

Berkshire Hathaway billionaire: “The amount of waste from overtreatment of the dying is just disgusting”

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In an appearance on CNBC television Monday, Berkshire Hathaway Vice Chairman Charlie Munger said that the US health care system is “ridiculous” in its complexity. Appearing alongside his fellow billionaires Warren Buffett and Bill Gates, the 93-year-old said, “The amount of waste from overtreatment of the dying is just disgusting.”

While Munger’s net worth of \$1.43 billion makes him small fry when compared to Berkshire Hathaway CEO Buffett’s \$73.4 billion, he still ranks in the top 0.01 percent of the wealthiest Americans.

His comments take up a common theme in the current “debate” between the two big business parties on the state of health care in America today: people are living too long. They argue that many—especially the elderly—are receiving costly and “unnecessary” medical treatments, health care costs are skyrocketing, and something must be done about it.

Health and Human Services (HHS) Secretary Tom Price—an ardent opponent of Medicaid and Medicare, the government insurance programs for the poor and seniors—was asked recently in an interview on Fox News about how the House Republicans’ American Health Care Act (AHCA) would widen the ratio of premium prices between young and older people from the current 3:1 to 5:1, allowing insurers to charge older people drastically more.

“Well, it’s pricing for what an individual’s health status is, and that’s important to appreciate,” the HHS secretary remarked. “Someone is going to pay for health coverage for the American people and the question is, how do you do that.” Price’s answer is that older people’s health insurance premiums should skyrocket simply due to the natural process of aging.

Rep. Mo Brooks, Republican of Alabama, has another novel idea. Commenting that the AHCA would “require people who have higher health care costs to contribute more to the insurance pool,” Brooks said, “That helps offset all these costs, thereby reducing the cost to those people who lead good lives, they’re healthy, they’ve done the things to keep their bodies healthy.”

In other words, a child born with a congenital heart defect, a teenager living in poverty who develops diabetes, a miner who has black lung disease—all conditions that contribute to increased health care costs—should be punished with higher premiums, or be priced out of the insurance system altogether, because they presumably are not leading “good lives.”

References to “overtreatment of the dying” are not restricted to Republicans like Munger. Ezekiel Emanuel, a close adviser to the Obama administration and one of the key architects of the Affordable Care Act (ACA), is a Democrat.

Emanuel wrote in 1996 that “services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia.”

According to this rationale, health care for someone with Alzheimer’s—the most common form of dementia and the sixth leading cause of death in the US—is yet another example of “overtreating” a condition that mainly affects the elderly. As the disease is ultimately fatal, and there is as yet no cure, health care “experts” like Emanuel reason, why squander health care dollars on elderly patients who are sure to die, sooner rather than later?

Obama's former adviser is also in agreement with Price and others who argue that in their vision of a "patient-centered" system, everyone should have "access" to health care; whether people can afford it is another question.

Emanuel wrote in 2008: "We are used to being able to spend our money on what we want. If we want a fancier car, a smaller, faster computer with more memory, or a luxury vacation, we can pay the extra cost for such things and skimp somewhere else if necessary. The key is that it is our decision." And if you're out of a job and struggle to pay your rent and utility bills, you will just have to "skimp" on luxuries like food and health care.

As we wrote on Emanuel in 2009, before passage of the ACA: "A costly treatment for metastatic colon cancer, 'at best prolonging life an average of twenty to thirty weeks,' should not be allowed. [Emanuel] bemoans the fact that Medicare pays for two colon cancer drugs—Erbix (\$40,000 per patient), which can extend life for seven weeks, and Avastin (\$50,000 per patient), capable of prolonging life for two to five months. [9] *He does not question the astronomical prices the pharmaceutical companies charge for these drugs*" (emphasis added).

Billionaire Munger would agree that such drug prices are indeed "ridiculous." But it is the for-profit health care system that is responsible for the soaring cost not only of medications, but of hospital stays and medical procedures. In America, private insurers make obscene profits from selling insurance policies, and pharmaceutical companies and medical device makers charge prices that bear little or no relation to the actual costs of research and development.

Obamacare is based on this for-profit model. Its key component, the "individual mandate," requires people without insurance coverage from their employer or a government program to purchase it from a private insurance company *or pay a tax penalty*. If you are too poor to buy coverage, you can obtain a "hardship" waiver and have the privilege of remaining uninsured.

Like Obamacare, the Republican AHCA is based on the subordination of the health needs of the population—young and old, sick and healthy alike—to the profit requirements of the health care industry and the Wall Street banks that dominate the economy as a whole.

The AHCA, or whatever bill is eventually crafted and signed into law, will build on this reactionary, for-profit foundation, and skew it even more in the interests of the wealthy at the expense of the vast majority of the population. The House Republican plan guts Medicaid and would mark the effective termination of this program for the poor as an entitlement.

But the ruling elite demands that they cut deeper and remove any vestige of "reform" in the health care system. The AHCA would allow states to obtain waivers to strip protections for those with preexisting conditions, and would allow insurers to offer barebones plans that exclude maternity care, emergency visits, prescription drugs and other vital health services.

And they must tackle the greatest problem of all, in their view: The population is living too long. Thus come the howls from Munger and others about "overtreatment of the dying." That men and women who have toiled their entire lives in factories, mines, schools and in the health care industry itself—and in many cases suffered serious health problems as a result—should be treated with dignity and the best care available at the end of their lives is an alien concept to these reactionary minds.

Two days before taking office, Donald Trump vowed to "repeal and replace" Obamacare, and that people would "be able to have plans that are great plans... And it's going to be much less expensive."

Completing the lie, he said, "And we'll do things—because there are people that can't afford it. And nobody is going to be dying on the streets with a President Trump." In fact, a 2009 study found that this is already happening at an alarming rate, with 45,000 deaths every year in the US linked to lack of health coverage.

Almost four months into Trump's presidency, it is not an exaggeration to say that not only will people be "dying in the streets," but that a reduction in life expectancy for the working class is a deliberate bipartisan aim to be achieved by the withholding and rationing of health care for all but the rich.



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