

"USA TODAY hopes to serve as a forum for better understanding and unity to help make the USA truly one nation."

-Allen H. Neuharth, Founder, Sept. 15, 1982

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Letters

Don't rush health care reform

I am very concerned about the universal health care reform being discussed in Washington. What will happen if the effort fails? The big insurance companies involved with the government will be OK, but the small ones will be out of business. Therefore, we won't be able to revert to the old way of doing things if the new one fails ("Hazards remain in push to revamp health care," Cover story, News, Monday).

It's a big risk to rely on government. Look at its record with Medicare, Social Security, the Postal Service and Amtrak. They are running out of money.

I'm also concerned that all our personal health information would reside in a massive database overseen by one company and accessible to the government. There would be no fool-proof way to be sure that our privacy would not be invaded by a hacker or other unauthorized people.

I would rather not rush into this reform if we are to have it at all.

Susan E. Martzowka
Livonia, Mich.

Preventive care works

In the health care system, the insured do indeed pay a "hidden tax" for treatment provided to the uninsured. But these costs are much higher than they need to be ("Study: Insured pay 'hidden tax' for uninsured health care," News, May 28).



In many instances, the uninsured understandably forgo care for as long as possible, hoping to avoid a bill they won't be able to pay. As a result, they often end up in the emergency room, still unable to pay, long after less costly intervention is possible.

While Washington debates the specifics of reforming our system to provide affordable, comprehensive

health care coverage for all, policymakers would do well to consider the return on investment that a strong focus on primary and preventive care can provide.

Portico Healthnet, a unique community-hospital partnership in Minneapolis-St. Paul, bears this out with hard data. Funded mainly via grants and commitments from local hospitals and health plans, this partnership provides affordable primary and preventive health coverage to those who don't qualify for Medicaid programs, but don't make enough to access health coverage on their own. The use of the ER among the working poor covered under this partnership declines more than 33% on average due to increased preventive care and earlier medical intervention. Beneficiaries live healthier lives, and the burden we all bear for uncompensated health care is substantially reduced.

Debra Holmgren
Executive Director
Portico Healthnet; St. Paul

Inmate fee system can be flawed

I read, with a great deal of interest, USA TODAY's article "Debt to society costs \$60 a night," which discusses the fact that inmates in some locales now have to pay at least part of their upkeep (News, May 28).

Though this is a good trend in general, some caveats have to be noted. In a class I taught last term, the text used discusses the "fee system," employed early in this country's history, in which inmates or families of inmates were required to pay for their stay. A financial incentive existed for more people to be arrested, and kept in jail for longer periods of time.

