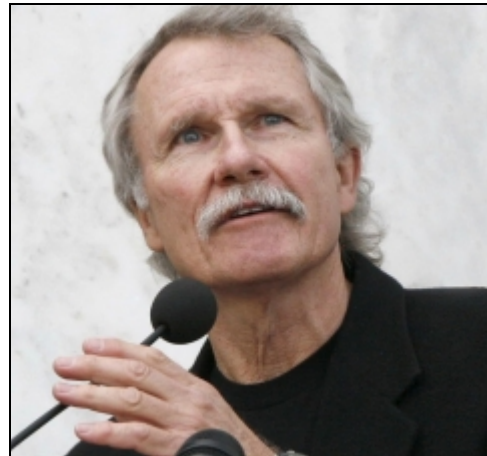




**John Kitzhaber, MD**

I am writing to share my thoughts on the recently adjourned Oregon legislative session as it relates to the Archimedes Movement, and to discuss where we go from here.

When the Oregon Legislature refused to have a hearing on the amendments to the Archimedes Movement's Senate Bill 27, or to bring these concepts to the floor for an open debate, it was disappointing but not entirely surprising. It underscores the difficulty we face in getting our legislative institutions - at both the state and national level - to undertake a serious discussion of the real underlying causes of medical inflation; the growing discrepancy between the amount we spend on health care and the health of our people; and the sobering implications of the demographic trends rapidly overtaking us, most dramatically illustrated by the fiscal crisis facing the Medicare program.



Indeed, it is this inability to act boldly in the face of a growing and well-recognized crisis that led to the creation of the Archimedes Movement in the first place. This movement grew out of recognition that many of the government programs and policies - on which we now rely to advance the common good - have not evolved to keep up with the changes taking place around them. This is reflected in our \$9 trillion national debt; our dependence on foreign oil; and in our public education system, which is failing the fastest growing segments of our population and leaving us behind other countries in training a globally competitive workforce.

But it is the U.S. health care system which most dramatically illustrates this crisis in governance. Like our governance structure, the programs that form our health care system were established more than half a century ago. Since then, the economic and demographic environment in which they operate has evolved, but the programs themselves have not, continuing to reflect the realities of the past. And because they are based on assumptions that are no longer valid, they perpetuate growing inequities in the way public resources are allocated and now pose obstacles to solving the very problems they were originally created to address.

Aligning our outdated health care "operating system" with the realities of today requires a clear-eyed reevaluation of its major programmatic elements. Doing so, however, is resisted by the constituencies which have grown up around them. Represented by organized political lobbies, these constituencies have blurred the distinction between citizens and stakeholders, engaging in the political process not to ensure that public resources are used to ensure that all of us have timely access to health care, but rather to protect the subsidies for their own constituents at the expense of others.

This situation is a reflection of how "transactional" our politics have become: "lower my taxes and I will vote for you;" "give me prescription drug coverage and I will vote for you." The problem is that these transactions are all about "me" not about "us;" and they neither foster a sense of the larger public interest, nor advance the common good. The crisis in our health care system cannot be solved through this kind of transactional politics, which means that *unless the people themselves can agree on a shared vision for what they want their health care system to look like, the political process cannot and will not do it for them.*

The urgency of continuing and re-energizing our effort to create that shared vision cannot be overstated. David Walker - Comptroller General of the United States and head of the General Accounting Office - in a [60 Minutes interview last March](#), offered one of the most concise and clear-eyed assessments of our current situation.

"Any politician who tells you that we can solve our problem without reforming Social Security, Medicare, and Medicaid is not telling you the truth. We have to recognize that this is not just about numbers. We are mortgaging the future of our children and grandchildren at record rates, and that is not only an issue of fiscal irresponsibility, it's an issue of immorality."

- David Walker

There is no question that the politics are difficult - we saw that in Salem over the past few months - and this experience has left me more convinced than ever that the politics of reform cannot be put together without first creating a broadly shared consensus around a vision of what we want our new health care system to look like; and, second, doing a much better job of exposing the consequences of maintaining the status quo at the local community level.

So at this point, I see four immediate challenges before us: (1) Refining our Vision of a new system; (2) exposing the inequities and contradictions of the current system; (3) creating a "safe forum" for discussing the "benefit" under a new system; and (4) working to help implement both the Healthy Kids Initiative and SB 329.

### **Agreeing on the Vision**

Over the past year the Archimedes Movement has made significant progress on this front. Indeed, the Oregon Better Health Act reflected consensus on a number of key points which

offer us the conceptual structure for [a shared Vision of a new health care system](#). Now we need to focus our efforts on refining this work and on expanding the number of people who understand, support and feel a sense of ownership in this vision.

### **Exposing the Problems with the Status Quo**

We need to bring home to our own communities why clinging to the current system is simply not an option. We must find ways to register our outrage at what is going on, to protest the status quo; to point out (as Michael Moore does in *Sicko*) that the current U.S. health care system is, in many ways and for a growing number of people, no less than a betrayal of the American dream of opportunity. We need to bring attention to the current system in ways that will resonate with people in their own lives and in the communities where they live and work.

### **Creating a Safe Forum**

No matter how compelling our Vision may be, people will still tend to cling to the familiar in the face of the unknown, despite the evidence all around them that the current system is failing. To address this we need to create a "safe forum" in which we can discuss what the new system will look like and what reform will actually mean for the various constituencies involved. For any reform effort to be politically viable we need to be able to answer the question "what will this mean for me?" to every person who asks. The Oregon Better Health Act proposed to create such a safe forum through the "Oregon Better Health Design Board." This is still an essential part of the reform process and we must renew our efforts to find alternative ways to move forward on this front.

These first three steps, if done well, will create the political tension necessary to advance the changes we need. There are many possible avenues available to us in the months ahead. These include, but are not limited to:

- Further legislative action in Oregon (2008 special session and/or the 2009 regular session).
- Legislative action in another state in the 2008 regular session (e.g. Washington, Montana, California or Colorado).
- Ballot initiative (Oregon and/or other states)
- Introduce legislation directly into Congress
- Push for a hearing on the Vision and Principles of the Archimedes Movement before the U.S. Senate Finance Committee.
- Engage in the process of designing and implementing the Healthy Oregon Act, established through passage of SB 329, to ensure that the Vision and principles of the Archimedes Movement are reflected to the greatest extent possible.
- Ensure that the Vision and principles of the Archimedes Movement are part of the 2008 election cycle (local, state, national levels).

### **Working to help Implement Current Legislation**

Finally, we need to help move forward the incremental steps that were approved by the legislature. In the recent legislative session the Archimedes Movement supported both the Healthy Kids Plan and SB 329 (the Healthy Oregon Act). We should continue to do so even as we work to address the larger systemic issues which must be resolved for either of these programs to be economically sustainable over time.

#### *The Healthy Kids Plan*

The Archimedes Movement participated in [an August 18th event](#) to canvass door-to-door in North Portland talking to community members about the Healthy Kids campaign, which is trying to build support for Measure 50, the funding source to expand health insurance coverage for Oregon's children. This gave us an opportunity to talk to potential voters about Measure 50 and its importance to kids, but also to continue to build consensus on the larger shared vision of the Archimedes Movement.

#### *Senate Bill 329: The Oregon Health Fund Board*

On August 2 I participated in a conference call at the request of Tim Nesbitt (the Governor's chief of staff) and Barney Speight (the Executive Director of the Oregon Health Fund Board) to discuss the implementation of SB 329, the Healthy Oregon Act. I offered my suggestions on the make-up of the Board, the process that is being established and the proposed timelines, and pledged my support over the months ahead. I believe that we should continue to do all we can to ensure the success of this work.

All of these things will require growing the Archimedes Movement and developing better staff and material support for our local chapters. Through a grant from the NW Health Foundation we are preparing a strategic plan for the next two years which should be ready by early next month. In the meantime there are [specific actions you can take now to further our objectives](#).

It is clear that Oregonians and Americans are far ahead of our political leadership in understanding the need for fundamental change. Yet there remain significant obstacles before us:

- Public cynicism that we cannot change a political process corrupted by money;
- Fear of losing what little is left in a rapidly eroding system of coverage; and
- Political leaders who jump to bumper-sticker solutions and slogans, confusing health insurance with health care, while never addressing the underlying problems.

We stand at a turning point where half-measures are simply not sufficient. When there is a public outcry for change, when we realize that our neighbor's bankruptcy will soon be our own, then the pressure for change cannot be ignored. Together we must seek opportunities to build on this growing public sentiment.

This will not be easy, nor will it be without controversy. But we cannot create the necessary

political tension if we are not willing to confront the inequities of the status quo. Our goal is the right one - it is right for the health of the people in our communities and it is right for the future of our nation.

You can take action today - a single step, when taken in concert with thousands of other Oregonians, will have a profound impact. I leave you with the words of Robert Kennedy:

"Few will have the greatness to bend history itself, but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance."

Together, we can do this. Together, We Can Do Better. I look forward to working with you in the months ahead as we pursue this goal.

John

John Kitzhaber

[www.WeCanDoBetter.org](http://www.WeCanDoBetter.org)

Links:

- » [CBS 60 Minutes interview with Comptroller General David Walker](#) (PDF)
- » [A Framework for Designing a New Health System](#) (PDF)
- » [What You Can Do](#)

