

Once again: The New York Times and Obama's attack on health care

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The *New York Times* has stepped up its campaign in defense of the Obama administration's drive to overhaul the US health care system. In an editorial Sunday headlined "Reform and Medical Costs," the newspaper employs a series of cynical and dishonest arguments in an effort to defend proposals that the *Times'* editors know will erode health care for millions while boosting the profits of the giant health insurers and pharmaceutical companies.

Both in its substance and its arrogant tone, the editorial fairly drips with contempt for working people.

The editorial begins by asserting that the major concern of Americans is "the relentless rise in health care costs and health insurance premiums." This medical spending, the authors argue, "is propelled by two things: the high prices charged for medical services in this country and the volume of unnecessary care delivered by doctors and hospitals, which often perform a lot more tests and treatments than a patient really needs."

This passage presents the reader with a tautology: rising costs are caused by high prices. Left unmentioned and unchallenged is the real root of the health care crisis—private ownership of the health care industry and the subordination of health care to corporate profit.

The reader is then presented with what the *Times* considers to be the real problem: "unnecessary care" and the deplorable practice of doctors and hospitals performing "a lot more tests and treatments than a patient really needs."

The editorial points favorably to proposals contained in both the House and Senate versions of legislation that would impose "forced productivity gains" to "reduce the rate of growth in annual Medicare

payments to hospitals, nursing homes and other providers." The newspaper notes: "This proposal could save Medicare more than \$100 billion over the next decade."

The editors omit the fact that the health care plans under consideration include massive cuts to Medicare, the government-run program for the elderly and disabled—\$570 billion under the House bill and more than \$400 billion in the Senate Finance Committee version.

They ignore a report published in the *Washington Post* Sunday, the same day as the *Times*, on a government study predicting that proposed "productivity adjustments to price updates" contained in the House bill could drive some providers to "end their participation in the program (possibly jeopardizing access to care for beneficiaries)." In other words, millions of Medicare patients would be denied treatment and services. (See "US House health care bill would slash Medicare services")

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The editorial declares support for a proposal included in the Senate Finance Committee bill that would tax so-called "Cadillac" health care plans. This tax would target plans, held by a significant number of unionized workers, which provide relatively comprehensive benefits. Such coverage has been won in bitter contract disputes, often at the expense of wages or other forms of compensation.

The *Times* notes approvingly that this tax "would most likely cause insurers to redesign plans to fall beneath the threshold" (translation—cut benefits) and that "enrollees could have to pay more money for many services out of their own pockets, and that would encourage them to think twice about whether an

expensive or redundant test was worth it.”

The peasants deserve no better, according to the well-heeled scribblers at the *Times*. Precisely how and on what basis workers, with no training in medicine, are to decide which tests are “redundant,” the newspaper does not say. Of course, this is all window dressing for a scheme to force ordinary people to forego more costly procedures, or pay for them out of pocket.

The implications of such rationing is indicated in a new report issued Monday by the United States Preventive Services Task Force reversing previous recommendations that women start regular breast cancer screening at age 40, proposing instead that screenings begin at age 50. As one of the authors of the report noted, if the new guidelines are followed, billions of dollars will be saved. The *Times* placed a report on the new guidelines at the top of its web site Monday evening.

The editorial goes on to make the following absurd statement: “Economists project that most employers would shift money from expensive health benefits into wages.” This is presumably stated with a straight face about a corporate elite that has throughout its history sought through force and guile to lower workers’ wages and is currently engaged in a ruthless wage-cutting campaign.

Under the sub-heading “Managed Competition,” the editorial advances the specious claim that competition for customers on insurance “exchanges” could lead to lower costs. In fact, under the health care plans in Congress there would be no limits on what insurers could charge. The *Times* itself reported Monday that pharmaceutical companies have been jacking up their prices in advance of any health care overhaul. Any decrease in costs would come from reduced benefits.

The editorial is silent on the fact that under both the House and Senate plans millions of Americans will be left without any insurance—25 million under the Senate Finance Committee plan, 18 million under the House bill. The goal of universal health care has been dumped by the Obama administration, with the approval of the *Times*.

The editorial also fails to mention that the House bill, hatched in a series of back-room deals by Democratic House Speaker Nancy Pelosi and abortion opponents within the Democratic caucus, contains far-reaching restrictions on the ability of working and middle-class

women to obtain an abortion.

It comments favorably on funding in the Congressional legislation that would accelerate the use of comparative effectiveness research (CER) to “compare how various treatments work,” with the goal of rationing medical treatments and services. The *Times* writes: “Critics have charged that this sensible idea would lead to rationing of care. (That would be true only if you believed that patients should have an unbridled right to treatments proven to be inferior.)”

The use of the adjective “unbridled” gives the game away. The *Times* reserves that pejorative for working people who think they have a right to the best possible health care. One searches in vain in the pages of the newspaper for such spleen directed against profit-gouging health care companies, banks that have benefited from the unlimited largess of the federal government, or the Pentagon war machine.

The *Times*, speaking as the authoritative voice of liberalism and the Democratic Party, makes no attempt to maintain a pretense of being friend to the “common man.” The editorial reflects the outcome of a decades-long process of social polarization. The newspaper speaks for privileged social layers that have seen their economic position improve in the course of a colossal redistribution of wealth from the working class to a parasitical elite. Their alienation from and hostility to the working class have grown in tandem with crisis and decay of American capitalism.

Their liberalism—long ago stripped of any commitment to social reform or greater social equality—is devoid of any genuine democratic content. Their standard bearer is Obama, the representative of the financial aristocracy.

The *Times*’ crusade for what amounts to a massive attack on health care for millions of Americans reflects a heightening of class tensions in America. The decks are being cleared for a new period of working class struggle and social upheavals.

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