admissions. So even if office visits grew because more people were covered, it is possible that spending would increase at a lower rate.

Another strategy is diffusing electronic medical records and other technology to physicians. EMRs, linked to up-to-date research-based recommendations, could save money in at least three ways: by increasing the chances that a doctor will choose the most appropriate, least expensive service in the first place, by reducing errors that need more services to correct, and by avoiding duplicate services because records are misplaced or a second doctor cannot access the original record.

A third method is competition among insurers — that rivalry will stimulate innovation, which will attract interest among potential buyers and allow insurers to keep premiums low.

The first two of these are more than plausible, but will require substantial investments. The third idea is more problematic. The theory reads well, but insurers’ past behavior provides little reason for optimism. Up to now, innovation has tended to mean new methods for segmenting the market to avoid enrolling high-risk people.

Is the argument that the Obama plan will limit choice a real concern?

This is not a simple yes-or-no question. To increase the numbers of Americans who purchase insurance, several things must happen. Private insurers must offer affordable policies. But health insurance is expensive; 16 or 17 percent of Americans don’t have it now, and most of those are employed, sometimes in more than one job. In other words, they have money, but cannot afford health insurance. Somehow the policies that insurers offer under the reform plan must cost less than the ones they offer now. How are they going to do that and make a profit that satisfies shareholders?

Public subsidies will help, but what will make the policies worth the money? Already, many insured people find that services they need are not covered or require such high out-of-pocket expenses that even with insurance they cannot afford the services. An insurance exchange like the one in Massachusetts has been proposed. For it to work, private insurers must be willing to offer policies under the rules set by the exchange. One way is by paying providers lower fees, but that tactic may reduce the number of providers willing to treat patients.

Some argue that a public-sector insurance option is needed to ensure that private carriers offer good coverage at affordable prices — to “keep insurers honest.” The public insurer’s mission will be to make affordable coverage available, and it will not need to earn a profit to satisfy investors. So private insurers say that competing with a public plan would be unfair, and they’re pulling out all the stops to derail that idea.

Ironically, doctors, who complain mightily about dealing with today’s private insurers, are also opposed to a public option because they are afraid that the public-sector plan would pay them at Medicare rates, which are about 20 percent lower than rates paid by private insurers. The doctors are ignoring the fact that private firms often deny payment altogether and that they make it hard to get paid even when services are approved.

To many analysts, the most rational, least expensive plan would be a public insurance system run by the federal government. Medical services would still be private, but the payment function would be centralized. Since politically that is an unlikely outcome, and private insurers must be part of the solution, contentious issues like these arise.

There is also an argument that reform will negatively impact the quality of care. The assumption is that spending less must mean that patients get fewer services, and if people get fewer services, quality declines. As the Gawande article in The New Yorker shows so dramatically, that is not necessarily the case. The best care is often the least expensive. Nothing in Obama’s ideas or about health-care reform in general means lower quality care will result. And that is the case even if we succeed in increasing the numbers of insured and containing the increase in costs.
Trade Center was attacked on September 11, 2001. When he was done, the string of 32 words written by one of America’s most succinct poets had become 141 bars of symphonic sound written for orchestra and chorus.

Cornell’s composition, also called Falling from a Height, Holding Hands, was performed April 28 at Boston’s Symphony Hall by the Boston University Orchestra and the Boston University Symphonic Chorus. Cornell, who has written more than a dozen pieces for orchestra and has collaborated with his wife, Deborah Cornell, a CFA associate professor of art, on virtual reality artworks displayed in shows from Boston to Taipei, says the finished work is very close to what he intended. But the process is not easy to explain. Did he attempt to present the emotional impact of the poem, or is his piece an aural rendering of the setting and events of the poem — the glass, the smoke, the figures diving down? “It really goes both ways,” says Cornell. “What matters is that both paths are present and are at a point of tension.”

He opens the composition with sounds from a city-scape. There are fragmented phrases from woodwinds. A piccolo and a flute offer up disturbing crescendos, while in the background, low and ominous percussive rumblings can be heard. “It’s what you might hear in a city,” he says, “where sounds come to us over some distance from disparate sources.”

The unease lingers until bar thirteen, when Cornell brings in the harmonic notes of the contrabass, harp, timpani, tuba, contrabassoon, and bass clarinet. “For me,” he says, “one of the essential things is the connection between the first line of the poem and the second. The initial question, ‘What was that?’ registers the explosive event. But the second line, ‘A clear day to the far sky,’ is placid and beautiful.”

Cornell says he found the initial themes so unnerving that it was necessary to build in a calm before the storm. The tension eases off as he instructs the contrabassoon, trumpets, trombones, and harp to keep the tone tranquil. Then, the chorus erupts with the “What” of “What was that?” “I set up the entrance of the chorus so that the chorus comes in when the orchestra is not doing very much,” Cornell says. “I wanted to provide the space of a clear articulation of the poem. You have to make sure the words are audible.”

To some extent, he says, his creative options were limited by the need for his audience to understand the words of the poem: if vowel sounds are sung in a very high register, they become hard to understand. Elsewhere, however, he lets it rip.

Richard Cornell, a CFA associate professor, says when he heard the poem “Falling from a Height, Holding Hands,” he thought, “I’m going to have to deal with this.”

Cornell transformed from one art form to another Snyder’s vision of two people choosing to jump to their death rather than be burned when the World Trade Center was attacked on September 11, 2001.
The Weight of Racism

**STRESS OF INCIDENTS MAY TRIGGER FAT RETENTION** by Chris Berdik

America’s weight problem, researchers have long known, does not weigh equally on all people. The nation’s expanding girth, with its associated risks of diabetes and cardiovascular disease, hits African-American women particularly hard. According to one study, between 1999 and 2002, 77 percent of black women were overweight or obese compared to 57 percent of white women.

Yvette Cozier, an SPH assistant professor, says that women reporting the most everyday racism gained about a pound more over eight years than those perceiving the least discrimination.

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