

Eye on Washington by Nicholas Benton

America has lost \$23 billion in health care

The American population was denied \$23 billion in health care services last year, according to a report on "budget savings" just released by Health and Human Services Secretary Margaret M. Heckler. The cutback resulted in the lowest increase in national spending for health care in over 20 years, and, of course, Heckler treated it as great news.

However, her description of how all this money was saved in 1984 makes it clear that this was achieved entirely at the expense of the health of the American people.

Heckler's report indicated that the annual average rate of increase in health care costs of 15.2% in the early 1980s fell to only 9.1% last year, bringing the total national health bill to \$387.4 billion. The slowdown in the rate of increase was not due to a slowdown in the inflation rate, but rather: "Other more fundamental changes . . . have occurred in the delivery of services and in the financing of care."

The four key "actions now paying off in a slowdown of health cost growth" cited are:

- The rise of Health Maintenance Organizations (HMOs), in which subscribers pay a fixed annual fee for service. The number of enrollees in HMOs was 17 million at the end of 1984, more than double the number six years ago. HMOs, of course, remain solvent only by keeping their expenditures for treatment below their income from fixed subscriptions. This is done only by shortcuts in treatment.

- A shift from high-cost hospital-centered treatment to lower-cost, so-called "alternative" treatment either at street-corner outpatient centers, or in

the home. The cost differential here, of course, is due to lack of equipment and services for the patient.

- Pressure from business and "community coalitions" to urge hospitals to restrain costs. Again, the only avenue given the hospitals to do this is to restrict the quality of care, especially through restricting testing and early release of patients. According to the report, average stays in the hospital in 1984 for those over age 65 dropped a whopping 7.5%.

- Institution of the "prospective payment" system in Medicare in 1983, in which the government will reimburse a hospital only a fixed fee per stay for Medicare patients. This puts hospitals in the same boat as HMOs—faced with the necessity to restrict treatment to patients in order to remain financially solvent.

In sum, all the reasons given by Heckler for the 6% "savings"—amounting to \$23 billion—are the result of reductions in patient care. None of the real reasons for the structurally high growth rates in the cost of health care—such as usurious interest rates and the monstrous impact of malpractice insurance fees—were touched to achieve the \$23 billion "savings."

Particularly noteworthy is the sacrifice of the elderly to this altar of "savings." The drop of 7.5% in the average hospital stay for persons over age 65 in one year is shocking, especially when the slower healing rates and greater required treatment of elderly patients are taken into account.

This means that patients are either being sent home prematurely, or, increasingly, under provisions of "living will" legislation passed in 26 states, are being denied treatment and even, in some cases, nourishment, and thus are dying after a few days in the hospital.

Heckler's report is a ghastly documentation of our nation's willingness to allow the "pound of flesh" be extracted from its people in the name of honoring usury.

War on domestic marijuana production

Over 2,500 federal, state, and local law enforcement officers were poised to begin massive raids on U.S. domestic marijuana producers on Aug. 5. The release of a 200-page "environmental impact study" justifying the use of herbicides such as paraquat to kill marijuana plants was the signal for the attack.

Senators Paula Hawkins (R-Fla.) and Strom Thurmond (R-S.C.), two of the most ardent supporters of the administration's War On Drugs legislative initiatives, hailed the planned charge as Congress neared recess on Aug. 1. "August is the harvest time, and the time to strike is now," Hawkins said.

However, Hawkins and Thurmond were cautious about openly advocating use of paraquat, even though the environmental study advocated it as part of a "preferred alternative" of "operational flexibility" for eradication of marijuana plants that "would permit use of the full range of eradication methods based on site-specific criteria."

While establishing that paraquat does not create serious health problems to humans or wildlife except in cases of extraordinary amounts of direct consumption, the study stated: "For mature cannabis plants, paraquat would be the preferred herbicide because its speed of effectiveness minimizes the possibility that cultivators could harvest treated cannabis," the report said.