

# IN MY VIEW

**Joseph Phillips**

## New Jack Affirmative Action Part 3

The responses of the Democratic candidates for president following last week's Supreme Court decisions in *Community Schools v. Seattle School District* and *Meredith v. Jefferson County Board of Education* were predictable. Each of the candidates stood before an audience at predominately Black Howard University and spoke gravely of the Supreme Court turning its back on the legacy of *Brown v. the Board of Education*, turning back the clock, and the need for diversity to ensure Black academic success.

Alas, it was the same hyperbole and condescension that they have been offering the Black community for the past 30 years.

The idea that opposition to race ratios means support of segregation is quite simply hysterical. Moreover, there seems something a bit thick about standing on the cam-

pus of a predominately Black university and speaking passionately about the educational benefits of diversity. Indeed the history of scholarship at Howard, and other historically Black universities suggest such benefits are inflated.

Most troubling, however, is the seeming inability of the new left to focus its vision past circa 1965. It is, as the song to a popular television program once proclaimed, "A different world." We have successfully laid the legal barriers to discrimination (and certainly anyone practicing racial discrimination should be prosecuted to the fullest extent of the law), and the environment for Black success has been established; what is more, it is fertile. Can we succeed without affirmative action? Absolutely! And it is because most Americans share this sentiment that the days of race-based affirmative action are numbered.

The two cases decided by the Supreme Court last week are just the beginning. The American Civil Rights Institute is planning to introduce propositions banning the use of race in public education in 5 states — Colorado, Nebraska, Arizona, Oklahoma and Missouri — in the 2008 elections. Similar propositions received overwhelming voter support in California, Washington and Michigan. Passage in other states is not a guarantee, but the tide is clearly turning.

Rather than offer constructive thoughts on life after affirmative action, the new left stood before the audience at Howard stoking the fires of historical fear and then proposing the same old solutions of benevolent, big government protection. I believe Senator Obama would call that cynicism.

Had the candidates been looking forward rather than backward here

is what we might have heard:

If the problem in public education is truly one of equity of resources then let us begin discussing ways to make certain more of the dollars go to the students instead of education bureaucrats. Perhaps we could move away from the equity challenged and inefficient policy of funding school districts from the top down and begin funding our public education from the bottom up by empowering parents with dollars to spend at the schools of their choice.

There is no monopoly on brain power! Black children are capable of competing academically with other children. However, if certain values are not present in the home, there is little a teacher can do in the classroom — no matter how well paid. If the problem is one of culture let us discuss ways to change a culture that has strayed from the

values that have historically made us strong. Let's find ways to strengthen child centered marriage so that fathers are in the home taking care of business. And let us finally put to death the negative belief that academic achievement is acting white and replace it with the positive certainty that academic success is acting Black!

Affirmative action advocates are well financed and no where near ready to concede the fight. But the end is nigh and it would behoove Black folk to begin preparing for the day. Unfortunately, last weeks debate made clear that the new left would have Black folk out on the street, thumbs flexed waiting for the next government bus to take us to the Promised Land. That bus called Affirmative Action doesn't run as often as it used to. (And will soon be re-routed.) Better get to stepping.

## A Death at a Hospital That's Not Named King

**Earl Ofari Hutchinson**

The tragic death of Edith Rodriguez as a result of alleged neglect and shoddy care in the emergency room at King-Harbor Hospital in Los Angeles drew anguished rage from her family, national press attention, howls of public protest, and the demand from some public officials to padlock the hospital. Rodriguez was Hispanic. But the death a year earlier of Linda Brown at Brotman Medical Center in Culver City also in the Los Angeles area after the alleged neglect to provide her with desperately needed emergency treatment drew not a peep of public protest, not a line in the press, and ignited no loud calls for an investigation let alone the hospital's closure. Brown was African-American.

The facts in the Rodriguez death are well known, and have made King-Harbor again the poster hospital for medical evil in the nation. In Brown's case, only her family, friends, state health regulators, and the hospital staff, which is now under legal fire, know the facts. According to the family, Brown died when doctors and nurses misdiagnosed a critical care condition, bungled the surgery, delayed getting her emergency treatment when her condition deteriorated, filed error-filled medical forms, drug their feet on reporting the death to the coroner, reluctantly complied with the Department of Health Services demand that

the hospital do a plan of correction in her death.

Calls and queries to Brotman Medical Center for a response weren't answered. And maybe with good reason, the family has slapped the hospital, doctors, and care nurses with a multi-million dollar negligent death lawsuit. The case is scheduled to be heard in August. Whether the charge that Brown died as a result of hospital negligence is fair or unfair, and that will be ultimately determined in court, there were cautionary signs within and without the hospital that there could be problems. Brotman did worse than the average in the rankings compiled by the Department of Health and Human Services of hospitals nationally on several critical care surgery indicators. The hospital rankings were compiled from 2005 to September 2006. Brown died in July 2006.

If Brown's death was indeed due to a medical screw-up at Brotman, it would not be an aberration. Her death simply tossed the ugly glare on one of the medical industry's worst kept secrets and that is that thousands of Americans die annually in America's hospitals, and far too many of those deaths were preventable. The deaths due to medical mistakes aren't happening solely at underfunded, big city public hospitals, such as King, with the victims being mostly poor blacks and Latinos. The deaths are occurring at well-endowed pri-

vate hospitals, such as Brotman. Some have stellar reputations. The victims at these hospitals are often middle-class whites.

The actual number of persons that die needlessly each year in America's hospitals due to medical mistakes that include shoddy care, medication binges, misdiagnosis, poorly performed surgery, post surgical infections and, of course, negligence is staggering. The Institute of Medicine, the federal government's official advisor on health care issues, put the death toll at near 100,000. An exhaustive study based on Medicare records by HealthGrades put the number of deaths at double that. The health care group claims nearly 200,000 die annually due to medical mistakes. The body count is equivalent to nearly 400 jumbo jets filled to capacity. Countless other studies have fingered medical errors as the culprit not only in thousands of in-hospital patient deaths, but also in worsening illness in a widespread number of in-hospital patients. The estimate is that one in 25 patients admitted to America's hospitals suffer some medical harm because of medical errors.

Despite the mild public clamor for improvement, there's no sign that things will get any better soon. Some medical experts say that's because of the willingness of doctors and hospital's to recognize medical mistakes, as the cause

of patient death is still relatively new. That's a self-serving cop-out. Medical negligence has long been a sore-point within hospitals, and the medical establishment, and has engendered endless lawsuits. Most go nowhere. Doctors and hospitals are shielded from legal liability by the labyrinth of state and federal laws that make it difficult to bring let alone prove medical malpractice, a rigid code of silence among doctors and hospitals, and lax investigations and punishment by state regulators.

Even in the rare case where a hospital acknowledges mistakes, and medical negligence is clearly established as a result of a lawsuit or settlement, there's no guarantee that the public and the press will connect the dots, and see that these deaths don't happen just at the dwindling number of inner city hospitals such as King. The deaths don't draw angry editorials, investigative news reports, threats of federal fund cut-offs, and license revocation by departments of health, as King has been subjected to, and Brotman hasn't.

Brown's family is determined to continue the fight to make the hospital come clean about her death. The public and the media should wage that same fight to make America's hospitals come clean on how and why so many people die because of medical botches. And those deaths happen at hospitals that aren't named King.

## 'SiCKO' the Best Science Fiction Film of the Summer

**By Diana Ernst**

The wait is over. Michael Moore's "SiCKO" has hit the theaters. For 123 minutes, the film kowtows to the socialist healthcare of Europe, Cuba and Canada, while demonizing the American system.

Moore calls it a documentary, but it's so far removed from reality, it really ought to be categorized as science fiction.

For example, the film repeatedly attacks America's "for-profit" health care, yet ignores the fact that 85 percent of U.S. hospitals are non-profit, and almost half of privately insured Americans have policies from non-profit health insurers.

At a recent press conference, Moore railed against the Martin Luther King Jr.-Harbor hospital in Los Angeles, where a patient died of a perforated bowel after lying on the emergency room floor for 45 minutes.

Since 2004, the hospital has received more than a dozen state and federal safety citations. Hospital errors included leaving sick patients unattended, which resulted in death for three of them, giving patients the wrong medications, and using Taser stun guns to restrain psychiatric patients.

This hospital is not private, however. It is owned by the County of Los Angeles. So much for reliable government care. Even the private insurers Moore criticizes are not free of government interference that raises the cost of their health policies. Most states force insurers to sell health policies laden with mandates that many individuals would not voluntarily purchase.

In some states, mandated benefits have raised the cost of individual health insurance by 45 percent. In New Jersey, for example, it's actually cheaper for a family of four to lease a Ferrari than buy health coverage. At \$6,048 per year, the average individual healthcare premium is the highest in the country.

Government solutions that create more government amount to nothing but expensive salt in the wound. We should encourage insurers, and all players in American health to be more competitive, not scrap them for big-govern-

ment bureaucracy. Mr. Moore's foolish preference for abolishing private insurance in favor of government-run, single-payer health care will not create universal care, only a government monopoly.

"SiCKO" also ignores the Canadian Supreme Court's 2005 decision that government monopoly health care violates basic human rights. Mr. Zeliotis, the winning plaintiff in this case, needed hip surgery. When he tried to pay privately for his operation rather than wait in the government queue (which takes two to four years) the government stopped him. The denial of such a choice prolonged his pain and threatened his safety. Mr. Moore likes the single-payer system in Cuba, a one-party communist dictatorship.

Some 11 million Cubans attend run-down facilities, receive dated prescription drugs, and are even required to bring their own sheets, food and soap to the hospital. Communist Party bosses get better treatment, but when it came time for the great dictator Fidel Castro to go under the knife, he flew in a specialist from Spain.

Government-run health care already presents problems right here at home. Medicaid was instituted in the 1960s for the poor, but it has grown far beyond its capacity, putting taxpayers under great strain. In order to keep costs down, Medicaid underpays physicians, who have increasingly stopped accepting Medicaid beneficiaries as a result. Government restrictions also make it challenging to get prescription drugs for Medicaid patients.

Mr. Moore's remedies fail as health-care reform and don't even amount to effective propaganda. His film should have featured a Canadian on a waiting list for treatment. He should have gone undercover to experience the real system that serves most Cubans. He should have followed a Medicaid patient's struggle to get health care from the U.S. government.

But that would have entailed filming an actual documentary, as opposed to a fluffy work of fiction. Diana Ernst is a public policy fellow in Health Care Studies at the Pacific Research Institute.

**Jason Alderman**

## Choosing the Right Financial Planner

It used to be that only the wealthy consulted financial planners for advice on estate planning, investments and tax shelters. But with tax laws becoming increasingly complex, more people investing in the stock market through 401(k) plans and millions of baby boomers approaching retirement, people at all income levels now seek professional help to plan their financial future.

Choosing the right financial planner may seem overwhelming and you may ultimately decide your situation doesn't warrant one, but if you think you might, here are a few tips to help navigate those murky waters:

What are your needs? Some people simply want a one-time, objective opinion about whether their current financial plan will meet their future needs, such as at retirement or in an emergency. Others haven't got a plan yet and don't know where to begin.

Ask yourself these questions:

- Are you expecting a large inheritance, or at the other extreme, having trouble saving or overcoming debt?
- Do you wonder how marriage, divorce, a new child or caring for aging parents might impact your financial situation?
- Do you need a savings strategy for

college tuition? Do your homework. Ask trusted friends, relatives, coworkers, your accountant or lawyer for referrals. Find out what factors they used to choose their financial planner and whether they're satisfied with his or her performance.

Interview at least three candidates. Often, they'll provide a free consultation and ask you to fill out a questionnaire beforehand. The goal is to find someone you trust — an advisor who will listen to your needs, look out for your best interests and not try to sell you unneeded products or services. And don't be afraid to ask for references.

Research their qualifications. Many different types of professionals call themselves financial planners but not all have the same training or specialties. Most groups that certify planners have their own credentialing requirements, regulators and ethical guidelines, but education and experience requirements vary. The Financial Planning Association ([www.fpanet.org](http://www.fpanet.org)), the National Association of Personal Financial Advisors ([www.napfa.org](http://www.napfa.org)), and the Certified Financial Planner Board of Standards ([www.cfp.net](http://www.cfp.net)) are good resources to learn more about the different kinds of financial planners.

Fees: Financial planners can get paid by the hour, by flat rate, by commission or some combination of these. Some people think there's a potential conflict of interest if advisors earn commissions for products they recommend, so ask for full disclosure — they're working for you, not the other way around. Many will deduct other fees from any such commissions.

Get involved. People often hire financial planners so they won't have to think about their own finances, but that's pretty shortsighted. You should understand everything you're being advised to do and be able to express your financial goals.

Everyone, whether they hire a financial planner or do everything themselves, should have a workable budget. Practical Money Skills for Life, a free personal financial management site sponsored by Visa USA, features a guide to creating a budget you can live with, along with interactive budgeting tools ([www.practicalmoneyskills.com/budgeting](http://www.practicalmoneyskills.com/budgeting)).

There's a lot to consider when hiring a financial planner, but it's worth the effort. You wouldn't see a doctor you don't trust and respect, and you should hold the expert giving advice on your hard-earned money to the same standard.