

Wennberg Lies Behind Attack on McAllen Docs

by Tony Papert

June 26—On June 1, *New Yorker* magazine writer Atul Gawande penned a vicious attack against the physicians of McAllen, Tex., who serve what is actually both the poorest community in the United States, and the one with the fewest doctors per capita. Basing himself solely on deceptive statistics (see below) which seem to show that Medicare spends twice as much on McAllen patients as on those in nearby El Paso County (\$12,000 compared to \$6,000 per year), Gawande libelled McAllen's physicians as crooks ripping off the taxpayer.

"Physicians in places like McAllen behave differently from others," Gawande wrote. What's the difference? "Compared with patients in El Paso and nationwide, patients in McAllen got more of pretty much everything—more diagnostic testing, more hospital treatment, more surgery, more home care." Why do they get more treatment? Because they need it? No—Gawande knows better than that! "The primary cause of McAllen's extreme costs was, very simply, the across-the-board overuse of medicine." And why the overuse? Thieving doctors! "So here, along the banks of the Rio Grande, in the Square Dance Capital of the World, a medical community came to treat patients the way subprime-mortgage lenders treated home buyers: as profit centers."

Nothing was original in Gawande's article: rather, everything came from Dr. Jack Wennberg of the Dartmouth Atlas, the demonic 73-year-old physician-ideologue who has spent more than half his lifetime working to tear down the American medical system, and deny care to the sick—using, among other means to do this, the well-funded, bogus statistical studies on which author Atul Gawande relied for his inflammatory article.

Just one week later, the *New York Times* reported that Obama had given the article to a big group of U.S. Senators, and made it required reading in the White House. Once again, one of Wennberg's perverse studies had given Obama and his staff a justification, now during an influenza pandemic, to cut back on medical

care and medical infrastructure, in pursuit of the British monarchy's policy of drastic population reduction. The same Jack Wennberg had earlier been the source of Budget Director Peter Orszag's repeated statement that medical payments can be cut 30% with no effect on health, and of Obama's statement to the AMA on June 16, that more medical treatment could cause worse health, rather than better.

Wennberg Refuted

Leading health services statistical researcher Daniel Gilden refuted Gawande and Wennberg in a posting entitled: "McAllen: A Tale of Three Counties," dated June 25. Readers are encouraged to refer to Gilden's paper at www.thehealthcareblog.com/the_health_care_blog/2009/06/mcallen-is-now-a-tale-of-three-counties.html

After showing that socio-economic and other factors Wennberg ignored served to slant the comparison, Gilden moves to a comparison of rates of eight common chronic diseases between McAllen and El Paso, ranging from diabetes to Parkinson's. The rates for every one are far higher for McAllen, ranging to over twice those in El Paso.

When Gilden simply separates out the cost of caring for those Medicare patients who were *not* diagnosed either with diabetes, or with heart disease, during the year in question, the comparison becomes \$3,147 per year for McAllen, versus \$2,564 for El Paso—quite different for the original two-to-one ratio.

Gilden notes that combinations of two chronic diseases such as diabetes and heart disease, may be unusually difficult to treat. Fifty-five percent of McAllen's Medicare population had two or more diseases of the eight total, compared to 37% in El Paso. When patients' various combinations of diseases were transformed into a "risk factor" from one to nine, costs for treating those patients who shared any given risk factor, were nearly the same in both locations.

"Patients with chronic disease," Gilden writes, "especially those with multiple conditions, are extremely costly to treat. Cost savings will not be realized by denouncing and penalizing medical systems because they treat patient populations with high rates of disease."

Why then, the "denouncing and penalizing"? Gilden gives no answer, but the motive is the same as that for Hitler's T-4 so-called euthanasia program of September 1939, entitled by him, "The Destruction of Lives Unworthy of Being Lived."