

We Must Take a Stand To Defend Health Care

by Dr. Kildare Clarke, MD

Here are excerpts of testimony delivered to the Ad Hoc Democratic Platform Committee Hearings, in Washington, D.C., on June 22. Dr. Clarke is Associate Director, Emergency Room, Kings County Hospital, Brooklyn; and a member of the Doctors Council, New York.

Unfortunately, we are talking about people's lives, life and death. We are not talking about soybeans, coffee beans, or livestock.

What has happened over the years, is that the Wall Street people have recognized that they could convert health care, the necessity of existence, into making money. Therefore, they have created various organizations, such as HMOs [health maintenance organizations], the PPOs [patient provider organizations], and other forms of health-care organizations, and tried to fool the public, that "those greedy doctors" were making a tremendous amount of money, and the health-care cost is going up astronomically, and we need to control it. Therefore, they were going to be the "good people," to control these health-care costs.

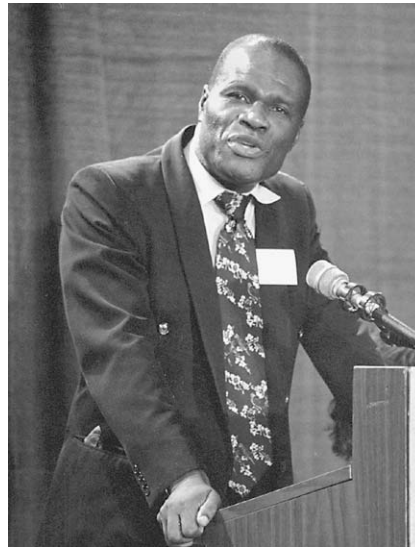
Instead, what has occurred? Money from the health-care industry, has been put in the pocket of most of these people. Remember, these are not people who are trained physicians. Yet, they are dictating the terms and condition of your health-care delivery. . . .

Case in point. At Kings County Hospital, it takes one year—one year from today—to get an ophthalmology examination—an appointment to the eye doctor. If you have a GU [genitourinary] problem, the next appointment is nine months away.

Remember, you have read about prominent people recently come down with prostate cancer. The diagnosis was made by prostate-specific antigen [PSA] testing, and also by physical examination. Remember, these are prominent people who got these examinations done by their private doctors, at some of the most esteemed medical centers in New York City.

Yet, these very same people cut out the funding which would be necessary to support the municipal hospital system, so that the poor can get the very same test, which is important to find out if they have prostatic cancer. . . .

These are not very costly tests. But one has to look at the *magnitude* of what has gone on here: The poor, black/Hispanic male, who cannot afford the health-care cost, meaning they do not have insurance, the government is not provid-



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ing any health care for them—they can not get these tests done, because the government has removed all the subsidies to the municipal hospital system.

Yet, as a country, we are touting ourself around the world that we're the best country, the richest country, we provide the "best health care." There is a report, just came out in the paper about two weeks ago, where *the United States has fallen way below Sweden, England, Australia, and another country, in health-care provision*. That, to me, is a crime: That the richest country in this world, is still providing *less* health care to its inhabitants, than some of the poorer countries of the world. . . . The health care right now being given to most people in this country, those who can not afford it, which is a larger percentage of the population, than those who can afford it, is worse than the people get in other countries.

One might say: "Well, socialized medicine in England, or in Sweden, or, for that matter, in Canada, doesn't work." Yet, it might be true, it doesn't work—based on one perception.

To me, it works, and works efficiently. It provides the basic health care for the population, in comparison to the United States, which provides good health care for a smaller segment of the population, and almost no health care for the larger percentage of the population. . . .

And you can see this happening. You can see the merger of most of these HMOs. Case in point: In Southern California, where a lot of the HMOs have merged and taken over some of the hospitals, they have removed the emergency department. You can no longer walk into an emergency room, and get care.

What have they done? They have left one doctor on call, so that if someone shows up at the emergency room, somebody will call that doctor. *So, your life is in jeopardy. You could die, before that doctor gets to that hospital. . . .*

To me, I think, as physicians, we should take a stand. And our stand, should be that we have taken an oath to take care of the patient to the best of our ability. We can not abdicate

that position, and join with these HMOs, to literally mistreat, or maltreat patients.

We have to say: We will not work for the HMOs, we will not do anything for the HMOs. We will provide care for the patient, even if we do not get paid for it. *But we must take the stand.*

And I guarantee you, the public out there will support a doctor to move away from the managed-care groups. I do not have to tell you—it's published all the time in the paper, of various mishaps with HMOs, where people want certain treatment, the HMO said, "No, it's not covered by our plan," and the people who are making those decisions—maybe they are very lucky if they had graduated from high school. Yet, they are making major medical decisions, for your health care. . . .

I have to blame the public. It is your right; your health care is what determines whether you are rich or poor. If you are unhealthy, you will never be rich. If you are healthy, there is always the possibility to get rich.

Therefore, it is time that you, as a public, march, take up health care as an issue. Tell them: "This is our lives. We are going to make the determination as to *how* health care is delivered in this country, when it's delivered, to whom it's delivered, and not left up to these corporate executives."

I guarantee you, the medical profession will back you as a general public, to demand the best health care. As I've always said, and I will still maintain, the wealth of any country is solely dependent on the health of all of its inhabitants. If the United States wants to continue as the leading wealthy nation, then it better wake up, and recognize that its health care is far behind those of other countries which are less wealthy.

Therefore, it's about time attention is paid to the health-care delivery system in this country. And the United States government must take that lead. If the government does not wish to take the lead, then you, as a people, the public, and the medical profession, must take that lead, and demand that health care be the Number One Important Question and Issue which must be addressed in this country, not tomorrow, but today, if not yesterday.

I think it behooves you. People march for other issues. You've got to march for these issues. And, if your representatives do not want to understand what this is all about, then you have that right, to vote that person out of power.

Because after all, what is a government's function? If the traditional function of government, is not to make sure that you are healthy, that you are protected, and that there is reasonable housing and good education, then there is no need for government. You might as well govern yourself.

Therefore, it becomes important that you, as a people, take it upon yourself to demand this type of attendance to the health-care industry, and your health-care from your government.

Thank you very much.

NMD Test Failure Should Buy Time for Competent Decision

by Carl Osgood and Jeffrey Steinberg

At 1:39 a.m. on July 8, a dejected Lt. Gen. Ronald Kadish, director of the Ballistic Missile Defense Office, appeared before reporters in the Pentagon briefing room to report that the much anticipated intercept test of the National Missile Defense system had failed. He said that what was known at that time, was that the interceptor vehicle, known as the exo-atmospheric kill vehicle, had failed to separate from the booster rocket because of a failure within the booster. As a result, the intercept phase of the test never took place.

According to Kadish, and subsequent statements put out by the Pentagon, what happened that night went something like this: The test began when a modified Minuteman missile, with a target warhead and a balloon decoy, was launched from Vandenberg Air Force Base at 12:19 a.m. EDT. Twenty minutes later, the booster rocket, also a modified Minuteman missile, was launched from Kwajalein Atoll, about 4,300 miles away in the Pacific Ocean. According to program officials, the first stage of the booster successfully separated, but then the launch vehicle began to tumble slowly after an energy management maneuver designed to keep it within the confines of the test range, failed. The kill vehicle never received the signal that the second-stage rocket motor had completed its burn. That signal is required in order for the kill vehicle to separate and carry out its intercept function. A July 8 Pentagon statement emphasized that all of the kill vehicle's systems were operating "as designed" up to the moment when separation was to occur.

Kadish went to great lengths to explain that the booster that failed, was not the booster that will be used in the operational system, and therefore its failure should not have a great effect on the program. The Minuteman boosters are, as Kadish said, "surrogates" for the real booster, which is still under development (and eight months behind schedule). "The thing we were hoping to get out of this," Kadish explained, "was much more information on the interceptor portion of it." The program now has produced one successful intercept in three tries, the other failure occurring only five seconds before intercept, when the cryogenic cooling system for the interceptor's infrared seeker failed.