

EDITORIALS

A-plus

Preschool here gets national attention

Finally, along comes a set of national rankings which ought to make Oklahomans especially proud.

The latest annual survey by the National Institute for Early Education Research shows Oklahoma leading the nation in prekindergarten enrollment.

The State of Preschool 2008 showed Oklahoma in first place with 71 percent of its 4-year-olds enrolled in preschool education. This is not the first time the state has ranked first in this survey.

The survey also found that Oklahoma's preschool program is a high-quality one, meeting nine out of 10 benchmark standards. Oklahoma also was praised for increasing pre-K funding, from \$3,635 per-child to \$3,966 in 2008.

The survey also found that enrollment across the country has grown to more than 1.1 million children. Of the 38 states with state-funded programs, 33 increased enrollment, and 11 improved the quality of their offerings.

Twelve states had no state-funded preschool last year, and some states

have decreased their pre-K funding. Institute Director Steve Barnett and other early childhood leaders hope a federal initiative aimed at increasing enrollment and improving standards in preschool programs will be forthcoming, a likely prospect because of President Obama's strong commitment to early childhood education.

On a related note: While the institute survey didn't directly address Tulsa's meteoric early childhood activities, Tulsans can be rightfully proud of our national leadership in pursuing high-quality early childhood initiatives for disadvantaged children, thanks in large part to the George Kaiser Family Foundation.

The philanthropist's foundation modeled the growing Tulsa Educare effort on the Chicago-based Ounce of Prevention Fund system and now Tulsa's impressive efforts reportedly have attracted the attention of Obama's education secretary, Arne Duncan, who formerly was CEO of Chicago Public Schools.

Suffice to say Tulsa and Oklahoma get A's for effort and for achievement.

OU scores

Health-care blueprint announced

Tulsa's new University of Oklahoma School of Community Medicine — already a national leader in pioneering community-based medical care — is again making national news thanks to a new partnership with IBM for developing an information-based, interconnected, primary-care practice model.

That's a mouthful, to be sure. What it means in simpler terms is that medical records from many different locations — hospitals, physician offices, ambulance services, fire departments and patients, among others — will be electronically centralized so doctors and other providers will have access to all they need to know to properly treat a patient. The effort — a health-care priority of President Obama's administration — also should help streamline health-care delivery and reduce costs.

IBM selected the OU School of Community Medicine to launch its first "medical home" pilot project with a medical school, OU officials said. The model will link 355 physician offices with other health-care services, enabling those physicians

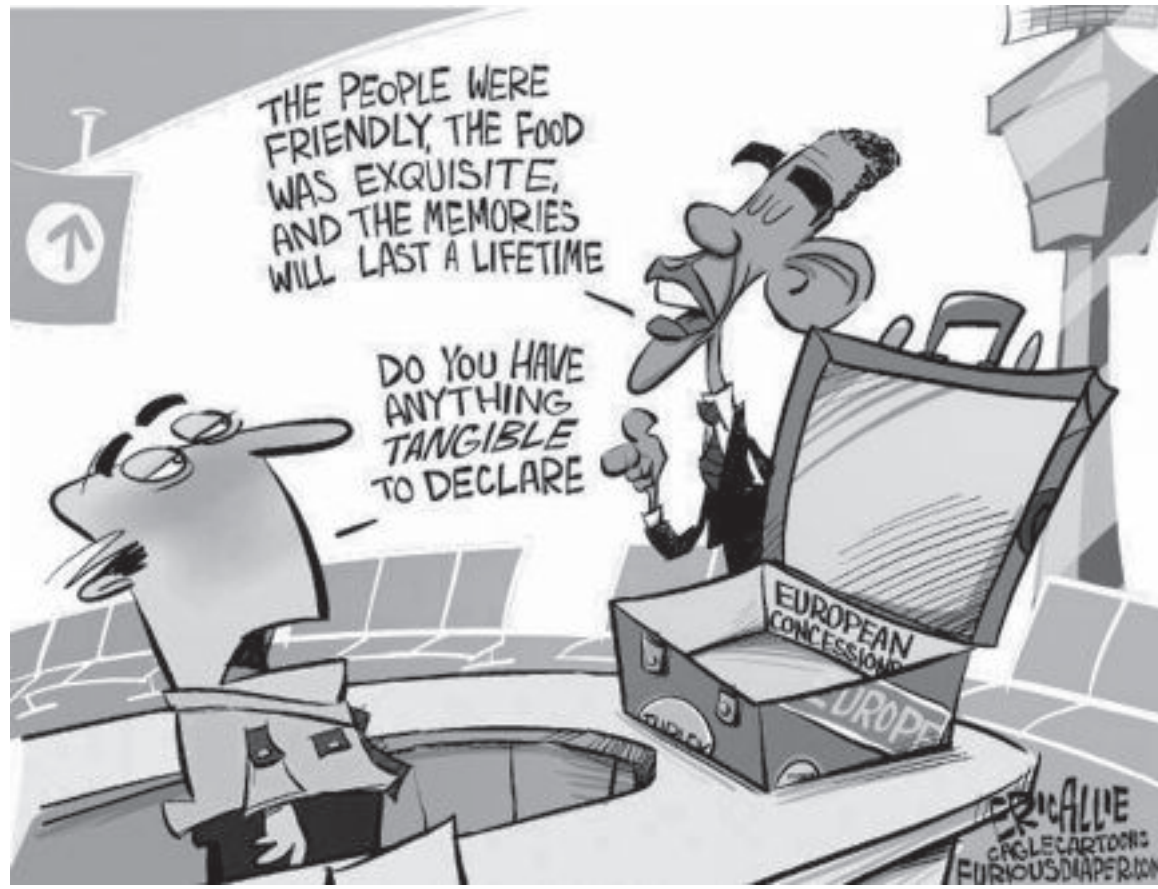
to have ready access to all needed records.

"All Oklahomans can be proud that, after looking at the qualifications of medical schools in the nation, IBM selected the University of Oklahoma as its partner," said OU President David Boren.

"Our new relationship with OU reflects our deep commitment to drive comprehensive health-care reform through smarter health-care solutions," said Robert Merkel, IBM health-care spokesman. "Because OU stands committed to patient-centered medical home care in its curriculum, research and practice, they make an ideal partner in our shared mission to build smarter health-care systems."

The new Tulsa medical school, which represents an expansion from the decades-old two-year branch campus to a full-fledged four-year school, is the first in the nation to focus on meeting the specific health-care needs of the local community. The arrangement with IBM is a perfect fit with that evolving mission.

Way to go, Sooners.



LETTERS

Somebody explain that elephant

The ending to Virgil Hensley's letter ("For voter ID system," April 7) confused me. Hensley said he is for voter ID, and added that, "Several years ago, I placed a talisman obtained from a local sorcerer in my home to safeguard against the incursion of elephants. It worked. I've been free of elephants ever since."

Is the talisman the voter ID and the elephant voter fraud? If so, is he arguing that voter fraud is not prevalent and that is why the display of the voter "talisman" will work to prevent that which does not exist?

I am not very good at analogies and such so please allow him to explain an ending that seems to refute his lengthy argument for voter ID.

Gary Witt, Tulsa

GOP wants clean elections

So why am I not surprised that Gov. Brad Henry vetoed the bill that would have required voters to present a photo ID before voting? I'm not surprised because in every state in the nation where the legislatures have attempted to deal with widespread election fraud, Democrats are invariably opposed and Republicans, who are almost always the victims of fraud, are invariably in favor.

Of course, Democrats will never be honest enough to admit that they want to be in a position to steal elections. But there's a way to put them to the test.

We've all seen the smiling faces of newly enfranchised voters in emerging democracies in Africa

and Asia as they wave their ink-stained fingers in the air after voting for the first time. If we were to suggest that all American voters be required to dip a finger in a vial of indelible ink after casting their vote to ensure that they can't vote a second time in another precinct, it is an absolute certainty that Democrats would oppose the idea.

And isn't it a shame that a long-respected organization, the League of Women Voters, would stoop so low as to shill for the Democratic Party? Shame on them.

Paul R. Hollrah, Locust Grove

Ride 'em Cowboys

In reading the recent front page story ("Sam & Blake," April 5) I found the comment interesting that no school has ever seen the stars align quite like the University of Oklahoma this season, referring to the accomplishments of Sam Bradford and Blake Griffin.

While their awards are both well deserved, as an Oklahoma State University graduate I feel I need to point out that in 1988 we also had a Heisman trophy winner as well as the top baseball player in the country in Robin Ventura (Golden Spikes Award), the individual NCAA champion golfer in E.J. Pfister as well as NCAA champion wrestler John Smith who also won an Olympic gold medal in Seoul that same year.

While baseball, golf and wrestling don't carry the same prestige as football or basketball, their individual achievements are just as noteworthy.

Not a bad star alignment either.

Steve Clark, Owasso

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Read between lines in health-care debate

BY EZRA KLEIN

When asked by the New England Journal of Medicine to detail his health-care vision during the campaign, John McCain concluded with a rousing denunciation of "new government bureaucracies that will translate into higher taxes, reduced provider payments and long waiting lines."

Long lines come up frequently in the American health-care discussion, the symbol of all that is to be feared about a government-run system. And it's true that in Canada and Britain, the two countries most often cited in discussions of what nationalized health care might mean, some patients report having to wait months for some elective treatments. Sometimes.

But we've got waiting lines, too — along with 50 million uninsured and a system that costs more than twice as much per person as that of any other country. We've just managed to hide our lines through clever statistical gimmickry.

Britain and Canada control costs in a very specific fashion: The government sets a budget for how much will be spent on health care that year, and the system figures out how to spend that much and no more. One

of the ways the British and Canadians save money is to punt elective surgeries to a lower priority level. A 2001 survey by the policy journal Health Affairs found that 38 percent of Britons and 27 percent of Canadians reported waiting four months or more for elective surgery. Among Americans, that number was 5 percent. Score one of us!

Well, sort of. American health care controls costs in another way. Rather than deciding as a society how much will be spent in the coming year and then figuring out how best to spend it, we abdicate collective responsibility and let individuals fend for themselves. So although Britain and Canada have decided that no one will go without, even if some must occasionally wait, the United States has decided that most of those who can't afford care simply won't get it.

When that very same survey looked at cost problems among residents of different countries, 24 percent of Americans reported that they did not get medical care because of cost. Twenty-six percent said they didn't fill a prescription. And 22 percent said they didn't get a test or treatment. Those latter numbers are probably artificially small: If you can't afford to see a doctor,

Canada is next door, and Britain speaks our language, so we tend to spend a lot of time comparing our system with these systems and not a lot of time thinking through the full range of options.

you never know that you can't afford the treatment she would recommend. In Britain and Canada, only about 6 percent of respondents reported that costs had limited their access to care.

Moreover, surveys conducted by the Organization for Economic Cooperation and Development have found that most countries don't have waiting lines or large numbers of uninsured people. Not Germany or France or Japan or Sweden, all of which have more of a mix of public and private options. But Canada is next door, and Britain speaks our language, so we tend to spend a lot of time comparing our system with these systems and not a lot of time thinking through the full range of options.

In light of the Health Affairs data, smugness about our speedy access

to care seems a bit peculiar. If someone can't afford care, we record their waiting time as zero. You don't wait for what you can't have. A more accurate accounting would record that wait as infinite, or it would record when the patient eventually ends up in the emergency room because the original ailment went untreated. Research such as this raises a simple question: Would you rather wait four months for a surgery or be unable to get it altogether?

Just last week, House Republicans expressed their preference for the latter. Their long-awaited budget document was admirably specific about changes to Medicare. They call for "a new Medicare program" in which enrollees are given a check "equal to 100 percent of the Medicare benefit," which they can take to the private market to purchase their own care.

This proposal has a purpose beyond dismantling a popular government entitlement program. Currently, Medicare does not abide by a budget. It is not run like the Canadian or British health-care systems. Instead, it pays whatever is deemed "reasonable and necessary." Because of that, costs are shooting through the roof: The Congressional Budget Office estimates that Medicare spending will

more than triple by 2050.

The Republican plan gives Medicare a budget. Costs grow only as fast as the check grows. And because the check grows more slowly than health spending does, the program saves money. But this is, in effect, almost precisely the strategy of Britain and Canada: It is the government imposing an arbitrary budget on its health-care spending.

The difference is that the British and Canadian governments try to apportion that health spending so that the whole population gets care. That can mean, alongside other cost-saving measures, longer waits for services. The Republican budget simply would give individuals a fixed check. That would mean patients who exceeded that sum and didn't have money of their own would go without needed care.

So Americans will continue to brag that no one waits, and Canadians and Britons will continue to brag that no one goes without. And somewhere, the French and the Germans and the Japanese and the Swedish and many others will wonder why we insist on choosing between such awful extremes.

Ezra Klein is an associate editor at the American Prospect.

