



## Deafness is Treatable, If You're Listening

by Deborah D. Thornton

Deafness is often treatable with hearing aids, cochlear implants, or simply flushing earwax out. The U.S. Congress and new President should go see their doctors soon because they're not hearing, or maybe they're just not listening. Or maybe, like my mother-in-law, they just don't hear what they don't want to know.

Members of the baby boomer generation, those born between 1946 and 1964, started signing up for early retirement under Social Security in 2008. By 2011 they'll begin signing up for Medicare. There are 76 million people in this cohort.<sup>1</sup> As they retire and sign up for these social "safety net" programs, they will stop working, stop paying taxes, stop owning businesses, and most importantly they will stop paying money into these retirement programs and begin taking money out. It is generally understood that in addition they also expect to continue living in the "manner to which they've become accustomed." The taxpayer costs associated with this are enormous – even in this day of multiple billion dollar corporate bailouts and federal stimulus spending in the trillions of dollars.

According to the Government Accountability Office (GAO), represented by Acting Comptroller General of the United States Gene L. Dodaro, the current health care costs and demographic trends have put the federal government "on an unsustainable long-term fiscal path."<sup>2</sup> Former Comptroller of the U.S. David M. Walker said back in 2002 that Medicare, Medicaid, and Social Security payments will "nearly double as a share of the economy by 2035."<sup>3</sup>

Comfortable in their deafness, especially in not hearing their accountants, the Congress and President Obama keep pushing forward on health-care reform. In contrast to the accountants, who are saying that government needs to reduce the amount of spending on Medicare, Medicaid, and Social Security, the Obama administration has begun, with the support of the American Association of Retired People (AARP), the unions, health-care providers, and the Democrat members of Congress, a push to increase the amount of government spending and responsibility for health care. Their vision for socialized medicine is clearly outlined on the AARP Divided We Fail webpage. There are three parts: 1. All Americans have access to "affordable" health care, without burdening future generations; 2. Wellness and prevention efforts should be top national priorities, including changes in personal behavior, specifically diet and exercise; and 3. Choice is offered in long-term care with expanded and affordable options.<sup>4</sup> The AARP also supports strengthening social security, again without "burdening future generations." The International President of the Service Employees International Union (SEIU), Andy Stern, states it clearly when he says, "Americans...are ready for fundamental, not incremental change."<sup>5</sup>

The question becomes, just how are we, the taxpayers of the country, going to pay for this fundamental change? How is the government going to provide all of these services without "burdening future generations?" The Divided We Fail effort presents itself as open to all ideas on achieving these goals, yet at a recent forum in North Liberty, Iowa, the expert panel, including Iowa Senator Tom Harkin, was clearly focused on increasing government spending, increasing the role of the "nanny" state, and implementing socialized medicine. Senator Harkin and the panel mostly talked – and only listened to those ideas they agreed with – much like my mother-in-law.

For example, we all understand that we need to not smoke, nor drink too much alcohol, or sugared sodas. We need to eat right, exercise, and lose weight. These ideas have been drummed into our heads since the first government warnings on cigarette packages. At the North Liberty forum AARP President Jennie Hansen focused on this as an important part of the proposed health-care changes and

---

A Publication of: **Public Interest Institute at Iowa Wesleyan College**

600 North Jackson Street, Mt. Pleasant, Iowa 52641-1328

If you wish to support our efforts, please donate by sending a check to us at the above address.

PII is a 501 (c) (3) non-profit organization and all contributions are tax deductible.

E-Mail: [public.interest.institute@limitedgovernment.org](mailto:public.interest.institute@limitedgovernment.org)

Website: [www.limitedgovernment.org](http://www.limitedgovernment.org) Phone: 319-385-3462 Fax: 319-385-3799

Senator Harkin believes “our bodies want to be healthy.”<sup>6</sup> No, my body wants to sit in front of the TV, drink wine, and eat chips with dip. The new, government-run health care will ensure that my body, and yours, will not do so. How is not clear. Do you not get medicines and needed procedures if you’re overweight? If your cholesterol is not at the “correct” levels, do you not receive surgery? If you are too old, will you go to the bottom of the list for certain procedures?

SEIU Iowa President Cathy Classon stated that 22,000 people die every year because they lack health insurance.<sup>7</sup> So we must have nationalized health insurance, so these people will not die. However, in Oregon if a patient has advanced cancer, the Oregon Health Plan will not cover chemotherapy unless there is a better than 5 percent chance the patient will live for five more years. They will prescribe end-of-life medicines.<sup>8</sup> In Oregon, where assisted suicide is legal, the government doesn’t want you to die until they say you should, then you go from the bottom of the list to the top.

The Divided We Fail effort says, as part of every platform plank, that health care and financial security should be provided to retirees today without “burdening future generations.” According to the GAO, by 2050 a middle-income family will pay two-thirds of its income in federal taxes to support the Medicare, Medicaid, and Social Security programs as they are configured today.<sup>9</sup> Those people will be our children and grandchildren, in the prime of their lives, paying more than two-thirds of their income in taxes. Tax Freedom Day, the day we finish working to pay our taxes, will be pushed forward from today’s mid-April to September.<sup>10</sup> Yet the Divided We Fail effort wants to increase government involvement and control of health care. How is this not going to burden future generations?

John C. Goodman, President of the National Center for Policy Analysis, recently spoke at a Hillsdale College National Leadership Seminar outlining the problems, including the facts that the un-funded Social Security obligation is currently \$100 trillion and Medicare \$600 trillion. According to Goodman, if the federal government shut down Medicare and Social Security today, the amount of benefits which would still have to be paid are \$52 trillion.<sup>11</sup> The entire Gross Domestic Product of the United States, the value of all the goods and services produced, for 2008 was only \$14.2 trillion, or one-fourth the amount currently owed.<sup>12</sup> This would be similar to a private person making \$50,000 per year, and owing – in unsecured debt – \$200,000.

One point of understanding that seems to be missing from the discussion is that every person will eventually die, no matter what the health care system does or what social services are provided at what cost. It is inevitable. These efforts seem to miss that point. Have our elected representatives become so arrogant that they not only don’t hear what people are saying, but think they are actually in charge?

#### Endnotes:

<sup>1</sup>“Long-Term Care,” Government Accountability Office, Report GAO-02-544T, March 21, 2002, p. 1.

<sup>2</sup>“Long-Term Fiscal Outlook,” Government Accountability Office, Report GAO-08-912T, June 17, 2008, p.1.

<sup>3</sup>“Long-Term Care,” p. 1.

<sup>4</sup>“Improving Health Care,” Divided We Fail, <<http://www.aarp.org/issues/dividedwefail/health/>> (June 7, 2009).

<sup>5</sup>AARP Divided We Fail Leadership, <[http://www.aarp.org/issues/dividedwefail/about\\_us/leadership.html](http://www.aarp.org/issues/dividedwefail/about_us/leadership.html)> (June 7, 2009).

<sup>6</sup>Rachel Gallegos, “Harkin: ‘We cannot fail’ health care reform,” *The Iowa City Press-Citizen*, June 7, 2009, p.1.

<sup>7</sup>Ibid.

<sup>8</sup>“Oregon Patients Denied Chemo, Offered Assisted Suicide,” <[http://www.disaboom.com/Blogs/disabled\\_politico/archive/2008/08/14/oregon-patients-denied-chemo-offered-assisted-suicide.aspx](http://www.disaboom.com/Blogs/disabled_politico/archive/2008/08/14/oregon-patients-denied-chemo-offered-assisted-suicide.aspx)> (June 7, 2009).

<sup>9</sup>John C. Goodman, “A Prescription for American Health Care,” *Imprimis*, Volume 38, Number 3, March 2009, p. 3.

<sup>10</sup>“America Will Work 8 Days Less to Pay Taxes in 2009 than in 2008; Recession, Stimulus Package Push Date of Celebration Up,” Tax Foundation, <<http://www.taxfoundation.org/taxfreedomday/>> (June 7, 2009).

<sup>11</sup>John C. Goodman, p. 3.

<sup>12</sup>“Gross Domestic Product Current dollar and ‘real’ GDP Report,” United States Bureau of Economic Analysis, <<http://www.bea.gov/national/index.htm#gdp>> (May 29, 2009).

*Deborah D. Thornton is a Research Analyst with Public Interest Institute, Mount Pleasant, Iowa.*

*Permission to reprint or copy in whole or part is granted, provided a version of this credit line is used:  
"Reprinted by permission from INSTITUTE BRIEF, a publication of Public Interest Institute."  
The views expressed in this publication are those of the author and not necessarily those of  
Public Interest Institute. They are brought to you in the interest of a better-informed citizenry.*