Health Care Conundrums

A Survey of Recent Articles

All the attending doctors agree that the patient is in serious condition and badly in need of treatment. As of yet, however, they have been unable to agree on just what it should be; certainly, past therapies have not worked. And so the patient—the U.S. health-care system itself—just keeps getting sicker. The cost of health care, which more than doubled between 1980 and '90—from $1,016 per capita to $2,425—continues to soar. The number of Americans under 65 without any medical insurance at all stands at 37 million. The two problems, notes the Brookings Institution's Henry J. Aaron in the *Brookings Review* (Summer 1991), are related, and any effort to solve just one is likely to aggravate the other. "Extending insurance and assuring adequate coverage would push up already onerous costs. Controlling costs would lead to measures that curtailed insurance and thereby added to the ranks of the uninsured."

The best solution, according to many liberals, is national health insurance on the Canadian model. While this would mean hundreds of billions of dollars of new government spending, Senator Robert Kerrey (D.-Neb.) argues in the *American Prospect* (Summer 1991), that expense "would simply replace what most businesses and individuals already spend for health care." Eventually, he says, universal health insurance would be cheaper. "The current system's hidden costs of massive administrative waste, uncompensated care, and cost-shifting would shrink or disappear."

On close scrutiny, however, such claims—and national health insurance—lose their appeal, writes Harvard Business School Professor Regina E. Herzlinger in the *Atlantic* (Aug. 1991). "The absurdity of casting the federal government as an efficiency expert—or 50 state governments, as many proponents advocate, in an analogy to the Canadian system of administration by province—is illustrated by this question: If the cost of health care can be controlled through centralized purchasing of a standard product, why not lower the costs of other necessities, such as food and housing, in the same way?" Canada's system is not without problems: High-tech medical equipment, such as CAT scanners and radiation-therapy units, is in short supply, and there is some grumbling about long waits for certain services, including potentially life-saving heart surgery. In one notorious case, reported by the Canadian newsweekly *Maclean's* (Feb. 13, 1989), a 63-year-old man's vitally needed coronary-bypass operation was postponed 11 times before it was finally performed in a Toronto hospital; the man died eight days later. "I don't believe there's any miracle up there," Tufts Medical School Professor William B. Schwartz told Patrick G. Marshall of *Congressional Quarterly's Editorial Research Reports* (Nov. 23, 1990). The Canadian system is popular north of the border, but might be less so here. Whereas Canadians generally "don't mind queuing up," Dr. James S. Todd, chief executive officer of the American Medical Associ-

of the black odyssey." The upward climb of black migrants since 1940, Whitman says, is actually "one of the nation's great success stories.... Not all the migrants ended up in the promised land, but most did leave Hades behind."

Learning From The Army

"How Do They Do It?" by Charles Moskos, in *The New Republic* (Aug. 5, 1991), 1220 19th St. N.W., Washington, D.C. 20036.

The U.S. Army is not a racial utopia, but it has made great progress in race relations since the 1970s. In Operation Desert Storm, not a single racial incident occurred that was severe enough to come to the attention of the military police. Moskos, a Northwestern University sociologist, contends that the Army has much to teach civilian society.

First of all, he says, the Army simply

ation, told Marshall, Americans "get mad [just] waiting in line at the grocery store, let alone for health care."

Even many liberals who would prefer a Canada-style system do not think it is politically practical in America today because of the whopping tax increase it would entail and the strong opposition to it from the insurance industry, the medical profession, and business. But Ronald Pollack and Phyllis Torda, of Families USA, a Washington-based advocacy group, say in the *American Prospect* (Summer 1991) that a growing number of business leaders *are* ready to support a so-called pay-or-play approach, if it is accompanied by genuine cost controls. Under this approach, employers would be required to provide health coverage or else pay into a public fund that would finance health benefits for all of the uninsured. Legislation along this line was enacted (but has yet to be implemented) in Massachusetts, and also has been proposed by a national commission. But neither plan does enough to limit costs, Pollack and Torda say.

The lack of a mechanism for controlling costs is the "most crucial shortcoming" of mandatory employer-based insurance, according to Brookings analyst Aaron. He proposes overcoming it by setting up regional agencies under state governments that would negotiate prices and costs with hospitals and physicians, and enforce budget limits. But Aaron's proposal, *New Republic* (Aug. 19–26, 1991) contributing editor John B. Judis points out, would turn insurance companies into "useless, expensive appendages," and hence would "arouse [their] wrath" just as much as national health insurance would.

What, then, is to be done? Michael Kinsley of the liberal *New Republic* (July 29, 1991) dusts off a two-year-old report from the conservative Heritage Foundation. Surprisingly, he praises it as "the simplest, most promising, and, in important ways, most progressive idea for health care reform."

Heritage's proposal: Eliminate American workers' $48 billion tax exemption for employer-provided health insurance, but offset it by offering a tax credit for insurance purchased directly by workers. The credit would be "refundable" for lower-income families (i.e. if a family's income tax liability was less than the credit, the family would get a check from the government), and Medicaid would continue to be available for the jobless poor. All workers would be required by law to buy adequate insurance to cover major ("catastrophic") family medical bills. Obliged to purchase their own insurance, Heritage argued, Americans would become more sensitive to its cost—and more inclined to avoid unnecessary or overpriced medical services. Ideally, the Heritage report said, consumers should buy routine medical care out-of-pocket and use health insurance only to cover "very expensive and unpredictable illnesses." This would make health insurance more like auto insurance, and, according to Heritage, considerably cut the cost of health-insurance policies.

"If you're looking for universal health care protection and at least a shot at cost control, the Heritage plan looks pretty good," writes Kinsley. "If you're looking for an excuse to expand the government, look elsewhere."

does not tolerate any display of racial prejudice. Officers or noncommissioned officers (NCOs) whose supervisors do not rate them as supportive of equal opportunity advance no further in their military careers. Some officers and NCOs may harbor racist sentiments, but they almost never express them openly. The Army sent "a strong signal" in the late 1970s, by devoting 12–14 hours of basic training to courses in race relations, Moskos says. Although many white soldiers resented the courses, regarding them as exercises in "white guilt," studies showed that the courses "did make whites more attuned to black feelings."

The Army also gives black soldiers who need it "an academic boost not often available in civilian employment." Under a program begun in 1976, students, mainly black, go to school four hours every morning, for two to six weeks of remedial education in reading, writing, or mathematics. Potential sergeants among them particularly benefit. Doing well in the program, Moskos says, "is definitely not seen as 'acting white.' It is considered a realistic investment in one's future career."

In promotions, the Army uses "goals" but not "quotas." The stated aim is "to achieve a percentage of minority . . . selection not less than the selection rate for all officers being considered." Usually the goals are met. But if they cannot be without violations of standards, "the chips fall where they may," Moskos writes. For example, the number of blacks promoted from captain to major is usually below the goal. This probably is due, he says, to the fact "that about half of all black officers are products of historically black colleges, where [many] do not acquire the writing and communication skills necessary for promotion to staff jobs." Promotions to colonel and above, however, show little racial disparity.

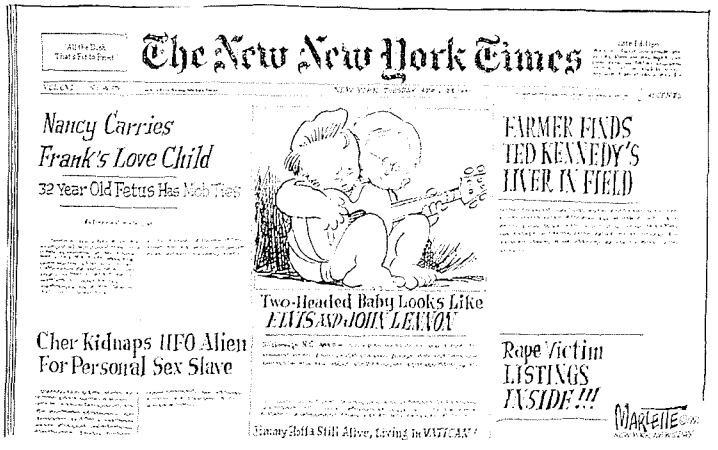
Unlike black civilian leaders, says Moskos, black officers and NCOs refuse to rely on racial politics and reject "the ideology of victimhood." They instead embrace a sort of "bootstrap conservatism." Younger black officers are advised by their seniors that while they will encounter "plenty of bumps on the road," as a black general put it, they must surmount them, for the benefit of those who follow.

PRESS & TELEVISION

Naming the Victim

"Media Goes Wilding in Palm Beach" by Katha Pollitt, in *The Nation* (June 24, 1991), 72 Fifth Ave., New York, N.Y. 10011.

After Senator Edward M. Kennedy's nephew, William Kennedy Smith, was accused of raping a Palm Beach woman last March, the news media's longstanding practice of preserving the anonymity of rape victims was broken by two major institutions—first, NBC News, then the *New York Times*. "Who she is is material in this . . . ," claimed NBC News chief Michael Gartner. "You try to give viewers as many facts as you can and let them make up their minds."



The decision of New York Times *editors to name the woman in the Palm Beach rape case drew criticism from other journalists.*

Pollitt, a contributing editor of the *Nation*, dismisses such journalistic rationales as self-serving and invalid. "There is no good reason to publish the names of rape complainants without their consent, and many compelling reasons not to."

It is not as if the Palm Beach woman's charge is being made anonymously, Pollitt points out. Her name is (or will be) known to all who need to know: Smith and his attorney, the judge, and the jury. If the case goes to trial, "she will have to appear publicly in court, confront the defendant, give testimony and be cross-examined." But there is no need for her to be identified and "tried" in the news media too, Pollitt maintains.

Nor do the media have any duty to "tell all" they know. The media frequently hold back information, Pollitt notes, on grounds of "taste" or the "national interest." In fact, says Pollitt, when it serves their own purposes, the news media *favor* anonymity, not only for their cherished sources but for some rape victims.

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