

Once again: The New York Times and Obama's health care "reform"

By Kate Randall
14 September 2010

The *New York Times* is continuing its promotion of the Obama administration's cost-cutting health care "reform." An editorial on Sunday is the latest in the newspaper's efforts to justify the deeply reactionary health care legislation that was voted into law earlier this year.

Headlined, "Is Newer Better? Not Always," the editorial reprises the newspaper's role as key advocates in the drive by the government and big business to ration health care for ordinary Americans, while defending the interests of the for-profit health industry.

Invariably, when the *Times* argues that "newer" treatments and services are "not always" better, the editors take aim at vital tests, drugs and procedures and call for them to be scaled back in the interest of cost. But, as in previous articles and opinion pieces, their attempt to pass off this rationing of services as a boon to the health and well-being of working people is both deceptive and crude.

Even before the inception of the health care debate in Congress, the *Times* was counseling against "overtreatment" in connection with a wide range of life-saving drugs and medical procedures. In the realm of cardiovascular disease, the *Times* has targeted the alleged "overuse" of heart stents to open up blocked arteries, the overprescription of cholesterol-reducing statin drugs, and the overutilization of artificial pacemakers.

The *Times* editors responded favorably last year when a government panel recommended that women cut back on mammograms to screen for breast cancer, as well as when the American College of Obstetricians and Gynecologists recommended that women scale back on Pap smears to detect cervical cancer.

A *Times* analysis at the time praised the recommendations, stating, "This week, the science of

medicine bumped up against the foundations of American medical consumerism: that more is better, that saving a life is worth any sacrifice, that health care is a birthright."

In Sunday's editorial, the newest targets are the prostate-specific antigen (PSA) screening test for prostate cancer in men and the use of complex fusion surgery for lower back pain. While it is always possible to point to specific instances where the risks of a particular screening test or procedure outweigh the benefits, it is clear that it is not this concern that motivates the *Times*' editors—it is the cost.

The editorial notes in relation to PSA screenings, "Each year some 30 million American men undergo the test at a cost of at least \$3 billion." They also note that in comparison to simpler back surgeries, "Surgeons were paid 10 times as much for the complex surgery, hospitals were paid three and a half times as much, and manufacturers reaped a bonanza selling \$50,000 worth of implants for the complex surgery."

That corruption and bureaucracy play a role in driving up costs will come as no surprise to any individual who has sought to navigate the US health care system. But what the *Times* conveniently fails to mention is that such practices are inherent in a health care system in which the bottom lines of the insurance companies, hospital chains and giant pharmaceutical firms predominate, subordinating the health and lives of the vast majority of Americans to their profits.

While the *Times* has no intention of challenging the private health care industry's "right" to reap billions, it asks its readers to believe that it has the average patient's interests at heart. One of the more cynical passages in the editorial declares, "No one wants to bar patients from getting the treatment they need."

The next sentence, however, makes clear that this is

precisely what the *Times* wants. “But without news paper editors. It writes that “the legislative the use of unnecessary, overly costly and even dangerous new technologies and surgical procedures,” the newspaper states, “there is little hope of restraining the relentless rise in health care costs.”

Cutting costs for whom?

Not for the mass of working people. Already numerous reports have emerged on the plans of the insurance companies to respond to the health care “reform” by increasing premiums and deductibles and cutting the services they cover. There is absolutely nothing in the legislation that prevents them from doing so.

As an organ of the liberal Democratic establishment with close ties to policymakers in the Obama administration, the *Times* is arguing for measures that will slash costs for the government and the health care industry, regardless of the outcome for patients. To this end, it has maligned the use of numerous drugs and procedures that have saved the lives of literally millions of people in the US and worldwide—in many cases manipulating scientific data to back up its shoddy arguments.

The concluding section of the editorial gets down to the mechanisms by which this cost-cutting health care agenda is to be achieved. The editors write, “Research that systematically compares the effectiveness of different treatments and drugs is clearly needed.”

They point to the panel set up under Obama’s health care bill that will utilize comparative effectiveness research (CER) to target services for cost reductions. “If the institute works the way it is supposed to, patients, doctors and the government will have better information about what works and what does not, what may be worth the extra cost and what does not make sense.”

In fact, this unelected 19-member body, appointed by the comptroller general, will be accountable to no one—particularly the individuals and families seeking health care. Determinations about “what may be worth the extra cost and what does not make sense” will be driven by what is profitable for the health care giants, and how much federal programs—particularly the Medicare program for the elderly—can be cut.

If anything, the *Times* bemoans the fact that the health care bill does not sufficiently empower this panel to implement the type of brutal cutbacks the

language is so convoluted there is no guarantee that even the most credible findings will help ensure that patients get the best and most cost-effective treatments”—i.e., that the government panel will impose sharp reductions in services.

The editors are hopeful, however, that the government panel will be the first step in a major cost-cutting overhaul. “Depending on how the White House decides to proceed,” they write, “the effort could begin to change things.”

The editorial notes that while “the law says the secretary of health and human services cannot deny Medicare coverage of services ‘solely’ on the basis of comparative effective research,” such findings can be used “in conjunction with other factors in making coverage decisions.”

The *Times* urges the secretary of health and human services, Kathleen Sebelius, “to press the panel to get the research going and then begin including the findings in Medicare coverage and reimbursement decisions.” In other words, the Obama administration must not shirk from making the type of “hard” decisions in relation to the Medicare program that can be used as a model for rationing care throughout the health care system.

In implementing these cuts, the *Times* urges administration officials not to buckle under to criticism. “Critics will howl,” they warn.

The critics they most fear, however, are not those who argue that Obama’s health care legislation constitutes a government takeover of health care. The biggest opposition will come from working families who are already deeply suspicious of the health care overhaul, and whose suspicions will rapidly be confirmed as the cutbacks are put into force.

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