



National Review: In Health Care, Cure Trumps Insure

by James P. Pinkerton



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The fight in Congress over health care legislation does not address funding research that could cure diseases like Alzheimer's.

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Retired Supreme Court justice Sandra Day O'Connor and two coauthors (Dr. Stanley Prusiner, recipient of the 1997 Nobel Prize in Medicine, and Ken Dychtwald, a psychologist and gerontologist) published a profound op-ed in the *New York Times* yesterday. They called for a massive effort to cure Alzheimer's Disease (AD). In so writing, they echoed Maria Shriver, who has been making the same argument: It's cheaper, as well as more compassionate, to cure the malady than it is to care for it. As the op-ed notes, we don't spend money on polio anymore, not because we streamlined treatment or because we are heartless, but because we eliminated the disease itself.

For the last two years — indeed, for the past two decades — Americans have been told that the key issue in health and medicine is national health insurance. The Democrats won a major policy battle in Washington with the enactment of Obamacare (and as a result seem destined to be drubbed at the polls this November), and Republicans seem

focused on repealing the law as part of an overall effort to reduce the size of government.

But O'Connor's piece reminds us that we need to understand the limits of the fight over Obamacare. The most important roadblock to better medicine is not government insurance or the lack of it. Instead, the biggest roadblocks have more to do with regulations, a capital shortage in the R&D sector, and the pervasive influence of the tort bar. It would be a shame if Republicans invested the next two years in a successful attempt to repeal Obamacare, only to find that the rising cost of treating problems such as AD dwarfed whatever budget savings they achieved.

The two issues, health insurance and medical research, are essentially different. They are, to use the vogueish business term, different "silos." Unfortunately for the health of all of us, the health-insurance silo has come to predominate, at least in Washington, over the medical-research silo.

To put it bluntly, medical research is more important than health insurance. If our population were still unable to cure ancient killers such as the plague, or smallpox, or tuberculosis, it wouldn't matter much if we had insurance. Similarly, if we fail to confront today's threats, such as AD and diabetes, insurance will matter little in the future — and might well be unaffordable. The key issue of life and death is the delivery of *health*, not health insurance.

We must shift from reactive to preemptive thinking about medicine and health. In reactive thinking, we pay for the disease after it happens. Today, that's where most of our health-care money goes: Only about four cents out of every health-care dollar in the U.S. goes to medical R&D; the other 96 percent goes to treatment. But we will defeat AD only by preempting it. If we merely treat AD, then it has defeated us.

After considering the psychic and financial cost of AD, the authors lay out their plan:

"We must now set a goal of stopping Alzheimer's by 2020. We must deploy sufficient resources, scientific talent and problem-solving technologies to save our collective future.

As things stand today, for each penny the National Institutes of Health spends on Alzheimer's research, we spend more than \$3.50 on caring for people with the condition. This explains why the financial cost of not conducting adequate research is so high. The United States spends \$172 billion a year to care for people with Alzheimer's. By 2020 the cumulative price tag, in current dollars, will be \$2 trillion, and by 2050, \$20 trillion.

If we could simply postpone the onset of Alzheimer's disease by five years, a large share of nursing home beds in the United States would empty. And if we could eliminate it, as Jonas Salk wiped out polio with his vaccine, we would greatly expand the potential

of all Americans to live long, healthy and productive lives — and save trillions of dollars doing it."

O'Connor and her coauthors offer science-based hope that a cure, or at least significant improvement, is possible within a decade:

"A breakthrough is possible by 2020, leading Alzheimer's scientists agree, with a well-designed and adequately financed national strategic plan. Congress has before it legislation that would raise the annual federal investment in Alzheimer's research to \$2 billion, and require that the president designate an official whose sole job would be to develop and execute a strategy against Alzheimer's. If lawmakers could pass this legislation in their coming lame-duck session, they would take a serious first step toward meeting the 2020 goal."

Yet unfortunately, if past is prologue, we can expect that the leadership of both parties will ignore O'Connor's argument, because it doesn't jibe with their insurance-centric health-care agendas. Indeed, the changes needed to make the quest for cures a viable proposition once again — concerning tort law, the FDA, and information sharing — are so enormous that both parties might conclude that it is easier to fight the same old fight about Obamacare. And it would be easier for the parties, indeed, if we simply refought the policy fight of the last two years over the next two years — or 20 years.

But that fight, in and of itself, won't do a thing to cure AD. And yet it's a cure that the country needs and that the voters will reward.