

September 10, 2013

Roger Simon doesn't want to go to war with a fool for a leader.

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But in my overweening contempt I overlooked — or more exactly chose to ignore — the obvious. We would be going to war with a blind man as our commander-in-chief. And I don't mean a physically blind man like the Japanese samurai Zatoichi, whose heroic exploits were magnificent despite his infirmity, if you remember the film series. I mean a morally, psychologically and ideologically blind man incapable of coherent policy, action or even much logical thought on any matter of significance, let alone on such a crucial one with life and death at stake.

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But, Norman Podhoretz things are working just the way president bystander wants. It is entirely understandable that Barack Obama's way of dealing with Syria in recent weeks should have elicited responses ranging from puzzlement to disgust. Even members of his own party are despairingly echoing in private the public denunciations of him as "incompetent," "bungling," "feckless," "amateurish" and "in over his head" coming from his political opponents on the right.

For how else to characterize a president who declares war against what he calls a great evil demanding immediate extirpation and in the next breath announces that he will postpone taking action for at least 10 days—and then goes off to play golf before embarking on a trip to another part of the world? As if this were not enough, he also assures the perpetrator of that great evil that the military action he will eventually take will last a very short time and will do hardly any damage. Unless, that is, he fails to get the unnecessary permission he has sought from Congress, in which case (according to an indiscreet member of his own staff) he might not take any military action after all.

Summing up the net effect of all this, as astute a foreign observer as Conrad Black can flatly say that, "Not since the disintegration of the Soviet Union in 1991, and before that the fall of France in 1940, has there been so swift an erosion of the world influence of a Great Power as we are witnessing with the United States."

Yet if this is indeed the pass to which Mr. Obama has led us—and I think it is—let me suggest that it signifies not how incompetent and amateurish the president is, but how skillful. His foreign policy, far from a dismal failure, is a brilliant success as measured by what he intended all along to accomplish. The accomplishment would not have been possible if the intention had been too obvious. The skill lies in how effectively he has used rhetorical tricks to disguise it. ...

NY Post Editors point out the jobs report shows president bystander now has labor force participation rates worse than Jimmy's malaise.

Jimmy Carter must be smiling: Another president has finally broken the record he had held for the worst rate of participation in the job market by American workers in modern times.

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More on the report from **Michael Strain**.

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The labor force participation rate fell to its lowest level since the late 1970s. The rate of employment also fell. While a drop in the unemployment rate – as happened this month; it's down to a still-awful 7.3% – is usually good news, a labor force that shrinks in size along with a drop in the number of employed workers is nothing to celebrate.

The three-month moving average of payroll gains – a good measure because it smooths out noise from any one report – has been trending down since the start of the year. ...

... It's important not to get lost in the statistics and politics, and to remember why all this matters. Our badly damaged labor market is an economic crisis, yes, but it is first and foremost a moral, spiritual, human crisis. ...

Digital Journal answers why dementia occurs more often in wealthier countries.

People living in 'wealthy' countries appear more likely to develop Alzheimer's disease due to greatly reduced contact with bacteria, viruses and other microorganisms. This leads to them having weaker immune systems.

This argument comes from researcher who state that they've found a significant relationship between a nation's wealth and hygiene and the rate of Alzheimer's in a population. ...

We need to be wealthy since a saline drip (sea water) can cost \$700. The **NY Times** reports.

... A Chinese-American toddler from Brooklyn and her 56-year-old grandmother, treated and released within hours from the emergency room at St. Luke's Cornwall Hospital, ran up charges of more than \$4,000 and were billed for \$1,400 — the hospital's rate for the uninsured, even though the family is covered by a health maintenance organization under Medicaid, the federal-state program for poor people.

The charges included "IV therapy," billed at \$787 for the adult and \$393 for the child, which suggests that the difference in the amount of saline infused, typically less than a liter, could alone account for several hundred dollars.

Tricia O'Malley, a spokeswoman for the hospital, would not disclose the price it pays per IV bag or break down the therapy charge, which she called the hospital's "private pay rate," or the sticker price charged to people without insurance. She said she could not explain why patients covered by Medicaid were billed at all.

Eventually the head of the family, an electrician's helper who speaks little English, complained to HealthFirst, the Medicaid H.M.O. It paid \$119 to settle the grandmother's \$2,168 bill, without specifying how much of the payment was for the IV. It paid \$66.50 to the doctor, who had billed \$606.

At White Plains Hospital, a patient with private insurance from Aetna was charged \$91 for one unit of Hospira IV that cost the hospital 86 cents, according to a hospital spokeswoman, Eliza O'Neill.

Ms. O'Neill defended the markup as "consistent with industry standards." She said it reflected "not only the cost of the solution but a variety of related services and processes," like procurement, biomedical handling and storage, apparently not included in a charge of \$127 for administering the IV and \$893 for emergency-room services.

The patient, a financial services professional in her 50s, ended up paying \$100 for her visit. "Honestly, I don't understand the system at all," said the woman, who shared the information on the condition that she not be named.

Dr. Frost, the anesthesiologist, spent three days in the same hospital and owed only \$8, thanks to insurance coverage by United HealthCare. Still, she was baffled by the charges: \$6,844, including \$546 for six liters of saline that cost the hospital \$5.16.

"It's just absolutely absurd." she said. "That's saltwater." ...

Tree Hugger reports on a pear tree still bearing fruit at age 383.

When the first European settlers stepped foot on Plymouth Rock in 1620, the landscape they encountered must have felt like the epitome of wildness. In time, of course, cottages and farmhouses, roads and footpaths would sprout up even there as 'civilization' took root. But little could they have guessed, from those fragile early shoots, that the whole wild continent would be tamed in just a few short centuries.

It may be hard to believe, however, but one of America's earliest settlers is still alive today -- and still bearing fruit after 383 years.

Among the first wave of immigrants to the New World was an English Puritan named John Endicott, who in 1629, arrived to serve as the first governor of the Massachusetts Bay Colony. Charged with the task of establishing a welcoming setting for new arrivals upon the untamed land, the Pilgrim leader set about making the area around modern-day Salem as homey as possible.

In approximately 1630, as his children watched on, Endicott planted one of the first fruit trees to be cultivated in America: a pear sapling imported from across the Atlantic. He is said to have declared at the time: "I hope the tree will love the soil of the old world and no doubt when we have gone the tree will still be alive." ...

Roger L. Simon

[Going to War with the Blind General of Benghazi \(An Apology\)](#)

Okay. I'm an idiot. What was I thinking? I apologize.

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Maybe it took the the looming anniversary of the Benghazi tragedy — and the Theater of the Absurd *mondo bizarro* image of Susan Rice once again acting as a spokesperson — to remind me of that and knock sense into me, but I apologize to my readers. I should have known better.

Yes, I know the cliché goes that you go to war with the army you have, but going to war with a “blind general” at the helm is one step too far. Actually, it's many steps too far.

And Obama is genuinely blind in the deepest sense because he doesn't really know who he is or what he stands for. That's why he vacillates all the time. I realize many on the right feel, with some justification, that Obama is some kind of neo-socialist, anti-colonialist out of [Frank Marshall Davis](#) via Saul Alinsky, but I don't even think he's that. Or not only that. If Obama is Trotsky lite, it's very lite indeed, a kind of uncommitted Trotsky that Stalin wouldn't have bothered to assassinate. He's not a particularly successful socialist, judging by his record, or even a particularly good [crony capitalist](#) (though a bit better at that).

What he is is confused, one day decrying American exceptionalism, the next day invoking it, a nowhere man, weak and ineffectual, the very worst type of person to lead in wartime, certain not to inspire even for a second.

Worse still, he has proven to us through Benghazi that he has no moral core. He was willing to lie, and have his minions lie continually, to the American people about what happened in that city on September 11, 2012, and he hasn't even begun to correct the record.

A man without a moral core cannot be trusted for a second to lead in wartime because he is constantly confronted with moral and tactical decisions.

To my shame I ignored this. This is particularly painful to admit, since I wrote many times about the importance of Benghazi, how finding the truth about that horrifying event is necessary not only for the families of the Americans who were murdered, but for the future health of our republic.

The deceptions about Benghazi runs through Barack Obama and, of course, through Hillary Clinton. I wouldn't trust either of them to mow my lawn, let alone command the American military.

WSJ

Obama's Successful Foreign Failure

The president may look incompetent on Syria. But his behavior fits his strategy to weaken America abroad.

by Norman Podhoretz

It is entirely understandable that Barack Obama's way of dealing with Syria in recent weeks should have elicited responses ranging from puzzlement to disgust. Even members of his own party are despairingly echoing in private the public denunciations of him as "incompetent," "bungling," "feckless," "amateurish" and "in over his head" coming from his political opponents on the right.

For how else to characterize a president who declares war against what he calls a great evil demanding immediate extirpation and in the next breath announces that he will postpone taking action for at least 10 days—and then goes off to play golf before embarking on a trip to another part of the world? As if this were not enough, he also assures the perpetrator of that great evil that the military action he will eventually take will last a very short time and will do hardly any damage. Unless, that is, he fails to get the unnecessary permission he has sought from Congress, in which case (according to an indiscreet member of his own staff) he might not take any military action after all.

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Yet if this is indeed the pass to which Mr. Obama has led us—and I think it is—let me suggest that it signifies not how incompetent and amateurish the president is, but how skillful. His foreign policy, far from a dismal failure, is a brilliant success as measured by what he intended all along to accomplish. The accomplishment would not have been possible if the intention had been too obvious. The skill lies in how effectively he has used rhetorical tricks to disguise it.

The key to understanding what Mr. Obama has pulled off is the astonishing statement he made in the week before being elected president: "We are five days away from fundamentally transforming the United States of America." To those of us who took this declaration seriously, it meant that Mr. Obama really was the left-wing radical he seemed to be, given his associations with the likes of the anti-American preacher Jeremiah Wright and the unrepentant terrorist Bill Ayers, not to mention the intellectual influence over him of Saul Alinsky, the original "community organizer."

So far as domestic affairs were concerned, it soon became clear—even to some of those who had persuaded themselves that Mr. Obama was a moderate and a pragmatist—that the fundamental transformation he had in mind was to turn this country into as close a replica of the social-democratic countries of Europe as the constraints of our political system allowed.

Since he had enough support for the policies that this objective entailed, those constraints were fairly loose, and so he only needed a minimum of rhetorical deception in pursuing it. All it took was to deny he was doing what he was doing by frequently singing the praises of the free-

enterprise system he was assiduously working to undermine, by avoiding the word "socialism," by invoking "fairness" as an overriding ideal and by playing on resentment of the "rich."

But foreign policy was another matter. As a left-wing radical, Mr. Obama believed that the United States had almost always been a retrograde and destructive force in world affairs. Accordingly, the fundamental transformation he wished to achieve here was to reduce the country's power and influence. And just as he had to fend off the still-toxic socialist label at home, so he had to take care not to be stuck with the equally toxic "isolationist" label abroad.

This he did by camouflaging his retreats from the responsibilities bred by foreign entanglements as a new form of "engagement." At the same time, he relied on the war-weariness of the American people and the rise of isolationist sentiment (which, to be sure, dared not speak its name) on the left and right to get away with drastic cuts in the defense budget, with exiting entirely from Iraq and Afghanistan, and with "leading from behind" or using drones instead of troops whenever he was politically forced into military action.

The consequent erosion of American power was going very nicely when the unfortunately named Arab Spring presented the president with several juicy opportunities to speed up the process. First in Egypt, his incoherent moves resulted in a complete loss of American influence, and now, thanks to his handling of the Syrian crisis, he is bringing about a greater diminution of American power than he probably envisaged even in his wildest radical dreams.

For this fulfillment of his dearest political wishes, Mr. Obama is evidently willing to pay the price of a sullied reputation. In that sense, he is by his own lights sacrificing himself for what he imagines is the good of the nation of which he is the president, and also to the benefit of the world, of which he loves proclaiming himself a citizen.

The problem for Mr. Obama is that at least since the end of World War II, Americans have taken pride in being No. 1. Unless the American people have been as fundamentally transformed as their country is quickly becoming, America's decline will not sit well. With more than three years in office to go, will Mr. Obama be willing and able to endure the continuing erosion of his popularity that will almost certainly come with the erosion of the country's power and influence?

No doubt he will either deny that anything has gone wrong, or failing that, he will resort to his favorite tactic of blaming others—Congress or the Republicans or Rush Limbaugh. But what is also almost certain is that he will refuse to change course and do the things that will be necessary to restore U.S. power and influence.

And so we can only pray that the hole he will go on digging will not be too deep for his successor to pull us out, as Ronald Reagan managed to do when he followed a president into the White House whom Mr. Obama so uncannily resembles.

Mr. Podhoretz was the editor of Commentary from 1960-95. His most recent book is "Why Are Jews Liberals?" (Doubleday, 2009).

NY Post - Editorial
Worse than Jimmy Carter



Former President Jimmy Carter no longer holds the lowest workforce-participation record.

Jimmy Carter must be smiling: Another president has finally broken the record he had held for the worst rate of participation in the job market by American workers in modern times.

The Bureau of Labor Statistics' Friday job numbers show the nation's "labor force participation rate" — i.e., the percentage of Americans over 16 who have jobs, or are looking for one — dipped to 63.2 percent.

That beats the sad record of 63.4 percent set in 1978, a harbinger of the Carter-era stagflation and malaise to come.

Yes, the unemployment rate last month ticked down a tenth of a point, to 7.3 percent. But that's only slightly better than the 7.8 percent rate that prevailed when Obama first took office in 2009. And much of *that* gain is the result of workers simply giving up altogether on finding jobs: The BLS reports that a record 90 million Americans eligible for work are sitting on the sidelines. These workers don't count as "unemployed," hence the lower unemployment rate.

Why are so many workers opting out? Part of it is retiring baby boomers. But others have simply given up because of an economy that's been anemic for Obama's entire 55-month tenure. At the same time, uncertainty about the future and concern about the costs of ObamaCare may also be holding business back from expanding.

The worst part of all this is the seeming lack of concern by President Obama himself. No doubt, he still thinks he can blame George W. Bush for the morass and be done with it. That may be convenient for him — and happy news for Jimmy Carter.

As for the 90 million of our fellow Americans who are out of work, not so much.

American.com

Why Everyone is Freaking Out About the Jobs Report

by Michael Strain

Today's employment report is very disappointing. Nonfarm payroll gains came in below expectations — payrolls grew by 169,000 jobs in August. Worse still, revisions for June and July lowered gains for those months by a combined 74,000 jobs. The three-month moving average of employment gains now stands at 148,000 new jobs per month. At that rate, the Hamilton Project at the Brookings Institution's [jobs gap calculator](#) reports that the jobs gap won't close until after 2025. That's over twelve years from now.

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The three-month moving average of payroll gains — a good measure because it smooths out noise from any one report — [has been trending down](#) since the start of the year. This is doubly bad, because we're probably in for a rough fall. Congress and the president will most likely tangle over the debt ceiling and financing the government, injecting policy uncertainty into the economy and creating yet another headwind against an already-too-fragile recovery. The Fed may "taper". A military conflict in Syria may increase gas prices. The president's mismanaging of the race for Fed chair means we still don't know who will replace Chairman Bernanke.

It's important not to get lost in the statistics and politics, and to remember why all this matters. Our badly damaged labor market is an economic crisis, yes, but it is first and foremost a moral, spiritual, human crisis.

Work is deeply important to the flourishing life. I wrote in National Review this weekend on the importance of work:

Work does set us free — it emancipates us from our passions by occupying our time. It frees us from among the worst torments of modern (and comfortable) life: boredom. Work frees us by giving us the opportunity to do what we ought.

Work educates the passions by directing them to productive ends. Work gives us a sense of identity; much of who we are — for Americans, probably too much — is defined by what we do. Work gives us a sense of purpose. Work gives us the ability to meet among the most primal needs: providing for our children and caring for those whom we love.

Those who can't find a job are deprived of all this. In this sense, our badly damaged labor market is not just an economic crisis, but a moral one. How can a young person build a life, find a spouse, and make a home without a job? The probability of suicide goes up when a worker is unemployed. Divorce rates are higher when the unemployment rate increases. The children of unemployed workers tend to have relatively worse labor-market outcomes. Unemployment is associated with a range of psychological problems. The loss of a job often means a loss of self, of identity, of purpose, of the ability to provide for yourself and your family, to contribute to society.

[Read the whole essay here.](#)

Work is more than a way to satisfy material needs. Think about it. And think about what society – including government – owes those who are left behind by an economic crisis.

Michael R. Strain is [a resident scholar](#) at the American Enterprise Institute. Follow him on Twitter at <https://twitter.com/michaelrstrain>.

Digital Journal

[Why are Alzheimer's rates higher in wealthy countries?](#)

by Tim Sandlel

People living in 'wealthy' countries appear more likely to develop Alzheimer's disease due to greatly reduced contact with bacteria, viruses and other microorganisms. This leads to them having weaker immune systems.

This argument comes from researcher who state that they've found a significant relationship between a nation's wealth and hygiene and the rate of Alzheimer's in a population. This has been undertaken through a review of population birth rate, life expectancy and age structure across a number of countries. Essentially, after adjusting for differences in population age structures, the study found that countries with higher levels of sanitation had higher rates of Alzheimer's.

The thinking behind relates to the so-called hygiene hypothesis. The [hygiene hypothesis](#) states that a lack of early childhood exposure to infectious agents, symbiotic microorganisms (e.g., gut flora or probiotics), and parasites increases susceptibility to allergic diseases by suppressing natural development of the immune system. The lack of microbe and bacterial contact can lead to insufficient development of the white blood cells that defend the body against infection.

[Some examples](#) drawn from the study are that countries where all people have access to clean drinking water, such as the UK and France, there are 9% higher Alzheimer's rates than countries where less than half of the population have access, to clean water such as Kenya and Cambodia. Furthermore, countries that have much lower rates of infectious disease, such as Switzerland and Iceland, have 12% higher rates of Alzheimer's compared with countries with high rates of infectious disease, such as China and Ghana.

One key factor could be the increase in adult life expectancy across industrialized nations and Alzheimer's prevalence. [Alzheimer's disease](#) is the most common form of dementia. There is currently no cure for the disease and the illness worsens as it progresses, and eventually leads to death.

The study was carried out by Dr Molly Fox, who conducted the research at Cambridge University's Biological Anthropology division. The findings have been [published](#) in the journal *Evolution, Medicine, and Public Health* in a study called "Hygiene and the world distribution of Alzheimer's Disease."

NY Times

[How to Charge \\$546 for Six Liters of Saltwater](#)

by Nina Bernstein

It is one of the most common components of emergency medicine: an intravenous bag of sterile saltwater.

Luckily for anyone who has ever needed an IV bag to replenish lost fluids or to receive medication, it is also one of the least expensive. The average manufacturer's price, according to government data, has fluctuated in recent years from 44 cents to \$1.

Yet there is nothing either cheap or simple about its ultimate cost, as I learned when I tried to trace the commercial path of IV bags from the factory to the veins of more than 100 patients struck by a May 2012 outbreak of food poisoning in upstate New York.

Some of the patients' bills would later include markups of 100 to 200 times the manufacturer's price, not counting separate charges for "IV administration." And on other bills, a bundled charge for "IV therapy" was almost 1,000 times the official cost of the solution.

It is no secret that medical care in the United States is overpriced. But as the tale of the humble IV bag shows all too clearly, it is secrecy that helps keep prices high: hidden in the underbrush of transactions among multiple buyers and sellers, and in the hieroglyphics of hospital bills.

At every step from manufacturer to patient, there are confidential deals among the major players, including drug companies, purchasing organizations and distributors, and insurers. These deals so obscure prices and profits that even participants cannot say what the simplest component of care actually costs, let alone what it *should* cost.

And that leaves taxpayers and patients alike with an inflated bottom line and little or no way to challenge it.

A Price in Flux

In the food-poisoning case, some of the stricken were affluent, and others barely made ends meet. Some had private insurance; some were covered by government programs like Medicare and Medicaid; and some were uninsured.

In the end, those factors strongly (and sometimes perversely) affected overall charges for treatment, including how much patients were expected to pay out of pocket. But at the beginning, there was the cost of an IV bag of normal saline, one of more than a billion units used in the United States each year.

“People are shocked when they hear that a bag of saline solution costs far less than their cup of coffee in the morning,” said Deborah Spak, a spokeswoman for [Baxter International](#), one of three global pharmaceutical companies that make nearly all the IV solutions used in the United States.

It was a rare unguarded comment. Ms. Spak — like a spokesman for Hospira, another giant in the field — later insisted that all information about saline solution prices was private.

In fact, manufacturers are required to report such prices annually to the federal government, which bases Medicare payments on the average national price plus 6 percent. The limit for one liter of normal saline (a little more than a quart) went to \$1.07 this year from 46 cents in 2010, an increase manufacturers linked to the cost of raw materials, fuel and transportation. That would seem to make it the rare medical item that is cheaper in the United States than in France, where the price at a typical hospital in Paris last year was 3.62 euros, or \$4.73.

Middlemen at the Fore

One-liter IV bags normally contain nine grams of salt, less than two teaspoons. Much of it comes from a major Morton Salt operation in Rittman, Ohio, which uses a subterranean salt deposit formed millions of years ago. The water is local to places like Round Lake, Ill., or Rocky Mount, N.C., where Baxter and Hospira, respectively, run their biggest automated production plants under sterility standards set by the Food and Drug Administration.

But even before the finished product is sold by the case or the truckload, the real cost of a bag of normal saline, like the true cost of medical supplies from gauze to heart implants, disappears into an opaque realm of byzantine contracts, confidential rebates and fees that would be considered illegal kickbacks in many other industries.

IV bags can function like cheap milk and eggs in a high-priced grocery store, or like the one-cent cellphone locked into an expensive service contract. They serve as loss leaders in exclusive contracts with “preferred manufacturers” that bundle together expensive drugs and basics, or throw in “free” medical equipment with costly consequences.

Few hospitals negotiate these deals themselves. Instead, they rely on two formidable sets of middlemen: a few giant group-purchasing organizations that negotiate high-volume contracts, and a few giant distributors that buy and store medical supplies and deliver them to hospitals.

Proponents of this system say it saves hospitals billions in economies of scale. Critics say the middlemen not only take their cut, but they have a strong interest in keeping most prices high and competition minimal.

The top three group-purchasing organizations now handle contracts for more than half of all institutional medical supplies sold in the United States, including the IVs used in the food-poisoning case, which were bought and taken by truck to regional warehouses by big distributors.

These contracts proved to be another black box. Debbie Mitchell, a spokeswoman for Cardinal Health, one of the three largest distributors, said she could not discuss costs or prices under “disclosure rules relative to our investor relations.”

Distributors match different confidential prices for the same product with each hospital's contract, she said, and sell information on the buyers back to manufacturers.

A huge Cardinal distribution center is in Montgomery, N.Y. — only 30 miles, as it happens, from the landscaped grounds of the Buddhist monastery in Carmel, N.Y., where many of the food-poisoning victims fell ill on Mother's Day 2012.

Among them were families on 10 tour buses that had left Chinatown in Manhattan that morning to watch dragon dances at the monastery. After eating lunch from food stalls there, some traveled on to the designer outlet stores at Woodbury Common, about 30 miles away, before falling sick.

The symptoms were vicious. "Within two hours of eating that rice that I had bought, I was lying on the ground barely conscious," said Dr. Elizabeth Frost, 73, an anesthesiologist from Purchase in Westchester County who was visiting the monastery gardens with two friends. "I can't believe no one died."

About 100 people were taken to hospitals in the region by ambulance; five were admitted and the rest released the same day. The New York State Department of Health later found the cause was a common bacterium, *Staphylococcus aureus*, from improperly cooked or stored food sold in the stalls.

Mysterious Charges

The sick entered a health care ecosystem under strain, swept by consolidation and past efforts at cost containment.

For more than a decade, hospitals in the Hudson Valley, like those across the country, have scrambled for mergers and alliances to offset economic pressures from all sides. The five hospitals where most of the victims were treated are all part of merged entities jockeying for bargaining power and market share — or worrying that other players will leave them struggling to survive.

The Affordable Care Act encourages these developments as it drives toward a reimbursement system that strives to keep people out of hospitals through more coordinated, cost-efficient care paid on the basis of results, not services. But the billing mysteries in the food poisoning case show how easily cost-cutting can turn into cost-shifting.

*** 258 PHARMACY IV SOLUTIONS ***		1	91.00
05/13/12	35500190 1000CC NORM SALINE IN .9		91.00

91.00			

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
IV THERAPY	\$393.50	LAB-CHEMISTRY	\$442.00
LAB-HEMATOLOGY	\$241.50	LAB-BACTERIOLOGY/MICROBIOLOGY	\$102.50
EMERGENCY ROOM SERVICES	\$770.03		

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
PHARMACY	\$0.54	IV THERAPY	\$787.00
LAB-GENERAL	\$24.50	LAB-CHEMISTRY	\$442.00
LAB-HEMATOLOGY	\$139.00	EMERGENCY ROOM SERVICES	\$770.03

250 PHARMACY GENERAL	287.60		
252 PHARMACY NON-GENERIC DRUGS	2.40		
258 PHARMACY IV SOLUTIONS	546.00		
270 M/S SUPPLY GENERAL	333.00		
282 LABORATORY CHEMISTRY	626.00		

05/13/12	ER CHG LEVEL IV MOD 25	893.00	
05/13/12	INTRAVENOUS MED. ADMIN	127.00	
05/13/12	COMP MET PANEL	86.00	
05/13/12	CBC HEMOGRAM; FROM 37204192	39.00	
05/13/12	MANUAL DIFF; FROM 37204192	39.00	
05/13/12	1000CC NORM SALINE IN .9; SOLUT	91.00	
	.9NACL 1000ML		
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A Chinese-American toddler from Brooklyn and her 56-year-old grandmother, treated and released within hours from the emergency room at St. Luke's Cornwall Hospital, ran up charges of more than \$4,000 and were billed for \$1,400 — the hospital's rate for the uninsured, even though the family is covered by a health maintenance organization under Medicaid, the federal-state program for poor people.

The charges included "IV therapy," billed at \$787 for the adult and \$393 for the child, which suggests that the difference in the amount of saline infused, typically less than a liter, could alone account for several hundred dollars.

Tricia O'Malley, a spokeswoman for the hospital, would not disclose the price it pays per IV bag or break down the therapy charge, which she called the hospital's "private pay rate," or the sticker price charged to people without insurance. She said she could not explain why patients covered by Medicaid were billed at all.

Eventually the head of the family, an electrician's helper who speaks little English, complained to HealthFirst, the Medicaid H.M.O. It paid \$119 to settle the grandmother's \$2,168 bill, without specifying how much of the payment was for the IV. It paid \$66.50 to the doctor, who had billed \$606.

At White Plains Hospital, a patient with private insurance from Aetna was charged \$91 for one unit of Hospira IV that cost the hospital 86 cents, according to a hospital spokeswoman, Eliza O'Neill.

Ms. O'Neill defended the markup as "consistent with industry standards." She said it reflected "not only the cost of the solution but a variety of related services and processes," like procurement, biomedical handling and storage, apparently not included in a charge of \$127 for administering the IV and \$893 for emergency-room services.

The patient, a financial services professional in her 50s, ended up paying \$100 for her visit. "Honestly, I don't understand the system at all," said the woman, who shared the information on the condition that she not be named.

Dr. Frost, the anesthesiologist, spent three days in the same hospital and owed only \$8, thanks to insurance coverage by United HealthCare. Still, she was baffled by the charges: \$6,844, including \$546 for six liters of saline that cost the hospital \$5.16.

"It's just absolutely absurd." she said. "That's saltwater."

Last fall, I appealed to the New York State Department of Health for help in mapping the charges for rehydrating patients in the food poisoning episode. Deploying software normally used to detect Medicaid fraud, a team compiled a chart of what Medicaid and Medicare were billed in six of the cases.

But the department has yet to release the chart. It is under indefinite review, Bill Schwarz, a department spokesman, said, "to ensure confidential information is not compromised."

Tree Hugger

[One of the first fruit trees planted in America is still alive and well at age 383](#)

by Stephen Messenger



When the first European settlers stepped foot on Plymouth Rock in 1620, the landscape they encountered must have felt like the epitome of wildness. In time, of course, cottages and farmhouses, roads and footpaths would sprout up even there as 'civilization' took root. But little could they have guessed, from those fragile early shoots, that the whole wild continent would be tamed in just a few short centuries.

It may be hard to believe, however, but one of America's earliest settlers is still alive today -- and still bearing fruit after 383 years.

Among the first wave of immigrants to the New World was an English Puritan named [John Endicott](#), who in 1629, arrived to serve as the first governor of the Massachusetts Bay Colony. Charged with the task of establishing a welcoming setting for new arrivals upon the untamed land, the Pilgrim leader set about making the area around modern-day Salem as homey as possible.

In approximately 1630, as his children watched on, Endicott planted one of the first fruit trees to be cultivated in America: a pear sapling imported from across the Atlantic. He is said to have [declared at the time](#): "I hope the tree will love the soil of the old world and no doubt when we have gone the tree will still be alive."

The tree did outlive all witnesses to its planting -- as well as generations and generations that followed.



By 1763, [colonists noted](#) that the tree, dubbed the Endicott pear tree, was already "very old" and showing signs of decay. But yet it persisted and continued to bear fruit. In 1809, the tree had such notoriety that even President John Adams is said to have received a special delivery of its pears.

After holding fast through three strong hurricanes which battered the region in the first half of the 19th century, the tree became a cherished fixture; a fence was even put up to protect it. As early as 1852, folks were already proclaiming Endicott's pear tree as "probably the oldest cultivated fruit bearing tree in New England."

For Arbor Day in 1890, poet Lucy Larcom [composed about the old tree](#) so long rooted in American history:

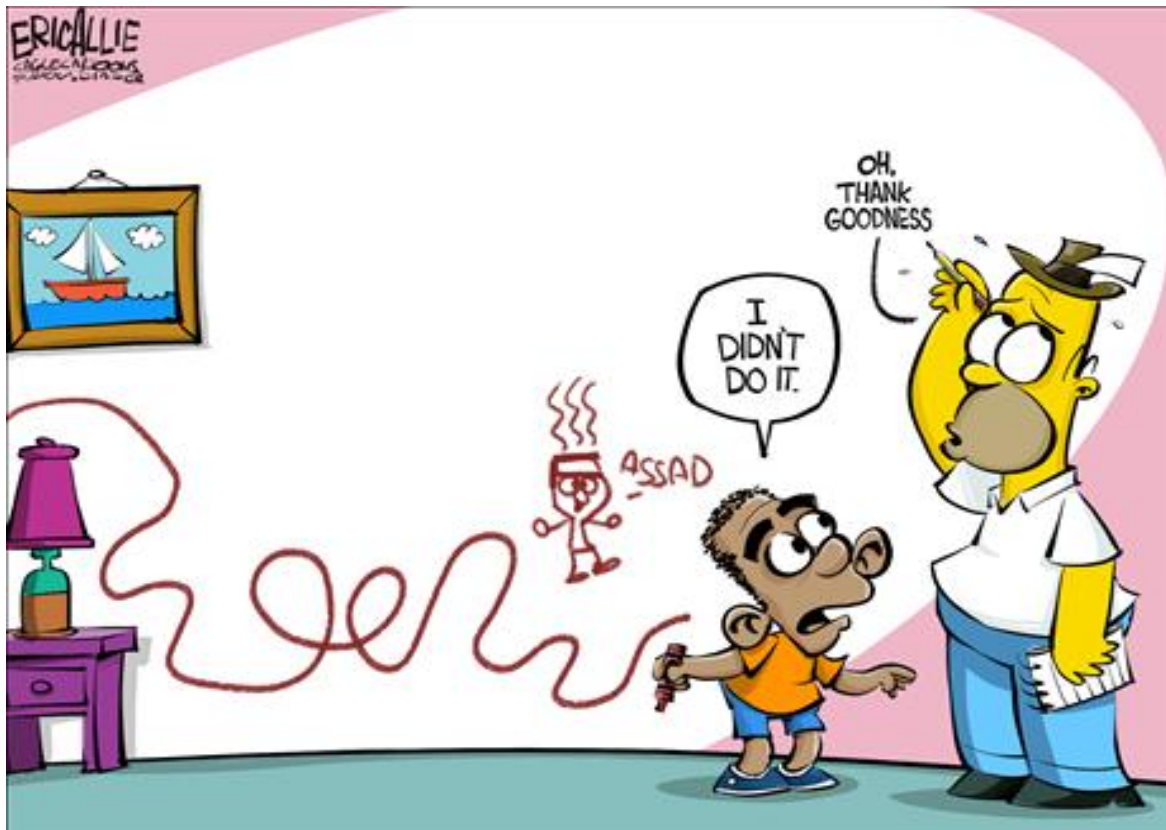
Such a wonder you may see;
For the patriarchal tree
Blossoms still, -- the living thought
Of good Governor Endicott.
Fruit again this year to bear;
Honor to that brave old pear!

Through the 20th century, Endicott's pear tree endured as the United States -- the nation it predates by 146 years -- continued to grow up around it. Through several more strong hurricanes, and even a vandal attack in the 1960s, the tree never stopped bearing fruit.

Although its pears have been [described as](#) "medium in size, unattractive, and coarse textured", the tree's shortcomings have been more than made up for by its resilience -- a legacy that will carry on even after the sands of time eventually wither its branches. The USDA's [National Clonal Germplasm Repository](#), a seed bank, successfully produced a clone of Endicott's pear tree.

There are few surviving remnants of those earliest days in American history, when European settlers arrived to the wild lands of the New World. But as their centuries-old headstones have weathered and crumbled with time, and their names and stories have become lost to the ages, it's reassuring to know that history is rooted by more than human memory and fading ink -- and that a living monument has been fruitful through it all.





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