

RALPH NADER RADIO HOUR EP 447 TRANSCRIPT

Steve Skrovan: It's the *Ralph Nader Radio Hour*.

[Music]

Steve Skrovan: Welcome to the *Ralph Nader Radio Hour*. My name is Steve Skrovan, along with my trustee co-host, David Feldman. Hello, trustee co-host.

David Feldman: Hello, Steve.

Steve Skrovan: And we have the man of the hour, the trustee Ralph Nader. Hello, Ralph.

Ralph Nader: Hello, everybody. We're working on the fourth edition of the *Capitol Hill Citizen*, which so many of you have gotten, including members of the Congress Club. You can get the September issue now. It's a really great issue on how people should cover Congress, compared to the mainstream media. And just get a copy for \$5, and get it delivered first-class mail. It's 40 pages long. Just go to nader.org, or you can go to the *Ralph Nader Radio Hour* where we have a button that will take you where you need to go and get it for your friends. Start discussion circles. It's all about Congress; turning Congress around turns so many of your desires for a more just society in the world around as well.

Steve Skrovan: First up, on today's show, we'll welcome back single-payer advocate Kip Sullivan. We've had him on the show before to talk about the creeping privatization of Medicare, how early single-payer advocates were duped, and how Medicare Advantage is really Medicare dis-Advantage. It's fall, which means it's time for many Americans to enroll in health plans for 2023. It also means that companies like Aetna and UnitedHealth are ramping up their marketing plans to try to hook people to join Medicare dis-Advantage. They don't call it that, we do. So we've asked him back on the show today to inoculate us with some good information. Then we're going to go through the mailbag and Ralph is going to comment and answer your questions.

As always, somewhere in the middle, we'll check in with our Corporate Crime Reporter Russell Mokhiber. But first, we're going to try once again to counter the relentless advertising of Medicare dis-Advantage. David?

David Feldman: Kip Sullivan is a Health Care Advisor with Health Care for All Minnesota, and has written several hundred articles on health policy. Welcome back to the *Ralph Nader Radio Hour*, Kip Sullivan.

Kip Sullivan: Thank you much. It's good to be back.

Ralph Nader: Well, it's a crisis now with Medicare. Medicare is now in a free fall being abducted by corporations like UnitedHealthcare, which should be called "divided healthcare corporation," and Aetna and others. We've talked about this before with you and others, Kip, where about 43% of elderly people at that time, had been misled and deceived into adopting Medicare dis-Advantage, which the companies call Medicare Advantage, instead of traditional Medicare. And now you're saying it's even getting worse. And it's not just the Medicare dis-Advantage, it's also something called Accountable Care Organizations, or ACOs, which is another version. And you're also saying that the Biden administration is not only doing nothing

about this in the Department of Health and Human Services, but it's actually aiding and abetting the greater takeover of Medicare, which is increasing Medicare costs and increasing corporate denial of benefits and reimbursements. So can you characterize the present scene and include Congress?

Kip Sullivan: You can't overstate the enthusiasm with which the Biden administration is promoting the takeover of Medicare by both Medicare Advantage plans and this new breed of parasite called the Accountable Care Organization, or ACO. The Biden administration published a white paper, titled *Strategy Refresh* almost exactly a year ago in which they stated very clearly their goal is to cram all Medicare beneficiaries into either a Medicare Advantage plan or an ACO by 2030. They didn't use precisely those words; they used some euphemisms, but it's crystal clear that's their goal. The problem right now is they're not that far from the goal. As here it is 2022, they want 100% of Medicare beneficiaries in either a Medicare Advantage plan or an ACO; at this point, 72% of Medicare beneficiaries are in one or the other of those wasteful programs.

At the moment, when we talked last January, I think we entered the 40% range. I can't remember exactly for which year I quoted data, but the latest data I've seen now is that in 2022, 50% of all Medicare beneficiaries are in the Medicare Advantage plan. And I agree with you, it is Medicare dis-Advantage. The euphemisms in the Madison Avenue lingo are nauseating. And 22%...

Ralph Nader: Well, let's go into them one at a time. I'm holding in my hand a slick four-page insert in the *Washington Post* from a few days ago by UnitedHealthcare, which already has had the contract to administer Medicare. Now they want to actually turn it into their own corporate health insurance plan under Medicare dis-Advantage. This brochure is very slick, but it's unmistakably biased to induce people to take their Medicare dis-Advantage option. They hold up a Medicare card that's blank, that has three lines crossing out what's ordinary on it. And it says "Medicare 2023. Prepare to enroll in your 2023 plan, Medicare. The annual enrollment period is October 15th to December 7th of this year. Coming up." It says, "now is the time to review your current Medicare Plan, explore your plan options, and get ready to enroll. Look inside for details." And the whole structure, very clever, is to suck people into Medicare dis-Advantage, which in effect gets you out of traditional Medicare and into a normal, crass, profiteering, claim-denying corporate health insurance plan. So it starts October 15th. Spread the word, listeners. Beware! Stay with traditional Medicare.

Okay, so let's hear from you, Kip, what are the disadvantages of Medicare dis-Advantage? And then we'll go to the Accountable Care Organizations, the ACOs.

Kip Sullivan: Let's take the cost issue first and then the quality issue second. The strangest thing about the takeover of Medicare by insurance companies is prior to 1997, the program had no name. I think it was called the risk program. Then in 1997, they changed it to Medicare+Choice. And then in 2003, they changed it to Medicare Advantage. The strangest thing about it is that Congress never bothered to ask themselves how on earth do we expect... and just to make it clear, when Congress first bought the argument back in 1972, to insert HMOs into Medicare, the argument was that we need to do this to reduce Medicare costs. Well, that was 50 years ago.

And now, 50% of all Medicare beneficiaries are in this insurance program, and at no point in those 50 years has the insurance portion, the privatized portion of Medicare, saved money--not a dime. We have wasted hundreds of billions of dollars on insurance companies since the HMO

advocates first persuaded Nixon and Congress to insert HMOs into Medicare. They did it with nothing resembling due diligence or research. The most obvious question Congress and Nixon should have asked themselves in 1972, and privatizer advocates still don't want to ask, is how in the world could an insurance company that has to devote at least 15% of its revenues to administrative costs and profit save money for Medicare, much less save enough money and then make some money for itself?

The traditional Medicare program only uses up two cents of the tax dollars it gets for overhead, and of course none of that is going for profit to stockholders. To put that another way, you give Medicare a dollars' worth of taxes and Part B premiums, they keep two cents to run their shop and pay out \$0.98 to doctors and hospitals with very few strings attached. You give UnitedHealthcare or Humana a dollars' worth of taxes and Part B premiums, which is how we've been paying them, and they keep, at least 15% to run their shop, maybe a third of which is profit, and pay out the other 85 cents to doctors and hospitals. Now, we could look forever through the history books to find evidence that anybody in Congress asked this question: why on earth should we expect HMOs and their descendants to save Medicare a dime when they have to cut medical costs by 15% to break even?

Now, if they had, they probably had somebody in the HMO camp say, oh, you know, the doctors who are treating Medicare beneficiaries are ordering huge amounts of services that patients don't need. And what insurance companies are going to do is get the doctors to knock that off. And there's so much overuse out there that don't worry about the overhead because by the time they get rid of all the overuse, the insurance companies will have more than paid for their cost. But in any event, that discussion never happened. And the Medicare Payment Advisory Commission, which is officially the body that advises Congress on the behavior of the insurance companies and Medicare, issued a public report last March saying at no time in all years insurance companies have participated in Medicare have they saved Medicare a dime. That's the cost problem, and it's not fixable. There's not enough overuse out there for the insurance companies to cut, even assuming they knew how to do that without cutting necessary services. There's not enough of that to cut to pay for all their overhead. On the quality end, you can see the problem these HMOs and their descendants have now with all types of insurance companies in Medicare; you can see the bind that the insurance companies are in. They and their proponents said there's so much overuse out there that just trust us, we'll cut it out and we'll have more than enough to cover our overhead. Well, there isn't that much overuse, and so they're in the position of having to constantly get doctors to cut back on medical services and what that's done is to cut deeply into necessary services. And that's what triggered the HMO backlash of the mid-90s, and there's plenty of research to support that statement. So to sum up, this never-ending experiment involving insurance companies and Medicare has failed on both cost and quality grounds.

Ralph Nader: Yeah, well this brochure is so deceptive. It should be picked up by the Federal Trade Commission to crack down on deceptive advertising, this insert in the *Washington Post* by UnitedHealthcare. They have a graphic which says "Medicare Advantage, it gives you prescription drugs--original Medicare, no coverage." Explain the deception there.

Kip Sullivan: Well, let's first note that there's nobody on the other end of that agitprop (political propaganda). CMS is not out there making the case for traditional Medicare. And of course, nobody I know has the bucks that UnitedHealthcare has to put Joe Namath on TV. We're going to be seeing a lot of him and other barkers for Medicare privatization. So that's the first thing to

note. There's no honest broker. CMS should be doing that on our behalf, but they're in lead with the privatizers. The deception is this: Number one, UnitedHealthcare can afford to offer better coverage in theory, because they're overpaid. That's the only reason, given that overuse is not rampant and they have this big 15% overhead to start out with, is the only way UnitedHealthcare has made out like a bandit all these years off the taxpayer, by participating in Medicare, is they've been vastly overpaid. They use a portion of the overpayments to pay for services that Congress won't let the traditional non-Medicare Advantage program cover. It's a great scam. So you get overpaid, your competition is not allowed by law to offer dental, or vision, or transportation, or hearing, and so then you put out an advertisement, like the one you're talking about Ralph, that says to all the seniors out there that would love to have those services, come with us. And it's a very alluring proposal.

Ralph Nader: It's more than alluring, it's outright false, because when they say original Medicare doesn't cover prescription drugs, but people take Medicare Part D, which covers it. So anyway, enough of that, the point is that when you get sick, apart from having a gym membership as part of Medicare dis-Advantage, when you really get sick is when you need the insurance, and that's when the private insurance companies, who've seized control of Medicare, say, no way. We're not going to approve your doctor's recommendation on how to take care of you. That's done by some remote operation that nobody knows about. The doctors are up the wall because they say my patient needs this right away, and they got to wait for some corporate bureaucracy to say whether it's going to be yes or no. And as Dr. Fred Hyde said about Medicare dis-Advantage, "it's not what you pay; it's what you get". And when you really need it, when you're sick, that's when they put the hammer to you. And that's when the original Medicare is so much superior, correct?

Kip Sullivan: That's right. With the original Medicare you know what you're buying. The two parts to this scam that we're talking about is, first, UnitedHealthcare puts out this brochure making it sound like because they're so efficient that they can offer these extra services. It's not true. They're overpaid. We're wasting money on them. And the other piece of the scam is when you get sick you may very well not get the coverage that is described in the policy.

Ralph Nader: Let's go to the Accountable Care Organizations (ACOs) that have been underway in the White House, with congressional support from both Republicans and Democrats, for the last 10 years.

Kip Sullivan: Notice that this is also a manipulative language. Who could be against accountable care? You really want to be in favor of unaccountable care. These people's specialty is dreaming up euphemisms that are manipulative labels, as opposed to neutral statements conveying information. Anyway, so ACOs, Accountable Care Organizations, were dreamed up by the Medicare Payment Advisory Commission in 2006, for the same reason that HMOs were dreamed up back in 1972. For those of you who here last January, I'm just repeating myself. The reason Congress and Nixon bought the argument that we need HMOs inserted into Medicare is all this overuse/this excessive volume caused by the method by which doctors are paid called fee-for-service. Congress, in its infinite wisdom, rather than dealing with the overpayments having been made for decades to Medicare Advantage plans and their predecessors, continued to obsess about the alleged overuse in the traditional Medicare program, the original program, the part that doesn't have insurance companies in it. That's just backwards. They should have done something long ago to stop the overpayments to the Medicare Advantage plans, the privatized

portion of Medicare. But instead they continued to obsess about alleged overuse within traditional Medicare. And so, to make a long story short, they essentially asked MedPAC (Medicare Payment Advisory Commission), to give them a solution to this terrible overuse problem going on in traditional Medicare. And MedPAC came up with what some people call HMOs in drag. They are Accountable Care Organizations very similar to HMOs, but the problem basically here is that MedPAC couldn't figure out how to get Medicare beneficiaries into them, because Medicare beneficiaries in the traditional program, have deliberately stayed out of the insurance companies in Medicare dis-Advantage.

Ralph Nader: Our listeners may be asking now, why are so many elderly people buying into Medicare Dis-Advantage plans? Give the idea of the promotions, the lunches, the free lunches, etc.

Kip Sullivan: The services that the overpaid Medicare Advantage plans like United can offer are valuable and they're expensive. So if you see an ad that essentially says for no extra money or very small premiums, we, UnitedHealthcare, can offer these extra services for you, you're very tempted to go in. And since the media, and CMS, (Centers for Medicare and Medicaid Services) the agency that runs Medicare, are doing an abysmal job helping people understand the risks of signing up with the Medicare Advantage plans, it doesn't occur to people that they "better not take what appears to be an attractive offer. And so, people since 1972, the first HMOs began to operate in Medicare in 1973, particularly healthier people, have said I've been willing to give up choice of provider, choice of hospital and doctor in exchange for these extra services. That's been a big part of the enrollment. The insurance company markets aggressively, especially to healthier people.

Ralph Nader: It's worse than that. In Medicare, you can go to doctors of your choice, assuming they take Medicare, but you have a choice. But in Medicare, dis-Advantage, they have narrow networks of doctors don't they and other service sellers.

Kip Sullivan: That's precisely what I'm saying. But the question is, why on earth did 50% of all Medicare beneficiaries decide to give up choice? People don't want to give up choice, but many do because of the promise of these extra services--dental, etcetera--for no extra cost or a relatively minor cost. And once again, the insurance companies can offer those deals because they're overpaid. And of course, you better not get sick because then you'll find out you don't have the coverage you thought you had.

Ralph Nader: Yeah, it's not only fine-print exclusions, it's not only they're overpaid, but it's that they deny benefits at a higher level than traditional Medicare does. Isn't that correct?

Kip Sullivan: I just said that, yes, because if you're in traditional Medicare and you need this or that drug or you need chemotherapy, you're not going to be delayed to the point where your health has been harmed. And you don't have to play, Captain, may I. Your doctor doesn't have to call some bureaucrat at CMS and ask if it's okay to hospitalize this patient. But if you're in a Medicare Advantage plan, your doctor will have to do that.

Ralph Nader: And you're trapped in a narrow network, which is not just giving up choice, but if you're in a narrow network where the hospital or the doctors aren't that good, you're jeopardizing yourself even further. And if you go out of network, you have to find some gold from Fort Knox to pay for it.

Kip Sullivan: That's right, that's the trap they've got you in.

Ralph Nader: And while these progressive Democrats are talking about single-payer, universal health insurance, like Senators Elizabeth Warren and Bernie Sanders, as well as Pramila Jayapal in the House. They're not paying enough attention, other than a letter or two from some House members to the Department of Health and Human Services objecting to some aspect of this. Have there been any hearings by Democratic committees since January 2021, when the Democrats took over/became the majority in both congressional chambers--the House and the Senate?

Kip Sullivan: I'm losing track of time now, but Pramila's single-payer bill got hearings in three House committees, but I can't remember, was it 2020? Yeah, it would have been the spring of 2020, I think, that those hearings took place. So there has been some progress in the House. But in the Senate it was always bogged down. When Paul Wellstone was our chief author in the early '90s, he never managed to get a hearing, and Bernie Sanders never asked to get a hearing.

Ralph Nader: But the Democrats control the Senate committees. So what's the excuse that the Senate Finance Committee under Senator Ron Wyden from Oregon isn't having hearings on this? They know what the score is. They know that the Biden administration is aiding and abetting Aetna and UnitedHealthcare and other insurance companies taking over Medicare. And nobody's giving the other side to the elderly who have to make a decision later this year if they're turning 65. AARP (American Association of Retired Persons) is not advising them. AARP is saying, "Here it is, you've got a choice; decide for yourself." And AARP gets a commission from UnitedHealthcare; AARP has economic relations with UnitedHealthcare, this country's largest insurance company. And nobody is defending the elderly and giving them information the way we're doing right now on this show, except a few groups. How do you answer that?

Kip Sullivan: Let's ask this question, Democrats controlled Congress when they inserted HMOs into Medicare in 1972. And then they never looked back. They never asked, what were the consequences of that decision? I think that the majority of Republicans and Democrats drank the Kool-Aid, i.e., the idea that overuse is the problem, and we've got to have some insurance companies do the dirty work and make them stop it. That Kool-Aid was drunk long ago, and you see it at both the state and federal level. What I'm hoping is we can begin to at least address this issue of creeping Medicare privatization--the takeover of Medicare by both ACOs and insurance companies soon.

I believe many people know that the Medicare Board of Trustees said last spring that the hospital portion of Medicare, called Part A, is going to go into the red in six years, 2028. Democrats need to get ready for what Republicans are going to say about that. The Republicans are going to jump up and down and talk about bankruptcy and didn't you know the government can't do anything right? And if the Democrats aren't prepared for that, they're going to get their butts wiped about that. The Democrats ought to be now making the case, yes, we're headed into the red for Medicare Part A, but the reason is we've been overpaying these insurance companies for 50 years, and it's time to pull the plug on that. And by the way, it's time to pull the plug on these ACOs, because they haven't performed quite as badly as the Medicare dis-Advantage plans have, but they are contributing to the problem as well. So there are multiple reasons to oppose the

takeover of Medicare by these corporations. But the Democrats ought to be thinking about their own political future and looking ahead to this so-called crisis in 2028.

Ralph Nader: Let's get right down to where the elderly have to make a decision right now. They're being told by the insurance companies, rethink the traditional Medicare plan you have. We want you to come in under our plan, under our fine print, under our narrow networks of sellers, under our—this and that. And we want you to come in. And they're saying to the new people, but why don't you come to this free lunch? It's only a couple of miles away and we'll talk to you about your enrollment later this year. They have these free lunches around the country. It's not just advertisements in publications. It's not only what they deliver to your door through the Postal Service. It's not merely the calls they're making. It's also these free lunches, so-called. So what would you say to the person turning 65 they're targeting to enroll, or person is being told to reassess their existing Medicare/the original Medicare plan. Simple response. We're talking to Kip Sullivan, who knows more about this, historically and now, than most anybody you'll ever meet.

Kip Sullivan: Thanks for that. The short answer is that the appearance, the claim by the insurance companies that they're going to save you money and you're going to get extra benefits, may very well be an illusion, especially if you need anything the least bit expensive. You may find out that there are big out-of-pocket costs associated with your needs if you sign up with one of these health insurance companies, and you may find out that they won't even let you have it at all.

Ralph Nader: Or you can't go to another doctor or hospital that's not in their network.

Kip Sullivan: Without paying for it. Correct, yes.

Ralph Nader: Let's go to what the listeners can do in Congress. My idea is to have the listeners immediately call their senators and representatives and say, look, I'm not going to wait for any letter from you or any email from you; you're not very responsive. I want to know the date and time when you plan to have a town meeting around where we're living back in your state and district about the crisis of corporate takeover of Medicare, where profits at any cost control the service to the desperately needed health services by the elderly.

So, in other words, you just bypass the call your congressperson or write to your congressional representative or two senators. So call your members of Congress and say “we want you to come back; we are summoning you to come back to the town hall meetings and discuss the end of Medicare as we were promised it under Lyndon Johnson in the 1960s--the end of Medicare as a government service where profit is not the most important thing, and service is the most important thing. The end of Medicare, where we were told we were going to have choice and we weren't going to be in these trapdoor, fine-print contracts to let the companies out of paying benefits that our taxpayers are paying for. What do you think of that?

Kip Sullivan: Well, I like it. My first question is, if people see that in their email box or someone calls them and urges them to do that, or groups send notices in their newsletter, my first question is how will elderly people interpret it? Will they understand how wasteful these companies are? And then if there will be a town-hall...

Ralph Nader: Well, you're right. If there is a town meeting and the senators and representatives come with their staff, and the elderly are in the audience, who's going to advise the elderly so they get the right message—so they get the counter arguments if the senators or representatives are just a vocal machine of UnitedHealthcare or Aetna, who may be giving them campaign contributions? Are there enough people from the Physicians for a National Health Plan, or enough consumer groups to be in those town meetings so that they deter the senators and representatives from the corporate party line?

Kip Sullivan: There are lots of people working for Physicians for a National Health Program and other organizations that have been working for a single-payer system for decades, who could do a very good job of presenting the truth about the participation of both ACOs and health insurance companies on Medicare. The question would be how to make sure that they're notified and that they are given a prominent place on the agenda.

Ralph Nader: By the way, these meetings will be open for the press too, and the reporters. What about AARP with millions and millions of members--what are they doing?

Kip Sullivan: They're contributing to the problem. They sell healthcare, Medicare Advantage insurance, and they just signed on as the, what's a good word for it? They put in the good word for one of the big ACOs called Oak Street Health. They are part of the problem. They're making money off of the creeping privatization of Medicare.

Ralph Nader: Who do the ACO REACH boards of directors represent?

Kip Sullivan: Well, they're on the take too. Starting January 1, the name of this program, currently called Direct Contracting Entities, will be renamed REACH ACO, which stands for Realizing Equity, Access, and Community Health. A year ago, Physicians for a National Health Program did a good job, for a small organization, objecting to these ACOs, particularly to this latest iteration that was invented under the Trump administration called the Direct Contracting Entities. Well, the Biden administration put a little lipstick on that old so-called DCE/ACO program by giving it a new name. And one of the cosmetic changes they made was to say, all right, if you want to have your ACO application accepted by us here at CMS, you have to make sure that 75% of the board members are physicians. Well, so what? Physicians aren't saints. They're going to make or lose money along with everybody else in these ACOs. There's no reason to think that these boards are looking out for patients or doctors, for that matter.

Ralph Nader: Well, the listeners should demand public hearings and demand that the members come for town meetings back home. Get yourself some local groups to help you, sign the petition and the letter. There are plenty of people who are fed up with the system. And they need a voice. You can help catalyze their voice, listeners, and leverage yourself to your senators and representatives. Anybody listening in Oregon ought to contact Senator Ron Wyden, who talks a good game about big business abuses, but he's pretty silent on Medicare dis-Advantage. And he started out, before he went into politics, as a lawyer for elderly people who are abused in their consumer engagements. He advised the elderly people against consumer abuses. So, what is his excuse for his inaction here? Same is true for the House.

Kip Sullivan: Let me add. This would be an opportunity for people as well to thank any of the 54 members of the House who had enough spine to sign a letter that Representative Pramila

Jayapal drafted urging the Biden administration to terminate the DCE/REACH ACO program. Katie Porter is another one. We should be thanking them, and it would be wonderful if their constituents could hold town hall meetings with the help of these legislators to educate people about this, and to say this particular legislator is on the right side. There are some legislators who are definitely on the wrong side. Senator Whitehouse from Rhode Island, for example, just waxes ecstatic about ACOs. Someone has got to put some pressure on him to start telling the truth.

Ralph Nader: He's gone on the Senate floor and attacked corporate crime as well. What a paradox here--Senator Whitehouse.

Kip Sullivan: It is.

Ralph Nader: He has also written a book on corporate crime. I don't know what's behind all this. But if you're in Rhode Island, ask him to explain himself. We're almost out of time. What about Steve, David, any pressing questions? We're going to put that letter from those House members that Kip Sullivan mentioned on our website, so you can see the detailed complaint that was sent to the Department of Health and Human Services under the Biden administration a few months ago.

Steve Skrovan: Well, this is probably redundant now, but we had a question from a listener who says I'm about to turn 65 in a few months. I'm deluged with mail offers wanting me to choose them for my Medicare. I'm at a loss as what to choose. I don't have any conditions or diseases, which require regular medications or doctors visits, so I likely will not need the level of service. So when I went in for the checkup required before eye surgery, my chosen-for-me doctor was disappointed that I don't have anything his hospital could get reimbursed for. Can you advise me as to what might maybe be a good direction to go in?

Ralph Nader: Perfect question.

Kip Sullivan: I'm not sure I understand the question. Can you summarize it for me?

Steve Skrovan: Well, she is turning 65, and getting all these mail offers to choose, I guess Medicare Advantage, and she wants some advice. And it's probably something we've already talked about. But this is the situation of a particular listener who went to the doctor.

Ralph Nader: Basically it says, "I'm at a loss as to what to choose. I don't have any conditions or diseases, which might require regular medication or doctor visits. Can you advise me as to what might maybe be a good direction to go in?"

Kip Sullivan: I'll give you the advice I gave my now 99-year-old mother years ago. Stay the hell away from Medicare Advantage.

Steve Skrovan: That's quite simple.

Ralph Nader: Stay with traditional Medicare.

Kip Sullivan: Stay with traditional Medicare and buy a supplemental policy also called Medigap policy, because unfortunately, traditional Medicare has some big holes in it. You'll pay a sizable deductible and out-of-pocket payment. To repeat what I said earlier here in the show,

the trouble with Medicare Advantage plans, all those brochures you're getting, is they look good now while you're healthy. But when you get sick, odds are high they will deny you. And here's the other piece: The door will have been slammed behind you if you have been in Medicare Advantage for more than six months when you decide you want to go back to traditional Medicare. This is unnecessarily complicated, but here's a simple summary. With the exception of four states in this country, if you're in Medicare Advantage for more than six months and decide you want to go back, and then buy a supplemental coverage, the insurance companies that sell you supplemental coverage can turn you down, or if they don't like the look of your pre-existing conditions, they can charge you a lot more money. So you need to make this decision in the next six months. And my recommendation is don't even think about Medicare Advantage.

Ralph Nader: Okay, David?

David Feldman: That's incredible that you're stuck in Medicare Advantage for the rest of your life. What happens if you sign up for Medigap or some other alternative? Are you stuck in Medigap for the rest of your life?

Kip Sullivan: No. But of course you only sign up for Medigap if you're not in Medicare Advantage.

David Feldman: Okay, and just sign up for Medigap. The bottom line is to—

Kip Sullivan: No, the bottom line is sign up for traditional Medicare. You have the option to also buy Medigap if you're in traditional Medicare, and it's a good thing to do because of the holes in traditional Medicare's coverage.

David Feldman: I don't mean to belabor this, but sign up for Medicare, do not get Medicare Advantage, instead get Medigap.

Kip Sullivan: Correct. That's a good way to put it, because people will gravitate toward Medicare Advantage because of the supplemental coverage, the lower out-of-pocket payments, the better services. But you can get those out-of-pocket payments lowered if you remain in traditional Medicare and buy supplemental or so-called Medigap coverage.

Ralph Nader: All right, we're out of time. Once again, Kip Sullivan, thank you very much for your many years of work on this and keep getting more media around the country. We should get NPR and PBS interested in this. It's up to you, listeners, to put some heat on the media. Once they dig into this, once you get a big exposé of Medicare dis-Advantage, say, in the *New York Times*, then the radio and TV will start picking it up as will other newspapers. So don't think you have to get the whole national media at the same time on this. Just try to get one good exposé in St. Louis, Hartford, Phoenix, Atlanta, Miami, or Denver, and get the ball rolling that way. And there's always a good opportunity to call your local AP office (Associated Press), which has offices in every state, and see if they will do something on it. And the international news agency Reuters has done a lot of good investigative work, so give them a call. Nothing to lose. Thank you very much, Kip. What's your best contact so people can reach you and feed back?

Kip Sullivan: My address is kiprs@usinternet.com. That is K-I, "P" as in Peter, "R" as in Roger, "S" as in Sullivan, @usinternet.com.

Ralph Nader: Very good. Contact him. Ask him any kind of questions you have. If you have local press that wants an expert on radio or TV, Kip Sullivan's the man to go to. Thank you very much, Kip.

Kip Sullivan: Thank you for the plug and I thank all of you for focusing on this.

Steve Skrovan: We've been speaking with Kip Sullivan. We will link to his work at ralphnaderradiohour.com. Up next, Ralph will answer some of your listener questions and comment on your feedback. But first, let's check in with our Corporate Crime Reporter, Russell Mokhiber.

Russell Mokhiber: From the National Press Building in Washington, D.C., this is your *Corporate Crime Reporter* "Morning Minute" for Friday, September 30, 2022. I'm Russell Mokhiber.

The Justice Department revealed its long-awaited policy on corporate crime enforcement. And Columbia Law Professor John Coffee called the reforms modest at best. "None are bad, but they are likely to have only a very marginal impact," Coffee said. "If corporations under investigation believe that they maximize their chances for a deferred prosecution agreement from the Department of Justice by requiring officers to pay clawback, they will probably do so," Coffee said. "Still, this stops well short of the stronger requirement, conditioning a deferred prosecution agreement on the corporation identifying and turning over all evidence in its possession on its employees' and agents' involvement in the crime or the transaction. If we condition corporate leniency on a prior, turn-them-in action by the corporations, this would have a real deterrent effect," Coffee said.

For the *Corporate Crime Reporter*, I'm Russell Mokhiber.

Steve Skrovan: Thank you, Russell. Welcome back to the *Ralph Nader Radio Hour*. I'm Steve Skrovan, along with David Feldman and Ralph. We're going to get to some listener questions. But first, Ralph, I want to ask you about your take on what's going on in the weather.

Ralph Nader: Well, the hurricane smashing into western Florida is another example of our underinvesting domestically in our country in precautionary and preventive programs. All the damage that's occurring, some of it could have been prevented, because there's no protection from surges from the ocean or from the Gulf. The architecture of the homes, the building codes--all looking the other way. Tampa and St. Petersburg haven't had a major hurricane in almost 100 years, and there's been very little planning for it. The insurance industry is lackadaisical too in not requiring that as a condition of ensuring some of these structures. And of course, there's a loss of life. So here we go again; we're underinvesting in prevention of pandemics or mitigation of pandemics in public health departments around the country. We're underinvesting in the consequences of global warming--the climate disruption, droughts, gigantic wildfires, floods, surges from the sea, and hurricanes. But we're overinvesting in blowing up countries overseas that do not threaten us, with multitrillions of dollars over the years in the bloated military budget. This is a sign of collective insanity. The collective insanity of the corporate state--corporations taking over our government and turning them into profit centers with the most dangerous consequences domestically, and overseas where we're not making friends with our empire. What do we do about it? Comes down to the same old one word: Congress, C-O-N-G-R-E-S-S, 535 people equipped with the immense sovereign power of the people that we have delegated to them

under the Constitution. Control Congress, and you control the steering wheel to turn the situation around. We should do it for our children and grandchildren.

Steve Skrovan: Ralph, you may have the title for your next book, *The Collective Insanity of the Corporate State*.

David Feldman: Or another book, Reminding people of the Power of Congress. I think a lot of us argue about Marxism and neoliberalism and get off the **goals?** 39 min/48sec, whatever. The solution is already there. It's Congress. And I think Ralph does a great job reminding us of that every week.

Ralph Nader: I wrote a recent column titled "It's Your Congress, People. Use it".

Steve Skrovan: All right. Well, very good. So let's get to our listener question. David, could you do the question from Casey?

David Feldman: This question comes to us from Casey Martin. The subject is Amazon. "Ralph, is there any way to sue Jeff Bezos for appropriating the name of one of the planet's most valuable resources, the Amazon?"

Ralph Nader: Unfortunately, Casey, the answer is no. But I get your basic point. Here's a gigantic company that has basically seized the word "Amazon." So, if you say to an average person, "Amazon," they don't think of the Amazon Forest in Brazil right off. They think of the Amazon Corporation. And I think we should demand that Jeff Bezos and his cohorts make some amends by funding some major programs to preserve and save the Amazon and defend the indigenous peoples who are being marauded into by gold seekers and ranchers who want to burn the Amazon and clear it for pasture, from which it is very difficult for the tropical forest to recover. The soils are not as deep as they are in Iowa, for example. So yeah, Jeff Bezos, make some amends; try to save what has been called "the lungs of the earth," the Amazon River and the Amazon Tropical Forest. We've already lost about 20% of this gigantic forest, this gigantic gift of nature.

Steve Skrovan: And there's an important election coming up in Brazil where Jair Bolsonaro, who has been the architect of a lot of the clear cutting in the Amazon, is up for reelection. He's behind in the polls now, but he's threatening to pull a Donald Trump and not accept the results of an election if he loses. So he's another one.

Ralph Nader: Yeah, well, Lulu is ahead of him. The former president of Brazil had a more benign approach to the Amazon compared to what one Brazilian told me was the essential model of Bolsonaro. When you boil it down, his attitude to the Amazon is burn, baby burn.

David Feldman: Right.

Steve Skrovan: All right, so now we're going to respond to some feedback that we've gotten though it's not necessarily questions. It's feedback we've gotten from our listeners. And I'm going to kick it off first by inserting a little quote here from our interview last week with David Enrich, who wrote the book *Servants of the Damned* about corporate law firms, in particular, the law firm Jones Day. And David Enrich insisted that— "Jones Day, this is not a monolith, and it's not a place that I regard as evil. But it's really to me a classic example of a place where even

well-intentioned lawyers go, to make a living, or to repay their debts or whatever—and they sometimes really push the envelope.”

Steve Skrovan: And our listener, Casey Martin, responded to that saying, "The quote from David Enrich shows the limitation of expecting honest social criticism from a corporate news employee. He's not going to pursue investigatory journalism of huge profit-seeking law firms if he's too forthright adversarial. So he softens his moral critique into pabulum. Yes, Jones Day is evil. It's not that hard to see if you don't care about losing access to them. If there are a few less than fully evil lawyers hired on there, that is just corporate cover to mask its dominant, malevolent purpose. As Huey Lewis sang, Bad is Bad." Would you like to comment on that, Ralph?

Ralph Nader: Yeah, you put that statement in and I chided him about it. He had a devastating description of the evil of Jones Day and then said, well it's not an evil law firm because they do pro bono work on behalf of refugees and other people in need. But I think the lawyers at the *New York Times* are really saying you got to have what's called an exculpatory phrase just to show you're not totally one-sided on this--to protect them from a litigation-driven Jones Day that could possibly sue the *New York Times*. I don't see any basis at all for the suit, but if you read the whole book, Martin, it's 99% devastating. Really devastating, no holds barred; tremendous sources inside the firm and other documentation, but don't be too hard on David Enrich.

Steve Skrovan: Very good.

David Feldman: Mind if I ask a follow up on this? I asked if you thought these lawyers were committing crimes and you said no. Isn't it prosecutorial discretion? If you look at somebody like John Eastman, who was finding all these loopholes in the presidential certification; he might be facing criminal charges even though they're passing this Electoral Reform Act, which reveals that he was merely taking advantage of the loopholes that already existed. It may be criminal, depending on what U.S. Attorney Merrick Garland decides.

Ralph Nader: Remember, the corporate criminal laws, and the corporate criminal laws include corporate law firms that are very narrowly constructed. And they're very weak and very ambiguous due to the lobbying over the years of corporations. So while they could cross the line and commit a criminal violation, say, by tendering offer of a bribe or subordinating jurors or something like that, they can be indicted for that. But they have a tremendous leeway to do wrong things and not be criminally prosecuted, David. But it all depends on the factual case of each situation.

Steve Skrovan: All right, this next piece of feedback we are taking off our YouTube page, which is always very active and lively and the bit of the Wild, Wild West, as we all know. And this next piece of feedback comes from someone whose handle is Mischievous. And I don't know if Mischievous is a male or female or anywhere in between, but they're responding to Michael Jacobson, our second interview last week, who was talking about how if we raised alcohol taxes on beer and wine, sickness and deaths caused by those things would be reduced. And this is what Mischievous said, "Lift beer and wine taxes and you're targeting an already burdened lower class that's drinking too much specifically because the burdens are too heavy already." Ralph?

Ralph Nader: Well, look, many states tax food. How about that one? Many states tax newspapers when you buy them, and magazines. These are sales taxes. And what Michael Jacobson was saying was that when they raised the taxes on cigarettes, cigarette consumption went down. That's a good thing. And basically if you just restore the taxes, adjust them for inflation, never mind raising them anew on top of the inflation adjusted, you will see a decrease in alcohol consumption. It's just a simple cause and effect there in the aggregate. And when you consider 125,000 deaths a year from alcohol-related diseases and the impact on the families, I think the pluses are much greater than the minuses suggested by Mischevious.

Steve Skrovan: Yes. Okay, this next question comes from Peggy Rader. I think her middle name is Naders. Sorry. I think—okay. Peggy Rader writes, "I just listened to Monday's podcast on KPFA. Some great info, but why no big focus on dark money that is pushing buying all these extremists who are controlling the airwaves with false information in ads. In rural areas, a friend in Arkansas says there are huge billboards all down the highway saying "Trump won" and all the other lies. These are all there because of dark money. It seems to be occasionally mentioned in talk shows, including Amy Goodman's *Democracy Now!*, but nowhere is it mentioned to the amounts of money that keep funding all these actions and playing all these people who continue to think the Republican Party continues to be what they signed up for 40 to 50 years ago. Thanks for your podcast. I listen to them when I walk the Elkhorn." She continues, "Born a Republican, until I learned all the lies I was taught starting 20 years ago, I was plagued my first 50 years by lies. Now I try to help educate people that believed what I used to believe until I woke up and found the facts. It would be nice if you could interview Jane Mayer sometime. (investigative journalist at the *New York Times*) Maybe you already have. I haven't searched for it yet, but her Dark Money book really spells this all out. Best regards, Peggy Rader."

Ralph Nader: Nice comment, Peggy. I Appreciate it. We're going to try to get Jane Mayer on the show. She wrote the definitive book on dark money. (*Dark Money: The Hidden History of the Billionaires Behind the Rise of the Radical Right*) We've talked a lot about corrupt money, light money, dark money, legal money, illegal money, indirect money, Citizens United Supreme Court case that opened the floodgates in 2011, to all this dark money and all these different funny-sounding organization names that are corrupting and criminalizing so much of our electoral system by corporate interests and other commercial interests. So thanks for the recommendation.

Steve Skrovan: All right, another piece of feedback we got comes from Sarah Soroken who says, and this came in a couple weeks ago, so I apologize for getting to it too late, "Hello, Ralph. I'm a mental health therapist at Kaiser Permanente in Northern California. And right now we are in week three of our open-ended strike. We want Kaiser to follow federal and state mental health parity laws, some signed in the last couple of years by Gavin Newsom, and stop requiring its therapists to take on hundreds of patients. It's impossible to provide ethical and effective care to patients experiencing active symptoms of mental health or substance use disorders when you can only see them once every four to 12 weeks. Kaiser has many Medicare and MediCal patients who are receiving subpar, inadequate mental healthcare. Kaiser patients who pay premiums are being denied care they are paying for. There isn't a shortage of therapists in the major metropolitan areas of California where most of Kaiser's clinics are located, just a shortage of therapists willing to work at or contract with Kaiser due to poor working conditions and reimbursement. The state's regulatory agency, California Department of Managed Health Care, is

understaffed and moving slowly in its efforts to hold Kaiser accountable. It would be wonderful if you could bring some awareness to the issue as it is a real social justice travesty going on in our state. With Kaiser being the largest HMO in California, so many Californians are impacted by Kaiser's illegal delays and denials of mental health and substance-use treatment. I see the detrimental consequences of this as a triage crisis therapist at Kaiser. Thank you for considering. Regards, Sarah."

Ralph Nader: Well, thank you, Sarah. You certainly brought your description of the situation to our listeners, and now we invite representatives from Kaiser Permanente to comment on your serious charges here.

David Feldman: This next piece of feedback comes to us from Michael Rissler. "Dear Ralph and friends, I want to just take a moment to send you a bit of fan mail. I've had some wonderful mentors in my life, people like Noam Chomsky, Howard Zinn, Naomi Klein, Eduardo Galeano, the list goes on and on. I have been many things in my life and in my work, both in the US and Latin America, but I suppose I could sum it all up by saying it often or usually has something to do with teaching at nearly every level, from primary school to the university. Some time ago, during recent years, I discovered your radio hour and have been a regular listener, often very early in the morning when most are normally asleep—a great time to think uninterrupted. I've learned so much from you and your program, and the *Ralph Nader Radio Hour* is of course, excellent. Just two quick examples: I listened to you with Nancy MacLean who wrote *Democracy in Chains*. Of course I had to get the book. Another example is Colman McCarthy, and I had to get his small but powerful volume, *I'd Rather Teach Peace*. Books like this are life changers. I think Noam and Howard are at the top of my list. In fact, when I was living in Argentina and doing a project that took me to Bolivia, Venezuela, and Nicaragua, I continued on to Boston to meet with these men in person. So you know how I value what I've learned from them over the years. Now I would place you in the same, what can I say, position? I don't know a better or higher compliment that I can give or say. Thank you so much and all good wishes in your continuing labors. I say this with a lifetime's experience. While I'm younger than you, I'm 75, I've been around long enough to know what to value and how to learn. Michael Rissler."

Ralph Nader: Well, thank you very much for that commentary and narrative, Michael. We all appreciate it here at the radio hour. And I like the idea that you pursue these books once you hear the authors talking about it. That's what we're trying to get--readers think, thinkers read, and that's the predicate for action on behalf of social justice. Thank you, Michael.

David Feldman: This comes to us from Eric Brooks. He writes, "It was great to hear Michael Hudson. Thanks for that key interview and don't sell listeners short. They can grasp this stuff even when it is a bit jargony." And then he has a request on fine-print contracts. "It would be good to hear another in-depth program on fine-print and click-through contracts, their history, and especially highlighting the essentially illegal corporate use of these contracts to continuously change terms and even pricing. In what universe are corporations legally allowed to hold a contract with a consumer in which they are not required to get permission from the consumer to change the contract? If we simply had a no button or checkbox on these contract changes, which allowed individuals to reject any changes, and force honoring of the original contract, that simple button checkbox could revolutionize fine-print contract law. Thanks again for all the great and the Hudson interview."

Ralph Nader: Thank you, Eric. You've obviously done some thinking about these fine-print contracts. It's about time for us to have another program on them. And my nephew, Tarek, thought up another proposal, in addition to the one that you just mentioned, on the no button. And that is to take one of the major corporate fine-print contracts, either by an insurance company or American Express, and crowdsource rewriting it. Say, okay folks out there, some of you are lawyers, some of you are consumer-sensitive, some of you are really upset by this contract peonage, this destruction of the freedom of contract, and here's the fine-print contract. How would you rewrite it so it would be more consumer respectful and more binding by a meeting of the minds instead of allowing unilateral modification, which you referred to, Eric, in your message to us. So watch for the forthcoming program on fine-print contracts.

Steve Skrovan: Thank you for your questions and feedback. Keep that coming. I want to thank our guest again, Kip Sullivan. For those of you listening on the radio, that's our show. For you podcast listeners, stay tuned for some bonus material we call "The Wrap Up". A transcript of this program will appear on the *Ralph Nader Radio Hour* website soon after the episode is posted.

David Feldman: Subscribe to us on our *Ralph Nader Radio Hour* YouTube channel. And for Ralph's weekly column, it's free, go to nader.org. For more from Russell Mokhiber, go to corporatecrimereporter.com.

Steve Skrovan: The American Museum of Tort Law has gone virtual. Go to tortmuseum.org to explore the exhibits, take a virtual tour, and learn about iconic tort cases from history. And be sure to check out their online gift shop. You'll find books, posters, and flaming pinto magnets and mugs for all the tort fans in your life. That's at store.tortmuseum.org.

David Feldman: To order your copy of the *Capitol Hill Citizen*, "Democracy Dies in Broad Daylight," go to capitolhillcitizen.com. The producers of the *Ralph Nader Radio Hour* are Jimmy Lee Wirt and Matthew Marran. Our executive producer is Alan Minsky.

Steve Skrovan: Our theme music, "Stand Up, Rise Up", was written and performed by Kemp Harris. Our proofreader is Elisabeth Solomon. Our associate producer is Hannah Feldman. Our social media manager is Steven Wendt.

David Feldman: Join us next week on the *Ralph Nader Radio Hour*. Thank you, Ralph.

Ralph Nader: Thank you, everybody.