

# Faulty Projections

actors are obliged simply to be themselves. If you can find a candidate whose brain has been fried by drugs (such as Ozzy Osbourne), put a camera and mike in his face and let him rant. That's entertainment.

It is hard to discern exactly when this trend began, but I'm confident that we are now in its full efflorescence. Jay Leno has his own version of the Quiz Kids. Three contestants see who can offer the stupidest answers to simple questions. The winner, of course, is the one with the fewest correct responses.

Even the Miss America contest has gone down this path. Finalists are asked questions about history and current affairs. Clearly they strive to get the right answers and are disappointed when they are wrong; yet this supposedly intelligent group of young ladies invariably knows very little. Is this designed, one wonders, to make viewers who know very little feel better about themselves?

Spoiled kids of the Paris Hilton variety who have money to burn know Versace but not Descartes: "Oh, isn't that a dessert?" A society as rich as ours can live with them, I guess. Whether we can prosper with them is another question. These intellectual and moral vacuums spread chaos wherever they go, albeit unbeknownst to them. Life is a bowl of cherries for Paris, but ask the folks in Altus, Arkansas (where her program *The Simple Life* was made), what they think, and they will tell you that this airhead and her equally silly friend Nicole Richie left a literal and figurative mess behind them.

As I see it, dumb and dumber TV is leaving a mess behind as well. If the brain needs exercise to avoid atrophy, this latest form of television fare is on its way to producing a generation of mental paralytics. How I yearn for the days of *The Answer Man*!

Just as one must pass a driver's test to get a license, I propose that people who appear on TV be required to pass a knowledge test. I realize that some will describe this proposal as hopelessly elitist, but it certainly would be better than the current tide of mindless and stupid television programming—at least that's one man's opinion.

—Herbert I. London

(The author is president of the Hudson Institute.)



There is a knowledge gap between what scientists have discovered about aging and what politicians and policymakers in Washington D.C. incorrectly assume. New York State's junior senator, Hillary Rodham Clinton recently labeled the nation's health system a "fiscal disaster," claiming in the *New York Times Magazine* (April 18, 2004) that the fact that people are living longer is a cost problem. Two weeks earlier, the trustees of Medicare projected that Medicare Part A, which pays seniors' hospital bills, will run out of money in 2019. These projections and Mrs. Clinton's warnings are based on the false premise that as Americans live longer, it will add to the nation's medical bills. The opposite is true. A wealth of scientific data shows that living longer does not increase health care costs.

It used to be thought that the longer you lived, the more time you would spend confined to a wheelchair, or in a hospital, with the medical bills mounting. But a wealth of recent scientific evidence shows that although Americans are living longer, their added longevity will not push up Medicare spending. Once Americans reach age 70, they tend to spend the

same amount on health care during the rest of their life, whether they live another five years or another twenty years, according to a study in the *New England Journal of Medicine* (September 11, 2003). Healthier people live longer, but spend less per year and about the same in total as sicker people who die younger. This counter-intuitive finding bears repeating: living longer does not cost the Medicare system more.

As an editorial in *The New England Journal of Medicine* cautioned, "Current Medicare projections, which implicitly assume that longer life costs more, are thus substantially overstated" (September 11, 2003).

How is that possible? Because of compression of morbidity. The term means that the same people who are living longer are also enjoying longer health spans, and suffering very little illness until near the end of life. They are making it to age 90 or 100, not by recovering from one complex, costly illness after another, but by remaining healthy and on their feet.

Compression of morbidity is already happening and at an impressive rate. By 1998, elderly people were already 25 percent less likely to be disabled from chronic illness than

in 1982, reports the *Annals of Internal Medicine* (September 2, 2003). Disability among the elderly appears to be declining by about 2 percent a year, more than the estimated 1.5 percent decline needed to keep Medicare solvent, according to study in the *Proceedings of the National Academy of Sciences* (December 1998).

Though there will be many more elderly people alive in future years, there will not be a large increase in the number of chronically ill, high-cost users of care. The result? More people will be on the Medicare rolls, but average spending per person, in constant dollars, could actually decline. Americans' increasing longevity is going to cause real problems for Medicaid, the state-federal program that provides long-term care for the needy, and for Social Security. These programs see their costs rise with every increase in longevity. That's not true for Medicare.

The most surprising facts—surprising and reassuring—are straight from Medicare's own data about spending in the last two years of life. These figures show that a person who dies in his sixties spends three times as much on health care in the last two years of life as someone who dies at 101 or older. Living to a ripe old age is not breaking the Medicare bank, because most people who live longer are not tethered to tubes and hooked up to machines and monitors. That observation holds true for people of less extreme ages as well. People who die at age 75 cost Medicare \$37,000 during the last two years of life, on average, while those who live to 95 cost Medicare only \$21,000 (*New*

*England Journal of Medicine*, May 11, 2000). Living longer is a good value.

What lessons can we, as a nation, take from this research? First, Medicare projections need to be revised downward. The Medicare system is facing a huge bulge in enrollment as the baby boomers born after World War II reach age 65. That is a temporary challenge. But our increasing longevity is not a problem. Living longer is unlikely to increase Medicare's costs. The data prove it.

Second, improving the health of the elderly pays off. Understanding why Americans are enjoying longer health spans and how important that is to Medicare's solvency suggests some important priorities: research on preventing the onset of nonfatal but severely disabling conditions such as osteoporosis, depression, Alzheimer's, and arthritis; and health improvement programs to reduce risk factors for chronic disease such as heart disease. A good example of the latter would be wide use of nutritional supplements to reduce homocysteine levels, a risk factor for heart disease as powerful as smoking and cholesterol levels.

Third, the fact that Americans are living longer presents enormous problems for Social Security and Medicaid, not Medicare.

—Betsy McCaughey

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## High-Tech Hooey

**T**hroughout the past decade, manufacturers have produced technology products with rapidly advancing capabilities even as their prices have consistently fallen. Because of these technologies' technical complexity and proliferation, consumers have experienced difficulties evaluating and comparing them. This has created the opportunity for some manufacturers and retailers to use deceptive advertising to make their products and services appear to have greater capabilities than they actually possess. Five of these common deceptions are (1) false claims of equivalency, (2) claims about a process or a result that cannot be measured, (3) the use of imprecise and immeasurable adjectives and adverbs, (4) claimed increases or decreases without a baseline, and (5) deceptive consumer surveys and statistical data.

In the first instance, manufacturers and retailers often falsely claim to provide you with something similar to what you want. Consumers who do not



know the meaning of technical words or phrases that describe products or their capabilities must assume that those words or phrases have no value. For example, you know that you want a digital camera that records at least 2,000,000 pixels in resolution. You find a manufacturer that advertises that its digital camera has a "2,000,000 pixel

CCD." A CCD is a charged coupling device that allows the digital camera to record images. Are you searching for a digital camera that has a "2,000,000 pixel CCD" or for a digital camera that records at least 2,000,000 pixels in resolution? Digital cameras record less resolution than the amount of pixels in their CCDs. The manufacturer understands that you are searching for a statement about 2,000,000 pixels and that you may not think to make a distinction between the amount of pixels in the CCD and the amount of pixels recorded in the image.

A second claim frequently made by manufacturers and retailers is that their products accomplish a process or a result that cannot be measured. For example, it is often difficult to measure an increase in productivity, optimization, integration, or efficiency with the use of a particular product. As a result, it is difficult to hold manufacturers or retailers responsible for deceptive statements they make about their products' abilities to increase