

from our viewpoint...

# Rove has left the White House

Karl Rove has departed Washington. Big deal! As far as we know, the sun hasn't stopped rising and setting since the announcement was made. And make no mistake about it, Rove, who has had exclusive rights to President Bush's ear, will continue to have those rights as he begins another phase of his life, which most certainly will find him on the speaking circuit, a top-dollar kind of guy. He's been a close friend of Bush for many years, won the trust of the president early on and became his closest adviser. Some pundits claim Rove was closer to Mr. Bush than Vice President Dick Cheney.

Rove's departure caught the Democrats off guard. They've been trying without success to get the man to one of their tailgate parties to grill, but presidential privilege trumped their efforts. Now that he'll be out from under the president, maybe the Democrats' tailgate plans can materialize. Maybe.

It's not unusual for the president's men (whoever the president is at the time), to begin peeling off, especially if a second term is involved. No question serving a president is stressful, family-depriving, 24/7 job. Really crazy! Rove will fall shy by 17 months of being at the president's side during Bush's eight-year occupancy of the oval office.

Karl Rove was a pretty big fish in the political pond. Brilliant and skillful. Many times he nudged the president into taking positions not warmly accepted by members of his own party on Capitol Hill. And elsewhere, for that matter. But he was determined — determination being his strong point.

Reports have said for years there was no close tie between Cheney and Rove. But the dedication, and the like, both men had for President Bush kept them from eliminating each other.

Then again, perhaps the resignation of Rove was a quiet victory for the Casper, Wyo., cowboy and his boys in the big white palace on Pennsylvania Avenue.

Time will tell.  
But the sun will set tonight and greet us in the morning.  
—Tom Dreiling, the Norton Telegram

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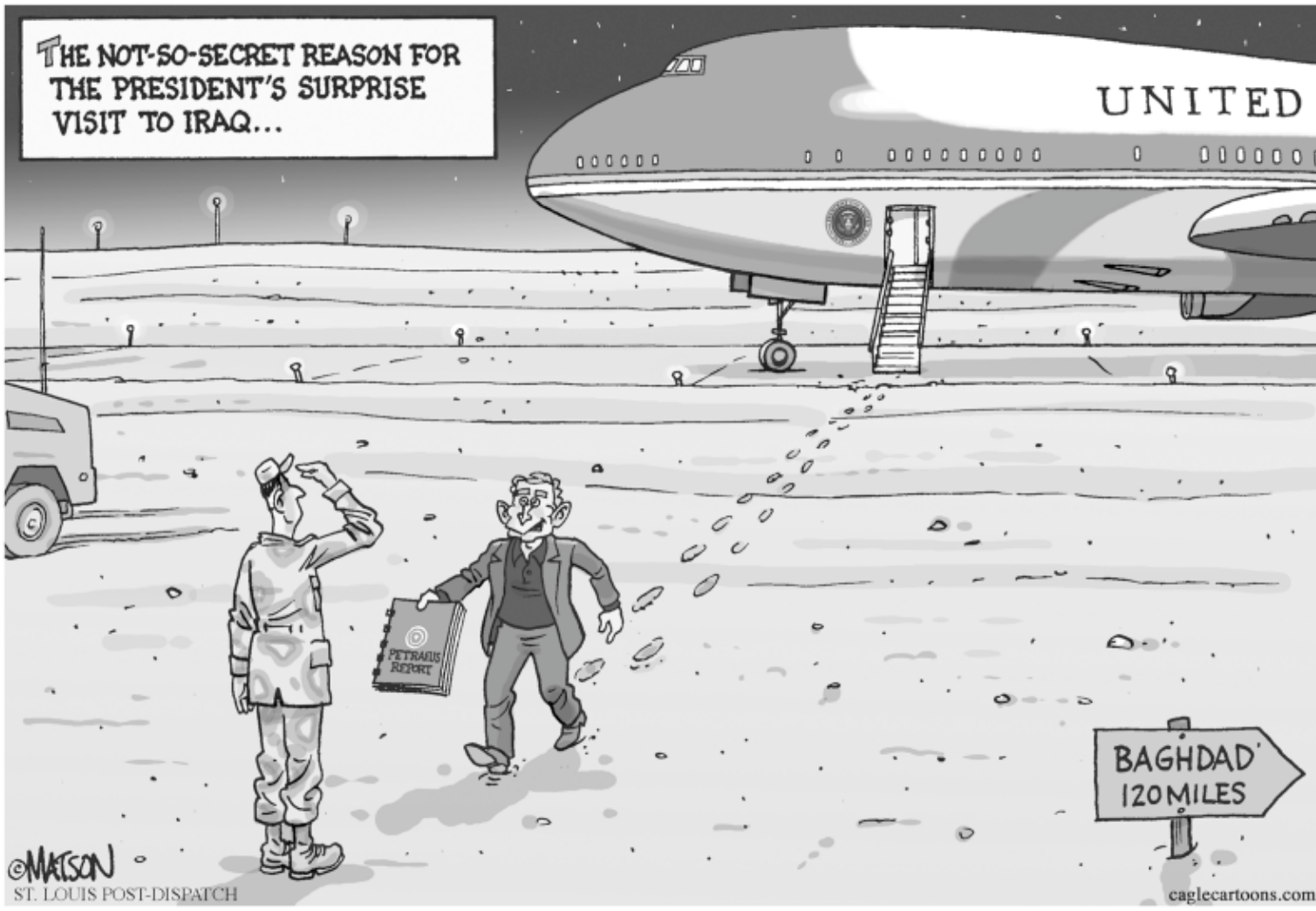
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## Rove bye bye

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Karl Rove, Bush's brain, quit last week. And no, he hasn't been replaced, so yes, you could say the cavity remains empty.

To put it another way: Voldermort has left the building. Darth Vader took off his helmet. Proof positive that Satan had more than just a passing acquaintance with the Pillsbury Doughboy has exited stage right. This sudden shift of malodorous winds has caused liberals to shiver in separation anxiety knowing they're going to have to look elsewhere to assuage their demon jones, as they no longer have the pale pudgy strategist as target for their limp verbal projectiles.

Rove made his teary announcement at a joint press conference held on the South Lawn of the White House alongside the tenant whom he thrust into residency of that property with all the elegance and subtlety of an armor-plated freight train run off its tracks into a third-world flea market.

The 43rd President of the U.S. visibly choked up saying "so long" to the man he affectionately called "Turd Blossom," as his alter ego was pruned away from him for the first time in 14 years.

Rove scoffed at reporters' questions about future subpoenas in the federal prosecutor firings investigation leading to his abrupt retirement, referring to the inquiry as "pure politics." And coming from the high grand master of pure politics, this should be considered the ultimate compliment. Then the man with the power to

cloud men's minds shuffled off to Nowheresville City in what he labeled a desire to spend more time lying to his family.

But the furniture in his White House office had yet to be decontaminated when his family apparently grew tired of his company, kicking him out to spend the bulk of his new free time on various television news shows tossing fistfuls of scathing barbs at potential Democratic nominee Hillary Clinton, whom he described as "fatally flawed" but meant "colder than a witch's catcher's mitt hidden under a crate of four pound rump roasts in the rear of a walk-in freezer."

These mouthy jousts have caused more consternation in Democratic ranks than a turkey vulture circling at dawn during the annual Galapagos Island turtle-hatchling race to the sea. Hillary's people are trumpeting Rove's blasts as kind of a Bad Housekeeping Seal of Disapproval. You hate him. He hates her. Ergo, she's your girl. While Barack Obama's people maintain that by attacking Hillary, Rove is attempting to rally Democratic voters to the more vulnerable candidate. The reasoning goes that Republicans are really scared of

Barack and are attempting to scuttle his candidacy by attacking his opponent, because they realize these assaults will be construed as an endorsement. It's all so Machiavellian, its probably true. Although I have no idea what I just said.

If it does work, this could be the next big thing in political campaign strategy. Hiring public pariahs to pretend to support your enemy is so 2007. No more shots of a drunken Lindsay Lohan wearing an "I'm With Fred" t-shirt — obviously a ploy by either the Giuliani or Romney camp. The next tactic will mutate into a double triple switch where you hire someone really vile to attack yourself and then reveal that the attack was a cooperative effort between your opponent and his even eviler puppet master and there's a sex tape of the two which gets shown on YouTube. I'm still working out the details, but you get the drift. Practice on your friends. If Karl Rove has anything to say about it, the Republicans will.

Comic, writer, actor, former radio talk show host and door-to-door soap salesman, Will Durst, is relieved that "eviler" didn't trigger his spellcheck. Although "spellcheck" did.

Will Durst, distributed by the Cagle Cartoons Inc. syndicate. Will Durst is a political comedian who has performed around the world. He is a familiar pundit on television and radio. E-mail Will at [durst@caglecartoons.com](mailto:durst@caglecartoons.com).

## Diagnosing what's wrong with health care

By William C. Short

Despite its failings, the healthcare industry in the United States is the best healthcare delivery system in the world.

However, in recent years healthcare has crept in as an undisputed right for all. This notion of universal healthcare has become the foundation of popular rhetoric for a number of today's politicians.

Their proposals inherently fail to address a number of fundamental economic factors, and as a result would not only hold our national budget hostage but in the end would reduce the overall quality of care, access to care, and stunt the development of new life-saving pharmaceutical drugs.

This growing interest in universal care arises perhaps out of a flawed system that too often shields the true cost of care from the consumer. The consumer, whether in an employer sponsored plan, an individual plan, or a government sponsored plan, typically pays a set co-payment and receives little information regarding for underlying costs that are involved in administering care.

For example, individuals that purchase a traditional health plan are paying a premium for a third party (i.e. an insurance company) to manage their health care exposure or health risk. There is little incentive to manage health risk, which means the individual policy holder may be inclined to be a heavy utilizer not out of necessity but rather because there is no reward, financial or otherwise, to do otherwise.

Further, even if a well-intentioned consumer were to try and determine the true cost of care, the task would be virtually impossible. This is because prices for medical care are generally determined by reference to those set at the federal level by Medicare. These prices are based on a complicated formula that bears no resemblance to prices set by the interaction of supply and demand in the marketplace.

Flu shots provide an excellent example of this process in action. Medicare may artificially set the price of a flu vaccination \$5 to \$10 below the cost of administering that flu shot in a misguided effort to increase the availability of the vaccine. Government agencies can-



from  
other pens

● commentary

not truly set prices, only the market can. So, the false price distorts market signals and creates a loss for the healthcare provider that may affect future availability.

Next, an individual who relies on a traditional health plan to gain access to the same flu vaccination may only be required to pay a small co-pay that would be a fraction of the true cost of administration at the point of service. The provider is then required to file a claim, incurring overhead expense, and wait for payment from the insurance company incurring an account receivable on the overall service.

This hoop-jumping creates glaring inefficiencies. In addition, it fosters inequity. An artificial inflation of medical services develops for those who are uninsured or pay cash. Those who pay cash or are uninsured at the point of service for medical care are usually quoted at a higher rate than those who are on a government sponsored plan or are privately insured.

Policy makers should not be surprised, then, when universal coverage plans fail to meet expectations. Indeed, advocates in Kansas of such proposals should look to other states experimenting with similar concepts to judge their outcome. Commonwealth Care, a new Massachusetts plan along these lines is one such example worth investigating. A recent article in *The Wall Street Journal* said the average wait time to see a primary care physician in Massachusetts is now more than seven weeks — a 57 percent increase from the previous year. The article reports that 49 percent of the state's internists no longer accept new patients.

Worse, this trend is likely to continue as the negative incentives built into the system lead fewer individuals to attend medical school and even fewer residents to select primary care as their specialty. Longer hours, below market

reimbursements for medical services rendered under government sponsored medical plans and less take home income for the primary care physician when compared to other specialties are to blame. The results of the state's miscalculation will prove — with time — to not only fail to resolve the problems the proposal sought to address, but will actually exacerbate those very problems. Thus, the outcome will be a program that provides little if any additional benefit at a tremendous financial cost.

Especially in light of ongoing budget difficulties, Kansas policy makers should take heed of this reality and seek out healthcare solutions centered on consumer empowerment rather than government expansion. Reliance on basic market tools and incentives will prove far more successful in meeting the needs of Kansans than any effort to centrally plan the delivery of healthcare.

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