

seems more political than economic. It shifts healthcare dollars from elderly and disabled Americans to uninsured Americans and other U.S. residents. It represents no real savings, only a shift in priorities.

Purpose of This Book

Congress and the Administration are pushing for speedy healthcare reform. With all due respect, we submit that more important than swiftness is quality, and that quality reform is best accomplished by involving the American people in frank and open discussion.

The purpose of this book, then, is *to start a national conversation about long-term healthcare for aging Americans.*

We want to sound the alarm about this neglected stepchild of today's health-care debate.

We want people in libraries, schools, and churches, in clubrooms, barbershops, and bars, in kitchens, living rooms, and back yards around the country to begin to talk seriously about how to pay for healthcare for our parents and grandparents, our older siblings, our aging in-laws – all the people in our lives who are struggling with, or will someday struggle with, long-term physical, emotional, and cognitive disabilities and diseases like Alzheimer's, Parkinson's, ALS, diabetes, or just plain growing really old.

Why? Because long-term healthcare is the 600-pound gorilla in the middle of the healthcare debate. Everybody knows it's there, but nobody's talking about it. It's too scary.

We want print, broadcast, and Internet reporters and editors,

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talk-show hosts and bloggers, and religious, civic, and political leaders to put *long-term* healthcare on the public agenda before it's too late.

Why? Because, according to *The Economist*, Medicare, Medicaid, and Social Security are mortgaged up to their ears.¹¹ It would take the total value of all the goods and services produced in this country (Gross Domestic Product) for the next five years to make good on promises already made, that is, a 100% tax on every individual's and company's income. Obviously that can't happen.

Can it?

Most of all, we want people to communicate their views to their senators and representatives in Washington and in state capitals around the country.

Why? Because if Congress doesn't include *long-term* health-care in its healthcare plan, we won't have a healthcare plan at all.

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Overview of the Book

To that end – promoting the national conversation – we're going to talk about Medicare and Medicaid, the principal programs that pay for long-term healthcare; about the trends that are threatening these programs' very existence; and about what we as a nation are going to have to do to salvage them while at the same time maintaining what's arguably the best healthcare in the history of the world.

Medicare (the government's healthcare program for Seniors) and Medicaid (the program for the poor) are both important to everybody who joins this conversation. Medicare pays every Senior's health, hospital, doctor, and prescription-

drug expenses – but it’s running out of money. Medicaid pays (among many things) just about everybody’s nursing-home expenses if they stay in the home more than a few years. It’s running out of money faster.

The three trends that are pushing Medicare and Medicaid to the brink are:

- More aging people making demands on the programs
- Increasing difficulty finding and keeping front-line care-givers
- Rising costs of everything medical.

In addition to looking at these trends in detail, we’ll examine the consequences long-term care patients and their families suffer as a result of rising costs and falling services, and we’ll explore the reasons why healthcare is so expensive.

When you run out of money, you have two choices: You can go get some more, or you can cut back on your spending. In healthcare terms, those choices translate into taxation or rationing.

There’s no doubt in our minds: It will be impossible to fix the American healthcare finance system simply by adding revenues, that is, raising taxes, especially if we intend to tax only the rich, or even the rich and the middle classes.

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The alternative is “cost containment” – which often though not always is code talk for *rationing*.

There is no other practical alternative. Getting rid of fraud and inefficiency would surely help – if it could be accomplished. Getting the insurance companies and drug companies to reconsider their pricing would certainly be a step in the right direction. Persuading Americans to exercise more, reduce their salt, fat, and sugar intake, and wear their seatbelts would reduce

our front-end healthcare costs but could worsen the problem by causing some people to live longer and spend more time in nursing homes. Living healthfully probably gives you more days, but likely more days at the frail end of your life than in the robust middle.

Rationing is already with us. We'll talk about rationing as it's already being practiced, and we'll talk about the more drastic kinds of rationing that are waiting round the bend.

We know that many people hate the very idea of rationing. But we can't have an honest discussion of all the options without taking a good look at what various people mean by rationing, and what's good and bad about each.

The fundamental question is, "To Tax *or* to Ration." The answer will surely be "To Tax *and* to Ration." The only question is, How much of each? The fundamental purpose of this book is to get people to debate this question and communicate their views to Washington.