

Conditions for Failure

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While all of us have been focusing, rightfully so, on recent terrorism and its aftermath, New York Times editorialist Paul Krugman expanded the focus to examine related public policy contexts. In a September 16 editorial piece, Mr. Krugman posits that our September 11 tragedy was, in part, self-inflicted. He based his assessment on the known threat from terrorists, public and private reports urging massive changes in the way the U.S. handles air travel security, and failure of policy makers to address the obvious need for change.

His conclusion? "Something is amiss with our political philosophy: we are a nation that is unwilling to pay the price of public safety." Literally, he argues, "we have nickel-and-dimed ourselves to death".

He identified conditions that predicted the failure to protect ourselves against the real possibility of the events of September 11.

Recent polls suggest that our citizenry is willing to change the balance between security and personal freedoms. This is the same citizenry that, pre-September 11, would have objected strenuously to more safety precautions for air travel because it would cause inconvenience in the air travel process. We paid a huge price for this object lesson. (Try \$200+ billion in actual costs to a few billion in prevention, let alone the human toll in lives and misery.)

The debate over planning in the public interest has always revolved around the role of governments, the participation of communities and the rights and interests of public and private health care sectors. Thus, we have evidence of both heroic success and blind neglect. Our public interest in optimal individual outcomes, improved health for all citizens, efficacious resource use and dynamic public health programs is not dissimilar from our interest in safe air travel.

We now have evidence of the cost of blind public policy and the failure of citizens to understand the cost of their demand for excessive personal freedoms. We may soon have evidence of the cost of our failure to rationalize our health care resources due to the failure to plan and to demand limits on the extent to which we will trade individual freedom for a more balanced outcome.