The Health Care Debate and the Declining Value of Life in the U.S.

Political debates are constantly being conducted over our nation's economic future. In various guises, we hear rhetoric related to our deteriorating infrastructure, our underfunded - or debilitating - military expenditures, the adverse economic effects of immigration and outsourcing on employment, and more recently, the economic problems imposed by our aging population owing to the social contract costs they engender. In the end, all of these issues seem to be largely related to a tacit, but grudging, recognition of the impossible sustainability of current American lifestyles.

In accordance with their avowed individual interpretations of the *mandate of the people*, our most conservative political leaders advocate steering our nation onto a course of budgetary restraint as part of a long-term effort to achieve deficit reduction and create economic sustainability. To arrive at this goal, almost all the proposed remedies for our nation's problems suggest that the valuation of most human life in the United States must now enter a period of austerity and retrenchment.

Value of a Statistical American Life, $ millions

USEPA	2000	7.8
USEPA	2011	9.1
Bush Administration	2008	6.8
Food & Drug Administration	2008	5.0
Consumer Product Safety Comm	2008	5.0*
Food & Drug Administration	2010	7.9
Department of Transportation		6.0
Office of Management & Budget		> 5.0
U.S. Soldier's death benefit		0.5
Department of Homeland Security		x 2**

** The cost of making mattresses less flammable was estimated as $343 million. At $5 million each for an estimated 270 lives saved, benefits totaled $1.3 billion.*

***Double Value for deaths due to terrorism.*

Value of a Year of Quality U.S. Life, in $1,000s

Insurance Company (vs. treatment costs)	50
Stanford University estimate	129
FDA (nutrition labeling, 1999)	100
Cost of Year of Dialysis (maximum)	488
Canada, Britain, Netherlands	50

Source: NY Times, The Value of a Human Life, 5-20-2008

The U.S. Health Care Debate

Our *health care debate* is illustrative of just one of our problems. Our aging population, largely convinced that old age is a disease to be combatted using an ever-increasing array of new medical technology, is, quite naturally, seeking to access these impressive medical advances to extend some of the most comfortable years of their lives. Along with increasing health expenditures for an expanding portion of the American population, the cost demands placed on government-supported medical benefits continue to grow. However, viewed from a conservative budgetary standpoint, providing federal subsidies to extend the lives of this burgeoning group of largely unproductive citizens constitutes a diseconomy. Retirees consume and use, but don't work and create. We don't launch new businesses or create productive jobs, unless you count retirement home workers, wheelchair manufacturers, and hospital orderlies.

You may not be as old as you think you are.

One proposal that has been advanced to mitigate the economic problems created by an aging population is to make oldsters work longer, thereby maintaining their economic value by extending the age at which they can start to access retirement benefits. Younger citizens, newly entering the job market and confronted with dismal employment prospects, may view this approach with skepticism. Seniority does not serve their cause. Graduate school may not profitably fill the gap until they can become productive, revenue-producing, income-earning members of society. On the other end of the payroll, employers fear they may have to provide more handicap parking and schedule longer nap times for their ever more aged workers. This has not worked out well for some of our air traffic controllers.

Welsh is not just a language. It's Ryan's song.

Another approach to reining in our escalating expenditures on the most unproductive and costly segment of our society is to welsh on the promise of social benefits upon retirement. A half century ago, in a benevolent effort to provide American citizens with financial security during their old age, a particularly compassionate element of our government made some long-term commitments which are now being attacked as foolish and imprudent. Detractors now deem it impossible for our government to access sufficient revenues to meet these commitments. The only remaining hardheaded business option is to simply abrogate America's unprofitable social contracts.

So, are the current assaults on Medicare, Medicaid, and Social Security merely a sober recognition of the fact that the aging portion of the American population is consuming more of our national resources than they are entitled to? Probably. However, if so, balanced-budget-conscious politicians seem to be learning that cranky old folks not only believe that they retain some intrinsic value, but that even the most virulent tea-sippers among us appear very content to receive regular reimbursement checks from the government both for health care and, in their view, as well-deserved repayment for their working lifetimes of retirement contributions. After all, whose fault is it that a compassionate federal administration once made such a favorable deal with its citizens?

How often does that happen?

Disenfranchise the incompetent voters!

Making matters worse, old farts vote. Therein may lie the budgeteer's best opportunity for reining in our outsized burden on the national treasury. From the days of the writing of our Constitution, it has been an American tradition to deny the vote to various groups that were considered mentally incompetent to make rational economic decisions; some because they were members of an inferior race; some because they weren't smart and diligent enough to achieve ownership of land; and a large portion of our populace owing to their being born as an inferior sex. Similarly, if today's disoriented Grumpy Old People were simply disenfranchised, it should be much simpler to arrive at political solutions that would ultimately lead to the elimination of those social benefits now being frivolously squandered on the worthless of America.

To support a campaign to disenfranchise older voters, it will be useful for budget-cutters to emphasize just how worthless oldsters have become. The following table is an illustration of how a steely-eyed accounting of the economic value of a typical American life might actually appear as a function of age. (Full disclosure, in case you haven't already figured it out, I am closest to Ω.)

Age Range, years	**% of Value of Life ***
α - 10	- 3
10 - 20	8
20 - 30	23
30 - 40	29
40 - 50	36
50 - 60	13
60 - 70	8
70 - Ω	- 20
Lifetime	100

A major flaw in the *disenfranchisement alternative* is highlighted by polls showing that the physically and intellectually decrepit are disproportionately (+ 21%) those very voters who have been among the nation's most antisocial (a.k.a., cruel, unfeeling, merciless, ruthless, pitiless, heartless, cold-blooded, cold-hearted, callous, unpitying, unforgiving, uncaring, unsympathetic, *'compassionately conservative'*). Accordingly, this Alzheimer's coalition has been the cohort most strongly supportive of those politicians who are now joined in lockstep in their dedication to ending the nation's social entitlement programs. (Ironically, denying the franchise to our nation's most unproductive hordes will likely result in the diminution of these legislative budget reformers most enthusiastically supportive political base.)

Nevertheless, evaluating life as a function of age is far from a recent concept. In Leviticus 27:1-7, (*"The Lord said to Moses …"),* God valuates males and females - in shekels of silver - according to age.

God's Valuation in Shekels of Silver

Age Range, years	**Male**	**Female**
α - 5	5	3
5 - 20	20	10
20 - 60	50	30
60 - Ω	15	10

It is interesting to note that, except for the 5 to 20 age bracket, the female/male value ratio is 3/5, the same as the U.S. Constitutional *"Three-Fifths Compromise"* which established the value of slaves.

Ask you doctor if ..... is right for you! ... or how Supply creates Demand.

Another interested constituency, health care insurance and pharmaceutical companies, have artfully lobbied Congressional leaders to ensure that steadily increasing private and government spending on health care continues unabated. Even while working to cripple government efforts to exercise legislative control, corporations have cited the overall rise in health care costs as justification for continued insurance rate increases. (Averaging 8.3% per year over for almost 40 years, U.S. health care cost increases have nearly matched the rate of salary increases for corporate executives.)

On the pharmaceutical front, newly formulated miracle drugs, designed to help us address ever more exotic diseases (e.g., ugly armpits, erectile dysfunction), are vividly and repetitiously brought to our attention along with our nightly 'breaking' world news. As a result of this creative marketing, those who walk with walkers can now be found shuffling towards those hospices most conveniently located nearest their pill dispensaries. (Alternately, middle age pillsters, now erectily functional, simply head to their tubs.) Banned in most civilized nations, only the U.S. and New Zealand reportedly countenance this *direct to consumer* drug marketing approach.

Still, those few of us that can decipher our nation's healthcare financial balance sheet will likely learn that most of our health care expenditures do, in fact, go to health care providers - for hospital stays, doctor's visits, drugs, and a wide array of fees-for-service, such as X-rays, MRI exams, implants, prosthetics and, also, for what seems to many knowledgable medical authorities, unnecessary procedures. Accordingly, President Obama's *Affordable Care Act* had targeted those highly profitable *fee-for-service* incentives that had led to profiteering by over-treatment and, worse, had resulted in questionable medical outcomes.

Package deal - Lose your heart in an exotic paradise ...

Rising U.S. medical costs have also spawned the rapid growth of *medical tourism*. This adventure often combines a trip to a faraway tropical clime with a major medical procedure plus a luxurious hospital stay. With the number of American medical tourists now approaching two million per year, a major provincial concern is emerging over the loss of revenue to the U.S. health care and tourism industries. Of course, not everyone in an ever-enlarging nation of 324 million can afford to contain their medical costs in this seemingly agreeable fashion. (324 - 2 = 322).

MEDICAL TOURISM 101

Medical tourism refers to the thousands of Americans who travel to other countries each year in search of more affordable health care. Some go for elective surgeries, such as breast augmentation or dental work, while others pursue medically necessary procedures.

COST COMPARISON

PROCEDURE	LOCATIONS		
Medical	**N. America**	**India**	**France**
Heart bypass	$100,000	$7,000	$33,100
Coronary angioplasty	$35,000	$3,700	$18,400
Hip replacement	$40,000	$5,800	$15,000
Knee replacement (single)	$35,000	$6,700	$17,000
Laparoscopic gastric bypass	$30,000	$16,500	N/A
Rotator cuff repair	$40,000	$3,700	N/A
ACL repair	$17,000	$3,700	N/A
Cosmetic			
Breast augmentation	$5,000	$2,500	$9,600
Breast lift	$9,000	$3,000	$7,000
Breast reduction	$4,000	$2,100	$10,000
Face lift	$8,500	$2,500	$12,300
Liposuction	$7,000	$1,750	$7,900
Nose job (rhinoplasty)	$4,200	$2,250	$7,000
Tummy tuck (abdominoplasty)	$6,400	$2,500	$7,900

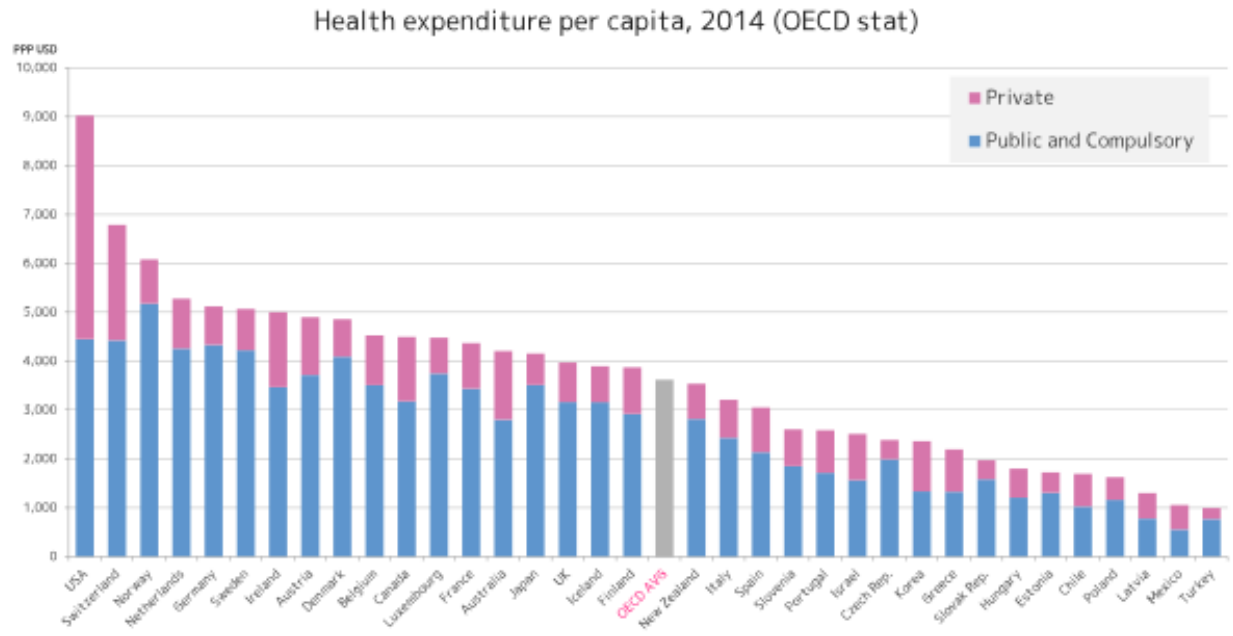
Note: Prices may vary. Source: MedSolution.com

Wikipedia - History of Medical Tourism

"The first recorded instance of people traveling to obtain medical treatment dates back thousands of years to when Greek pilgrims traveled from all over the Mediterranean to the small territory in the Saronic Gulf called Epidauria. This territory was the sanctuary of the healing god Asklepios.

"Spa towns and sanitariums may be considered an early form of medical tourism. In 18th-century England, for example, patients visited spas because they were places with supposedly health-giving mineral waters, treating diseases from gout to liver disorders and bronchitis.
"The avoidance of waiting times is the leading factor for medical tourism from the UK, whereas in the US, the main reason is cheaper prices abroad.

"Popular medical travel worldwide destinations include: Costa Rica, Ecuador, India, Israel, Jordan, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey, (and, presumably, for its more advanced medical technology) *the United States."*



Fiscally conservative budget reformers generally opt to view the costs of U.S. health care as grossly excessive and in need of *'control'* (i.e., reduction). For comparison, among the 35 OECD countries, the U.S. spent $9451 per citizen in 2015 while Turkey spent a mere $1064. If one assumes equivalence, in health care technological capabilities and availability among nations, the U.S. is spending far too much.

Alternately, the amount a nation invests per citizen for the preservation of health - and life - might be viewed in terms of the relative value that is placed on the lives of each citizen. (The annual expenditures of $167 and $25, respectively, for Afghanis and Central Africans may be a dramatic illustration.)