

Treat the disease, not the symptoms – politics and disease-research

Mike Stobbe's February 18, 2007 article, "Politics plays big role in disease-research funding" in the ***Sunday Gazette-Mail*** discusses an isolated symptom, e.g., fever, of a pernicious political disease. It does little to elucidate the underlying cause (i.e., disease) of the fever and is misleading and incomplete in many aspects. In my soon to be published book, ***DeSpamming Health – Reforming the Health System from the Bottom Up***, I discuss the etiology of the problem and its significance.

Beginning in the 1950s, health, like defense, became a "big ticket" item with multiple special interest lobbies hawking their health weapon systems. The health-industrial complex joined the military-industrial complex about which Dwight Eisenhower had warned the country. Most of the special interests that emerged were ethical and responsible groups advocating for specific products or approaches in which they deeply believed. Every disease, sub-population, health risk, and health practice enjoyed one or more of these categorical advocacy groups, who soon embraced high technology marketing techniques including celebrity endorsements. This worked fairly well for a number of years while the country enjoyed tremendous economic growth and was in a benevolent mood. Many individuals and communities greatly benefited.

In the 1980s, the economic bubble began to burst and Congressional largess slowed. However, the categorical advocacy groups continued to expand in number, intensity, and sophistication. No one was willing to give up a nickel for a higher priority

cause; each instead demanded more. Moreover, there were essentially no collective mechanisms in place (and still are not) to establish priorities at the federal, state, or local community levels. Every group went (and goes) it alone.

The result was the creation of a "have your cake and eat it to" shell game. With television cameras whirling, congresspersons and high-level executive leaders entertained celebrities advocating for various health causes and committed support. John Stossel in his classic October 1999 ABC interview with Senator Arlen Specter, and his book, ***Give Me A Break***, describes how the pandering process works, including its grossly duplicitous, vindictive, and inequitable characteristics. The "web" is full of diatribes blasting Stossel for insinuating that perhaps the causes for which the writers advocated were relatively over-funded.

Such Congressional support was not just "authorizations" as Stobbe infers but also specifically earmarked "appropriations" for various high visibility categorical endeavors. Moreover, Congress often would cut the general operating funds of the respective agency to pay for these ventures and the respective agency would divert funds from other programs (where they believed the diversion would go unnoticed) to make up the difference. Sometimes they guessed wrong and a major scandal or impropriety would occur as described by Stobbe in the case of Chronic Disease Syndrome. What Stobbe fails to mention is that despite all the uproar involving this episode – and the ostensible "mea culpa" to the Congress - the same scenario occurred a few years later in the case of Hantavirus. A series of excellent articles by Joe Stephens and Valerie Strauss beginning in 1999 in ***The Washington Post*** describe these events.

I am not an administrative law authority, but I do not believe Stobbe is correct in his assertion that executive agency heads have unlimited discretion in the use of appropriated funds. I was under the impression that the Administrative Procedures Act limited them to approximately 5% discretion without seeking reprogramming of funds. As a practical matter, it makes little difference since any executive leader knows it would be foolhardy to ignore the directions of the legislature unless they wanted their appropriation “zeroed out” in the future. I discuss the above issues – and their significance - in more detail in my book. This includes a conversation with Joe Stephens in which he infers it is highly unlikely Congress is unaware of the shell game. They are likely major players. The assertion of the former CDC Director that the problem is mainly attributable to less than ideal communications with Congress is seriously suspect. The reason this is important is that there are unfortunate victims of the current surreptitious, sham process and it detracts from the impetus openly to establish equitable reform initiatives.

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