

LETTER FROM THE EDITOR

While we were putting out the most recent issue of The Citizen, the true extent of the destruction in Haiti was just becoming evident. Photos from far above were showing wide-spread damage – mile after mile of collapsed structures in a heavily populated area.

Throughout the past week, we all zoomed in quite quickly to street level and to more graphic and gut-wrenching images. The stories have been heart-breaking. And they are endless. We may never know how many perished in those awful first minutes and how many died suffering from their wounds in the hours and days later. We only know that humanity has received a very severe blow and that our instinct is to reach out and help.

Our community has always been a friend to the world at large. You get that way when you are a crossroads for so many nationalities. Our faith community has missions and efforts going in dozens of countries, with Haiti a main focus for many even before this catastrophe.

On campus, there are a half-dozen institutes, offices and centers with the word “global” in them. This is where all the rhetoric you hear about a state more engaged in the world is being made reality. Many researchers, particularly in the field of public health, have worked in Haiti and know of the steep challenges that were already there before the buildings came down.

In all this, work connections have been made, bonds have formed and when a day dawns on a calamity in a place with which you’re familiar, part of you is there.

Our response here has been solid, but we can do more and, as the scope of what is required becomes more obvious, more will be required. Over the weeks ahead, there will be plenty of events, shows, fundraisers and appeals asking you to play your part.

The university has set up a website to help keep track of the needs and the organizations supporting relief efforts at unc.edu/cps/disaster-haiti.php

Links to local relief efforts can also be found on *The Citizen’s* website and blogs.

And if your organization is sponsoring an event or holding a fundraiser for Haiti relief, please send information our way at calendar@carrborocitizen.com

Dialing in

From time to time, I’ll spend part of a walk through the downtowns of Chapel Hill and Carrboro conducting an informal survey of cell phone use by motorists. The result is almost always the same – about every other driver is on the phone. Quite a few of the pedestrians are, too. Bicyclists, not so much; but I’ve seen it.

I’ve become convinced that there is nothing this paper could do or say to change what is an almost universal act. But after the recent incident in Efland in which a motorist tried to cross train tracks through downed crossing arms while on her cell, I thought I’d try again. Sadly, 26-year-old Erin Brett Lindsay-Calkins was killed that day along with her 5-year-old son. Her 4-month old son survived.

There may be places and times where it seems OK to make a call while driving. But they don’t include downtowns full of people, bikes and cars, or really anywhere where you ought to be paying attention.

And isn’t that just about everywhere? Hang up and drive. The odds aren’t with you.

Something to celebrate

Saturday is National Pie Day and whether you intend to enter our find-the-pie contest and win yourself one or you plan to bake a pie in celebration, let me remind you that the finest thing you can do with a pie is share it with someone you love and/or the hard-working staff of your local newspaper.

— Kirk Ross

THE CARRBORO CITIZEN

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The more things in Raleigh change the more they stay the same

CHRIS FITZSIMON

Nobody talked directly about North Carolina’s sputtering economy and budget problems at meetings of two high-level panels Jan. 14, but the anxiety wasn’t far from the surface. And neither were signals that make it hard to imagine any serious reform proposals emerging from either group for quite a while.

The Joint House and Senate Finance Committee spent the morning listening to detailed presentations about the sales tax and how North Carolina compares to other states in what it taxes. There is widespread agreement that the tax code is out of date and that expanding the sales tax to include more services makes sense, and more closely ties the revenue system to the state’s economic activity.

Several high-powered commissions have recommended broadening the sales tax rate in the last several years. The joint finance panel was created last summer after Senate proposals to expand the sales tax became a sticking point in final budget negotiations.

Thursday’s meeting was the first one since some legislative leaders said publicly that tax reform is unlikely this year. That prompted House Minority Leader Paul Stam and other Republicans to call for a tax proposal to consider instead of attending more information

sessions.

It is no secret that politics is the primary reason tax reform won’t come up in 2010. Democrats are worried about the November elections and would rather not take any chances or anger any wealthy special interests until the election is over.

Stam is playing politics, too, of course. He wants Democrats to come forward with a sales-tax plan so Republicans can mischaracterize it and make it a central part of their fall campaign.

Somebody needs to ask Stam where his tax-reform proposal might be. All he has really offered so far are proposals to make it harder procedurally to raise taxes in the future. That’s not reform, that’s a talking point.

Not long after the tax commission adjourned, Gov. Beverly Perdue’s Budget Reform and Accountability Commission held its third meeting in its quest to find savings and efficiencies in state government to help the budget crisis.

The commission is stacked with well-connected political heavyweights who know their way around Raleigh, but watching the committee operate doesn’t inspire confidence that it will recommend dramatic changes.

Thursday the commission directed state agencies to come up with better ways to manage the state’s procurement process and put

off discussion of the ongoing problems with local Alcohol Beverage Control Commissions that have made headlines recently.

Commission members seem sincere about their work, and maybe they can come up with some long-term improvements in the way the state operates, but don’t look for any big savings in the short term.

IBM executive Curtis Clark told his fellow members about the difficulty in reorganizing state government, and Clark should know. He headed the 1993 Government Performance Audit created during the budget crisis of 1991.

Some of the audit’s smaller recommendations were adopted, but the proposals for significant changes were largely ignored. It’s striking how similar the language in the 1993 audit is to the discussions held last week about state purchasing and technology management.

North Carolina desperately needs tax reform, and a more efficient state government wouldn’t hurt either. But Thursday’s events don’t lead you to believe that either one is coming soon.

The more the names and faces change, the more the special interests and political considerations stay the same.

Chris Fitzsimon is executive director of N.C. Policy Watch.

Saving money and improving health care quality

ADAM SEARING

With the health reform debate in full force, it’s time to take a close look at what these bills will do – not only to expand coverage and contain costs, but also to improve the quality of our health care.

To begin with, reforms in both the House and Senate bills now under consideration would help contain our nation’s health care costs in a fiscally responsible way. Key to this is the effort in Congress to expand coverage and contain costs simultaneously. Reforming one without the other is like squeezing a balloon – compress one side and the other side pops up bigger than ever.

Why? Controlling costs without expanding coverage would put an intolerable burden on hospitals and safety-net providers and, ultimately, our communities and millions of families. It would be unwise and politically unsustainable. We would be asking our providers to continue to see millions of uninsured people while lowering their costs overall as well. Conversely, coverage expansion without cost-growth containment would be fiscally irresponsible and economically unsustainable. The best strategy is to pursue both goals at the same time.

Both the Senate and House bills contain costs and expand coverage, and the way they do this is just as important. Each cost-control measure and expansion measure also looks to improve the quality of

care people receive. How is it possible to move towards accomplishing all three of these critical goals at the same time?

First, the Senate reform bill receiving the most discussion right now is innovative in ways that are vital to preserving and protecting programs like Medicare for the long term and containing costs and improving efficiencies overall. For example, it would allow us to develop quality assessments in order to link payment to better-quality care. This means we can start paying for health care based on value and better health outcomes rather than paying based on the number of services or tests performed. This is good news for anyone who has a loved one struggling with illness or health problems.

The millions of people who navigate the health system every day know that their loved one needs the right test or treatment at the right time – not an abundance of repeat or erroneous services that don’t give them answers or make them better. This isn’t primarily about saving money. It’s about making health care more efficient and effective for patients. We need to apply to health care the innovative spirit Americans are familiar with in products like the iPhone. Two years ago, the iPhone cost \$600 and did half of what it does now more efficiently and effectively as a \$200 product.

Second, both bills introduce much-needed new models of delivering health care as we expand. Many of these new programs are

specifically designed to improve care coordination and prevent unnecessary hospital readmissions. For example, North Carolina’s successful Community Care program is looked to as a national model. Community Care connects patients with primary-care physicians to create “medical homes” for families and builds an environment where groups of doctors – not insurance companies – work together to identify how to better care for their patients.

Because congressional passage of health reform is only the start of the work we need to fix our broken health care system, reform will allow us to test new models over time so we can find out what works the best and continuously build on our success.

There are no silver bullets or easy answers. Realistically, expanding coverage will increase costs in the short-term. But over the long-term, the health care delivery, quality and payment reforms contained in the reform bills offer an essential framework for lowering the trajectory of health care costs. The status quo is no longer an option and the cost of doing nothing is too high – for families, workers, health care providers, businesses and for the nation’s long-term fiscal health. Balancing the need for change and making sure we do change right is the key to sustainable reform.

Adam Searing is director of the North Carolina Health Access Coalition.

Shame on you, Mother Blue

BILL SOMMERS

Recently, unsuspecting N.C. residents have found their mailboxes awash with Blue Cross Blue Shield mailings that shed manufactured crocodile tears on the “horror” of a relatively small public program included in the Obama Health Plan proposal, calling it a “vast expansion in the government’s role,” while praising its own righteous stance for “health care that works.” This mail-order crusade was predicted back in May, when Paul Krugman’s New York Times column “Blue Double Cross” noted that after private insurers had a cooperative photo-op with the president, BCBS of North Carolina, among others, began “gearing up for a major smear campaign.” And so it has come to pass.

Their insulting insertion of the postcard mailing trick underlines BCBS’s reckless fear that any kind of competition is an attack on its profit margin; it also symbolizes the inability of most private health insurers to contribute to the country’s greater good against the morass of increasingly botched private health care providers and rising insurance premiums. BCBS’s constant misrepresentation of the true goal of a public health-insurance sector has made the United States the negative model for health care when compared to so many developed – and developing – countries. Despite its protestations, BCBS wants to keep that negative model alive and well for as long as it can.

In fact, most of the private insurers like BCBS of North Carolina began raising their rates as Congress started the process of implementing a major overhaul of our failing system. The major reason is the fact that the insurance industry is under pressure from Wall Street to get ahead of any legislative changes that might reduce its profits. Small businesses suffer most from the insurance industry’s greed – of which BCBS is a significant part. One small businessman in Columbia, Pa., for example, was told by his current insurance carrier that his workforce was becoming “too old and very expensive” after demanding a 160 percent increase in the company’s coverage.

After receiving the first of the BCBS’s mailings, I wrote to their Durham office complaining about the mailings and the gross inaccuracies included therein. I shortly received a reassuringly bland letter from the project manager of “Member Experience and Customer Satisfaction.” GEE! Among a litany of well-practiced positively stated negative pronouncements, one sentence seemed a summation of attitude and status:

“We think it’s critical that North Carolinians understand how a government-run health plan and increased taxes could impact health coverage costs and choice. That’s why we’re working to educate North Carolinians to do that.”

GEE. Here’s Mother Blue Cross sitting on her Blue Shield telling all her North Carolina children to be quiet and go out and play while Mother Blue takes care of the problem. GEE WHIZ!

But Mother Blue is a bit of a scoundrel. She forgets to tell us that BCBS has for many years been – and currently is – a full participant in the Federal Employees Health Benefits program (FEHB), a government-run health plan that is a model of the plan BC/BS decries with such moral fervor. In it, the U.S. government pays between 60 percent and 70 percent of premium costs to the participating insurers – BCBS included – through the budget of the U.S. Office of Personnel Management. Under FEHB, BCBS offers “fee-for-services” plans in eight states, while in a slightly different mode offers HMO health participation in six states.

Well, Mother Blue, how do you justify this immorality to your poor children? On the one hand you tell us that these awful government-run health plans are serious threats to the country while with the other hand – unseen to your trusting children – you are taking funds from the U.S. government hand over fist?

PLEASE!

Bill Sommers, a Ferrington Village resident, is a regular contributor to Chatham County Line, where this column first appeared.