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MATTERS OF CONSCIENCE[©]

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IN THIS ISSUE

IN OUR PRIOR ISSUE, HEALTH CARE PART I, WE WERE UNABLE TO PROVIDE AS FULL AN EVALUATION OF THE HEALTH ISSUE IN OUR SOCIETY AS ITS FINANCIAL, MEDICAL, SOCIAL AND POLITICAL IMPACTS DESERVE. THROUGHOUT AMERICA THERE EXISTS A WIDENING GAP BETWEEN OUR POLITICAL RHETORIC AND OUR PUBLIC AWARENESS OF THIS ISSUE. HOPEFULLY, OUR COMMENTS WILL CONTRIBUTE TO SHRINKING THIS INFORMATION “DONUT HOLE”

THIS ISSUE MARKS THE COMPLETION OF OUR FIRST FIVE YEARS OF COMMENTARY DURING WHICH OUR PRIMARY CONCERN HAS BEEN THE GROWING FAILURE OF MANY OF OUR PUBLIC AND PRIVATE INSTITUTIONS TO PROPERLY PROTECT THOSE WHOM THEY WERE DESIGNED TO SERVE.

IN OUR NEXT ISSUE

IN THE SERIES AHEAD WE WILL OBSERVE HOW THESE INSTITUTIONAL FAILURES IMPACT OUR GOVERNMENT’S POLICY MECHANISM. WHO LOST AMERICA?[©] WILL BE THE TITLE OF OUR NEXT ISSUE, AND IN IT WE WILL BEGIN TO ANALYZE THE FORCES THAT HAVE LED TO OUR PRESENT POLITICAL POLARIZATION WITH ITS DISASTROUS EFFECT ON THE FORMATION AND CONDUCT OF OUR DOMESTIC AND FOREIGN POLICIES.

HEALTH CARE, USA - PART II

TO TRY TO COME TO GRIPS WITH THE HEALTH CARE ISSUE WE HAVE HAD TO POSE A VERY SIMPLE QUESTION — WHAT IS IT REALLY ALL ABOUT? AND WHILE THE QUESTION MAY BE SIMPLE, ITS ANSWER IS ANYTHING BUT. IT IS ABOUT LIFE AND DEATH; CORPORATE PROFITS; POLITICAL THEORY (I.E., CAPITALISM VS. SOCIALISM), POPULATION, ETHNICITY, ECONOMICS AND FAIRNESS (WHO PAYS AND HOW MUCH?).

IT IS ALSO ABOUT TECHNOLOGY; FISCAL MANAGEMENT — HOW AND FROM WHOM DOES THE GOVERNMENT OBTAIN

NECESSARY FUNDS; GOVERNMENT, ITSELF, IN THE DEFINING OF STATE AND FEDERAL ROLES; AND EFFICIENCY. AND, AS IF THESE WERE NOT ENOUGH, IT IS ALSO ABOUT OUR NATIONAL SELF; ABOUT THE WAY WE DEFINE OURSELVES, OUR SOCIETY AND OUR GOALS. ALL IN ALL, RATHER A MIXED BAG MANY ELEMENTS OF WHICH ARE OF RECENT ORIGIN.

TRANSITION FROM A NEWBORN NATION TO SOLE SUPERPOWER IS NOT AN EASY PROCESS. TO BE SUCCESSFUL IT REQUIRES THAT WE SET GOOD GOVERNANCE AS A PRIORITY,

AND THAT WE ELECT PEOPLE WITH THE WILL AND ABILITY TO PURSUE IT, NOT JUST ENGAGE IN ENDLESS BOUTS OF REPUBLICAN VS. DEMOCRAT IDEOLOGY ALONG THE LINE OF “THE GOVERNMENT IS ALWAYS WRONG AND THE PRIVATE SECTOR ALWAYS RIGHT.”

CAN WE ADAPT THE PRINCIPLES OF OUR FOUNDING TO THE MANY AND VARIED CHANGES OF CIRCUMSTANCE THAT INFORM HEALTH CARE TODAY AND THAT WE AND OUR GOVERNMENT MUST FACE? FOR WE MUST RECOGNIZE THAT MANY OTHER GOVERNMENTS/SOCIETIES/EMPIRES HAVE FAILED THIS TEST EVEN IN SIMPLER TIMES.

“ . . . IS IT THE BATTLE, NOT THE CAUSE, THAT ENGAGES US?”

NO MATTER WHAT FORM OUR EFFORT TAKES, IF WE CHOOSE TO MAKE ONE, IT SEEMS EVIDENT THAT OFFERING IT UNDER REPUBLICAN VS. DEMOCRAT LABELS, IN SPITE OF THEIR LONG HISTORY OF USAGE, WILL NOT PROVIDE ANY REAL MEASURE OF SUCCESS. HAVE WE BECOME SO ADDICTED TO REPUBLICAN/DEMOCRAT PARTY POLITICS THAT WE SHOULD ASK “IS IT THE BATTLE, NOT THE CAUSE, THAT ENGAGES US?”

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EVER PRESENT FRAUD

PERHAPS, BECAUSE IT DERIVES FROM FLAWS OF CHARACTER, THE FRAUD ELEMENT OF OUR HEALTH CARE PROBLEM HAS INCREASINGLY CAPTURED OUR ATTENTION. WHILE FRAUD IS A CRIMINAL ACTIVITY AND, THEREFORE, CAN BE ASSOCIATED WITH OUR NATIONAL CRIME STATISTICS AND BEHAVIOR, IT DIFFERS SIGNIFICANTLY FROM MOST OTHER CRIMES.

ITS COMMISSION IS NON-VIOLENT. IT REQUIRES MORE THOUGHT AND INTELLIGENCE THAN THE USUAL “DRUG BUST” OR ROBBERY, AND EVEN SUGGESTS A SOMEWHAT ELITE QUALITY TO BOTH THOSE WHO COMMIT AND THOSE WHO ATTEMPT TO PREVENT CRIMES. AND FRAUD IS VERY MUCH AN ACT OF INTENT. IT IS NOT THE PRODUCT OF SUBSTANDARD ECONOMIC AND SOCIAL CONDITIONS IN OUR FAILED INNER CITIES.

IN SPITE OF BEING A “QUIET” CRIME, THE FINANCIAL IMPACT OF FRAUD, ESPECIALLY IN OUR HEALTH CARE PROGRAM, IS ENORMOUS. IN PART I WE SAID WE WERE

UNABLE TO PROVIDE A PRECISE FIGURE FOR MEDICARE FRAUD, BUT WE NOW HAVE AN ESTIMATE FROM THE FBI THAT PUTS THE COST OF MEDICARE FRAUD TO THE COUNTRY (I.E. , THE TAXPAYERS) AT FROM \$60 TO \$100 BILLION A YEAR.¹ TO PROVIDE PERSPECTIVE, \$100 BILLION PER YEAR IS ONLY ABOUT \$20 BILLION LESS THAN THE ANNUAL AVERAGE OF \$120 BILLION REQUESTED AND/OR GRANTED FOR THE WAR IN IRAQ OVER THE PAST FIVE YEARS.² THIS ESTIMATE INDICATES BOTH THE SERIOUSNESS OF MEDICARE FRAUD AND WHY NO HEALTH CARE PROGRAM WILL BE SUCCESSFUL UNLESS ITS STRUCTURE INCLUDES A DETERMINED EFFORT TO PREVENT AND ERADICATE FRAUD:

“THERE’S (SIC) LITERALLY MILLIONS OF WAYS TO DEFRAUD HEALTH CARE” AND “CRIMINALS COME UP WITH NEW WAYS EVERY WEEK.”³

RECENT CASES OF MEDICARE FRAUD WHICH HAVE BEEN NOTED IN THE PRESS INCLUDE CHARGES OF CONSPIRACY, TAKING KICKBACKS, PRESCRIBING UNNECESSARY MEDICATION AND, BY FAR THE MOST COMMON, SUBMITTING FRAUDULENT CLAIMS FOR EQUIPMENT, SERVICES, TREATMENT, MEDICATION, ETC.

THE SCOPE OF THE FRAUD BEING APPLIED TO OUR HEALTH CARE SYSTEM IS BEGINNING TO EMERGE. HERETOFORE, WE SUSPECT, IT HAS BEEN TOLERATED AS AN UNWANTED, BUT TOO DIFFICULT TO ADDRESS, BYPRODUCT OF OUR HEALTH CARE EFFORT.

GIVEN ITS CURRENT SIZE AND FREQUENCY, ANY NEW LEGISLATION WILL HAVE TO INCLUDE SOPHISTICATED AND EFFECTIVE METHODS OF PROTECTION AND PREVENTION AS WELL AS THE MOST SEVERE PENALTIES ALLOWED UNDER FEDERAL AND/OR STATE LAWS.

* * *

IT CAN BE SAID THAT THE WORLD OF COMMERCE IS MADE UP OF THOSE WHO SCAM AND THOSE WHO ARE SCAMMED. STATISTICS AND HABIT LEAD US TO BELIEVE THAT MOST SCAMS ARE COMMITTED AGAINST THE SYSTEM BY INDIVIDUALS ACTING ALONE OR IN CONCERT.

BUT THIS IS NOT ALWAYS THE CASE. THE SYSTEM CAN FIGHT BACK AND CAN PLAY THE ROLE OF PREDATOR, RATHER THAN TARGET, WITH CONSIDERABLE SKILL AND OFTEN DEVASTATING EFFECT.

IN NOVEMBER 2005, FEDERAL PROSECUTORS ANNOUNCED THE SETTLEMENT OF CIVIL CLAIMS AGAINST TENET HEALTHCARE, ONE OF THE COUNTRY’S LARGEST HOSPITAL MANAGEMENT AND OPERATING COMPANIES. THE

ANNOUNCED AMOUNT WAS \$32.5 MILLION WHICH, WHEN ADDED TO PRIOR PAYMENTS BY TENET IN '03 AND '04 OF \$54 MILLION AND \$395 MILLION, TOTALS \$481.5 MILLION.⁴

THE BASIS FOR THIS LITIGATION WAS CLAIMS BY 647 PATIENTS AT TENET'S REDDING (CA) MEDICAL CENTER THAT FOUR OF ITS DOCTORS, INCLUDING ITS HEAD OF CARDIAC SURGERY, HAD SUBJECTED THEM TO "UNNECESSARY INVASIVE CORONARY PROCEDURES."

THE PLAINTIFFS' TESTIMONY CLAIMED THAT THE DOCTORS ADVISED PATIENTS TO UNDERGO CARDIAC SURGERY BECAUSE IT COMMANDED HIGH FEES. PROOF OF THIS REQUIRED THE LEGAL DETERMINATION OF INTENT WHICH THE GOVERNMENT COULD NOT ESTABLISH. AS A RESULT, THE PROSECUTION SETTLED FOR MASSIVE FINES IN A CIVIL ACTION RATHER THAN PRESSING FOR JAIL SENTENCES.

THE OPINION OF THE FEDERAL JUDGE WHO HEARD THE CASE STATED:⁵

"THE EVIDENCE IN THIS CASE PAINTS A CLEAR PICTURE OF UNMITIGATED CORPORATE GREED . . . TENET'S SHAMELESS APPETITE FOR PROFIT AT THE EXPENSE OF A TAXPAYER SUPPORTED MEDICAL SYSTEM DESIGNED TO BENEFIT THE LESS FORTUNATE IN SOCIETY IS UNCONSCIONABLE."

TENET ADMITTED NO WRONG-DOING. IT HAS PAID OTHER SUBSTANTIAL SETTLEMENTS IN THE PAST AND ADDITIONAL LITIGATION MAY TAKE PLACE.

CONSUMER REPORTS (JAN. '03) IN A STUDY OF HOSPITAL BILLING PRACTICES WARNED THAT THERE ARE MANY ERRORS WHICH FIND THEIR WAY INTO HOSPITAL BILLS, USUALLY AT A COST TO THE PATIENT. AS AN EXAMPLE CR CITED A HOSPITAL BILL CHECKED BY AN INDUSTRY SOURCE WHICH REVEALED 16 CHARGES INCURRED OVER A ONE-DAY PERIOD OF WHICH 6 WERE INCORRECT RESULTING IN EXCESSIVE BILLING OF \$14,307.⁶

"THE RANGE OF BILLING ERRORS IS WIDE . . ."

ONE OF THE ERRONEOUS CHARGES DISCOVERED BY THE PROFESSIONAL AUDIT GROUP WAS FOR 3.5 HOURS OF SURGERY TIME IN THE OPERATING ROOM, WHEREAS THE ANESTHESIOLOGIST'S LOG SHOWED THE OPERATION ONLY TOOK 2.5 HOURS. WITHOUT SKILLED OUTSIDE HELP THIS KIND OF OVERCHARGE WOULD GO UNNOTICED. THE RANGE OF BILLING ERRORS IS WIDE AND INCLUDES CHARGES THAT EXCEED PUBLISHED PRICES, BILLING FOR TWO OR MORE ITEMS WHEN ONLY ONE WAS SPECIFIED, CHARGING FOR CANCELLED WORK, OVERSTATEMENT OF TIME SPENT AND BILLING MULTIPLE CHARGES WITH A "PACKAGE" PRICE AT

HIGHER SINGLE CHARGE RATES.

VIGILANCE AND INVOLVEMENT REGARDING BILLING MATTERS ARE OFTEN ADVISED FOR PATIENTS, BUT THIS IS NOT ALWAYS POSSIBLE. THE PATIENT ADMITTED FOR SURGERY MUST DEAL WITH PRE-OP PREPPING, ANXIETY AND MEDICATION. DURING AND AFTER SURGERY ANESTHESIA, PAIN AND FATIGUE ACT UPON BOTH THE BODY AND THE BRAIN IN A WAY THAT CONCENTRATES THEM ON RECUPERATION TO THE EXCLUSION OF OTHER MATTERS. AND, OF COURSE, DURING PERIODS OF SEDATION, WHETHER FULL OR PARTIAL, EFFECTIVE MEMORY AND RESPONSE CAPABILITY ARE NOT AVAILABLE.

ALL IN ALL, IT BECOMES PROGRESSIVELY CLEARER THAT FRAUD OPPORTUNITY IS SO BROAD AND THE REWARDS SO RICH THAT WE CAN NO LONGER ACCEPT IT AS "JUST A COST OF DOING BUSINESS" OR "A NECESSARY EVIL".

BILL MAHON, OF THE NATIONAL HEALTHCARE ANTI-FRAUD ASSOCIATION, OFFERS THIS BACK-UP:

" IN RECENT YEARS, LAW ENFORCEMENT AGENCIES HAVE EVEN WITNESSED THE MIGRATION OF CRIMINALS OUT OF DRUG TRAFFICKING AND OTHER LINES OF CRIME INTO THE SAFER AND FAR MORE LUCRATIVE BUSINESS OF CREATING SCHEMES AGAINST MEDICARE AND PRIVATE HEALTH INSURANCE COMPANIES."⁷

* * *

NO REVISION OF OUR HEALTH CARE STRUCTURE OR REGULATIONS WILL BE EFFECTIVE UNLESS FRAUD PREVENTION AND PUNISHMENT ARE ACCORDED PRIORITY STATUS!

AND IF WE WERE TO EMBARK ON A GENUINE OVERHAUL OF THE NATION'S HEALTH CARE SYSTEM, MIGHT THERE NOT BE AN OPPORTUNITY TO APPLY A NOTE OF SANITY TO OUR BIZARRE WORLD OF PERSONAL IDENTIFICATION WHICH PRESENTLY CONSISTS OF A HYBRID SYSTEM WITH STATE ISSUED DRIVERS' LICENSES AND FEDERALLY ISSUED SOCIAL SECURITY CARDS PERFORMING DIFFERENT FUNCTIONS.

DRIVERS' LICENSES HAVE A PHOTO, SIGNATURE, NUMBER AND SOME PHYSICAL DATA. THEY ARE DESIGNED TO VERIFY IDENTITY AND HAVE BECOME THE STANDARD DOCUMENT, EVEN THOUGH THEY VARY FROM STATE TO STATE, FOR DOMESTIC TRAVEL, SECURITY CHECKS AND VOTING AND COMMERCIAL IDENTIFICATION.

THE SOCIAL SECURITY CARD HAS ONLY A NUMBER AND SIGNATURE AND CANNOT VERIFY IDENTIFICATION. AND YET YOU CANNOT OPEN A BANK ACCOUNT, FILE A TAX RETURN OR TAKE OUT A MORTGAGE WITHOUT ONE. IN THE CARD WORLD IT IS A BIT OF A CAPON, AND PURPOSELY SO

TO AVOID BEING LABELED A NATIONAL IDENTITY CARD WHICH SOME SEGMENTS OF OUR SOCIETY CONSIDER OFFENSIVE TO DEMOCRACY.

ERGO, WE HAVE 50 DIFFERENT IDENTITY CARDS IN THE FORM OF DRIVERS' LICENSES DOING THE HEAVY LIFTING OF IDENTITY VERIFICATIONS WITHOUT CHALLENGING OUR FORM OF GOVERNMENT. BUT HERE, WITH LUCK AND POLITICAL COOPERATION, WE MAY FIND THE MOMENT AND OPPORTUNITY TO CREATE AN EFFECTIVE IDENTITY VERIFICATION INSTRUMENT THAT WOULD COMBINE THE ADVANTAGES OF DRIVERS' LICENSES AND SOCIAL SECURITY DATA AND IMPROVE THE EFFECTIVENESS OF BOTH INSTRUMENTS.

WITH ANY MAJOR RESTRUCTURING OF OUR HEALTH CARE PROGRAM, IT SHOULD BE POSSIBLE TO HAVE THE FEDERAL ENTITY (I.E., MEDICARE AND/OR ITS SUCCESSOR) ISSUE A CARD WITH THE NECESSARY PHYSICAL DATA. THIS WOULD INCLUDE DNA, HEIGHT, AGE, BLOOD TYPE, RETINAL SCAN, FINGERPRINT, DRUG OR ANESTHETIC ALLERGIES, EYE COLOR, PHOTO, ETC. AS WITH PRESENT MEDICARE CARDS, THE INDIVIDUAL'S NUMBER COULD BE KEYED TO HIS/HER SOCIAL SECURITY NUMBER.

IN ADDITION, AND SOLELY BY VOLUNTARY AUTHORIZATION OF THE INDIVIDUAL, THIS MEDICAL DATA CARD COULD BE ENCODED TO INCLUDE OTHER INFORMATION USED FOR IDENTIFICATION THAT PRESENTLY IS REQUIRED BY STATES FOR LICENSES OR FOR THE SOCIAL SECURITY AGENCY. THIS INFORMATION COULD ONLY BE ACCESSED WITH THE AUTHORIZATION OF THE INDIVIDUAL UNDER NORMAL CIRCUMSTANCES OR BY FEDERAL OR STATE LAW ENFORCEMENT AGENCIES IN THE COURSE OF CRIMINAL INVESTIGATIONS.

SUCH AN INSTRUMENT WOULD BE OF BENEFIT TO ALL PARTIES AND WOULD SERVE BOTH FEDERAL AND STATE PURPOSES AND REGULATIONS. IF POSITIONED BETWEEN THE TWO PRESENT IDENTIFICATION SYSTEMS, THE CONVENIENCE AND SECURITY IT OFFERS TO ALL PARTIES MIGHT LEAD TO ITS BECOMING THE PRIMARY AND MOST WIDELY ACCEPTED MEANS OF IDENTIFICATION.

AND THERE IS ANOTHER BENEFIT THAT GOES BEYOND THE ADVANTAGES TO INDIVIDUALS AND STATE/FEDERAL AGENCIES. IT WOULD ALSO SERVE THE PUBLIC HEALTH INTEREST AT A TIME WHEN WE FACE THE GROWING FREQUENCY OF FOREIGN ORIGIN ILLNESSES, NATURAL DISASTERS AND THE POSSIBILITY OF A TERRORIST ATTACK.

NAMES AND NUMBERS ARE LABELS OF CONVENIENCE AND DIFFERENTIATION WHICH HAVE SERVED MANKIND SINCE OUR EARLIEST DAYS, BUT TECHNOLOGICAL ADVANCES IN MATERIALS AND TECHNIQUES NOW ENABLE THEM TO BE ALTERED AND/OR TRANSFERRED WITH RELATIVE EASE, THEREBY DEPRIVING THEM OF THEIR INTENDED SPECIFICITY.

“ . . . ONCE A SUPER CARD IS ISSUED, IT'S HOLDER CAN NEVER AGAIN BE SOMEONE ELSE.”

THE TRIPLE THREAT, SUPER CARD WE HAVE DESCRIBED FIXES IDENTITY BY BONDING NAMES AND NUMBERS TO PHYSICAL CHARACTERISTICS. TERRORISM, TECHNOLOGY AND MONEY HAVE MADE AN ART FORM OUT OF MULTIPLE IDENTITIES, BUT ONCE A SUPER CARD IS ISSUED, ITS HOLDER CAN NEVER AGAIN BE SOMEONE ELSE.

WHILE ITS PRIMARY PURPOSE IS PREVENTIVE AND EFFECTIVE MEDICAL CARE, THE TRIPLE THREAT CARD COULD ALSO SERVE THE PURPOSE OF A DE FACTO NATIONAL IDENTITY CARD WITHOUT THE PHILOSOPHICAL PROBLEMS THAT POLITICIANS OF BOTH PARTIES HAVE ATTACHED TO IT IN THE PAST.

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PERHAPS NO ISSUE SO CLEARLY REFLECTS, AS HEALTH CARE DOES, THE MAJOR CONFLICTS WHICH LIE BENEATH THE SURFACE OF OUR TIME — THE PRIVATE SECTOR VS. GOVERNMENT, THE INDIVIDUAL VS. THE MANY AND CAPITALISM VS. SOCIALISM. ONE OR ALL OF THESE ARE QUITE CAPABLE OF CONTINUING TO THWART ANY FUTURE POLITICAL SOLUTION. PAST IS PROLOGUE.

AND ABOVE THE SURFACE, WHERE ARGUMENT RULES, WE ARE FACED WITH THE EVER CHANGING AND CHALLENGING PROBLEMS OF GLOBAL HEALTH, OF PREVENTIVE AND REMEDIAL MEDICINE, OF LIFE AND DEATH.

AT EITHER LEVEL THE ONLY HOPE FOR SUCCESSFUL CHANGE LIES IN A COMMON PURPOSE, AND FAIRNESS IN ITS PURSUIT. THERE IS NO INDICATION, LET ALONE GUARANTEE, THAT THIS IS POSSIBLE.

THE IDEOLOGICAL ASPECTS OF HEALTH CARE WE CITED ABOVE POSE VALID QUESTIONS AND THE OPPORTUNITY FOR ENDLESS DEBATE, BUT SHOULD THEY FRAME OUR NATIONAL ARGUMENT OVER PRIVATE CARE AND PUBLIC HEALTH? THEY ARE OF NO USE TO SOMEONE IN AN AMBULANCE OR THE EMERGENCY ROOM WHO MAY BE DISORIENTED OR DISABLED AND WHOSE LIFE MAY BE IN JEOPARDY DUE TO A SEVERED ARTERY OR MASSIVE TRAUMA.

“ THESE ARE THE COORDINATES AGAINST WHICH THE SUCESS OR FAILURE OF OUR EFFORTS MUST BE PLOTTED.”

SIMILARLY, NO ONE SUBJECTED TO THE LOSS OF BREATH, WAVES OF NAUSEA AND INTENSE PAIN OF A KIDNEY STONE ATTACK HAS BEEN KNOWN TO USE THE OCCASION TO DEBATE OR CRITICIZE “SOCIALIZED MEDICINE”. STRIPPED

OF ITS IDEOLOGY AND POLITICAL WRAPPINGS, HEALTH CARE CAN BE REDUCED TO TWO VERY MANAGEABLE ELEMENTS — COST AND CARE. THESE ARE THE COORDINATES AGAINST WHICH THE SUCCESS OR FAILURE OF OUR EFFORT MUST BE PLOTTED.

TO SUCCEED, COST MUST BE AFFORDABLE AND CARE AVAILABLE. IT'S THAT SIMPLE, AND YET WE HAVE LOADED THE EQUATION WITH SO MUCH IRRELEVANT CLAMOR THAT WE WERE BOUND TO FAIL.

AS TIME PASSES, POSITIONS BECOME MORE FIXED AND INCREASING AMOUNTS OF POLITICAL AND FINANCIAL CAPITAL ARE ASSIGNED TO THEM, WITH THE RESULT THAT TODAY NOTHING SHORT OF A TECTONIC SHIFT IN VALUES WILL FREE US FROM THE GRIP OF OUR PAST POLICY FAILURES.

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PERSPECTIVES

RESEARCH — OUR NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH FUNDING HAS SLIGHTLY MORE THAN DOUBLED IN THE LAST NINE YEARS REACHING \$30 BILLION.⁸ AND A FURTHER BREAKDOWN OF THIS AMOUNT BY SPECIFIC DISEASES AND THEIR FATALITIES PRODUCES SOME SURPRISING DIFFERENCES.

HEART DISEASE WAS THE LEADING CAUSE OF FATALITIES WHILE CANCER COMMANDED THE MOST FUNDING. HIV/AIDS SHOWED THE LOWEST NUMBER OF FATALITIES, BUT THE FUNDING PER FATALITY FOR THESE THREE ILLNESSES REVEALS AN ASTONISHING DISCREPANCY:⁹

HEART DISEASE	\$ 3,649
CANCER	\$ 14,006
HIV/AIDS	\$212,330

IT IS IMPOSSIBLE TO ESCAPE THE FEELING THAT OTHER THAN MEDICAL PURPOSES ARE BEING SERVED BY OUR RESEARCH FUNDING AND ITS DISTRIBUTION. FOR EXAMPLE, CANCER'S FUNDING OF \$7.8 BILLION IS MORE THAN THREE TIMES THAT OF HEART DISEASE'S \$2.5 BILLION EVEN THOUGH THE LATTER CAUSES 23% MORE FATALITIES.

THESE DIFFERENCES CAN BE ATTRIBUTED TO A NUMBER OF REASONS OTHER THAN MEDICAL OR MATHEMATICAL LOGIC, INCLUDING A SENSE OF VOGUE IN DONOR SUPPORT AND BOTH PRIVATE AND GOVERNMENTAL FUND RAISING.

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EQUITY — SINCE 2000 MEDICARE PART B PREMIUMS HAVE MORE THAN DOUBLED AND ARE SET TO RISE ANOTHER 3.1% IN 2008. THEIR CUMULATIVE INCREASE OF 106% FAR EXCEEDS THE 21% RISE IN THE SOCIAL SECURITY COST-OF-LIVING ADJUSTMENTS (COLA) OVER THE SAME PERIOD.¹⁰

“ THE TRUTH IS THAT COLAS HAVE BEEN A CRUEL HOAX FOR MANY SENIOR CITIZENS.”

THESE PAYMENTS HAVE BEEN SO NAMED TO INDICATE THAT THEY MAY EQUATE IN SOME MEASURE TO INFLATIONARY PRESSURES, BUT THE NUMBERS PUT THE LIE TO ANY SUCH SUGGESTION. THE TRUTH IS THAT COLAS HAVE BEEN A CRUEL HOAX FOR MANY SENIOR CITIZENS.

EQUITY SUFFERS ALSO BY THE CAPPING OF EMPLOYEE CONTRIBUTIONS AT THE \$97,000 SALARY LEVEL THEREBY PROVIDING A FREE RIDE FOR WAGES PAID OVER THAT AMOUNT.

THE QUESTION OF EQUITY THAT CRIES OUT FOR A LOGICAL, NOT POLITICAL, ANSWER IS “IF A PERSON WITH WAGES OF \$97,000 PAYS CONTRIBUTIONS ON HIS FULL SALARY, WHY SHOULD SOMEONE EARNING THREE TIMES AS MUCH BE SUBJECT TO TAX ON ONLY A THIRD OF HIS/HER COMPENSATION?”

RECENTLY ONE OF THE PRESIDENTIAL CANDIDATES OFFERED A PLAN WHICH WOULD KEEP THE PRESENT \$97,000 CAP, THEN CREATE AN EXEMPT DONUT HOLE AFTER WHICH THE CAP WOULD BE RESUMED.

DONUT HOLE ECONOMICS ARE BOTH UNFAIR AND PERNICIOUS, AS THIS TECHNIQUE FAVORS ONE GROUP (THE HOLE) AT THE EXPENSE OF THOSE ABOVE AND BELOW. IT DOES, HOWEVER, IN AN ELECTION YEAR PROVIDE A MEANS FOR SPEAKING OUT OF BOTH SIDES OF THE POLITICAL MOUTH.

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POLITICS — THIS PERSPECTIVE OFFERS HO-HUM, MIND-NUMBING POLITICAL THEATRE AT ITS WORST WITH A COOKIE CUTTER CAST THAT SHOWS LITTLE COMMITMENT TO THE DRAMA THAT ITS MEMBERS MUST PRESENT.

WE REFER TO THE MULTIPLE “BLUE RIBBON” COMMISSIONS, OR PANELS, THAT HAVE BEEN USED BY PRESIDENTS FROM BOTH PARTIES TO FIX SOCIAL SECURITY AND/OR HEALTH CARE. THEIR ACTIONS ARE OF A CONSISTENT PATTERN, AN OFT-TOLD TALE, THAT IS DOOMED TO FAIL AND THAT USUALLY FOLLOWS THIS SCRIPT:

- A) CONGRESS AND THE PUBLIC/MEDIA EXPRESS CONCERN OVER RISING HEALTH CARE COSTS, INFLATION, AND/OR MEDICARE PAYMENTS.
- B) PRESIDENT APPOINTS SPECIAL COMMISSION TO “LOOK AT EVERYTHING” AND REPORT ITS FINDINGS. COMMISSION USUALLY INCLUDES APPOINTEES FROM FIELDS OF COMMERCE, LAW, INSURANCE, ETC. SO THAT ALL VOICES CAN BE HEARD. PHOTO-OP: PRESIDENT AND COMMISSION MEMBERS.
- C) THREE MONTHS LATER, ALTHOUGH REPORT IS NOT FINISHED, COMMISSION “LEAKS” SOME COMMENTS ON ITS PROGRESS. MEDIA ATTENTION. PHOTO-OP: COMMISSION MEMBERS JOINED BY CHAIRMEN OF THE KEY CONGRESSIONAL COMMITTEES HAVING JURISDICTION.
- D) IN ANOTHER THREE MONTHS COMMISSION ANNOUNCES COMPILATION OF REPORT WITH ITS RECOMMENDATIONS AND IT IS REFERRED TO CONGRESS FOR DELIBERATION AND ACTION. PHOTO-OP: PRESIDENT, COMMISSION MEMBERS AND KEY MEMBERS OF HOUSE AND SENATE. INTENSE NATIONAL MEDIA COVERAGE.
- E) IN DUE TIME, CONGRESS DRAWS UP LEGISLATIVE PROPOSALS IN BOTH HOUSES. THESE ARE THEN RECONCILED AND A FINAL VERSION WITH ONLY MINOR DIFFERENCES IN FORM OR AMOUNTS FROM PRIOR LAW IS PASSED.

WHILE THE PRESIDENT AND COMMISSION HAVE REPEATEDLY STATED THROUGHOUT THIS PROCESS THAT THERE ARE NO SACRED COWS AND THAT “EVERYTHING IS ON THE TABLE”, IT APPEARS THAT THE TABLE LOOKS VERY MUCH LIKE IT DID BEFORE THE SPECIAL COMMISSION WAS CREATED.

THE PROBLEM WITH THIS PROCEDURE, OF COURSE, IS THAT THE ULTIMATE RESULT LIES IN THE HANDS OF THE CONGRESS, AND IT IS CONGRESS WHERE THE CONCERNS OF CONSTITUENCIES, CARE AND COST ALL COLLIDE. AND, AS THE CONGRESS IS A POLITICAL LANDSCAPE INHABITED BY POLITICIANS, IT IS MOST UNUSUAL IF ANYTHING OTHER THAN POLITICAL VALUES TAKES PRECEDENCE.

QUITE PLAINLY, THE FAR REACH OF THOUGHT AND ACTION REQUIRED TO SUCCESSFULLY REVISE OUR HEALTH CARE SYSTEM DOES NOT RESIDE ON CAPITOL HILL. THAT IS WHY IN OUR PREVIOUS ISSUE WE PROPOSED A SYSTEM BY WHICH CONGRESS COULD MAINTAIN IT’S CUSTOMARY AND CONSTITUTIONAL ROLE OF PASSING LEGISLATION, WHILE THE CAPABILITY TO CRAFT THE CONTENT OF THAT LEGISLATION WOULD BE SHARED WITH AND APPROVED BY AN INDEPENDENT APPOINTED COMMISSION. AND, MOST IMPORTANTLY, IN OUR MODEL IT IS THE COMMISSION THAT PROVIDES THE

EARLY THOUGHT AND DIRECTION WHICH ESTABLISH THE PHILOSOPHIC AND STRUCTURAL FRAMEWORK WITHIN WHICH THE CONGRESS MUST DEBATE, DEFINE AND LEGISLATE.

THE TYPE OF COMMISSION AND PROCESS THAT WE SUGGEST MIGHT REQUIRE SOME SPECIAL ENABLING AUTHORIZATION BY THE PRESIDENT AND CONGRESS, BUT, AS THE TIME AND MONEY ELEMENTS OF OUR WINDOW OF OPPORTUNITY FOR REAL REFORM SHRINK, EVEN THE MOST HARDENED AND CYNICAL OF THE “BUSINESS AS USUAL” AND “MORE OF THE SAME” CROWD ON THE HILL MAY ADMIT THAT WE HAVE DEAD-ENDED OURSELVES AND THAT THE PRESENT SYSTEM HAS FAILED.

THERE IS ONE FACT THAT SHOULD DOMINATE OUR NATIONAL HEALTH CARE DEBATE AND THAT IS THE URGENCY OF OUR SITUATION. TIME IS NOT ONLY NOT ON OUR SIDE; IT IS RAPIDLY RUNNING OUT AND THERE IS NO REPLACEMENT. WE HAVE WITNESSED A PATTERN OF CONGRESSIONAL NONCHALANCE AND EVASION SO PERSISTENT THAT IT SEEMS TO HAVE BECOME POLICY ITSELF. OUR GOVERNMENT’S ATTITUDE, AS WELL AS OUR LAW, MUST BE CHANGED, AS EVIDENCED BY THE CONGRESSIONAL BUDGET OFFICE’S FOLLOWING FIGURES REGARDING SHARES OF FEDERAL SPENDING:¹¹

	1966	2006	2046 (EST.)
MEDICARE/MEDICAID	2%	22%	35%
SOCIAL SECURITY	15%	21%	20%
INTEREST	<u>7%</u>	<u>11%</u>	<u>26%</u>
TOTAL	24%	54%	81%

“ THERE ARE, QUITE SIMPLY, TOO MANY OXEN THAT WILL BE GORED.”

TO MAKE THIS INCREASE POSSIBLE OTHER SERVICES HAVE TO BE DRASTICALLY REDUCED. FOR INSTANCE, IN THIS SAME PERIOD DEFENSE SPENDING IS ESTIMATED TO BE CUT FROM 46% TO 5%, BUT THIS ACCOMMODATION HAS NO POLITICAL OR SOCIAL REALITY. WE DEAL WITH A BUDGET THAT MORE AND MORE AFFECTS OVER 300 MILLION LIVES THROUGH ITS MANY AND VARIED COMMITMENTS. THERE ARE, QUITE SIMPLY, TOO MANY OXEN THAT WILL BE GORED.

AND, FAR MORE IMMINENT AND OMINOUS, IS SENATOR TOM COBURN’S (R-OK) ASSERTION:

“THE PUBLIC SHOULD ALSO UNDERSTAND THAT THE TRUE BANKRUPTCY DATES FOR THESE PROGRAMS — WHEN PROMISED BENEFITS EXCEED TAX INCOME RECEIPTS — ARE THIS YEAR FOR MEDICARE AND 2017 FOR SOCIAL SECURITY. THE SO-CALLED “TRUST FUNDS” THAT WERE DESIGNED TO KEEP THESE PROGRAMS

AFLOAT CONTAIN NO REAL DOLLARS. BOTH PARTIES HAVE USED THESE TRUST FUNDS IN AN ENRON-STYLE ACCOUNTING SCHEME THAT HAS MADE CONGRESS LOOK MORE RESPONSIBLE THAN IT IS WHILE DEFRAUDING SENIORS AND FUTURE GENERATIONS.”¹²

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ECONOMICS — EQUALLY AS DISMAYING AS THE POLITICAL PERSPECTIVE IS OUR HEALTH CARE’S TROUBLING AND MOUNTING ECONOMIC SITUATION. WITH A CURRENT RECOGNIZED NATIONAL DEBT OF \$8.5 TRILLION, NOW UNDERGOING RAPID ACCELERATION BY FORCES SUCH AS WAR, POPULATION, ANNUAL DEFICITS AND CONGRESSIONAL IRRESPONSIBILITY, THE NUMBERS ARE SO LARGE THAT OUR SYSTEM COULD BE PUSHED BEYOND GOVERNMENT’S ABILITY TO OPERATE AND MANAGE IT.

OUR GUNG-HO, GROWTH-AT-ANY-COST ECONOMIC EXPANSION OF THE PAST HALF-CENTURY ALONG WITH OUR SIMULTANEOUS TECHNOLOGY EXPLOSION HAS BROUGHT PROBLEMS AS WELL AS PROGRESS.

NO FIELD HAS BEEN CHANGED BY TECHNOLOGY, PERHAPS, AS MUCH AS THAT OF MEDICINE AND HEALTH. AND YET TODAY WE ARE FACED WITH A PUZZLING AND EVER CHANGING MIX OF BOTH NEW PROBLEMS THAT DERIVE FROM ECONOMIC AND SOCIAL POLICIES AND OLD ONES WHICH, BECAUSE OF THEM, ARE NOW ABLE TO REAPPEAR.

“ . . . THE CAPABILITY TO PUSH EVEN THESE ICONS OF AMERICAN INDUSTRY INTO INSOLVENCY.”

AMONG THE LATTER IS THE GROWING COST OF HEALTH CARE BENEFITS TO CORPORATIONS SUCH AS GM AND FORD. THESE RUN IN THE BILLIONS OF DOLLARS ANNUALLY AND HAVE THE CAPABILITY TO PUSH EVEN THESE ICONS OF AMERICAN INDUSTRY INTO INSOLVENCY.

THE FAULT TO SOME EXTENT LIES WITH THESE COMPANIES WHO FOR MANY YEARS HAVE INCLUDED HEALTH BENEFITS IN THEIR LABOR CONTRACTS, BUT HAVE CONSISTENTLY FAILED TO PROVIDE THE NECESSARY FUNDING FOR THEM.

UNLIKE PENSION BENEFITS, HEALTH CARE OBLIGATIONS ARE NOT VESTED. THEY CEASE IF AN EMPLOYEE LEAVES A COMPANY BEFORE RETIREMENT, AND EMPLOYERS

MAY MAKE CHANGES, USUALLY REDUCTIONS, IN COVERAGE AT WILL.

THESE DISCREPANCIES ARE AT THE HEART OF AN INTENSE AND CONTINUING PHILOSOPHIC ARGUMENT AS TO WHETHER EMPLOYEES OBTAIN THE RIGHTS TO HEALTH BENEFITS BY THEIR LABOR AND WHETHER THESE RIGHTS SHOULD OBTAIN THE SAME TREATMENT AND PROTECTION AS PENSION ACCOUNTS.

OUR OPINION IS THAT CHANGES WILL HAVE TO BE MADE TO SERVE THE INTERESTS OF BOTH EMPLOYERS AND EMPLOYEES. THIS COULD TAKE A MUTUALLY BENEFICIAL FORM OF PROVIDING HEALTH BENEFIT PROTECTION FOR PRESENT AND FUTURE, BUT NOT PAST, RETIRED WORKERS.

THE PENSION BENEFIT GUARANTY CORP. (PBGC) WAS ESTABLISHED TO PROTECT WORKERS PENSIONS. IT TOO, HAS BEEN PLAGUED BY INSUFFICIENT FUNDING AND TODAY, WHILE IT COVERS CLOSE TO 50 MILLION¹³ WORKERS, SUFFERS LIQUIDITY PROBLEMS.

BUT, MOST IMPORTANTLY, IT HAS MADE THE GOVERNMENT THE PROTECTOR OF LAST RESORT IN THE CASE OF CORPORATE FINANCIAL FAILURE. IN OUR MODEL A SIMILAR ENTITY WILL HAVE TO BE ESTABLISHED TO ASSURE HEALTH BENEFITS, AND ANY RESTRUCTURING OF OUR HEALTH CARE SYSTEM SHOULD ADDRESS THIS HEALTH/PENSION INEQUITY.

WHEN PRESIDENT EISENHOWER WARNED THE COUNTRY OF THE DANGERS POSED BY A “MILITARY/ INDUSTRIAL COMPLEX” HE DID SO BECAUSE OF THE VAST SUMS OF MONEY THAT HAD FLOWED INTO OUR MILITARY AND MANUFACTURING SECTORS DURING WWII AND WHICH WOULD BE RESUMED FOR OUR KOREAN AND VIETNAM WARS.

“ EISENHOWER, IN EFFECT, WAS SAYING, “FOLLOW THE MONEY.”

OVERSHADOWING THESE LAST TWO, HOWEVER, WOULD BE THE CONTINUING HIGH LEVEL OF GOVERNMENT EXPENSE FOR THE “COLD WAR”. EISENHOWER, IN EFFECT, WAS SAYING, “FOLLOW THE MONEY”.

WE ARE NOW WITNESS TO THE EMERGENCE OF A NEW SIMILAR ALLIANCE WHICH PAUL KRUGMAN CALLS THE “MEDICAL INDUSTRIAL/COMPLEX.”¹⁴ IT INCLUDES “DOCTORS, HOSPITALS . . . RESEARCH INSTITUTIONS, DRUG COMPANIES AND EQUIPMENT MAKERS”, A COMBINATION OF INTERESTS WHICH HAVE PRESIDED OVER THE EXPLOSIVE GROWTH OF HEALTH CARE EXPENDITURES IN RECENT YEARS. AGAIN, FOLLOW THE MONEY.

KRUGMAN MAKES THE POINT THAT THIS COMBINATION OF FORCES WITH ITS MULTIPLE ROLES HAS COMPROMISED MEDICAL SCIENCE, AND, INDEED, WE HAVE OBSERVED FREQUENT CONFIRMATIONS OF HIS CLAIM BOTH IN AND OUT OF GOVERNMENT.

BUT THESE FAILURES ARE SYMPTOMS ENABLED BY THE IMMENSE FINANCIAL MUSCLE THAT DEVELOPS WHEN CAPITAL CONCENTRATES ITS POWER AND APPLIES IT TO THE WORKING PARTS OF A SYSTEM.

THIS PRESSURE IS THE SAME WHETHER EXERCISED IN MILITARY PROCUREMENT OR FDA REGULATION/APPROVAL. A FEW ARE ENRICHED AND FAR MORE ARE DEPRIVED — OF PRODUCT SAFETY AND VALUE AS WELL AS THE RIGHT TO EXPECT OPEN AND HONEST GOVERNMENTAL PRACTICES.

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PUBLIC HEALTH — THE MATTER OF PUBLIC HEALTH IN OUR SOCIETY IS NOT ACTUALLY PART OF OUR HEALTH CARE PROGRAM. IT DEALS MORE WITH MATTERS OF MASS CONTAGION AND PREVENTION AND IS, INDEED, ADMINISTERED BY A SEPARATE GOVERNMENT AGENCY.

BUT WHEN WE EXPERIENCE A PUBLIC HEALTH CRISIS OF EPIDEMIC ILLNESS THE TWO ARE JOINED, AS MASS ILLNESS REQUIRES THE TREATMENT OF MANY INDIVIDUALS. AND BOTH SECTORS ARE IMPACTED BY GREATLY INCREASED COSTS.

ANOTHER COMMON BOUNDARY IS THAT OF TECHNOLOGY, AS THE TECHNIQUES AND DECISIONS WE EMPLOY IN PUBLIC HEALTH ISSUES ARE REFLECTED IN MEDICAL TREATMENTS.

IN OUR CURRENT GLOBAL ECONOMY WITH ITS EMPHASIS ON TRADE, ESPECIALLY WITH THE THIRD WORLD, WE REGULARLY FIND OURSELVES UNKNOWINGLY IMPORTING FOREIGN DISEASES ALONG WITH PRODUCE, LIVESTOCK AND OTHER FOODS. BECAUSE OF OUR LACK OF IMMUNITY TO THESE DISEASES AND OUR RELATIVE INEXPERIENCE IN DIAGNOSING THEM, THEY CAN STRIKE AND SPREAD RAPIDLY BEFORE THEIR PRESENCE CAN BE DETECTED AND CONTAINED.

AS WITH THE GREAT AND LETHAL PLAGUE EPIDEMICS OF THE PAST, OUR CROWDED URBAN CENTERS TODAY OFFER IDEAL CIRCUMSTANCES FOR THEIR TRANSMISSION. THE MOST SUCCESSFUL EPIDEMIC THROUGHOUT THE WORLD OVER THE PAST CENTURY HAS BEEN THE FLU VIRUS IN VARIOUS FORMS. IN SPITE OF ITS FREQUENT APPEARANCES AND FORMS (I.E. — SWINE FLU, BIRD FLU, ETC.) OUR CURRENT COMMUNICATIONS TECHNOLOGY AND GLOBAL COOPERATION HAVE PREVENTED THE RECURRENCE OF THE GREAT CONTAGION EARLY IN THE LAST CENTURY THAT KILLED FIFTEEN MILLION PEOPLE.

THERE ARE DISEASES FOR WHICH WE LACK CRUCIAL INFORMATION. ONE OF THESE IS MAD COW DISEASE (BSE)¹⁵ WHICH POSES FOR US MANY IMPORTANT QUESTIONS. ONE IS THAT ITS DESTRUCTIVE MECHANISM IS NOT A VIRUS OR BACTERIUM, BUT RATHER A ROGUE PROTEIN CALLED A PRION WHICH SETTLES IN THE BRAIN AND PERFORATES IT WITH

MANY SMALL HOLES.

AT FIRST IT WAS THOUGHT THAT BSE COULD NOT CROSS THE SPECIES BARRIER BETWEEN CATTLE AND HUMANS, BUT RECENT OUTBREAKS OF BSE IN ENGLAND HAVE CHALLENGED THIS ASSUMPTION.

IN ANY EVENT, PRIONS BEHAVE DIFFERENTLY THAN VIRUSES AND BACTERIA SO THAT THE TECHNIQUES WE USE TO DESTROY THE LATTER DO NOT WORK WITH THESE NEW FORMS. THEY CAN EXIST IN A QUIESCENT STATE FOR YEARS WITHOUT BEING DETECTED, AND WE KNOW NEITHER THE TIME SPAN OF THEIR INACTIVITY NOR THEIR NUMBERS WHEN THEY EMERGE FROM IT.

THERE IS A POSSIBILITY THAT BSE MAY RECUR IN ENGLAND AND THAT BOTH HERDS AND HUMANS COULD BE AT RISK. WE CAN HOPE THAT SCIENCE WILL PROVIDE THE ANSWER, BUT UNTIL THEN WE CAN ONLY WATCH AND WAIT.

BSE, WHETHER IN ANIMALS OR HUMANS, IS AN AREA WHERE ECONOMICS, PUBLIC HEALTH AND TECHNOLOGY ALL COME TOGETHER WITH THE ABILITY TO CONFOUND INDIVIDUAL HEALTH CARE. IT MAY BE UNIQUE IN THIS RESPECT, BUT, GIVEN THE BIOLOGICAL VARIETY OF OUR PLANET, IT WOULD NOT BE SURPRISING IF IT WERE NOT.

PUBLIC HEALTH, HOWEVER, HAS ANOTHER MORE INFORMATIONAL FUNCTION WHICH IS TO CONTINUALLY EDUCATE THE PUBLIC SECTOR ABOUT NUTRITIONAL, MEDICAL OR LIFESTYLE PATTERNS THAT THREATEN OUR NATIONAL HEALTH. RECENT EXAMPLES HAVE BEEN THE EXPOSURE OF DIABETES, OBESITY, SMOKING AND EXCESSIVE SUGAR CONSUMPTION AS CONTRIBUTORS TO HIGH DEATH OR DISABILITY RATES.

THIS LONG TERM, INFORMATIONAL ASPECT OF OUR PUBLIC HEALTH PROGRAM FACES THE DIFFICULTY OF CHANGING STRONGLY ENTRENCHED PERSONAL HABITS. IT ALSO REQUIRES THAT IT MUST DEFEND ITSELF AGAINST THE POLITICAL/ECONOMIC POWER OF CORPORATE MARKETERS AND OTHER GOVERNMENT AGENCIES ALLIED WITH THEM SUCH AS THE FOOD & DRUG ADMINISTRATION (FDA) AND THE DEPTS. OF AGRICULTURE AND COMMERCE.

“ . . . THE PRESENCE OF A PERVERSIVE POLITICAL POISON THAT SEEPS INTO FAR TOO MANY AREAS OF GOVERNMENT.”

THE MOST DIFFICULT RELATIONSHIP IS THAT OF THE FDA WHICH RECEIVES SUBSTANTIAL FUNDING FOR ITS RESEARCH ACTIVITIES BY THE SAME CORPORATE MARKETERS/ DEVELOPERS WHOSE ACTIVITIES IT MUST REGULATE. CONGRESS HAS AN OVERSIGHT ROLE, BUT IT IS SUBJECT TO DOLLAR DILUTION BY THE CORPS OF WASHINGTON LOBBYISTS WHOSE NUMBER AND REACH CONTINUE TO GROW IN SPITE OF MOSTLY INEFFECTIVE LEGISLATION TO CURB THEM. THE

RESULT IS AN ENORMOUS CONFLICT OF INTEREST AND THE PRESENCE OF A PERVASIVE POLITICAL POISON THAT SEEPS INTO FAR TOO MANY AREAS OF GOVERNMENT.

WHILE OUR PUBLIC HEALTH FUNCTIONS ARE NOT INVOLVED WITH PATIENT TREATMENT, THEY CAN INFLUENCE UNDERLYING FACTORS THAT FUEL THE NEED FOR TREATMENT AND, ACCORDINGLY, SHOULD HAVE A VOICE IN ANY DISCUSSIONS OF HEALTH CARE REFORM.

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THE GROWING THREAT OF DIABETES

OF THE THREE FORCES DRIVING OUR HEALTH CARE CRISIS INCREASING POPULATION AND COSTS ARE THE NOISE MAKERS, THE ONES MOST READILY OBSERVED AND FELT. THE THIRD, THE STATE OF OUR COLLECTIVE HEALTH, IS MORE OF A SILENT PARTNER. IT IS NOT THE RESULT OF BAD LEGISLATION OR BUREAUCRATIC DECISIONS, BUT RATHER DERIVES FROM OUR INDIVIDUAL CHOICES OF DIET AND LIFESTYLE THAT EACH OF US MAKES MANY TIMES A DAY, BUT THE CONSEQUENCES OF WHICH MAY NOT BE FULLY REVEALED UNTIL SOME CONSIDERABLE TIME THEREAFTER.

NO OTHER MEDICAL CONDITION FITS THIS PROFILE WITH SUCH CLOSENESS AS DIABETES. IT IS THE POSTER CHILD OF DELAYED APPEARANCE, MASS, SELF-CAUSED HEALTH PROBLEMS THAT CAN DEVASTATE ITS VICTIMS WITH A RANGE OF SYMPTOMS, INCLUDING BLINDNESS, HIGH BLOOD PRESSURE, CARDIAC FAILURE AND CIRCULATORY PROBLEMS. DIABETES CAN RESULT IN DISABLEMENT, DEPENDENCE OR DEATH.

THE SERIOUS SYMPTOMS AND CONSEQUENCES OF DIABETES ALL REQUIRE LONG TERM TREATMENT AND/OR MEDICATION. THIS IS CELESTIAL MUSIC TO THE EARS OF THE MEDICAL/INDUSTRIAL COMPLEX, FOR THEY WILL GENERATE MORE "ASK YOUR DOCTOR. . ." ADVERTISING THAT WILL BENEFIT MEDIA AND STIMULATE CONSUMER PURCHASES OF MEDICINE, EQUIPMENT, SERVICES, BOOKS, ETC.

AND, AS ALL OUR THREE PRIMARY HEALTH CARE FACTORS ARE INSEPARABLY LINKED TOGETHER, THE DIABETES FACTOR WILL PLAY OUT IN THE POPULATION AND COST AREAS.

FOR INSTANCE RE COSTS, FEDERAL EXPENDITURES FOR DIABETES CARE NOW RUNS AT \$80 BILLION ANNUALLY AND IS EXPECTED TO SHOW THESE DRAMATIC INCREASES:¹⁶

2010	\$109 BILLION
2020	\$138 BILLION
2050	\$351 BILLION

ANOTHER WAY OF VIEWING DIABETES' IMPACT ON OUR

NATIONAL HEALTH, AND ITS CARE, IS THAT IN 2005 THE AVERAGE ANNUAL COST OF TREATING A DIABETIC WAS \$13,621, OR MORE THAN TWICE THE \$5,965 FOR A NON-DIABETIC.¹⁷

THERE ARE SOME OTHER DIABETES RELATED ELEMENTS THAT ARE EVER PRESENT IN OUR SOCIETY. THE INDIVIDUAL CHOICES WE MAKE ARE ONES INVOLVING PHYSICAL PLEASURES AND HABITS. THEY CAN BE CHANGED, BUT ONLY EFFECTIVELY BY SELF-MOTIVATION WHICH MUST START WITH MASS EDUCATION WHICH IS NEITHER AN EASY NOR A QUICK PROCESS IN A LARGE AND INCREASINGLY DIVERSE SOCIETY.

AND THEN THERE'S THE AGE FACTOR. AS DIABETES' ONSET INCREASES WITH AGE, OUR EXTENDED NATIONAL LIFE EXPECTANCY WILL PRODUCE A CORRESPONDING INCREASE IN OUR DIABETIC EXPERIENCE.

* * *

"IT CAN'T HAPPEN HERE"

AT THE END OF WWII, FLUSHED WITH THE ANTICIPATION OF FREEDOM, THE OPPORTUNITY TO CONTROL THEIR OWN DESTINIES BY PARTICIPATORY DEMOCRACY AND THE DEATH OF THE FASCIST DICTATORS, MOST EUROPEAN NATIONS SET OUT IN NEW POLITICAL AND SOCIAL DIRECTIONS ONE OF THE MOST IMPORTANT OF WHICH WAS THE ESTABLISHMENT OF HEALTH PROGRAMS THAT WOULD BE AFFORDABLE AND AVAILABLE TO ALL.

NOT SO IN SPAIN, WHERE FRANCISCO FRANCO, HITLER'S "MAN IN MADRID", RETAINED POWER FOR MORE THAN A QUARTER OF A CENTURY AFTER THE DEMISE OF HITLER AND MUSSOLINI. SEEING NO REASON TO CHALLENGE THE PURITY OF SPANISH FASCISM WITH POPULIST PROGRAMS, HE SET SPAIN APART FROM MUCH OF WHAT WAS TAKING PLACE IN OTHER PARTS OF EUROPE AND, BY DOING SO, SEVERELY HINDERED ITS ECONOMIC AND SOCIAL DEVELOPMENT.

BUT AS HIS HEALTH BEGAN TO FAIL IN THE EARLY 70s, HIS GRIP LESSENERED AND OPPOSITION GREW SO THAT WITH HIS DEATH IN 1975 SPAIN HAD A VERY GOOD HEALTH PROGRAM READY TO BE IMPLEMENTED.

TODAY SPAIN HAS ONE OF THE BEST HEALTH PLANS IN EUROPE WITH HIGHLY SKILLED DOCTORS, NO CHARGE FOR TREATMENT AND AN OPERATING COST OF ABOUT \$2,000 PER PATIENT, LESS THAN A THIRD OF OUR \$6,000.

THE HIGH QUALITY OF SPAIN'S MEDICAL PROGRAM IS NO ACCIDENT. FROM THE EARLIEST STAGES OF THEIR MEDICAL EDUCATION STUDENTS ENGAGE IN RIGOROUS COMPETITION FOR A LIMITED NUMBER OF OPPORTUNITIES

TO ADVANCE. THIS EMPHASIS ON PERFORMANCE, WHILE IT CAN SEEM HEARTLESS AT TIMES, PRODUCES A DIFFERENT RESULT THAN IN OUR COUNTRY WHERE CONSIDERATIONS OF POLITICAL CORRECTNESS OFTEN INTRUDE.

WE HAVE BECOME ANESTHETIZED BY CRIES OF “SOCIALIZED MEDICINE” AND STILL REACT WITH PAVLOVIAN PREDICTABILITY. BUT THESE VOICES ARE GROWING OLDER AND HOARER WHILE OUR SYSTEM BECOMES MORE COSTLY AND LESS EFFICIENT.

IT CAN’T HAPPEN HERE, OF COURSE. AND YET, IT MIGHT. AND WHAT IF IT DID?

* * *

OF ALL THE PRESIDENTIAL CANDIDATES THAT HAVE PRESENTED THEMSELVES SO FAR WE THINK DENNIS KUCINICH IS INTELLECTUALLY ONE OF THE MOST GIFTED. HIS POLICY ANALYSES AND POSITION PAPERS ARE CREATIVE AND LUCID, BUT HIS POSITIONS OFTEN PLACE HIM, EVEN ON OUR FREQUENTLY SLIDING POLITICAL SCALE, NOTABLY TO THE LEFT OF CENTER.

AS A RESULT, HIS CANDIDACY LACKS REALITY AND YET, WERE HE TO RECEIVE A POSITION WHICH WOULD DISTANCE HIM FROM THE TRENCH WARFARE OF DOMESTIC POLITICS, WE THINK OUR COUNTRY COULD BENEFIT FROM HIS SKILLS AND SERVICE.

THE QUOTATION BELOW REVEALS THE BREADTH OF HIS ENGAGEMENT WITH OUR HEALTH CARE ISSUE:

“WE WILL ESTABLISH A STREAMLINED NATIONAL HEALTH INSURANCE, ‘ENHANCED MEDICARE FOR EVERYONE’. IT WOULD BE PUBLICLY FINANCED HEALTH CARE, PRIVATELY DELIVERED, AND WILL PUT PATIENTS AND DOCTORS BACK IN CONTROL OF THE SYSTEM. COVERAGE WILL BE MORE COMPLETE THAN PRIVATE INSURANCE PLANS; ENCOURAGE PREVENTION; AND INCLUDE PRESCRIPTION DRUGS, DENTAL CARE, MENTAL HEALTH CARE, AND ALTERNATIVE MEDICINE AND COMPLEMENTARY MEDICINE.”¹⁸

WE DO NOT AGREE WITH KUCINICH’S PLAN IN ALL ITS DETAILS. FOR INSTANCE, HIS PROPOSAL TO PROVIDE FREE HEALTH CARE TO ILLEGAL ALIENS CONTRADICTS THE INTENTION AND SUBSTANCE OF EXISTING FEDERAL IMMIGRATION LAW AND SHOULD NOT BE ESTABLISHED IN OTHER LEGISLATION.

ALSO, HIS PROPOSAL TO INCLUDE COVERAGE FOR “MENTAL HEALTH CARE, ALTERNATIVE MEDICINE AND

COMPLEMENTARY MEDICINE”, WHILE HUMANE, WOULD HAVE TO CONTEND WITH AMERICANS’ SGT. BILKO-LIKE TENDENCY TO “BEAT” THE SYSTEM. THE RULES AND QUALIFICATIONS FOR THESE CONDITIONS WOULD HAVE TO BE VERY SPECIFICALLY CRAFTED TO CONTROL THE NUMBER OF NEW CONSTITUENCIES THEY MIGHT ENCOURAGE.

STILL, REP. KUCINICH’S STATEMENT OFFERS A DIRECTION AND CONCEPT FOR HEALTH CARE THAT GREATLY IMPROVES UPON OUR PRESENT MODEL.

KUCINICH IS THE ONLY CANDIDATE SEEKING NOMINATION BY EITHER PARTY THAT HAS PUT FORTH A PLAN FOR A UNIVERSAL, SINGLE PAYER, NOT-FOR-PROFIT HEALTH CARE SYSTEM. FOR THOSE WHO MAY VIEW THIS APPROACH AS “SOCIALIZED MEDICINE”, THEY SHOULD NOTE THAT IT IS AN EXTENSION OF OUR PRESENT ALMOST 50-YEAR OLD MEDICARE SYSTEM.

IT CAN’T HAPPEN HERE, OF COURSE. BUT IT COULD.

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PRESIDENTIAL CANDIDATES, KUCINICH INCLUDED, AVOID USING SPECIFIC COST FIGURES, ESPECIALLY IN THE EARLY NOMINATING PHASE OF THEIR EFFORTS. BUT WE DO NOT LABOR UNDER THEIR RESTRICTIONS AND CAN OFFER BOTH SOME NUMBERS AND CONCLUSIONS THAT SHOULD BE RECEIVED ENTHUSIASTICALLY BY ALL POLITICIANS.

YOU MAY RECALL THAT WE ESTIMATED ANNUAL MEDICARE FRAUD IN THE RANGE OF \$60 TO \$100 BILLION. WITH A 75% SUCCESS RATE WE COULD ELIMINATE FROM \$45 TO \$75 BILLION, AND, PICKING THE MIDPOINT BETWEEN THESE TWO FIGURES, \$60 BILLION ANNUALLY COULD BE SAVED BY A COMBINATION OF RESTRUCTURING OUR PRESENT PROGRAM AND AGGRESSIVELY CLOSING DOWN THE FRAUD SOURCES. \$60 BILLION — NOT BAD; AND THAT’S FOR STARTERS.

MCKINSEY & CO. HAS AUTHORED A REPORT THAT EXPLORES THE REASONS WHY OUR HEALTH CARE COSTS ARE SO MUCH HIGHER THAN OTHER NATIONS, BOTH POOR AND RICH. IN CITING IT PAUL KRUGMAN POINTS OUT:

“WE SPEND \$98 BILLION A YEAR IN EXCESS ADMINISTRATIVE COSTS WITH MORE THAN HALF OF THE TOTAL ACCOUNTED FOR BY MARKETING AND UNDERWRITING — COSTS THAT DON’T EXIST IN SINGLE-PAYER SYSTEMS”.¹⁹

USING AGAIN OUR 75% RATE OF SUCCESS IN COST SAVINGS, WHICH IN THIS CASE IS VERY CONSERVATIVE, WE COME UP WITH SLIGHTLY LESS THAN \$75 BILLION.

MCKINSEY ALSO ESTIMATES THAT WE PAY \$66 BILLION IN EXCESS DRUG COSTS AND MEDICAL EQUIPMENT.²⁰ SAVING 75% OF THIS AMOUNT WOULD CUT OUR COSTS BY ANOTHER \$50 BILLION.

IT APPEARS THAT THE SIMPLE ACT OF STARTING OVER WITH A NEW STRUCTURE FOR OUR HEALTH CARE WOULD ENABLE US TO ACHIEVE THESE SAVINGS:

FRAUD	\$ 60 BILLION
ADMINISTRATIVE	\$ 75 BILLION
MEDICAL	<u>\$ 50 BILLION</u>
TOTAL	\$185 BILLION

THAT'S A LOT OF MONEY. IT COULD DRAMATICALLY TRANSFORM BOTH OUR HEALTH CARE SYSTEM AND THE WAY WE THINK ABOUT IT, AS WELL AS OTHER SECTORS OF OUR ECONOMY.

IT CAN'T HAPPEN HERE, OF COURSE. BUT WHY NOT?

* * *

AS WE ENTER THE FIRST DECADE OF THE TWENTY-FIRST CENTURY, OUR HEALTH CARE SYSTEM FACES TWO VERY POWERFUL FORCES WITH THE CAPABILITY OF RENDERING IT ALL BUT USELESS AS A SYSTEM OF NATIONAL CARE.

THE FIRST IS THE GROWTH IN NUMBERS OF PARTICIPANTS AS EVIDENCED BY THE "BABY BOOMER" GENERATION. THIS THREAT HAS ITS ORIGIN IN POPULATION AND, THEREFORE, IS UNLIKELY TO LESSEN. IT IS ALSO UNLIKELY TO COME UP FOR DISCUSSION IN CONGRESS AS MOST POLITICIANS, AND THEIR FINANCIAL CONTRIBUTORS, ARE JOINED IN THEIR EMBRACE OF THE MYTH OF ETERNAL GROWTH.

THE SECOND FORCE IS FINANCIAL. IT IS THE RUNAWAY GROWTH OF MEDICAL COSTS THROUGHOUT THE ENTIRE SYSTEM MOST OF WHICH ARE UNEQUALLY AND, IN OUR OPINION, UNFAIRLY ALLOCATED TO THE PATIENT/TAXPAYER SIDE OF THE STRUCTURE.

WE SAY UNFAIRLY BECAUSE IN THE LAST SEVEN YEARS MEDICARE BENEFICIARIES' MONTHLY PREMIUMS HAVE INCREASED BY SLIGHTLY MORE THAN 100% FROM \$45.50 TO \$93.50, OR AN AVERAGE OF 15% PER YEAR.²¹

AT THE SAME TIME SOCIAL SECURITY BENEFITS FROM WHICH MEDICARE PREMIUMS ARE PAID HAVE SHOWN "COST OF LIVING" INCREASES GENERALLY IN THE 2% TO 4% RANGE.

AND THE CONGRESSIONAL BUDGET OFFICE (CBO) PROJECTS THAT MEDICARE'S COSTS AS A SHARE OF OUR NATIONAL DOMESTIC ECONOMY WILL MORE THAN TRIPLE FROM ITS CURRENT 2.7% TO 8.6%.²² CERTAINLY, THIS IS NOT A CIRCUMSTANCE THAT CAN BE FIXED BY MERE TWEAKING AT THE EDGES. THESE KINDS OF NUMBERS SHOW A DISASTER IN THE MAKING.

THERE IS A THIRD FORCE, A MEDICAL ONE, NOT AS CLEARLY VISIBLE AS THOSE ABOVE. IT IS THE COLLECTIVE QUALITY OF OUR STATE OF PHYSICAL HEALTH, AND IT DERIVES FROM WHAT WE CALL LIFESTYLE CHOICES.

WE REFER TO OUR INCREASINGLY SEDENTARY WAY OF LIFE, ESPECIALLY FOR OUR CHILDREN, AND IT IS IRONIC THAT TWO OF OUR GREATEST ELECTRONIC INVENTIONS AND AGENTS FOR CHANGE IN THE LAST CENTURY NOW APPEAR TO HAVE A DARKER SIDE.

IN THE '70S THE TERM "COUCH POTATO" JOINED OUR VOCABULARY. IT REFERRED TO PEOPLE, AGAIN MOSTLY YOUNG, WHO SPENT ENDLESS HOURS ON A COUCH GIVEN TO CONSTANT SNACKING AND TV VIEWING. THE VICARIOUS HEROICS OF TV SPORTS PROGRAMMING FOUND A READY HOME FOR THOSE WHO PREFERRED A LESS ACTIVE ROLE. WE SOON TOOK NOTE OF INCREASING STATISTICAL EVIDENCE OF OBESITY, DIABETES, AND OTHER SYMPTOMS CAUSED BY TOO MUCH INACTIVITY AND HORIZONTAL TIME.

BUT PERHAPS AN EVEN GREATER THREAT, BECAUSE OF ITS BROAD ASSOCIATION WITH EDUCATIONAL AND COMMERCIAL ADVANCEMENT, NOW IS OFFERED BY THE COMPUTER. PART TOY AND PART TEACHER, FOR THE YOUNG IT PROVIDES A MEANS FOR INSTANT BONDING AND COMMUNICATION.

FOR THE PARENT ATTEMPTING DISCIPLINE WITH A COMMAND SUCH AS "YOU MUST TURN YOUR COMPUTER OFF NOW AND START YOUR HOMEWORK" IT IS DISCONCERTING TO LEARN THAT HOMEWORK AND COMPUTER TIME MAY BE ONE AND THE SAME.

HOWEVER WE CHOOSE TO TREAT THESE LIFE-STYLE DEVELOPMENTS, OR WHETHER WE CHOOSE NOT TO TREAT THEM AT ALL, UNTIL ALTERED THEY WILL BE FEEDING OUR HEALTH CARE SYSTEM WITH PATIENTS WITH A VARIETY OF SYMPTOMS THAT WILL REQUIRE THE TIME AND COST OF TREATMENT. WHATEVER PLANS WE MAKE FOR OUR FUTURE WILL HAVE TO RECOGNIZE AND ACCOMMODATE THIS UNFORTUNATE TREND.

TO RECAP, THEN, THESE ARE THE THREE MAJOR FORCES THAT HAVE EMERGED TO TEST OUR PRESENT CONCEPT OF OUR HEALTH CARE PROGRAM:

- 1) GROWTH IN NUMBER OF PARTICIPANTS
- 2) RISE IN THE COST OF MEDICAL CARE/ TREATMENT
- 3) DETERIORATION OF OUR NATIONAL HEALTH

NOT ALL OF THESE ARE MOVING AT THE SAME RATE OF

SPEED, BUT THEY ARE ALL LEADING TO THE SAME RESULT — A DYSFUNCTIONAL, UNAFFORDABLE AND MEDICALLY COMPROMISED SYSTEM.

IT CAN'T HAPPEN HERE, OF COURSE. BUT IT WILL.

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IN THE EARLY DAYS OF OUR NATION'S FOUNDING, MUCH OF OUR POLITICAL PROGRESS INTO UNCHARTED AREAS WAS ACCOMPLISHED THROUGH OUR FOUNDERS' RELIANCE UPON COMMON SENSE AND MORAL AUTHORITY AND THEIR MINIMAL RECOURSE TO BARE-KNUCKLE BOUTS OF IDEOLOGICAL BASHING.

IT WAS NOT THAT REAL AND DEEP IDEOLOGICAL DIFFERENCES DIDN'T EXIST. THEY DID, BUT THE VALUE OF THE ARGUMENT LAY IN ITS SOLUTION AND WHAT IT CONTRIBUTED TO OUR NATIONAL PROGRESS, NOT THE AMOUNT OF PERSONAL OR PARTY ANTAGONISM THAT WAS GENERATED, NOR THE SUCCESS OF ONE IDEOLOGICAL MOMENT OVER ANOTHER.

TRY TO IMAGINE OUR PRESENT CONGRESS ATTEMPTING TO WRITE A MORAL DOCUMENT SUCH AS OUR DECLARATION OF INDEPENDENCE, OR CONVERTING IT, THE WAY OUR CONSTITUTION DOES, TO A FUNCTIONAL BASE FOR GOVERNMENT.

TODAY, BECAUSE WE HAVE BEEN PERSUADED TO BELIEVE SUCH A LEAP IS NOT POSSIBLE, THERE IS AN UNPRECEDENTED FAILURE OF MORALITY IN MOST LEGISLATIVE AND BUREAUCRATIC PARTS OF OUR GOVERNMENT, PARTLY DUE TO INSUFFICIENT INDIGNATION AND PARTLY TO IDEOLOGY.

THE LATTER IS ESPECIALLY EVIDENT IN FEDERAL PURCHASES OF PRESCRIPTION DRUGS FOR TWO DIFFERENT PROGRAMS.

IN A RECENT STUDY BY FAMILIES USA, A NOT-FOR-PROFIT HEALTH ADVOCACY GROUP, PRICES PAID BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) WERE COMPARED TO MEDICARE COSTS FOR A GROUP OF 20 FREQUENTLY USED DRUGS. THE VA'S PURCHASE PRICE WAS, IN ALL CASES BUT ONE, AT LEAST 30% LESS THAN MEDICARE.²³

ONE EXAMPLE, MERCK & Co.'s ZOCOR, IS WORTHY OF NOTE. THE VA PAID A NEGOTIATED PRICE OF \$127.44 FOR A YEAR'S SUPPLY WHEREAS THE LOWEST PRICE PURCHASED THROUGH MEDICARE WAS \$1,142.92 — JUST UNDER 9 TIMES AS MUCH .²⁴

THE KEY WORD HERE IS "NEGOTIATED" WHICH THE VA IS ENTITLED TO DO. NOT SO FOR MEDICARE WHICH, ACCORDING TO THE RECENT MEDICARE MODERNIZATION ACT OF 2003, IS SPECIFICALLY PROHIBITED FROM USING THE LEVERAGE OF ITS MASS PURCHASING TO ACHIEVE PRICE REDUCTIONS. THE DIFFERENCE BETWEEN THE VA AND MEDICARE PRICES IS PROFIT TO MERCK WHICH IS BEING PROVIDED UNKNOWINGLY BY TAXPAYERS.

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ERROR COMPOUNDED, EFFECT ACCELERATED

WE ARE AT THE MOST PERILOUS STAGE POSSIBLE IN OUR HEALTH CARE HISTORY. BOTH CARE AND COSTS ARE INCREASING IN WAYS WHICH DEFY OUR ABILITY TO MANAGE OR CONTROL THEM. THIS CREATES A PERVERSE PROCESS WHICH RAISES THE SPECTRE OF UNPREDICTABILITY AND RESISTS THE USUAL EFFORTS OF POLARIZED POLITICS TO BRING ABOUT A SOLUTION.

FOLLOWING WWII TUBERCULOSIS, AS THE RESULT OF DETERMINED INTERNATIONAL COOPERATION, HAD BEEN NEARLY ERADICATED AND WAS UNDER EFFECTIVE CONTROL. IN THE 1980S IT BEGAN TO REEMERGE IN DEVELOPED COUNTRIES AS MANAGEMENT EFFORTS AND BUDGET SOURCES WERE DIRECTED ELSEWHERE. THE SPREAD OF AIDS ALSO CONTRIBUTED TO THIS REVIVAL, AS AIDS' WEAKENING OF THE IMMUNE SYSTEM FAVORS TUBERCULOSIS CONTAGION.

TODAY, TB INFECTS ABOUT 100 MILLION PEOPLE AROUND THE WORLD AND EACH ONE IS PROJECTED TO INFECT TEN TO TWENTY OTHER VICTIMS.²⁵ GLOBAL AIR TRAVEL INVOLVING LENGTHY FLIGHTS IN WHICH PASSENGERS MUST BREATHE RECIRCULATED AIR HAS BECOME AN EXTREMELY EFFICIENT MEANS OF SPREADING THIS EASILY CONVEYED AIRBORNE DISEASE.

PREVENTION AND CONTROL ARE DIFFICULT, IF NOT IMPOSSIBLE, GIVEN THE FREQUENCY AND REACH OF INTERNATIONAL AIR TRAVEL. ADDITIONALLY, THE EFFICIENCY OF TREATMENT IS NOW LESSENED BY THE APPEARANCE OF NEW, MORE CONTAGIOUS, DRUG RESISTANT FORMS OF THIS SCOURGE WHICH FINDS A READY HOME IN OUR WORLD OF WAR, TERROR AND NATURAL CATASTROPHES.

"THE DIFFERENCE BETWEEN THE VA AND MEDICARE PRICES IS PROFIT TO MERCK . . . PROVIDED UNKNOWINGLY BY TAXPAYERS."

"THE AVERAGE FORTUNE 500 COMPANY WILL SPEND MORE ON HEALTH CARE THAN IT EARNS IN NET INCOME . . ."

ON THE COST SIDE WE FIND EQUALLY DIFFICULT PROBLEMS AND UNPREDICTABLE RESULTS. STEVE BURD, CEO OF SAFEWAY, FORECASTS THAT THIS YEAR THE AVERAGE FORTUNE 500 COMPANY WILL SPEND MORE ON HEALTH CARE THAN IT EARNS IN NET INCOME, AND, LOOKING TO THE FUTURE, HEALTH CARE'S RAPIDLY RISING COSTS CAN ONLY INCREASE THIS IMBALANCE — PERHAPS TO THE EXTENT THAT PROFIT IS NO LONGER POSSIBLE.

TO AVOID SUCH A RESULT BURD HAS ENGAGED OTHER CORPORATE EXECUTIVES TO JOIN WITH HIM IN PUSHING FOR A NEW NATIONAL HEALTH PROGRAM THROUGH THEIR RECENTLY FORMED COALITION TO ADVANCE HEALTHCARE REFORM.²⁶

ADDED IMPETUS TOWARDS MEANINGFUL REFORM IS PROVIDED TO THE MEDICAL PROFESSION THROUGH A GROUP OF 14,000 DOCTORS AND OTHER MEDICAL PROFESSIONALS NAMED PHYSICIANS FOR A NATIONAL HEALTH PROGRAM.

HOWEVER WELL-MEANING THESE AND OTHER REMEDIAL EFFORTS MAY BE, THEY FACE A POLITICALLY PARALYZED CONGRESS AND AN ADMINISTRATION WHOSE MAJOR INTEREST IN HEALTH CARE IS TO SHOWCASE AND EXPAND ITS PREFERRED ECONOMIC IDEOLOGY.

THE MEDICARE PART D PRESCRIPTION DRUG PROGRAM, AS DRAWN AND SPONSORED BY THE BUSH ADMINISTRATION, RECEIVED AN ENORMOUS AMOUNT OF MEDIA COVERAGE AND POLITICAL SPIN. THERE CERTAINLY WAS NO SHORTAGE OF ARGUMENT OVER ITS CONCEPT AND DETAILS, SUCH AS THE 'DONUT HOLE', WITH AMPLE GROUNDS FOR REASONABLE PEOPLE TO AGREE OR TO FIND FAULT.

A REPORT BY FRANK LICHTENBERG OF COLUMBIA UNIVERSITY AND SHAWN SUN OF WALGREENS HEALTH SERVICES THROWS SOME INTERESTING LIGHT ON PART D. THE AUTHORS POINT OUT THAT IN 2006 THIS BENEFIT COST THE GOVERNMENT \$32 BILLION,²⁷ OR ABOUT \$200 PER PRESCRIPTION COMPARED TO A NATIONAL AVERAGE OF ABOUT \$57. THEIR CONCLUSION IS THAT:

“SENIORS BENEFIT, THEY PAY LESS. BUT WE ALL, THE TAXPAYERS, HAVE TO PAY FOR IT. IT'S A TRANSFER OF WEALTH. . . WE NEED TO THINK CAREFULLY ABOUT THE ECONOMIC IMPLICATIONS OF THIS PROGRAM, WHICH THE FEDERAL GOVERNMENT WILL ULTIMATELY HAVE TO RAISE TAXES FOR.”²⁸

THESE ARE JUST A FEW OF THE MANY CONSIDERATIONS THAT SURFACE AND RESURFACE IN AN ALMOST INFINITE VARIETY OF FORMS, LIKE SUBATOMIC PARTICLES, IN OUR HEALTH CARE SYSTEM. THEY HAVE THE VIRAL CAPABILITY TO INFECT, TO DEBILITATE, TO DESTABILIZE AND, ULTIMATELY, TO DESTROY.

RECOGNIZING THAT DELAY AND POSTURING ARE NO LONGER OPTIONS, WHAT SHALL WE DO? HOW SHALL WE PROCEED?

* * *

THE VIEW BEHIND

TO ANSWER, WE MUST START WITH AN HONEST RECOGNITION OF HOW WE ARRIVED AT OUR PRESENT STATE. AND IT WOULD HELP TO ADMIT THAT AN ENORMOUS DECEPTION UNDER THE NAME OF HEALTH CARE HAS BEEN PRACTICED UPON THE AMERICAN PUBLIC.

AS WITH SOCIAL SECURITY, A SYSTEM INTENDED TO BE LARGELY SELF-SUPPORTING NOW FINDS ITSELF OUT OF CONTROL AND ACCUMULATING RAPIDLY RISING AND ALREADY UNSUSTAINABLE ANNUAL COST INCREASES.

IN THE TWENTY YEARS FROM 1965 TO 1985 THE MEDICARE/MEDICAID SHARE OF FEDERAL SPENDING WENT FROM ZERO TO 9%; AND IN THE NEXT TWENTY YEARS TO 2005 HAS MORE THAN DOUBLED TO 19%.²⁹ AND FOR 2025?

THE SIGNIFICANCE OF THESE FIGURES IS THAT THEY ARE PERCENTAGES OF OUR TOTAL SPENDING AND, THEREFORE, AN INCREASE IN ONE CATEGORY MUST BE ACCOMPANIED BY A DECREASE IN OTHERS SUCH AS DEFENSE, SOCIAL SECURITY, DEBT SERVICE, ETC. THIS IS NOT LIKELY IN AN ERA AS LACKING IN BUDGETARY RESTRAINT AND FLEXIBILITY AS OURS.

BUT NO MATTER HOW INDULGENT OUR NATIONAL PSYCHE, NOR HOW WELL MEANING OUR INTENT, UNCONTROLLED COSTS BRING INTO PLAY THE LAW OF LIMITS.

“WHEN CHALLENGED, IT IS RUTHLESS AND FAVORS NO ONE POLITICAL PARTY OR PHILOSOPHY OVER ANOTHER.”

WE HAVE CITED THIS LAW IN RELATION TO OTHER ISSUES. IT HAS AN INEVITABILITY ALL ITS OWN. FOR THOSE WHO HEED IT, IT PROVIDES A WARNING. FOR THOSE WHO DON'T, IT EXECUTES WITH THE SAME SUDDEN EFFICIENCY AS THE GUILLOTINE, AND, LIKE IT, OPERATES ONLY UNDER NATURAL FORCE. WHEN CHALLENGED, IT IS RUTHLESS AND FAVORS NO ONE POLITICAL PARTY OR PHILOSOPHY OVER ANOTHER.

WE ARE AT A VERY SPECIAL TIME WHEN TWO MAJOR TECHNOLOGICAL ADVANCES IN COMPUTERS AND COMMUNICATIONS ARE IN THE PROCESS OF COMBINATION. IT IS QUITE POSSIBLE THAT IN THE MATTER OF HEALTH CARE WE CAN USE THIS MOMENT TO BREAK WITH THE MANY FAILURES OF OUR PAST AND ACTUALLY DO THE NATION'S WORK OF

CREATING AND IMPLEMENTING A SYSTEM THAT WILL DELIVER BROAD AND COMPETENT CARE AT A REASONABLE COST.

* * *

WHAT WE HAVE NOW IS A SYSTEM THAT THROUGH MEDICARE/MEDICAID HAS ACHIEVED WIDE PUBLIC ACCEPTANCE ALTHOUGH IT HAS NOT BEEN ABLE TO PREVENT RUNAWAY COST INCREASES.

THIS COST ACCELERATION IS BY NO MEANS LIMITED TO GOVERNMENTAL OPERATIONS, AS A VARIETY OF CORPORATE, ACADEMIC AND SCIENTIFIC ELEMENTS HAVE JOINED IN THIS CONTINUING ESCALATION.

ALL OF THE PARTICIPANTS IN OUR SYSTEM ARE AWARE OF HOW MUCH COSTS HAVE INCREASED, BUT THEY ARE PERMITTED BECAUSE THEY HAVE RESULTED IN RISING REVENUES AND, THEREFORE, PROFITS. IN ORDER TO DISGUISE OR OBSCURE THIS PATTERN POLITICIANS INVARIABLY INVOKE WHAT THEY REGARD AS THE GREATER DANGERS OF UNIVERSAL COVERAGE AND SOCIALIZED MEDICINE AND TURN THE ARGUMENT IN THEIR DIRECTION.

THIS IS A FLAMING, NOT PALE, RED HERRING WHICH ACHIEVES TWO POLITICAL BENEFITS — MEDIA ATTENTION AND POLITICAL VALIDATION — BUT MAKES NO CONTRIBUTION TO OUR STATED GOAL OF PROVIDING AFFORDABLE AND EFFICIENT MEDICAL CARE.

* * *

THE SINGLE PAYER

IT IS THE FATE OF ANY SYSTEM THAT PROPOSES A SINGLE PAYER IN OUR COUNTRY TO BE LABELED “SOCIALIZED MEDICINE”. THIS IS ONE OF THE MOST CONSISTENT KNEE-JERK REACTIONS OFFERED BY HEALTH CARE’S POLITICAL AND COMMERCIAL MANAGERS.

AND YET, FOR THE LAST FORTY YEARS WE HAVE HAD IN MEDICARE/MEDICAID A SYSTEM CREATED AND OPERATED BY GOVERNMENT. IT CAN AND, IN OUR OPINION, SHOULD BE MODERNIZED AND IMPROVED TO PROVIDE THE BASE FOR A SINGLE PAYER SYSTEM FOR THE FUTURE.

“UNIVERSAL COVERAGE” IS ANOTHER SOMEWHAT INACCURATE PHRASE THAT IS USED LOOSELY BY BOTH ITS PROPONENTS AND ITS OBJECTORS. THE TRUTH IS THAT WE WILL NEVER HAVE UNIVERSAL COVERAGE, AS THERE WILL

ALWAYS BE A FLUID NUMBER OF OUR POPULATION THAT BY INTENT OR ACCIDENT WILL FALL SHORT OR OUTSIDE OF LEGISLATIVE DEFINITIONS.

* * *

THE PART D PRESCRIPTION DRUG PLAN CREATED IN OUR 2003 MEDICARE ACT SERVES AS CLEAR EVIDENCE OF OUR ERRORS. IT COULD HAVE BEEN IMPLEMENTED AS AN EXTENSION OF MEDICARE WITH SAVINGS FOR BOTH GOVERNMENT AND THE CONSUMER BY ELIMINATING THE EXPENSE OF PRIVATE INSURANCE COMPANIES’ PARTICIPATION AND BY ALLOWING THE GOVERNMENT TO NEGOTIATE WITH DRUG MANUFACTURERS FOR LOWER PRICES DUE TO VOLUME PURCHASES.

BUT THE INSURANCE AND PHARMACEUTICAL INDUSTRIES’ LOBBYISTS MAKE FREQUENT AND REGULAR CONGRESSIONAL “HOUSE CALLS” WITH THE RESULT THAT THESE BASIC ADVANTAGES WERE NOT ONLY NOT CONSIDERED, THEY WERE SPECIFICALLY PROHIBITED IN THE ‘03 ACT.

TODAY, PART D STILL STANDS AS A CYNICAL EXAMPLE OF HOW MONEY AND POWER HAVE SET THE CONTENT AND DIRECTION OF OUR NATIONAL HEALTH CARE LEGISLATION SINCE ITS INCEPTION.

* * *

THE TASK AHEAD

THE EARLY STAGE OF ANY RESTRUCTURING AS DEMANDING AS HEALTH CARE IS CRITICAL. IT WOULD BE A DECIDED ADVANTAGE IF THE AMERICAN PEOPLE COULD BE ASSURED THAT THEIR PRESIDENT COULD PLAY AN ACTIVE AND OBJECTIVE ROLE, AT LEAST IN THE INITIAL STEPS.

IN OUR PREVIOUS ISSUE WE DESCRIBED A MULTIPLE STAGE PROCESS OF ELIMINATION, ENGAGED IN BY CONGRESS AND A SPECIALLY APPOINTED PANEL THAT WOULD CREATE THE NECESSARY LEGISLATION.

THIS PROCESS RAISES MANY QUESTIONS. MOST IMMEDIATE IS WHO WILL SERVE ON THE PANEL AND WHO WILL BE ITS LEADER. WE KNOW FROM PAST EXPERIENCE THAT ASSEMBLING THE ALL TOO FAMILIAR TEAM FROM POLITICAL AND COMMERCIAL BACKGROUNDS WILL NOT SUCCEED.

IT WOULD SEEM ESSENTIAL TO FIRST FIND A PERSON OF STATURE TO COMMIT TO THE PLAN’S STATED GOALS AND THEN TO SEEK THE MEDICAL COMMUNITY’S AGREEMENT AND SUPPORT. TWO SOURCES THAT MIGHT PROVE HELPFUL IN LOCATING THIS KEY PERSON ARE MEDICAL

ACADEMIC INSTITUTIONS AND PRIVATE FOUNDATIONS SUCH AS THE COMMONWEALTH FUND, THE HOWARD HUGHES MEDICAL INSTITUTE, ALFRED P. SLOAN FOUNDATION, THE CARNEGIE FOUNDATION, ETC. THE CEOs OF THESE TYPES OF INSTITUTIONS MIGHT WELL BE HONORED AND ABLE TO UNDERTAKE THE WORK OF THE PANEL IN ADDITION TO THEIR REGULAR DUTIES.

THE COMPOSITION OF THE PANEL WILL BE A VERY INTERESTING PROCESS. ITS MEMBERS WILL HAVE TO SUBSCRIBE TO WHATEVER RESTRUCTURING IS NECESSARY TO ACHIEVE THE GOALS OF BROAD COVERAGE AND AFFORDABLE CARE. ALSO, THEY WILL HAVE TO ATTEMPT TO CREATE ANTI-FRAUD BARRIERS AND INCLUDE THEM WHEREVER POSSIBLE IN THE NEW STRUCTURE.

TO DO THIS NEW TECHNOLOGY, FORMS AND PROCEDURES MAY HAVE TO BE MADE AVAILABLE BY COMPUTER AND COMMUNICATIONS EQUIPMENT AND SERVICE PROVIDERS.

THE QUESTION ARISES AS TO WHY THE PRESIDENT AND CONGRESS WOULD ALIGN THEMSELVES WITH A CAUSE SO CHARGED WITH POLITICAL CONTROVERSY AND CONSEQUENCES. FOR ANY PRESIDENT THERE IS AN EGO/LEGACY FACTOR AT WORK WHICH WOULD ALLOW HIM TO SEE HIMSELF AND HIS ADMINISTRATION AS SUCCEEDING WHERE OTHERS HAVE FAILED.

FOR THE CONGRESS, THE CALCULUS IS MORE POLITICAL. GIVEN THE EXISTING POLARIZATION OF CONGRESS AND THE FIERCE PHILOSOPHIC DIFFERENCES OF THE HEALTH CARE DEBATE, MOST MEMBERS OF CONGRESS WOULD HAVE TO ADMIT THAT THERE IS LITTLE CHANCE OF BRINGING ABOUT THE KIND OF REFORMATION NECESSARY TO CURE THE FAULTS OF THE PRESENT SYSTEM.

AND, WHILE CONGRESS IS GENERALLY LOATH TO SURRENDER ANY OF ITS AUTHORITY OR OVERSIGHT FUNCTION, IT KNOWS THAT OUR HEALTH CARE SYSTEM IS NEAR ITS BREAKING POINT AND THAT THE PUBLIC WANTS CHANGE AND BETTER RESULTS.

“. . . THE PRESENT IMPASSE AND ARGUMENT WILL NOT DEFLECT VOTER ANGER FOR LONG.”

EVERY FEATURE OF OUR PRESENT PLAN HAS A CONSTITUENCY. AND MOST HAVE TWO — FOR AND AGAINST. INCREASINGLY, MEMBERS OF CONGRESS, WE THINK, COULD SEE POLITICAL BENEFIT IN CONSTRUCTING NEW LEGISLATION EVEN IF THEY HAVE TO GIVE UP SOME AUTONOMY. THEY KNOW THAT THE PRESENT IMPASSE AND ARGUMENT WILL NOT DEFLECT VOTER ANGER FOR LONG.

IF THE NEW SYSTEM PROVES POPULAR, CONGRESS CAN BASK IN ITS REFLECTED GLORY AND, IF NOT, IT CAN HOLD THE PANEL ACCOUNTABLE, BUT OUR GUESS IS THAT

OUR LEGISLATORS WILL FIND THEMSELVES THE POLITICAL BENEFICIARIES OF SO MANY PHOTO-OPS, ARTICLES, INTERVIEWS, SPEECHES, ETC. RELATING TO THE NEW SYSTEM THAT THEY WILL BE MODERATE IN THEIR CRITICISM.

PERHAPS CONGRESS WOULD FIND SOME MEASURE OF ACCOMPLISHMENT IN WORKING FOR THE PEOPLE’S INTERESTS RATHER THAN SPECIAL INTERESTS, AND TAKING THE VIEW THAT MAIN STREET OFFERS A BETTER POLITICAL OPPORTUNITY THAN “K” STREET. CURIOUSLY, THERE IS ALREADY A HEALTH CARE PLAN UNDER PROPOSAL IN THE HOUSE OF REPRESENTATIVES (HR 676) WHICH WOULD EXPAND MEDICARE TO EVERYONE. PARTS OF IT COULD BE COMBINED WITH OTHER RECOMMENDED CHANGES TO CREATE A FINISHED PRODUCT.

* * *

FINALLY, “LOOK FOR THE MONEY”. TODAY IN AMERICA, WITH THE EXTRAORDINARY AMOUNT OF DEBT OVERHANGING BOTH OUR PRIVATE AND PUBLIC SECTORS, ANY PROJECTION OTHER THAN NEAR TERM MUST CONSIDER THE VALUE OF OUR CURRENCY. IF OUR DOLLAR DECLINES AS MUCH IN THE NEXT HALF CENTURY AS IT HAS IN THE PAST, WE WILL, HAVE TO INCREASE THE SUPPLY TO THE POINT WHERE THE NUMBERS DEFY THE BUDGETARY PROCESS AND RENDER MEANINGLESS ANY PROJECTIONS BASED UPON IT.

ONE OF THE REASONS HEALTH CARE IS SUCH AN EMOTIONALLY CHARGED ISSUE IN AMERICA IS BECAUSE IT IS SEEN, ALONG WITH SOCIAL SECURITY, AS THE PUBLIC’S LAST DEFENSE AGAINST EVER RISING COSTS OF GOVERNMENT, POPULATION, EDUCATION, FOOD, ETC.

ILLNESS IS THE GREAT LEVELER. THE PAIN OF A KIDNEY STONE ATTACK, THE LOSS OF EYESIGHT OR A LIMB, THE EFFECT OF A STROKE ARE ALL THE SAME FOR REPUBLICAN OR DEMOCRAT; RICH OR POOR; BLACK, BROWN OR WHITE. IF OUR GOVERNMENT FAILS TO COME UP WITH AN EFFICIENT AND AFFORDABLE REVISION OF OUR HEALTH CARE SYSTEM, IT CANNOT HELP BUT LOSE A SIGNIFICANT AMOUNT OF THE MORAL AUTHORITY THAT IS REQUIRED TO FUNCTION SUCCESSFULLY.

WE ARE NOT ENGAGED IN AN IMPOSSIBLE TASK. WHAT HAS TO BE DONE CAN BE DONE, BUT WE MUST BE ABLE TO BREAK WITH OUR CURRENT MODEL WHICH PUTS INSURANCE AND PHARMACEUTICAL COMPANIES’ INTERESTS AHEAD OF DOCTORS’ AND PATIENTS’.

FROM THIS NEW MINDSET WE CAN DEVELOP A MORE EFFICIENT AND ECONOMIC SYSTEM OF GOALS AND METHODS IN WHICH PRIORITY OF ACTION AND RESOURCES ARE ALIGNED WITH MEDICAL RATHER THAN COMMERCIAL ENDS.

THE IMPORTANT THING IS TO KEEP OUR ATTENTION

FIXED ON THE MAIN GOALS OF LOWER COST, QUALITY CARE AND BROADER COVERAGE. WITH THOSE CRITERIA IN PLACE, WITH A COMMON PURPOSE, AND WITH THE WILL TO RESIST THE PRESSURE FOR THE SYSTEM TO ESTABLISH AND ASSURE PROFIT CENTERS WE SHOULD BE ABLE TO EMERGE WITH A FAIRER, CHEAPER, BETTER SYSTEM.

IT CAN'T HAPPEN HERE, OF COURSE. BUT IT MUST!

* * *

EPILOGUE

ANYONE CONFRONTING OUR NATIONAL HEALTH ISSUE FOR THE FIRST TIME WOULD BE JUSTIFIED IN DOING SO WITH A SENSE OF AWE, AND CONCLUDING THAT ITS MANY CONFLICTS OF PURPOSE AND PARTS CONSTITUTE AN UNSOLVABLE LABYRINTH.

CLOSER EXAMINATION CAN REVEAL TWO MORE POSITIVE ASSUMPTIONS:

- 1) YES, IT IS COMPLEX, BUT NOT IMPOSSIBLE. AND IT CAN BE FIXED.
- 2) WE WILL NOT BE ABLE TO ARRIVE AT A NEW PLACE IF WE START FROM THE OLD.

A WINTER WONDERLAND

AS WE GO INTO PRINT THE WORLD ECONOMIC FORUM IS HOLDING ITS ANNUAL MEETING IN DAVOS, SWITZERLAND. THIS IS A GATED COMMUNITY AND ATTENDANCE IS LIMITED TO POWER PILLARS AND MONEY MAGNETS SUCH AS BILL GATES, HENRY KISSINGER, RUPERT MURDOCH AND OTHERS WHO ADDRESS, APPLAUD, QUESTION AND COMFORT EACH OTHER DURING AND AFTER SPEECHES, MEALS, COCKTAILS, ETC. SO ELEVATED ARE THE EGO AND TESTOSTERONE LEVELS THAT THEY ARE NOT OVERSHADOWED BY ACQUIRED WEALTH. AND IT CAN WELL BE SAID THAT AT DAVOS NO MEETING IS ONE OF CHANCE.

SECRETARY OF STATE CONDOLEEZA RICE WAS A FEATURED SPEAKER AND DELIVERED AN ADDRESS IN WHICH SHE EXPOUNDED UPON THE STRENGTH AND RESILIENCY OF THE AMERICAN ECONOMY, AND SUGGESTED THAT IT WOULD LEAD US, AND THE WORLD, TO THE BROAD, SUNNY UPLANDS

OF ECONOMIC PROSPERITY.

HER WORDS WERE, OF COURSE, MEANT AS A GENTLE MUSICAL ACCOMPANIMENT TO SOOTHE OUR PROGRESS TOWARD AND ACHIEVEMENT OF “THE NEW WORLD ORDER” , BUT WE ARE NOT TALKING MUZAK IN THE MALL HERE.

AS WE HAVE SO PAINFULLY LEARNED, AND RICE — HERSELF AN ACCOMPLISHED PIANIST — SHOULD KNOW, WHAT PLAYS OUT IN OUR TWENTY - FIRST CENTURY WORLD IS A HIGHLY COMPLEX SYMPHONY OF NATURAL, SOCIAL, POLITICAL AND ECONOMIC THREATS. RICE SITS AT HER PIANO AT FRONT AND CENTER STAGE, PROMINENT AND POWERFUL, BUT THERE IS NO PERMANENT CONDUCTOR AND THE CONTROL OF EVENTS CAN EASILY SHIFT.

THERE ARE SOME JARRING NOTES, HOWEVER, THAT, IF WE LISTEN CLOSELY, ARE CAUSE FOR CONCERN. THE FIRST IS THAT WE MUST RECOGNIZE THAT WHEN SECRETARY RICE DESCRIBES “THE AMERICAN ECONOMY” SHE IS ACTUALLY REFERRING TO THE MILLIONS OF AMERICAN TAXPAYERS WHOSE LABOR, RESOURCES AND CONSENT ENABLE OUR GOVERNMENT. THEY HAVE SEEN TOO MANY EXAMPLES OF THEIR FUTURE — WHICH, AFTER ALL, IS NOT FAR OFF, BUT AS NEAR AS TOMORROW — BEING HELD CAPTIVE BY THE FAILURE TO FUNCTION OF BOTH POLITICAL PARTIES.

IT HAS BEEN THEIR LABOR, THAT HAS TURNED THE WHEELS OF THE THE WORLD’S ECONOMY, BUT RICE TEMPTS FATE BY THINKING THAT THEIR ROLE IS A PERMANENT ONE.

THE SECOND ELEMENT THAT DR. RICE’S ROSEY VIEW SEEMS TO IGNORE IS THAT OUR NATIONAL DEBT IS NOW AT OR NEAR THE \$9 TRILLION LEVEL AND INCREASES EVERY DAY. THIS WILL RISE AS THE RESULT OF THE COSTS OF THE NEW ECONOMIC STIMULUS PACKAGE NOW IN PREPARATION AND FURTHER EXPENSES FOR THE WARS IN IRAQ AND AFGHANISTAN, EVEN THROUGH THESE ARE DESIGNATED AS “OFF BUDGET” ITEMS.

BUT IT IS NOT JUST OUR GOVERNMENT THAT IS THREATENED BY DEBT. THE AMERICAN TAXPAYER, TO WHOM RICE HAS ASSIGNED THE RESCUE ROLE, IS ALSO DEALING WITH CRISIS-SCALE DEBT LEVELS, A “TANKED” MORTGAGE MARKET WITH RECORD FORECLOSURES AND HOUSING VALUES (THE AVERAGE TAXPAYER’S PRIMARY ASSET) IN DECLINE THROUGHOUT THE COUNTRY AND REACHING 30% OR MORE IN SOME AREAS.

PERHAPS RICE IS MERELY WHISTLING PAST THE ECONOMIC GRAVEYARD. WE HAVE NO WAY OF TELLING WHICH IS MORE LIKELY TO PROVE CORRECT — HER OPTIMISM OR OUR CONCERN. AMERICA’S ECONOMIC STATUS TODAY SEEMS TO BE AT A DELICATE EQUILIBRIUM WHICH COULD BE THROWN OUT OF BALANCE BY ANY NUMBER OF EVENTS WHICH IN OTHER TIMES MIGHT BE VIEWED AS MINOR, BUT WHICH IN TODAY’S CIRCUMSTANCES COULD COMBINE TO CREATE THE DESTRUCTIVE CAPABILITY OF A PERFECT STORM.

SECRETARY RICE’S VIEW MIGHT GAIN CREDENCE WITH HER AUDIENCE WERE THE U.S. TO MOVE AWAY FROM OUR

“LEND AND SPEND” (THEY LEND; WE SPEND) POLICY. OR, PERHAPS EVEN MORE CONVINCING, IF WE COULD PRODUCE AND MEET A BALANCED BUDGET, BUT BOTH PROSPECTS ARE UNLIKELY AND WILL REMAIN AS ARTICLES OF FAITH, RATHER THAN FACT, UNTIL WE ARE ABLE TO FIND THE WILL AND THE MEANS TO CONVERT THEM.

THE THIRD NOTE THAT DISTURBS IS THAT SECRETARY RICE’S ECONOMIC IDYLL PLAYS VERY MUCH THE SAME MELODY, ONLY USING AN ECONOMIC RATHER THEN A MILITARY TECHNIQUE, AS THE NEOCON EXPANSION OF AMERICAN POWER AND PRESENCE OFFERED IN THE NEAR EAST.

RICE, IT MUST BE REMEMBERED, WAS MORE THAN JUST A SPOKESPERSON FOR THE NEOCON VISION. SHE WAS, INDEED, ONE OF ITS EARLIEST ARCHITECTS AND SPONSORS.

SECRETARY RICE MADE THE SOMEWHAT SURPRISING STATEMENT THAT “AMERICA HAS NO ENEMIES” WHICH SEEMED TO GLOSS OVER SOME OF OUR MORE DIFFICULT INTERNATIONAL RELATIONSHIPS. WHETHER OR NOT SHE IS CORRECT IN THIS, IT IS DOUBTFUL THAT THERE WOULD BE MUCH SUPPORT FOR A NEOCON ENCORE.

RICE WORKS FOR THE PRESIDENT AND THERE IS ALWAYS AN ELEMENT OF THE “PARTY LINE” IN WHAT SHE SAYS. MANY OF THE PEOPLE AT DAVOS ARE AWARE OF THIS, AND MAKE THE APPROPRIATE DISCOUNT, BUT SHE IS ALSO SECRETARY OF STATE WHO SPEAKS FOR THE NATION. THIS IS AN IMPORTANT, BUT SOMETIMES SUBTLE, DIFFERENCE WHICH HER AUDIENCE SHOULD KEEP IN MIND.

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THE WORLD ECONOMIC FORUM MUST BE AN INTERESTING EVENT. JUST THE BASICS OF BEAUTIFUL SCENERY, LUXURIOUS ACCOMODATIONS, DELICIOUS FOOD AND DRINK WOULD BE, PERHAPS, ENOUGH BY THEMSELVES FOR AN ORDINARY CONFERENCE. BUT ADD HEAVY DOSES OF POWER AND POLITICS AND THE ATMOSPHERE RISES TO ANOTHER LEVEL.

PRESIDENT PERVEZ MUSHARRAF OF PAKISTAN ALSO APPEARED AND GAVE AN ADDRESS IN WHICH HE PORTRAYED HIMSELF AS THE CHAMPION OF OPEN DEMOCRATIC GOVERNMENT AND POLITICS IN HIS COUNTRY WHILE FORCED TO BATTLE EXTREMIST ENEMIES.

BOTH SPEAKERS GAVE VIEWS OF EVENTS IN THEIR COUNTRIES THAT HAVE CAUSED STRONG DISAGREEMENT, AND FROM WHICH LIVELY DISCUSSIONS MUST HAVE FOLLOWED. ALL AND ALL, THIS APPEARS TO HAVE BEEN AN INFORMATIVE AND WORTHWHILE MEETING FOR ITS SPONSORS AND GUESTS.



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END NOTES

¹FEDERAL BUREAU OF INVESTIGATION BY ASSOCIATE DEPUTY DIRECTOR JOSEPH L. FORD VIA MIDDLE AMERICAN NEWS, 11/07

²PALM BEACH POST, GOOD MONEY AFTER BAD BY E. J. DIONNE, JR. 11/07

³CF. #1, ABOVE

⁴MEDICAL NEWS TODAY. [HTTP://MEDICALNEWTODAY.COM](http://MEDICALNEWTODAY.COM) 11/7/05

⁵PALM BEACH POST – 8/4/07

⁶CONSUMER REPORTS, 1/03 DECODING YOUR HOSPITAL BILLS, P.21 CHART BY AMERICAN MEDICAL BILL REVIEW

⁷IBID

⁸AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE VIA AARP BULLETIN – JULY/AUGUST '06. FIGURE FOR FY 2007 IS PROPOSED.

⁹NATIONAL CENTER FOR HEALTH STATISTICS; NIH. AARP BULLETIN – JULY/AUGUST '06. FUNDING DATA FROM NIH '07 ESTIMATES; FATALITIES DATA IS '03 ACTUAL

¹⁰AARP BULLETIN NOVEMBER '07 MAKING MEDICINE FAIR BY BILL NOVELLI

¹¹IBID. DECEMBER '05

¹²CITIZENS AGAINST GOVERNMENT WASTE, 10/07 THOMAS SCHATZ, PRES.

¹³PROTECT RETIREES' HEALTH PLANS BY THOMAS J. HEALEY & ROBERT STEEL VIA WASHINGTON POST 8/17/05

¹⁴HOW DOCTORS BECOME PROFIT DEVICES BY PAUL KRUGMAN. NY TIMES VIA PALM BEACH POST 12/19/05

¹⁵ORDER THE FISH BY ERIC SCHLOSSER. VANITY FAIR 11/04

¹⁶THE LEWIN GROUP, INSTITUTE FOR ALTERNATIVE FUTURES VIA PALM BEACH POST 9/9/07

¹⁷IBID

¹⁸AARP BULLETIN 12/07

¹⁹NEW YORK TIMES 2/16/07 THE HEALTH CARE RACKET BY PAUL KRUGMAN.

²⁰IBID

²¹PALM BEACH POST 2/11/07 P. 8A

- ²²IBID
- ²³PALM BEACH POST – 7/16/06 P. 3E JAY BOOKMAN
- ²⁴IBID
- ²⁵PALM BEACH POST 6/17/07 - MARKEL
- ²⁶NY TIMES 5/21/07 A SHORT AMERICAN LIFE BY NICHOLAS KRISTOF.
- ²⁷CONGRESSIONAL BUDGET OFFICE
- ²⁸PALM BEACH POST 11/1/07 – REPORT DOUBTS VALUE OF MEDICARE PART D BY LARRY LIPMAN
- ²⁹GOVERNMENT ACCOUNTABILITY OFFICE VIA ASSOCIATED PRESS & PALM BEACH POST 10/30/06

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MR. AULT IS RETIRED FROM BUSINESS, A GRADUATE OF YALE UNIVERSITY, AND THE AUTHOR OF A RETAIL FOOD STUDY (LA ROCHE & CO. NYC, NY 1957) WHICH DESCRIBED THE EMERGENCE AND GROWING DOMINANCE OF THE SUPERMARKET IN AMERICAN FOOD RETAILING.

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ECD 1/25/08

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