

How Michelle Obama Got That Big Raise

Barack Obama talks a lot about providing quality, affordable health care for everyone. No one believes him, of course, except those people who don't have quality, affordable health care. The problem is that, for those people, "affordable" means "free." But Obama ought to know something about health care, shouldn't he? After all, his wife, Michelle, works for the University of Chicago Hospitals, and one has to imagine that after they've tucked their kids into bed and finished reciting the nightly prayer written especially for them by Reverend Jeremiah Wright ("...and please bless Uncle George Hussein Onyango Obama, who lives on less than \$1.00 per month in a slum outside Nairobi"), they retire to the living room of the only house they could afford (that \$1.6 million dollar Hyde Park mansion which their friend, convicted influence-peddler Tony Rezko, helped them buy) where they talk about the lives Mrs. Obama saved in the operating room that day.

What? She's not a doctor? No, she's the "Vice President of Community and External Affairs" at the University of Chicago Hospitals. She was promoted to that position shortly after her husband became a Senator, and her salary jumped from \$121,900 to \$316,962. (Oh, and did I mention that Barack Obama managed to get an additional million or so in tax dollars for her employer in one of his "earmarks?")

Exactly what does a "Vice President of Community and External Affairs" for a hospital do? To the average American, it sounds something like "public relations," and brings to mind the hospital executive who stands behind a lectern (yes, lectern; a podium is something you stand on, not behind) full of microphones to tell reporters whether the celebrity who overdosed has died yet. But I'm from Chicago and I don't recall ever seeing Mrs. Obama on television (at least not until her husband was elevated to sainthood), so she must perform some other function.

I don't know how much work is involved in community and external affairs for a hospital, but inasmuch as Michelle is only a vice president, there must be someone above her who does something even more important. And he or she must be good at it, or Mrs. Obama would certainly have been awarded that presidential position. After all, if Barack wants to waltz right into the Presidency without paying his dues for even four more years, why make Michelle suffer with such a lowly title as VP? But let's not feel too sorry for her, as one can assume she'll get another raise if hubby makes it into the White House.

At any rate, it turns out that Mrs. Obama's main achievement at the University of Chicago Medical Center has been to figure out a way to steer people away from its emergency rooms and toward neighborhood clinics. Located on the South Side, the hospital is surrounded by a large number of poor, uninsured Chicagoans. As such, those people are profit-takers, not profit-makers. The fewer you take in, the better your balance sheet. We all know that an awful lot of poor (and even non-poor) people go to emergency rooms for non-urgent health situations. Many have nowhere else to go, have no regular family doctor, have no insurance, and have little money. Hospitals have no

choice but to accept some of those patients, but to recover the expense they must overcharge their insured patients. It's a delicate balancing act performed by all hospitals.

Mrs. Obama's plan is called the Urban Health Initiative. It was promoted aggressively, with the help of David Axelrod, a long-time Chicago political consultant (and now Barack Obama's main campaign strategist). Community leaders were recruited to support the initiative, and articles about it were placed in Chicago magazines and newspapers. Mrs. Obama's main function was apparently to spread the word to area residents not to use the hospital, making them believe it was better for them not to rely on a facility with an excellent reputation – a reputation so good that even citizens of Canada venture to Chicago for treatment. (And everyone knows Canada has the best health care someone else's money can buy... except when the lines are too long... and you die while waiting for that care.)

This type of advertising campaign certainly doesn't sound easy. "We're so good you shouldn't use us!" or "Don't count on us, unless you have good insurance" posted on billboards and the sides of buses probably wouldn't do much to improve your standing in the community. To the extent Mrs. Obama can pull it off, maybe she does deserve that \$316,962 salary. The jury is apparently still out, however, as the Urban Health Initiative has had mixed reviews. (The hospital purportedly turned away an indigent man who died soon after. The hospital was fined by the Department of Health and Human Services because of the incident.)

Now, there's nothing illogical about the concept of steering non-urgent situations (like a child with a headache) away from the hospital emergency rooms and toward neighborhood clinics. That frees up the medical manpower needed for the critical cases (like severe injuries from automobile accidents). The process also saves the hospital a lot of money. The problem is that one must first insure that the neighborhood clinics are up to the task, open 24 x 7, adequately staffed, and able to recognize the cases that do require immediate transfer to a well-equipped and well-staffed hospital emergency room. Not surprisingly, some physicians have voiced opposition to the hospital's plan, arguing that the local health clinics are far from up to the task of handling all the patients that might be turned away by the hospital.

Axelrod's team suggested changing the name "Urban Health Initiative," because the word "urban" signifies, to many, "black and poor." But ultimately, the biggest problem faced by the hospital was caused by its own success. It has an excellent reputation and a tremendous track record, especially with cancer care and organ transplants. Residents of the neighborhood certainly know about and want that excellent care, but are understandably dismayed when told that it, along with valet-parking, a meditation garden, and plasma televisions in some rooms, is not meant for them.

The not-for-profit University of Chicago Hospital made a profit of \$143 million in 2007. It's likely to surpass that amount in 2008, partly by sending some of its Medicaid patients to another hospital – to free up hospital beds for patients with insurance.

It doesn't make improving its image in the community any easier when the hospital receives five times as much in tax breaks as it spends on care for the poor. (The typical non-profit hospital in the Chicago area devotes almost twice as great a percentage of its income to charity care as does the University of Chicago.) The neighborhood residents can logically ask, "Why are you getting tax breaks for helping the poor when you're not helping the poor?" They can also logically ask, "Why don't you cut Michelle Obama's staff of 20 and hire a few more emergency room physicians?"

But, not to worry, because Mrs. Obama's husband has promised to solve all of America's health care problems. It won't even cost us much; his Presidential salary will be only slightly higher than hers.

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