

THE BUCK STOPS NOWHERE

**WHY AMERICA'S HEALTH CARE IS
ALL DOLLARS AND NO SENSE**

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DEDICATION

This book is dedicated to my son, Remi Miles Kaemke, (11/7/78 -12/22/91) whose birth in 1978 indirectly led to my first job in the health care industry. He was a constant supporter of my work to find ways to make our health care system work for families. He is as much author and voice of this work as I am.

Many thanks to four of his friends who are now mine and without whom I would have been lost: David Bassett, who was in the car when the accident happened. If he had not been there, I would never have known my son was hurt or would not have had time with him in the hospital before he died, for what 13 year old carries ID? David is now an Ensign in the Navy stationed in Japan.

Alec Metz, who is a talented editor, fellow reader and writer, who holds a strong moral compass and is now off to the Peace Corps.

Dana Hooper and Erica Shelly—two wonderful young women who now are on their ways to being lawyers—constitutional and criminal. What a joy it has been to watch them grow and share in their yeasty lives.

And to the memory of my father, Remi Charles O'Connor, (3/28/18 - 4/13/99) who despite our political differences always took pride in my accomplishments. He will forgive me, I know, for using him as an example. He served his country

for 26 years as Naval Aviator and Officer and after retiring had a second career with the San Diego Chamber of Commerce for Military and International Affairs. When enrolled in Medicare in his late 70s, he turned to me in all seriousness one day and said “I don’t want my tax dollars paying for someone else’s health care.” What I did not say then, but will now, is that we all paid for his health care in the Navy and on Medicare and we are all paying for each other one way or the other, so we might as well admit it and find common solutions.

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To a very dear friend many of us lost too soon, Clayton Field. When he was president of a privately held for profit health plan, he very publicly joined the scrappy Advocates United for Health and Long-term Care Reform and paid for the Republican Governor of Minnesota—Arne Carlson—to come to Washington State to spend the day with our Democratic Governor Booth Gardner and the business community in 1990. He wanted to show that health care reform is not a partisan issue.

To former Washington State Governor Booth Gardner for making sure health care was a priority issue in Washington State and in the nation when he chaired the National Governors' Association in 1990-91. It should be on the top of their list again.

To my Mom who struggles with the loss of my father and the independence strokes have stolen from her.

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And thanks to the Leadership Tomorrow program in Seattle, where I got my start as a health care journalist.

I have lost the impossible with the death of my son. But, I have been given much as well. I hope this book puts some water back in the community well. I have written this book in an attempt to explain a system that is senseless to others in the hopes that I can make it understandable.

Once we understand how and why something does or doesn't work then we have the first tools we need to start fixing it. We can and must do better than we are doing now.

Kathleen O'Connor, MA

INTRODUCTION:

WHY THIS BOOK? WHY NOW? WHY ME?

“**The Buck Stops Here**” means responsibility and accountability. But, in the health care industry—an industry littered with trillions of dollars—neither accountability nor responsibility exist: ***The Buck Stops Nowhere***. If that weren’t bad enough, our health care system creates adversaries rather than allies. As long as this continues we cannot control costs, much less have quality care or access.

We are once again facing many changes in the health care system, but if we are going to have change, then we need a common understanding about the system’s fatal flaws. If we are going to have change, then we need to see what is and what is not working now and why. If we are going to have change, we need to make changes that are going to work for us rather than force us to work against each other as we do now.

Most importantly, we need to make those changes in a thoughtful manner, not through trial by sound bites. We need to understand how the perverse incentives have created monsters out of otherwise decent people and have pitted the players against each other while patients are lost in the broadcast clutter of accusations, protestations and regulations.

It doesn’t take a genius to see how fatally flawed our health care system is. What I have tried to do is outline the problems in a lively fashion so people can understand the issues, flaws, opportunities and challenges.

I have worked in the industry for over 20 years. My degrees are in Japanese and Comparative Governments, so I can serve as both translator and guide. I am in the industry, not of it. I have worked in marketing, public relations, as a freelance writer and as a community relations consultant for clients ranging from insurance companies, to business groups, hospitals, physicians and alternative care providers. I have formed two statewide coalitions for health care reform and one national non-profit organization to educate people about the limits of the system and how we can and must change it. I write a monthly column for *The Seattle Times* and a newsletter on health care policy and politics, *The O'ConnorReport*. And, I have been told, people understand what I write.

When I began my career in health care in the late 1970s, the system then made little sense to me. We would pay money to put elderly in expensive nursing homes they did not want to be in, but we would not pay for services that would allow them to be independent at home. Back then, fewer than thirty million people had no health insurance, now over forty three million have no insurance. Then, health care increases were 10 percent plus. Now they are increasing anywhere from 20 percent to 60 percent for some companies—all this erosion during one of our greatest economic expansions.

As we charge toward changes again, I hope we can create a system that breeds accountability and responsibility. I hope this book is a step toward doing just that. I kept this short and to the point intentionally in the hopes it will be widely read.

My hat is off to Paul Starr for his wonderful book *The Social Transformation of American Medicine*, George Halvorson for *Strong Medicine* and Daniel Callahan for *False Hopes*. These important works should be widely read.

I have written this guide to demystify our health care system and serve as a Dorothy who pulls back the curtain to show that the Wizard of Oz is only a person, who is actually old, ineffectual and weak, hiding behind a curtain with a microphone so he can seem bigger than he is. Unlike the Wizard, the health care industry has a lot of money—the same as the federal budget—and it hires a lot of people. It is our nation's largest industry. Like the Wizard, however, it depends on secrecy and fear to keep control and does not like outside interference. I hope this book serves to pull back the health care curtain, so we can all make up our own minds about what we want from a system of health care.

We need a system with roles, responsibilities, and accountabilities.

While the following picture is not pretty, there is a way out of the mess. A workable solution doesn't require rocket science. The solution is not a medical savings account, a single payer system, or care that's micro-managed, socialized or privatized. To create a better system, we need a common baseline of how the current system does and does not work.

Until we have a goal for what our system of care should do and have reasoned change, the buck will never stop anywhere.

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