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a feeding frenzy. In the present system, government cost-efficiency "experts" see hospital capital infrastructure funds as "fat" to be cut from reimbursement rates. Managed care operators see such funds as being taken out of their potential profits. They will therefore demand deep rate discounts from the hospitals, and with each cut and discount, hospitals lose future viability. Note, too, that health care cost-management is the fastest growing segment of the health care industry. It rakes in $7 billion a year—dollars that once went into the delivery of health care to patients. Now, it fuels an "industry" built largely on sucking profits out of "managing" the collapse of health care—the antithesis of what once was the medical profession's impetus, and this nation's commitment to developing the medical science and technologies to defeat disease and enhance human life.

Notes

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Candidates vie for ways to cut health care

In the wake of Sen. Harris Wofford's (D-Pa.) successful 1991 electoral strategy of championing health care reform, all the so-called front-running presidential candidates have jumped on the "health reform" bandwagon. With the notable exception of Lyndon LaRouche, they have adopted one or another incompetent prescription for overhauling health care, generally advocating some form of universal insurance coverage, while making cost containment the linchpin: that is, limiting the scope of coverage, treatment, and payments to doctors and hospitals.

George Bush's plan is an attenuation of the conservative "market competition" program of the Heritage Foundation. Its centerpiece is a series of vouchers, tax credits, and tax deductions, up to $3,750 per family, which would supposedly enable these families to purchase health insurance. Yet insurance costs an average of $5,000-8,000 per year. Bush has virtually no specifics on how he would fund this expanded coverage, other than to propose a cap on Medicaid increases, which would result in less coverage and lowered eligibility for the poorest people. His proposed Health Insurance Networks would function like HMOs, to further restrict payments to health care providers.

In their emphasis on "managed competition," **Paul Tsongas**'s proposals are closest to Bush's among the Democratic contenders. Tsongas would have health care providers bid for contracts from health insurance groups—either large companies, groups of small employers, labor unions, or so-called public plans that government would fund to cover the uninsured. Again, the aim is to limit medical treatment in order to contain costs.

Bill Clinton is pushing what is essentially the "pay-or-play" plan of the Democratic congressional leadership, in which employers would either provide health insurance or pay a tax into a government insurance fund. This fund's expenditures would have a Federal Health Expenditure Board—cost-cutters who would impose spending caps and, like the Medicare and Medicaid programs, limit the scope of treatment.

Bob Kerrey, who dropped out of the race after the March 3 primaries, called for a national universal health insurance system similar to Canada's, which would replace employer plans as well as Medicare and Medicaid. The federal government would then impose heavy new taxes to fund the system, and set a "global" budget—that is, fix the total amount of health payments, regardless of need. Both private and state-run insurers would compete for the funds, with the bulk of money going to the bidders, who will most rigidly enforce cost controls and limit treatment.

Neither **Jerry Brown** nor **Tom Harkin** has spelled out specific programs. **Pat Buchanan** has said little on the issue, other than vague talk of "medical IRAs."

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