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# EDITORIAL

## Research in the Service of Jobs and Health

There are many explanations for the success of science and the failures of government, but one of the most telling differences between the two is the high premium on objectivity in science and the low premium on it in government. A scientist with a hypothesis knows that he must produce the most convincing evidence by devising an objective experiment, and he knows that the experiment will be repeated by others. Thus, there is little gain (and a temporary one, at best) in overstating the results. Government in a democracy rarely likes to tell the voters an unpleasant truth and generally hopes that a demagogic promise will not be tested until after the next election.

Nowhere is this more evident than in current issues related to jobs and health care. The days are past when developed countries such as the United States could get raw materials from underdeveloped countries and sell them manufactured products at a handsome return on investment. The underdeveloped countries, with our help, have learned how to grow grains and manufacture automobiles, and their wage rates are much lower than those of the developed countries. Therefore, jobs are not going to come back unless (i) we lower wage rates to beat the competition or (ii) we generate sophisticated new products that others will buy and cannot make for themselves.

If the former solution is unthinkable, then the latter clearly suggests more research to find the new frontiers and develop the new products. Saying that bluntly in a democracy is too difficult for many politicians. It is much easier to say, "We are in favor of research, but there just isn't any money." Demagogic phrases implying that clever manipulation of the market will produce jobs in a global economy are unrealistic in the absence of real effort in the research required for new products. Adding heavy environmental controls and mandatory entitlements on the backs of the struggling companies, while socially desirable, is like throwing an anchor to a drowning person.

The same is true of health care. The really big advances in health care—the penicillins, the microsurgery, the x-rays, and the magnetic resonance imaging—have been produced by research, and the costs have gone up because people are living longer and using "expensive" new tools to cure diseases that were incurable in the past. Treatments of the same diseases today are cheaper and more effective than their past treatments. So the "increased costs" are due to our living longer and more people wanting access to the best medicines. There is an irony in the present debate in the emphasis on "costs" with no mention of quality. Jack Benny's radio program many years ago had a skit in which a robber said to Benny, "Your money or your life." Benny, who played the role of a miser, stayed silent, and only after being prodded said, "I'm thinking it over," eliciting great laughter. The current debate has government officials acting as if they expect individuals to refuse life-saving surgery because it is too expensive.

Better health care and better access to it are worthy goals, but they will not be achieved by pretending that "specialists" or the cost of drugs (actually, 7% of health care costs) are the causes of the problem. They will not be achieved without willingness to discuss objectively the real costs and facing the fact that elite (not cost-competitive) medical schools develop the new techniques where the very rich and the very poor are the guinea pigs/volunteers for the new devices that later benefit all. Most experts agree that rationing will be required to prevent costs from ballooning out of sight, but where is the open debate on rationing from a group that is quick to demand "informed consent" from doctors? The record of Medicare and the lessons from costs of Canadian, German, French, and British health care programs need to be discussed scientifically.

Fortunately, there are signs of forward thinking. The Harkin-Hatfield National Fund for Health Research and the Senate's refusal to put a cap on indirect costs are signs that some senators see the importance of research and are willing to do something about it. Basic research in areas that are likely to lead to exportable products and better health should be explained as a necessary part of future progress. We must devise better ways for all to share in progress, but to stop progress in the process is extreme shortsightedness.

Daniel E. Koshland Jr.