The voice of the ruling class

Kate Randall 18 July 2011

In an op-ed piece published Friday, *New York Times* columnist David Brooks reveals the real thinking of America's financial aristocrats in relation to health care spending. In chilling terms he gives vent to their bitterness over the "squandering" of resources to extend the lives of commoners and their determination to put an end to it.

The column made its appearance in the midst of discussions between the White House and congressional Democrats and Republicans on a bipartisan plan to slash trillions of dollars from health and retirement programs for the elderly and the poor, including Medicare, Medicaid and Social Security. The Obama administration has taken the lead in this unprecedented attack on basic social reforms dating back to the 1930s, insisting that any move to raise the debt ceiling must be tied to massive cuts.

The essence of Brooks' column is summed up in the headline, "Death and Budgets." In order to resolve the budget deficit, he argues, people will have to die sooner.

"This fiscal crisis is about many things," he writes, "but one of them is our inability to face death—our willingness to spend our nation into bankruptcy to extend life for a few more sickly months." It is the American people's selfish and ignorant desire to live longer, not the mindless greed and extravagant wealth of the ruling elite or the trillions spent on war and bank bailouts, that is bankrupting the country, he argues.

In the typical manner of a sophist, Brooks holds up the case of one patient with a horribly debilitating and incurable disease to argue against "unnecessary" treatments for millions of others. Brooks cites Dudley Clendinen, a former editorial writer for the *Times*, who has ALS, or Lou Gehrig's disease, and has chosen to forgo further treatment.

Speaking about the conditions of those who are diagnosed with ALS, Brooks declares, "Life is not just breathing and existing as a self-enclosed skin bag." Here the venomous tone is as telling as the words. How many ailing and aging people alive today would Brooks and his

ilk consign to the category of "self-enclosed skin bags?"

There is more than a whiff of fascism here. Brooks does not propose the Nazi solution to the "problem" of physically or mentally disabled people—mass extermination—but one can easily imagine the engineers of such horrors using similar language to describe their victims.

Extending to its logical conclusion the type of "costbenefit analysis" of human life advocated by Brooks, one Nazi propaganda poster for euthanasia from the 1930s declared that individuals "suffering from hereditary defects cost the community 60,000 Reichsmark... Fellow Germans, that is your money, too."

Brooks does suggest that anyone who is diagnosed with ALS should agree to end his or her life early. He is contemptuous of human feelings and ignores the social contributions that even seriously ill people can make. The case of scientist Stephen Hawking springs to mind, a brilliant intellect who, thanks to the life-extending advances of modern medicine, has made some of his most important contributions even while severely disabled by ALS.

The case of Clendinen is cynically cited by Brooks in order to argue for the rationing of health care. "We have the illusion that in spending so much on health care costs we are radically improving the quality of our lives," he declares. Why this is an "illusion" he does not say. It is, however, a fact that since Medicare—the government health insurance program for the elderly—was introduced in 1965, poverty among senior citizens in America has declined sharply and life expectancy has climbed.

What Brooks is really getting at—reflecting the consensus among America's moneyed elite—is that these trends are positive evils and must be reversed.

He makes the sweeping statement that we "remain far from a cure" for cancer and "there is no cure on the horizon for heart disease." This simply dismisses the significance of dramatic advances in the treatment of both a wide range of cancers—including lung, breast and prostate cancer—and cardiac disease.

According to the Centers for Disease Control and Prevention, the number of people who are now described as "cancer survivors" increased from 3 million in 1971 to 11.7 million in 2007—a 290 percent jump. Early detection and aggressive treatment have been credited with the dramatic improvement.

Similarly, according to studies reported in the *Archives* of *Internal Medicine*, rates of in-hospital mortality following a heart attack have dropped dramatically, due in large part to new medicines and surgical treatments. Between 1994 and 2006, the rate of this type of death fell by 53.9 percent among women under 55 and by 33.3 percent among men in the same age group.

Perhaps the most sinister part of Brooks' column deals with the treatment of Alzheimer's disease and its sufferers. Brooks bemoans the fact that a "large share of our health care spending is devoted to ill patients in the last phases of life. This sort of spending is growing fast."

For the record, Brooks adds, "Obviously, we are never going to cut off Alzheimer's patients and leave them out on a hillside. We are never coercively going to give up on the old and ailing." These disclaimers are remarkably vague—deliberately so, one imagines.

What constitutes "coercion?" If, as many in the Brooks camp propose, insurance companies and Medicare and Medicaid end coverage for the most expensive drugs, procedures and tests, and people by the millions suddenly find they can no longer get the drugs and treatments they have depended on, is that "coercive?" After all, they can decide to stop paying their rent or eating as much, and if they are wealthy, they can continue to receive the best medical care money can buy.

"It is hard to see us reducing health care inflation seriously unless people and their families are willing to do what Clendinen is doing—confront death and their obligations to the living," Brooks concludes.

In the course of his column, Brooks refers approvingly to a recent article in the Democratic-leaning *New Republic*. The authors, Daniel Callahan and Sherwin Nuland, are, if anything, even more explicit. They cite one study that claims the "incremental cost of an additional year of life" has risen to \$145,000. "If this trend continues in the elderly, the cost-effectiveness of medical care will continue to decrease at older ages," the authors conclude.

In the happy event that this trend is reversed, they write, "Some people may die earlier than now, but they will die better deaths." They go on to assert that "the public must be persuaded to lower its expectations" about health care,

in part by "increasing co-payments and deductibles to a painful level, sufficient to discourage people" from seeking life-prolonging care.

All factions of the political establishment are demanding deep cuts in health care programs. Particularly noteworthy, however, is the role of the liberal establishment and the Democratic Party in spearheading the attack.

The *New York Times* has played a leading role in campaigning for the Obama administration's health care overhaul. An endless string of articles and opinion pieces in the *Times* have railed against overspending on cancer screenings, artificial pacemakers, statin drug therapies and many other vital treatments. Brooks' column, by questioning whether there is any intrinsic value in prolonging the life of the ordinary American, simply makes explicit the implicit premise of all such arguments for rationing health care.

When Obama's health care overhaul was being debated in 2009, amid claims that it was motivated by a desire to provide "universal" health care coverage, the *World Socialist Web Site* insisted that it was not a progressive reform, but rather "an unprecedented attack on health care for the working population... an effort to roll back social gains associated with the enactment of Medicare in 1965." (See: "Obama's health care counterrevolution".)

This evaluation has been fully confirmed over the past two years. The very fact that a column such as Brooks' can appear in a major newspaper testifies to the ferocious assault that is being launched by the American corporate and financial elite.

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