front-page news, and a life-or-death issue across the nation. Here are some of the updates, as of the time of the White House health care summitry, which all but ignored them.

Eastern States' Crises

New York: In the borough of Queens, two hospitals closed on Feb. 28, St. John's and Mary Immaculate. Now the remaining Jamaica Hospital and Forest Hills Hospital are overfull. Borough President Helen Marshall toured their emergency rooms in March and reported, "The whole floor was just people on those gurneys. They were packed together, one next to the other, and all down the halls. There were at least 20 that were waiting to be admitted, but there were no beds. There was just no space." She called it "a public health crisis." The *Queens Village Times* has begun a series of articles, "Hospital Closings Leave Borough in Triage."

New Jersey: Kessler Memorial Hospital closed March 12 in Hammonton, Atlantic City.

Pennsylvania: Northeastern Hospital in Philadelphia is to close on July 1. There is a furor over this. Its emergency room treats 50,000 patients a year, and the hospital delivered 1,800 babies last year. "I think people will die because they won't get to an emergency room in time, and there won't be good follow-up care," said the head of the intensive care unit.

In the western part of the state, in Aliquippa, an Ohio River town, the 96-bed Commonwealth Medical Center closed in December 2008, terminating most of its 200 jobs.

Virginia: The in-patient bed shortage in the Norfolk-Hampton Roads region, but also nationwide, was the focus of warnings by the *Virginia Pilot* newspaper in March 2008, quoting Dr. Francis Counselman, chairman of the Emergency Medicine Department of Eastern Virginia Medical School. The paper described the national practice of "boarding" patients in the ER. "Patients arrive at the ER, are diagnosed and need admission. But instead of being sent on to the intensive care unit, the psychiatric ward, or just a regular hospital bed, they get stuck. They can wait for hours, even days, in an emergency department before getting to a hospital bed."

"I have patients who ask me, 'Why won't you let me upstairs?'" said Counselman, who practices at Sentara Norfolk General Hospital." He tells them, "There are no beds to put you in."

OMB's Orszag: 'Reform' Behavior To Cut Costs

Peter Orszag, director of the Office of Management and Budget, held forth on changing peoples' health behavior to save money, in an April 16 NPR interview. "We want to constrain costs and move towards a more efficient system," he said. "We pay for more care rather than better care," therefore incentives are needed to make doctors give fewer tests and get patients out of the hospital faster. (As if HMOs don't already provide incentives for doing just that!)

When he was challenged by the incredulous interviewer, that what he was actually doing was encouraging doctors to give less care, Orszag responded, "not necessarily less care, but higher-quality care," which is supposed to be made possible by better information as to what works and what doesn't for particular diagnoses.

As director of the Congressional Budget Office from 2007 to 2008, Orszag led a major effort to apply behavioral economics to health-care policy. Last October, he delivered a lecture at Harvard Medical School entitled "New Ideas About Human Behavior in Economics and Medicine," which, he said in a blog-post at the time, would build on the "role of expectations, beliefs and norms" in health policy and medical science. "Setting default rules that are more in tune with the realities of human behavior in such diverse settings as doctors' offices and federal nutrition programs might help to improve a range of health outcomes," Orszag wrote, "from adherence of patients to their doctors' medication regimens to the proportion of Americans eating a healthier diet and exercising more."

—Carl Osgood