U.S. intentions. Had that bill been defeated in the House, its failure would have cast a pall over U.S.-China relations. One questioner at the June 2 briefing, an old China hand, expressed his surprise at the May 24 telephone call from President Jiang Zemin to President Clinton on the day of the House vote, in which Jiang thanked Clinton for his role in getting the measure passed. "The call was unprecedented," Prueher agreed. "It came up suddenly in a 24-hour period. Not only that: In a meeting with Prime Minister Zhu [Rongji] before the vote was even taken, he asked me to extend his thanks to President Clinton for the effort he had made in trying to get the PNTR extended to China."

Pruher also noted that, despite initially strident tones in discussing Taiwan and the victory of the independence-minded DPP, the Chinese government now seems prepared to move forward with the cross-Strait dialogue. Beijing has also restarted the important non-proliferation talks and the military-to-military exchanges with the United States, he said; they had been scuttled in the aftermath of the bombing of China's Embassy in Belgrade.

"China has many problems to deal with as they enter the WTO [World Trade Organization]," said Prueher, naming in particular the problem of non-performing loans, environmental concerns, the problem of state-owned enterprises, and corruption. "The adjustment by China to the new WTO membership will take years, if not decades," he continued. "Lectures and threats are, in that situation, not at all constructive." Returning to his aircraft carrier analogy, Prueher added, "It is a 'bad news' situation if we have to deal with conflicts all the time. We have important strategic interests to deal with in our dialogue with China, with arms control, the world financial system, the environment. There are many variables involved. We must therefore keep any necessary 'corrections' small."

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