

The ARCHIMEDES MOVEMENT

Rebuilding the Ladder of Opportunity

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January 2006

Ninety-four years ago, in his famous “Confession of Faith” speech, Theodore Roosevelt said:

“The old parties are husks, with no real soul within either, divided on artificial lines ... each a jumble of incongruous elements, and neither daring to speak out wisely and fearlessly what should be said on the vital issues of the day. ...

We propose to face the real and great questions of the day, not skillfully evade them as do the old, parties. We propose to raise aloft a standard to which all honest men can repair, and under which all can fight, no matter what their past political differences, if they are content to face the future and no longer dwell among the dead issues of the past.”

Although these words come to us across almost a century they might well have been uttered today without losing any of their accuracy: A nation divided along artificial lines – red states and blue states. Two political parties, neither of which dares to speak out wisely and fearlessly what should be said on vital issues; both skillfully evading the real and great questions of the day; dwelling among the dead issues of the past rather than facing the future.

I believe this is the view of our two major political parties held by a growing number of our citizens – something that should trouble us all deeply, regardless of our party registration. Even more disturbing, however, is the fact that this view is not without merit. Our legislative institutions – at both the state and federal level – are paralyzed in an increasingly toxic environment that values partisanship over citizenship and short term political gain over long term sustainable solutions.

In this environment, the primary purpose of political debate has become the acquisition and retention of partisan political power rather than the exercise of that power in the interest of the larger public good. As a consequence fewer and fewer people are willing to lose an election or even risk losing an election over an idea or a principle which sacrifices true vision to the lowest common denominator.

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The great contradiction is that this partisan paralysis comes at a time when a growing number of our citizens hunger for true leadership driven by vision and a commitment to the public interest; leadership that can provide a beacon of hope for our shared values and common aspirations as members -- not of political parties -- but of a community. The stakes are enormous for if we fail to find this leadership, if we continue to cling to the familiar rather than reaching for the possible, we put at risk the promise of opportunity that lies at the heart of the American Dream.

It is this promise that brought people to our country in the first place -- and to this state; it is what motivates them to make the extra effort, it is what allows people to dream and to believe in upward mobility; to believe that if they work hard they can better themselves and the future they will leave to their children.

Yet this ladder of opportunity -- which is the foundation of our country's greatness -- has had its rungs systematically sawed through. The symptoms of this are all around us: the remarkable disinvestment in education, affordable housing, health care that actually produces health, at-risk children, job training and long term environmental stewardship to mention but a few. And over the first few years of this new century the enormous wealth of this nation has resulted in greater disparities and greater inequality -- not greater opportunity.

To me, the central challenge of leadership in the 21st Century is to rediscover and to rebuild the ladder of opportunity. It is something that everyone can visualize; that everyone can understand; and with which everyone can resonate at a deep and personal level. Education, health, living wage jobs, sustainable economic development, sound environmental stewardship, and -- most of all -- rekindling our sense of community, concern and connection with one another. These are the rungs of the ladder that must be restored.

The challenge of doing so, however, is complicated by the fact that many of the programs we have championed in the past -- the structures on which we have relied to advance the common good -- are becoming obstacles to the very objectives we seek and, in some cases, to the values we espouse. And it is this contradiction which we can no longer ignore. Indeed, one of the hallmarks of leadership in the 21st Century must be the courage and the willingness to take on not only these structures and programs but also the constituencies which have grown up around them. Let me offer an example.

As many of you heard me say at other times and other places -- the growing crisis in our health care system is the single most pressing domestic challenge facing us today. Why? Because health -- not health care, but health -- is the first rung on the ladder of opportunity; it is the cornerstone of a democratic society; allowing people to fully participate, to be productive, and to take advantage of the opportunities of upward mobility. Yet today in this rich nation, the inability to pay a medical bill is the second leading cause of personal bankruptcy.

Furthermore, the cost of health care is compromising our ability to invest in other social priorities essential to the health of our people. Since 2003 Medicaid has exceeded the cost of primary and secondary education as the largest item in many state budgets. We are seeing the tip of this iceberg today reflected in the huge deficit in the budget for the Department of Human Services right here in Oregon.

What does this mean? It means that as the cost of health care continues to grow it will squeeze out our ability to invest in other social priorities, many of which have a profound impact on the health of our citizens. It is, for example, hastening the collapse of public education, denying the opportunity of success – and meaningful civic engagement -- for the fastest-growing portions of the American population.

The cost of health care is also the major driver behind our national debt – the dark legacy we leave to our children. While Congress is preoccupied with the \$5 trillion Social Security gap, Medicare, when the baby boom generation retires, represents over \$65 trillion in unfunded entitlements. And this staggering debt is being financed by China and other countries still willing to purchase U.S. securities. We are literally handing our financial future over to our major competitors, putting at risk the independence and self-determination which lie at the heart of our national identity.

But what we need to understand here is that the uninsured – including 600,000 uninsured Oregonians – are a symptom of the problem. The real problem lies in our financing and eligibility structure; it is embedded in our delivery system and in the assumptions which underlie programs like Medicare and Medicaid, reflecting the realities of the last century rather than the realities of today.

Medicare is an entitlement program that begins at retirement, regardless of the financial means of the retiree and is financed largely through taxes paid by those who are still working. Forty years ago when it was enacted poverty among the elderly was twice that of the general population – and Medicare was a noble effort to ensure financial access to care for older citizens. In other words, the program made eminent sense in 1965 and accurately reflected the values of a compassionate and caring society.

The problem is that the economic, demographic and clinical environment in which this program operates has changed dramatically over the last four decades yet we still cling tenaciously to a set of assumptions that are no longer valid. Whereas forty years ago those over the age of 65 were the single poorest segment of our society, today they constitute the single wealthiest segment, followed only by those between 55 and 65. Because Medicare is not means tested, however, all retirees are entitled to publicly financed health care paid for, in part, by workers, many of whom cannot afford health care for themselves and their families.

Medicaid, on the other hand – also enacted 40 years ago – provides financial access to health care for certain categories of poor citizens. These categories, established by Congress, include poor families with dependent children who are on welfare; the blind

and disabled; the frail elderly in need of long-term care; and certain categories of pregnant women.

Unlike Medicare, Medicaid is not an entitlement program. Eligibility for Medicaid is based on “category,” not on financial need and thus many poor citizens are ineligible even though they may be deeply impoverished. In other words, our system makes a distinction between the “deserving poor” – those who fit into a category; and the “undeserving poor” – those who don’t.

Our continued support of these programs – as they were structured in the last century – puts us into conflict with our stated values. We talk about progress, equal opportunity and social justice while supporting programs which force uninsured working Americans to subsidize the health care needs of wealthy retirees. We preach fiscal responsibility while running up national debt of stunning magnitude which our children will have to pay.

We talk about a commitment to the poor while supporting programs which make arbitrary distinctions between equally impoverished groups of citizens. Certainly there are many poor elderly citizens who need and deserve publicly subsidized health care. But there are many children and working Americans who deserve exactly the same thing yet are entitled to nothing.

Leadership in this new century means coming to terms with these contradictions. In this case, it means challenging the underlying structure of our health care system itself. Medicare, Medicaid and employer-sponsored coverage made sense when they were created – but no longer reflect the values of a nation that claims to be committed to opportunity, equality and compassion.

In short, rekindling the American Dream – rebuilding the ladder of opportunity – demands that we honestly and openly challenge the structures and assumptions of some of our most established programs– not just in the area of social services, but in education, public safety, environmental stewardship and economic development as well.

Challenging the structures which shackle us to the mid-20th century, however, also means challenging the powerful political lobbies which have grown up around them -- a prospect which has left our legislative institutions paralyzed, timid, and nibbling around the edges of a broken operating system. Yet to restore the promise of opportunity we must find the wisdom to move beyond simply defending programs to actually solving problems. We must find the courage to stop clinging to the familiar and start reaching for the possible.

But meeting this challenge will not be easy in the current environment in which our politics have become largely transactional – “lower my taxes and I will vote for you;” “give me prescription drug coverage and I will vote for you;” “fund schools first and I will vote for you.” The problem is that these transactions are all about “me” – and have

nothing to do with “us.” They neither foster a sense of the larger public interest; nor do they advance the common good. On the contrary, they get in the way of it.

In this kind of transactional politics, people are viewed as members of voting blocks rather than as citizens. And because voting blocks are often associated with programs, our political leadership (in order to gain the support of the voting block) defends the programs in spite of the fact that, in many cases, they not only contradict our stated values but also inhibit us from solving the very problem the programs were initially designed to address.

But we cannot expect this kind of transactional politics to change unless we are willing to change as well. As long as we continue to act like stakeholders rather than citizens, the political process will continue to view us as such – as voting blocks or “special interests” that help win elections but have little to do with advancing the common good. And indeed, one of the most significant things that happened in the last century was a fundamental change in the manner in which we seek to achieve the common good.

Throughout most of the 19th century the prevailing philosophy of governance in this country reflected Thomas Jefferson’s “politics of engagement” -- a model in which people work together in a spirit of cooperation to find common ground – to arrive at the common good and solve problems for their mutual benefit. As the Industrial Revolution overtook America, however, Jefferson’s view was eclipsed by the federalist philosophy – the “politics of disengagement” – in which problems were solved, and the common good determined, not by cooperation among individuals, but rather by a strong central government, which carefully balanced private interests, one against the other.

The emergence of a strong centralized government -- although established originally in response to the Industrial Revolution -- expanded dramatically with Franklin Roosevelt’s New Deal and reached its zenith with President Johnson’s Great Society and the enactment of Medicare and Medicaid. Along with the growth of this strong central government, however, came the gradual transfer of decision-making authority from individuals and communities to third parties: to the bureaucracy, to legislative bodies and, more recently, to the courts.

And this growing dependence on third party decision-makers has, in effect, fostered the view that it is someone else’s responsibility to meet the challenges that confront us. We just need a new president or a new governor; a different legislature or a different congress – all our problems will be taken care of. And as long as that attitude persists, we will be unable to rebuild our sense of community or to restore the promise of opportunity. Why? Because the responsibility to do so does not, in fact, belong to someone else. It belongs to you and me and citizens in communities throughout America.

Let me use an analogy by Dr. Ron Heifetz to illustrate the futility of continuing to attempt to deal with our problems through the existing governance and political structure. Heifetz classifies medical problem into three types.

A Type I problem might be someone with bacterial pneumonia who comes to the physician and receives a prescription for an antibiotic. In this case, the responsibility for solving the problem rests solely with the physician.

A Type II problem might be someone with hypertension and coronary artery disease. The physician can prescribe medication to lower both the cholesterol and the blood pressure, but if they do not change their diet, begin to exercise regularly and stop smoking – they are not going to get better. In this case, the responsibility for solving the problem rests with both the physician and the patient.

A Type III problem might be terminal cancer – where the cancer is not really the problem, but the condition. The only “solution” is for the physician and the individual to work together to decide how best to deal with the reality of a situation neither of them can change.

Heifetz points out that today’s most vexing and seemingly intractable problems are, to a large extent, Type II and Type III problems which cannot be solved without the engagement and the assumption of responsibility by the citizens in the communities where these problems are manifesting themselves.

Yet our current bitterly partisan political structure – and the transactional politics that surround it -- does not leave any room for this kind of engagement. This means that if we want to reboot democracy we cannot do it by simply changing the make up of our legislature or electing a new chief executive. We must create that space for engagement outside the traditional political structure.

This means not only having the courage and the honesty to align our policies and programs with our stated values, but also to demand a leadership willing to tell us the truth – leadership willing to tell us what we need to hear, not just what we want to hear: that there is no free lunch; that we cannot continue to depend for our energy on one of the most politically unstable part of the world; that we can no longer delay the transition to an economy based on clean, renewable sources of energy; that there is a difference between health care and health; that we cannot continue to push our difficult political choices into the future; that we cannot continue to pay for today’s programs by putting the tab on our children’s credit card.

But more importantly, we must be willing to hear the truth – and to act upon it: not as stakeholders, but as citizens; not as members of voting blocks or of political parties, but as members of a community ... the Oregon Community.

