

Column: January 6, 2022: A Medical Perspective



January 6 came and went, and there was no riot this year. Much of Congress took the day off, perhaps out of fear that this year's crop of rioters might actually succeed in killing them. Liz Cheney showed up to claim that she had no idea that the policies she had supported for years would result in such mischief on Capitol Hill. She brought her Dad, Dick Cheney, who claimed that he had no idea that the policies he had supported for years would result in such mischief on Capitol Hill. Their longtime friends and allies staged a boycott to remind the people who had voted for them that you do not need to show up for work to get full pay, health insurance, and retirement benefits if you are a congressman or congresswoman. The good news is that there were no police beaten, Vice Presidents threatened with hanging, press equipment destroyed, or Confederate battle flags paraded through the halls of Congress on January 6, 2022.

Between January 6, 2021, and January 6, 2022, there have been numerous investigations, interviews, and even books written about the events last year. According to some of our elected officials, the entire episode was a harmless demonstration of Americans practicing their right to free speech and assembly. Some of these "tourists" were overly exuberant, but the vast majority were well-behaved and respectful of the seat of democracy whose windows they broke and upon whose carpets they defecated.

To Americans watching with horror as their government was assaulted by thousands of rioters explicitly trying to install their favorite candidate as the head of the government, it was a day that will live in infamy.

To those familiar with history, it was a re-enactment of Benito Mussolini's march on Rome in October, 1922, when he and several thousand of his fascist Black Shirts terrorized the elected government and forced the transfer of power to him and his supporters. That coup d'état succeeded. (If you do not recall the events following that coup, just Google "World War II.") The coup d'état of January 6, 2021, failed, but the legion of perpetrators that orchestrated that attempt learned from its missteps. They are ready and eager to try again.

To the credit of the government left terrified but functioning, programs to manage the Covid pandemic, to deal with the devastation from climate change, to counteract a historic economic slow-down, and to manage the thousands of other problems with which only a government of the people, by the people, and for the people can deal continued operating.

From a medical standpoint, one of the truly remarkable developments over the past year is the progressive move toward socialized medicine. What is even more remarkable is the lack of resistance to this change in the American healthcare system by providers and consumers.

A generation ago, the American Medical Association (AMA) hired Ronald Reagan, the Great Communicator, to educate Americans about the threat of socialized medicine in general and Medicare in particular. Even Ronald Reagan could not convince Americans that unaffordable healthcare was good for them. Since then, the pace of change in the financing of healthcare in America has been glacial, but in recent years the pace has been accelerating. We now provide health insurance for most Americans, regardless of means, since the adoption of the Affordable Care Act (aka, Obamacare). Even before that Act, people with kidney failure had the cost of dialysis and medications to facilitate

dialysis paid for by the Federal government. Coverage for prescription drugs has been generous to a fault, in that the pharmaceutical industry has blocked the imposition of limits on drug prices covered by many government programs, including Medicare. Health insurance marketplaces have flourished with support from the government, and hospital regulations and oversight have tightened because of ever more rigorous laws concerning healthcare operations.

The logical extensions of these healthcare policies have already been implemented in other industrialized nations, but the U.S. lags behind because of persistent obstruction by industries with vested interests. For several decades, Germany has had negotiations between insurers and the government to maximize the coverage provided for the money paid. Canada has imposed competitive pricing policies for drugs that have motivated many Americans to travel north to get less expensive medications. Despite these temporary roadblocks to truly socialized medicine, the progress toward a national health system, indifferent to state borders and devoid of financial barriers, is evolving. Healthcare is one area in which President James Madison's claim that the diverse interests of people in our nation will force the government to act for the common good has proven to be true.

One need only look at the government response to the Covid pandemic. Millions of test kits have been bought and distributed free of charge to test people in every state for the virus. Tens of millions of vaccines have been bought by the Federal government and, in many locations, injected by Federal government employees. The Centers for Disease Control (CDC) issue nearly daily guidelines for pandemic control measures. The Food and Drug Administration (FDA) is expediting the review and approval of anything and everything that looks like it might help limit the spread and lethality of the virus. We are not dependent on the kindness of strangers, like the Rockefeller Institute or the Howard Hughes Foundation, to address public health problems that they think worthy of attention or investigation. We have a legion of dedicated federal employees looking out for the general health and welfare of our fellow citizens. They greatly outnumber the

fools scaling the walls of and breaking the furniture in the Capitol building on January 6, 2021. For this we must be grateful.

Dr. Lechtenberg is an Easton resident who graduated from Tufts University and Tufts Medical School in Massachusetts and subsequently trained at The Mount Sinai Hospital and Columbia-Presbyterian Medical Center in Manhattan. He worked as a neurologist at several New York Hospitals, including Kings County and The Long Island College Hospital, while maintaining a private practice, teaching at SUNY Downstate Medical School, and publishing 15 books on a variety of medical topics. He worked in drug development in the USA, as well as in England, Germany, and France.