

Don't cry for me, Dan Messina

by Mona Shaw

Presidential campaigns aren't commonly about issues. We have lost our way to there so completely, that the destination is no longer printed on the map. In fact, effective campaign strategists now advise hopefuls that, rather than standing tall on issues, winning depends on a candidate's mastery of obfuscating positions.

For those miraculously quixotic enough to take up a struggle that still could be won, there is Dan Messina.

Daniel S. Messina is the Chief Financial Officer for Aetna U.S. Healthcare, by far the largest managed care company in the nation. A darling of share-holders, Messina's track-record for increasing profitability in the industry is already legendary. A key-player in Aetna's several controversial mergers in recent years (its most recent acquisition was Prudential Healthcare in August), Messina's vision is also global. In January Aetna acquired 100 percent of the common shares of *Asistencia Medica Social*, Argentina's largest healthcare company. This established Aetna as the most powerful health industry in Latin America. The corporation already was the largest health care company in Chile and Brazil and the second largest in Mexico. In the U.S., Aetna manages the health care for more than 20 million Americans. Ironically while demonizing the idea of national health-care, Aetna is clear that it intends to singularly manage not only this nation's healthcare but the world's.

But Messina's most admired brain-child to date has been his part in founding the Coalition for Affordable Quality Healthcare. The CAQH almost sounds like something progressive types would want to join, until you find out what it does. It is a particularly baneful brand of genius that can spin a project that sounds like it might be about providing healthcare, when in fact its goals are about controlling the healthcare industry. CAQH's sole assignment is to develop media propaganda to reassure increasingly alarmed consumers that HMOs are not doing, well, what HMOs are doing. The nation's six largest HMO rivals bought into Messina's epiphany that they'd be freer to hack away at each other's stock options if they collectively kept people who actually wanted healthcare out of the legislature.

"Affordable" healthcare isn't about the healthcare the consumer can afford, it seems, but what

Aetna can afford--which apparently isn't much with 25 percent of the company's income already earmarked for executive salaries. (The average CEO salary [with options] is more than \$100 million a year.) Rather than increasing medical benefits, Aetna is improving "quality" by investing tens of millions into CAQH's media campaign that includes slick t.v. ads and corporate seminars for care providers and non-medical staff titled "Managing Patient Expectations."

With each merger Aetna's drive to reduce patient expectations increases. In some cases, benefits denied to patients have been so Draconian they've crept up to the line of genocide, if not over it. Examples presented by Physicians for a National Health Program when it protested the megalomaniacal Aetna/U.S. Healthcare merger last year would inspire a Dickens novel. From trading life-saving medications for cheaper but inadequate ones to kickback schemes that reward physicians who refer patients to services where it has a financial interest, Aetna is clear that the doctors they pay the most are those which give the cheapest care.

The role of CAQH is to persuade consumers--as consultant David Wood puts it--"to stop expecting more healthcare than they can afford." In a stirring essay to his colleagues Wood goes on to describe the "courage to make harsh decisions" and includes disturbing yet vague references to "older patients who live longer than expected." Wood uses these patients as an example of the "purgatives" the industry needs to effect to remain strong. While Messina expressed sadness over Aetna's "tough, but necessary choices to protect affordability" during the Aetna/U.S. Healthcare merger, his boss Aetna president Michael Cardillo took home a one billion dollar bonus when the deal was finally cut.

It is curious that even a vaguely self-described civilization would condone the exploitation of disease and suffering of the many as a means for the few to amass obscene wealth.

Martin Luther King, jr. spoke of the need for freedom fighters to have moral assignments. Rather than working for human champions, the notion was that we would work for a human cause. Could a moral assignment be an informed commitment to national health care in our lifetime? Given the multi-tined hooks HMOs have threaded throughout the political quilt, is there a political candidate who can be trusted to stand up against them? What if, instead of giving an inordinate supply of life's precious moments to candidates who sell out before we can get their bumper stickers off our cars, we put some of that energy into something that might translate into palpable social change?

What remains unwritten on the page of social justice that is more valuable to the common welfare than recognizing healthcare as a human right? Is healthcare less critical to human dignity and survival than free speech or the right to vote? Can a prudent case be made to use our collective means to build human roads and bridges but not heal human bodies? Mobilizing around a crusade for this human right during the coming election year more than a candidate would threaten a myriad of corporate and campaign purses but it could really enrich our souls.

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