

BBA RELIEF

Mr. WELLSTONE. Mr. President, since its passage in 1997, the BBA has drastically cut Medicare payments in the areas of hospital, home health and skilled nursing care services, among others.

While the reductions were originally estimated at around \$100 billion over five years, recent figures put the actual cuts in Medicare payments at over \$100 billion.

These cuts have consequences. Beneficiaries with medically complex needs face increase difficulty in accessing skilled nursing care. Hospital discharge planners have greater difficulty obtaining home health services for Medicare beneficiaries as a result of the BBA. Rural Hospital margins have dropped four percentage points continuing a dangerous trend that threatens access to care in rural America.

Last year, Congress acknowledged that the Medicare savings that resulted from the 1997 Balanced Budget Act went far beyond what we intended, and passed the Balanced Budget Refinement Act (BBRA) but it didn't go nearly far enough.

With actual cuts in payment of \$200 billion from the BBA, the BBRA reversed at best only 10% of these actual cuts in payment to providers caused by the BBA.

My state of Minnesota has been hit very hard by the BBA cuts, and last year's fix hasn't stopped the pain. As I said when I voted against the BBA, the cuts are too harsh and they will hurt our health care system. Both urban safety net hospitals and rural hospitals are feeling the pain. They are cutting back services, they are short staffed, like the hospital in Aurora, MN are faced with closing if they can't find a way to restructure so that their reliance on Medicare is not so great.

My colleagues should be aware that in rural Minnesota typically 70% of the revenue for rural hospitals is from Medicare and Medicaid. Hospitals are often the largest employers in these communities and new businesses won't locate in a community if it doesn't have a hospital. You can't blame them.

In addition these hospitals are critical to the tourism industry, which in my state is made up largely of mom and pop resorts, restaurants, lodges, canoe outfitters, fishing guides, cross country ski lodges as well as the downhill ski areas, snow mobile trails, vendors who cater to hunters and fishermen and women, bicyclists who use our state trails, the list is a long one.

When these folks become sick or are injured while out in the wilderness, on the water, on the ski hill or while hunting, they need a local hospital to treat their injury or illness. In our state of Minnesota these front line health care providers are small rural hospitals in communities like Cook, Grand Marais, Ely and Teo Harbors. We can't fly out all the people with broken bones or heart attacks during a blizzard, or in the fog. We need hospitals there to provide the care.

Northwestern Minnesota has been hit again by flooding this year. I don't know how many years in a row this has happened. We need health care there in these communities for farm families who are struggling with the farm economy, the weather and a health care crisis in their family. The hospitals in Northwestern Minnesota are on the razors edge of staying open. These BBA cuts hit them hard and hurt them badly.

Southwestern Minnesota is a part of my state that relies on the farm economy. When families are not making any money at farming like this year and last year, whether it be collapsed hog prices, milk, or grain prices, through no fault of their own they don't have money to buy good insurance, the counties' revenue from property taxes that supports the rural county hospitals can't keep up and if Medicare isn't there with a fair level of reimbursement, they face the possibility of closing as well.

There has been a tremendous number of closings in home health care in Minnesota. The cuts we made were extreme. People who could be taken care of at home are now kept longer in the more costly hospital setting simply because there is no one to provide the home care.

But let me focus on the White Community Hospital in Aurora, Minnesota. This is a hospital that serves an iron ore mining community in Northeast Minnesota. The miners in this community and others in communities across Minnesota's iron range mined the ore that was turned into steel and built our cities in the twentieth century, made the cars, and the rails. They are the hear and soul of America. They or their parents came to this country, fleeing oppression in many European countries, they have a strong patriotism, a powerful work ethic and a community second to none in the United States. When I visited them last week to hear about the struggle they are engaged in to keep their hospital open I didn't over promise, but I did promise I would do everything I could to help them in their fight. And I will. The BBA is hurting them. It is an anchor around the neck of their hospital. They are fighting for their hospital and we can't turn our back on them.

I have co-sponsored numerous pieces of legislation to restore additional funds to Medicare providers, but what we need is comprehensive BBA relief and our constituents, our hospitals, our nursing homes, and our home health agencies cannot wait.

When Medicare fails to pay its share, it threatens health care for all patients. Reduced Medicare payments are contributing to decisions by many providers and insurers that threaten Medicare beneficiaries' access to care, including staff layoffs, reductions in services, or even outright facility closures or decisions to withdraw from the Medicare program. As we all know, entire communities suffer when such actions take place.

We need comprehensive and substantial relief for community hospitals, teaching hospitals, rural hospitals, home health agencies, and skilled nursing facilities, among others—and we need it now, before Congress adjourns before the August recess.

This amendment simply states that it is the sense of the Senate that by the end of the 106th Congress, Congress shall revisit and restore a substantial portion of the reductions in Medicare payments to providers caused by enactment of the BBA of 1997.

I wish to let colleagues know that I am going to call for a vote on an amendment Monday evening that deals with the drastic reduction of Medicare payments in the areas of hospital and home health care, and also skilled nursing care.

In 1997, we passed the balanced budget amendment, and the reductions in Medicare over a 5-year period were estimated to be around \$100 billion. The recent figure is going to be about \$200 billion.

Last year, we tried to do a "fix," and we passed what was called the Balanced Budget Refinement Act. But basically what it did was restore about 10 percent of the actual cuts that we have made. I could say this in a more complete way, but what I want to do right now is just say to colleagues that my amendment is going to deal with these cuts. Either it is going to be a sense of the Senate that says by the end of the session, we have to restore some of this assistance, some of this money to our providers and to our patients and to the consumers, and/or I could have another amendment that says if we do not do that, there needs to be a freeze in the cuts.

I am sure the Presiding Officer has heard of this in Alabama. I think you hear it in Nevada. I hear it in Minnesota. You hear it all across the country. In Minnesota, especially in our rural communities, whether it is White Hospital in the Iron Range in the White Lakes, whether it is southwest Minnesota, whether it is west central Minnesota, especially in our rural communities—we are going to lose these hospitals. They lost anywhere from 50 to 70 percent of their payment on Medicaid and Medicare.

Colleagues, in 1997, I don't know what we were thinking when we voted for this. I think it was a big mistake. I did not vote for it. Others voted for it in good faith. Right now, what we are hearing is that these hospitals are not going to be able to provide the care. They are going to go under. These nursing homes are not going to be able to make it. We have seen severe cuts and cutbacks of services in home health care.

The point is this: Yes, it is true the hospitals and nursing homes are important employers in these communities, so there are jobs. Yes, it is true the same thing could be said for home health care. But the worst part of it is we are talking about a dramatic decline in the quality of care for people.

In a lot of communities, especially in rural America, this is the death knell for our communities. It is hard enough for people to struggle to earn a decent living, but people can't stay in the communities if there is not good health care and if there is not good education available. Right now, we do not have that, if these hospitals shut down.

This amendment is an amendment that speaks to these cuts. It will be an amendment based upon many meetings I have had with community people all across Minnesota. I think it is an amendment that all my colleagues, hopefully, will support because when Medicare does not pay its share, it is a threat to the health care for patients and it also has a dramatic negative effect on our communities as well.

I want to bring this to the attention of colleagues. I hope there will be a strong vote for this amendment. There is some discussion we are not going to do anything about this. But we never should have voted for cuts that are this severe. This has had just the harshest consequences. It was a mistake and we have to restore this funding.

MASSACRES IN COLOMBIA

Mr. WELLSTONE. Mr. President, I want to bring something to the attention of the Senate today. Even though most Senators are gone, I want to do this because I think it should be done in as public a way as possible. I bring to the attention of colleagues a piece in the New York Times. It is a front-page story, "Colombians Tell of Massacre, as Army Stood By."

When you read this story, there will be tears in your eyes. I don't know whether they will be tears of sadness or tears of anger. I will read just the first few paragraphs:

EL SALADO, Colombia.—The armed men, more than 300 of them, marched into this tiny village early on a Friday. They went straight to the basketball court that doubles as the main square, residents said, announced themselves as members of Colombia's most feared right-wing paramilitary group, and with a list of names began summoning residents for judgment.

A table and chairs were taken from a house, and after the death squad leader had made himself comfortable, the basketball court was turned into a court of execution, villagers said. The paramilitary troops ordered liquor and music, and then embarked on a calculated rampage of torture, rape and killing.

"To them, it was like a big party," said one of a dozen survivors who described the scene in interviews this month. "They drank and danced and cheered as they butchered us like hogs."

By the time they left, late the following Sunday afternoon, they had killed at least 36 people whom they accused of collaborating with the enemy, left-wing guerrillas who have long been a presence in the area. The victims, for the most part, were men, but others ranged from a 6-year-old girl to an elderly woman. As music blared, some of the victims were shot after being tortured; others were stabbed or beaten to death, and several more were strangled.

Yet during the three days of killing last February, military and police units just a

few miles away made no effort to stop the slaughter, witnesses said. At one point, they said, the paramilitaries had a helicopter flown in to rescue a fighter who had been injured trying to drag some victims from their home.

Instead of fighting back, the armed forces set up a roadblock on the way to the village shortly after the rampage began, and prevented human rights and relief groups from entering and rescuing residents.

While the Colombian military has opened three investigations into what happened here and has made some arrests of paramilitaries, top military officials insist that fighting was under way in the village between guerrillas and paramilitary forces—not a series of executions. They also insist that the colonel in charge of the region has been persecuted by government prosecutors and human rights groups. Last month he was promoted to general, even though examinations of the incidents are pending.

I ask unanimous consent the entire article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the New York Times, July 14, 2000]

VILLAGERS TELL OF A MASSACRE IN COLOMBIA, WITH THE ARMY STANDING BY

(By Larry Rohter)

EL SALADO, COLOMBIA.—The armed men, more than 300 of them, marched into this tiny village early on a Friday. They went straight to the basketball court that doubles as the main square, residents said, announced themselves as members of Colombia's most feared right-wing paramilitary group, and with a list of names began summoning residents for judgment.

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government prosecutors and human rights groups. Last month he was promoted to general, even though examinations of the incidents are pending.

What happened in El Salado last February—at the same time that President Clinton was pushing an aid package to step up antidrug efforts here—goes to the heart of the debate over the growing American backing of the Colombian military. For years the United States government and human rights groups have had reservations about the Colombian military leadership, its human rights record and its collaboration with paramilitary units.

The Colombian Armed Forces and police are the principal beneficiaries of a new \$1.3 billion aid package from Washington. The Colombian government says it has been working hard to sever the remnants of ties between the armed forces and the paramilitaries and has been training its soldiers to observe international human rights conventions even during combat.

"The paramilitaries are some of the worst of the terrorists who profit from drugs in Colombia, and in no way can anyone justify their human rights violations," said Gen. Barry R. McCaffrey, the White House drug policy director. But he said "the Colombian military is making dramatic improvements in its human rights record," and noted that the aid package includes "significant money, \$46 million, for human rights training and implementation."

But human rights groups, pointing to incidents like the massacre here, say these links still exist and that mechanisms to monitor and punish commanders and units have had limited success at best.

"El Salado was the worst recorded massacre yet this year," said Andrew Miller, a Latin American specialist for Amnesty International USA, who spent the past year as an observer near here. "The Colombian Armed Forces, specifically the marines, were at best criminally negligent by not responding sooner to the attack. At worst, they were knowledgeable and complicit."

The paramilitary attack on El Salado killed more people and lasted longer than any other in Colombia this year. But in most other respects it was an operation so typical of the 5,500-member right-wing death squad that goes by the name of the Peasant Self-Defense of Colombia that the Colombian press treated it as just another atrocity.

The paramilitary groups were founded in the early 1980's, mostly funded by agricultural interests to protect them from extortion and kidnapping by the left-wing guerrillas. The groups were declared illegal over a decade ago, but have continued to operate, often with clandestine military support and intelligence, and in recent years have become increasingly involved in drug trafficking.

Over the past 18 months, more than 2,500 people, most of them unarmed peasants in rural areas like this village in northern Colombia, have died in more than 500 attacks by what the Colombian government calls "illegal armed groups" involved in the country's 35-year-old civil conflict. And according to the government, right-wing paramilitary groups are responsible for most of those killings.

Since the El Salado massacre, nearly 3,000 residents of the area have fled to nearby towns, including El Carmen de Bolívar and Ovejas, as well as the provincial capital, Cartagena. Early this month, more than a dozen of the survivors were interviewed in the towns where they have taken refuge under the protection of human rights groups or the Roman Catholic Church.

Despite efforts to protect them, however, some have recently been killed in individual