

# MEMORANDUM

To: Board Members of Wisconsin United for Health Foundation

From: Wisconsin Citizen Action Contact: Darcy Haber, Health Care Campaign Director  
ABC for Health Contact: Bobby Peterson, Public Interest Lawyer

Re: Follow-Up and Reaction to Meeting on June 26<sup>th</sup>, 2003.

Date: July 10, 2003

***In the face of our collapsing health care system, we must insist that the medical schools, as stewards of the public funds, not bury their collective head in the sand and ignore our crisis. To do so is to render the Wisconsin Idea a mere slogan.***

The following is a response from Wisconsin Citizen Action and ABC for Health to the issues and questions raised at the June 26th meeting of the Wisconsin United for Health Foundation board, the UW Medical School's Oversight and Advisory Committee and the Medical College of Wisconsin's Consortium. In general, important issues and questions brought up by the board members were avoided or incompletely answered by the deans and their committees. Here, we refute their claims and underscore the urgency and saliency of these unanswered questions. In addition, we briefly sketch out an idea we have for how some of the funds could be used to address the systemic problem of access to health care, *without being used to pay insurance premiums or provide direct services*. We have always been in agreement that this is not a sustainable way to expend the funds.

We also respectfully present three requests for consideration by the WUHF board members:

- 1) Like the members of the WUHF, we realize the pivotal role the RFP will have in shaping how the BCBS conversion funds will be allocated to communities. Therefore, we request that we be given a copy of the RFP and that we and others in Wisconsin have at least two weeks to review and comment on this important document.
- 2) We request an opportunity to present to the WUHF board the specifics of our plan for addressing the needs of the uninsured in the state. Since the medical schools have overlooked this crisis in their plans, and board members have expressed their concern for the uninsured, such a meeting would be valuable to help frame your ultimate recommendations to the schools and the Insurance Commissioner. Moreover, the presentation would provide an opportunity for thorough questioning and the vigorous debate necessary to develop the best possible plans for the people of Wisconsin.

- 3) We request that WUHF ask the deans of both schools to voluntarily resign as chairs of the respective OAC's as the obvious conflicts of interest over the needs of the schools and the needs of the people have impaired the ability of the committees to serve the paramount needs of the public. (An example of this conflict is Dean Farrell's plan for a building complex that directly ignored the pleas and advice from countless people and groups across the state including the Public Health Advisory Committee)

### **The Wisconsin Idea: Slogan or Ideal?**

Dean Farrell repeatedly invoked the Wisconsin Idea by name throughout his presentation. Perhaps that is why it is so astonishing that the plans presented by the schools fail to address the significant problems of access to care and coverage faced by the uninsured. As a state, Wisconsin has a strong tradition of leading the nation in addressing some of our country's most pressing social problems. The Wisconsin Idea stands tall as an ideal of which residents of our state can be proud. *In the face of our collapsing health care system, we must insist that the medical schools, as stewards of the public funds, not bury their collective head in the sand and ignore our crisis. To do so is to render the Wisconsin Idea a mere slogan.*

### **The Missing Link: What Will Be The Impact Of The Medical Schools' Plans On The General Health Of The Wisconsin Population?**

Despite the thoughtful and probative questions raised by WUHF board members concerning the research priorities' applicability to population health, the answers provided by the schools' and committee representatives were vague or non-responsive. There remains a missing link between the proposed scientific research and the betterment of the overall health of the Wisconsin population as defined in the Commissioner's order: *"public health is defined as population health focused on the broader determinants of health in communities, such as prevention efforts to promote healthy life styles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health"* (ICO, 29). Chairperson Ben Brancel properly pointed out that he has his own research interest that would directly impact his family, but indicated that this is not a population health issue. Mr. Brancel hit the mark exactly and we concur with his judgment. He rose above his individual needs and self-interest to focus on a greater societal good.

Directing millions towards academic or laboratory research will do little to help the 1.1 million Wisconsinites who were uninsured for all or part of 2001-02.<sup>1</sup> Based on statements like those of Mr. Brancel, WUHF board members appear to recognize that research priorities must yield discoveries that are translatable and applicable into improvements in overall public health. Innovations in genetic and biomedical research do not necessarily translate into prevention and treatment of the "common, but serious ailments" listed by Mr. Tom Lyon. Moreover, if people do not even have access to

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<sup>1</sup> Families USA, Going Without Health Insurance, Nearly One in Three Non-Elderly Americans, March 2003.

doctors and other health care professionals, they cannot benefit from this so-called “applied” research.

More specifically, enhancing the school’s curriculum and library, creating student scholarships, and funding a process vaguely termed “faculty development” are included in the MCW’s plan and do not fulfill the requirement that all funds be directed towards furthering public health. The MCW plans to use these conversion funds to expand their website, *HealthLink*, which offers health-related articles and medical information for patients. It became evident during their presentations that both schools plan to build fancy new skills training centers<sup>2</sup> (*more bricks and mortar!*) and to purchase equipment such as robotic simulators. These investments have such an indirect and uncertain connection to improving population health, they should not be allowable expenditures under the ICO. Moreover, these expenditures constitute supplanting. These updating and expansion projects are standard expenditures for a medical school and could be funded by the schools’ combined 23 million dollars in excess revenue as reported in 2002. These revenues, in fact, exceed the annual proceeds of the endowment.

### **The Question of Helping the Uninsured Remains Unanswered**

Mr. Thomas Lyon brought up a number of important questions, which unfortunately ended up as rhetorical ones, since the deans never responded to a good number of them. Specifically Mr. Lyon asked how the plan will help the uninsured and underinsured, particularly in under-served areas such as rural regions and the inner city. Lyon also voiced concern about the escalating costs of health care, inquiring as to how the plan deals with common, although major, issues such as immunizations, diet and physical fitness, and rapid access to quality treatment.

Farrell’s only concrete response to these inquires was that UW Medical School faculty currently serves in free clinics throughout the state. In the first place, this is irrelevant, since UWMS faculty’s volunteering in free clinics today is not a part of the plan for the conversion funds. Moreover, the faculty is not required to, nor does the medical school pay them for serving at the free clinics. They are simply volunteers—the medical school can hardly claim credit for the goodwill of a few of their faculty members. Yet the “feel good” answer by Farrell achieved the purpose of avoiding the probing and thoughtful question presented by Mr. Lyon.

At any rate, the small smattering of free clinics come nowhere near meeting the needs of the estimated 1.1 million Wisconsinites, including children, who were uninsured for all or part of 2001 and 2002. Roughly twenty-four clinics operate in the state, most of which are open to see patients only a few hours per day and only on a limited number of days per week or per month. A recent Milwaukee Journal Sentinel article deemed the state’s free medical clinics “jammed” (MJS 1/12/03). To make matters worse, these clinics tend to be located in densely populated areas, so that uninsured families in rural areas cannot access this care. Plus, rural doctors are notoriously overworked-- even a fistful of funding will not help them find the time needed for all of their patients. Finally, the clinics do not represent a systemic solution to addressing the uninsured in the tradition of the Wisconsin Idea.

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<sup>2</sup> MCW Plan, page 31, “Clinical Skills and Learning Center” and UW Med School Plan, page 22, “Clinical Skills Teaching and Assessment Center.”

Farrell avoided elaborating further on how to aid this ever-expanding percentage of the population that is without much-needed care by stating that the uninsured need to be studied further, giving a preliminary diagnosis that the problem is behavioral as well as financial. Meanwhile, President Bolger simply evaded the question of the uninsured.

Despite the obvious and poignant reminders from members of the WUHF board, the schools are simply out of touch with our collapsing health care system. In fact, a recent New York Times series on the uninsured noted that insurance has become so hard to afford that the "largest group of the newly uninsured had incomes in excess of \$75,000" (NYT, 11/25/02). Contrary to what Farrell insinuated, most families do not choose to go without insurance. Rather, they are *forced* to choose between food, housing and medical care (NBC Nightly News Homepage 2/10/03). Furthermore, a wealth of knowledge on the uninsured in the state already exists. In 2000, Wisconsin was awarded a \$1.3 million State Planning Grant (SPG) from the U.S. Department of Health and Human Services, Health Resources Services Administration, to study the state's uninsured population. A full report, including characteristics of the state's uninsured, their health status, health insurance coverage and use of services is available at the following web address: <http://www.dhfs.state.wi.us/medicaid8/state-grant/index.htm>. Among its most notable findings was that 73% of Wisconsin's uninsured are employed, or are a member of a working family.

#### **Stewards Of Public Funds Or Recipients Of A "Gift"?**

Despite Dean Farrell's repeated use of the word *gift* in his introductory remarks, and MCW's similar references on their website, these funds are still **not** a "gift" to the medical schools. The continued use of this term is an affront to the fiduciary responsibility that is linked to the schools' stewardship over these funds. This misnomer certainly does not lend credence to Farrell's talk of stewardship. Additionally, President Bolger's incessant repetition of the word "steward" is not adequate assurance that MCW will carry out its fiduciary duty. Rather, the money was designated by the Insurance Commissioner as "public capital," to be spent on public health as defined in the ICO. As a "steward" of these funds, the UWMS has a fiduciary duty to manage the money in accordance with the Insurance Commissioner's Order. Yet the Deans' obvious and disturbing conflicts over serving the needs of their schools and serving the needs of the public call into question their anointed roles as chairs of the respective committees. The obvious conflict of interest calls for a change in committee leadership. The WUHF may be the only check on this unbridled power.

Witness that the UWMS's plans for the 65% intended for research and education remain decidedly ambiguous. During his presentation Farrell stated, "There is no pre-allocation in the 65%," and indicated that the OAC wanted to avoid being specific in case "emerging opportunities" arise. Yet, there have been pre-allocations within the 35%. Why is the same "emerging opportunities" reasoning not applicable to the 35%? The flexibility over the use of the 65% for the Dean does not equate to a thoughtful plan for the public.

Also, when concerns were raised that the UWMS might use the money to supplant funds that might be available from other sources, a clear violation of the Commissioner's Order, Farrell said, "These are new activities across the board." This is simply not the case.

There are myriad examples of activities the OAC plans to fund which are not new. For example, in the 65% portion, they emphasize “overarching focus areas of excellence” that include, among other things, “disease genomics” and “molecular medicine.” This is certainly not uncharted territory for the UW Medical School, as they currently are funded for at least six projects focusing on the genetic bases of disease<sup>3</sup> and at least five on molecular mechanisms of disease and disease treatment<sup>4</sup>. There is also pre-allocation in the 35% for the Center for Urban Population Health, which is already in existence. (“Funds will be used to help support the Center for Urban Population Health during the first two years of the plan.”) There is also a pre-allocation for Native American Health Research. (“Public Health Partnership Program funds will be used to strengthen the UW Medical School’s support for public health research efforts within Wisconsin tribal settings.”) These pet projects have been waived of the competitive application process: “The OAC has approved, for the first two years of the plan, the following proposals to strengthen population health efforts in urban areas of Wisconsin and to support research by Native American organizations in Wisconsin.” (UWMS plan, p.15). Vice Dean Deluca has said that these funds can be used to “accelerate these projects.” These pre-allocations are a way for these funds to be channeled into the medical schools, without having to go through the application process. They are hardly “proposals.” They are vague descriptions of initiatives that are already in existence. This constitutes supplanting of funds. These are just examples and are not meant to be an exhaustive list. Other numerous examples of supplanting of funds that are or may be available that went un-addressed by the schools were identified in our previous memo to the WHUF.

At the July 7 meeting of the UW OAC, Dr. Patrick McBride expressed disbelief that we expect the medical school to apply for NIH funding for these projects when only 13% of applications are accepted. Indeed, it is a competitive process because NIH is charged with determining which research facility is best suited to do particular research with our taxpayer dollars. They are in charge of coordinating research nationally. If the UW Medical School is denied a grant, in many cases this is because another research facility was awarded the grant. Do we really want the medical school spending Wisconsin’s public health money to conduct research being duplicated at another research facility, just so Wisconsin may have the glory of discovery? That hardly seems to best and highest use for these funds.

### **Scholarships Don’t Translate Into Overall Health Improvement.**

Board member Thomas Lyon forthrightly noted the conversion funds should not be used to attract future Nobel Prize winners and as such advised that scholarships are not an appropriate use of the funds. Despite this admonition the MCW evinced an intent to use the funds for student scholarships. Although scholarships for students appear to be available from other sources, Dean Dunn claimed that a high percentage of MCW graduates stay in Wisconsin. However, even if graduates of MCW do stay in Wisconsin,

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<sup>3</sup> “Antileukemia Action of Perilyl Alcohol”, “Gene Expression, Caloric Restriction and Aging”, “Human RNA Binding”, “A Novel Genetic Modifier of Mammary Tumors”, “Mechanisms of ATR Targeting,” and “Role of PKC in Tumor Promotion.”

<sup>4</sup> “Chromosome Structure and Gene Expression”, “Clinical Development of HU14.18 IL2”, “Molecular Mechanisms of Myotonic Dystrophy Mutation”, “Free Radicals and Mitochondria in Neuronal Apoptosis,” and “Role of Syndecan-1 in Mouse Mammary Neoplasia”.

they will not necessarily serve in an underserved area. Simply creating more doctors does not automatically make Wisconsin healthier, and it certainly does nothing to help those who can't access the health care system..

### **Necessity and Availability of UW Staff for Each and Every Initiative**

At least one WUHF member questioned why it is necessary for there to be UW faculty involved in each and every community-based initiative. Ben Brancel further questioned whether this would disadvantage rural communities who could not find a volunteer faculty member – or at least not one with extra time on their hands to embark on the project. This concern went unanswered. The fact is that by having faculty involved in every project, the medical school ensures that a portion of every grant stays within the confines of the medical school. In fact, at their July 7<sup>th</sup> meeting, the OAC clarified that they would expect the appropriate percentage of the salary of the faculty member involved to come out of the precious 35%. Surely, the medical school was planning on paying its full-time faculty at 100% anyway. In this way, however, they get to replace their internal already-budgeted dollars with our public health funds. The OAC should be asked to clarify what percentage of each community grant the UW Medical School expects to retain, and volunteer some limits on their take.

### **An Endowment for Perpetuity?**

Although the idea of an endowment forever to serve the needs of the people in Wisconsin sounds appealing, we urge careful consideration of the size of the endowment as compared to the urgency of current societal health care needs. We do not want to squander these precious resources and in fact agree that the use of these funds to pay for insurance premiums or direct patient care would not be wise. However, in light of the saliency of our health care crisis, it may well be appropriate to spend more than merely the interest in the first years of receipt of the funds. If we choose this path, there will still be an endowment in perpetuity, it will just be somewhat smaller. However, it will be supplemented with the continuing dividends of having solved society's most compelling health care impasse.

### **The 35/65 Split: Infinite Wisdom?**

WUHF board members also expressed concern over the OAC's acceptance of the 65/35 split that was suggested by the Insurance Commissioner. Ben Brancel asked if the OAC believed that the insurance commissioner had had "infinite wisdom" in proposing that 65% of the funds be dedicated to research and education, and that 35% go to community-based projects. Dean Farrell assured the board that the OAC had given careful consideration of this split.

However, the minutes and our recollection of that meeting do not agree with the Dean's assertion. Debate over the 35/65 split is not present in the OAC's meeting minutes at all until April 2<sup>nd</sup>, when the committee planned to "approve [their] plan" after discussing the public comments they had received. The minutes reflect that Darcy Haber and Bobby Petersen were in attendance at the meeting to speak out against the proposed funding of the building of the HealthStarIRC. Only when the public comments being

reviewed showed criticism of the 35/65 split, did the OAC discuss this issue. It was a brief, hurried discussion, which lasted about 15 minutes. It took place around 10:00 p.m., towards the end of a long meeting that began at 5:30. The following are excerpts from the April 2<sup>nd</sup> meeting minutes found on the UWMS website.

[Miller-Korth]: "also suggested increasing the percentage of funds available for community partnerships, as well as possibly considering adjusting the 65/35 split."

[MacLeod Brahm]: "wonders about whether the 35/65 split should be changed."

Later in the meeting,

"Lauby expressed continuing discomfort with the 35/65 split and believes that nothing the University is doing should be included in the 35% portion."

"After continuing discussion about the 35/65 split, who invited each member to comment on whether it should be revised and asked for a motion to revise it if appropriate."

This took place at the eleventh hour, when the committee was tired and not prepared to give this issue the time that it deserved. In an exhausted move at nearly 10pm, Mormann moved that the split be accepted, Nycz seconded the motion and the committee passed it. There was not, in fact, a careful thoughtful discussion. Rather, despite "continuing discomfort," the status quo was accepted when the committee was bleary-eyed and pressed to finish the meeting.

### **Conflict of Interest = Questionable Accountability**

At this stage, as the WUHF approves or disapproves the schools' plans, and in the future, if the WUHF elects to take on an oversight role in the fund allocation process, strict vigilance is imperative if the people of Wisconsin are actually going to get the "payback" that they deserve from this BCBS conversion. The structures of the OAC and the Consortium have been called "unique," when they are in fact problematic. All of the committee members stand to benefit personally from these conversion funds. This was recognized by the OAC, so a conflict of interest form was developed.

According to the conflict of interest form, "a 'conflict of interest' is present when a director has any interest (including financial) in or relationship to an entity or organization which has a proposal under review by the OAC." By this definition, a conflict of interest exists for OAC community members if an organization they are affiliated with presents a proposal for funding. Likewise, a conflict of interest exists for OAC UWMS members when a proposal comes from their medical school department or in the case of the Dean, from anywhere in the school. The conflict of interest policy requires that "the interested director may not vote on the matter."

The UWMS 5-year plan includes pre-allocations that did not have to go through the application process, since these initiatives were built into the 5-year plan. If these funding allocations had been proposals, according to the conflict of interest policy, Nancy Miller-Korth would have been disqualified from voting on the plan. The Native American Health Research portion of the Community-Population Health Initiatives is a pre-allocation that involves collaboration with the Great Lakes Inter-Tribal Council (5-year plan, p. 16). Nancy Miller-Korth rightly listed the Great Lakes Inter-Tribal Council

as a conflict of interest on her February 27<sup>th</sup>, 2003 questionnaire. Despite this conflict of interest, Miller-Korth voted on the approval of the 5-year plan.

This is just one example of the ineptitude of the "conflict of interest policy" adopted by the OAC. What's worse is that three of the four UWMS faculty, Farrell, Remington and McBride, indicated that their "potential or actual conflicts of interests" are "none" while all the community health members and the commissioner's appointee appropriately listed the organizations they worked for. It is laughable that Dean Farrell indicated that he has no "interest (including financial) in or relationship to an entity or organization which has a proposal under review by the OAC." He stands to benefit from each and every research proposal approved from medical school faculty.

We strongly urge the WUHF board to closely monitor the future operations of the OAC and the Consortium. The WUHF must hold the committee members to the highest standard of accountability, especially since many of them, especially the medical school members who stand to gain the most, have already failed to hold themselves accountable.

### **What Do We Suggest?**

What we need is an explicit process and plan to address the needs of the uninsured at the state and local level.

*"If we have 500,00 [uninsured] today we will have 1 million tomorrow." Greg Nycz*

*"I am very concerned about the uninsured." Dean Farrell*

*"How do the plans help the uninsured...people across Wisconsin in both rural and inner-city environments?" Tom Lyon*

*"[The schools will become] citadels of probity." President Bolger*

The above quotations frame the current state of affairs confronting the Wisconsin United for Health Foundation (WUHF). An exceptional and rare opportunity exists to engage the engine of innovation and ingenuity of the best minds of our state. With the combined brainpower and creativity of our two medical schools, the entire University of Wisconsin System and the private sector, we can craft an effective pathway to a solution to the problems of access to both health care and coverage for the uninsured in our state.

Yet, in order to seize this moment in time and embark on the pathway to coverage for the uninsured, the medical schools' proposals will need retooling. The current plans lack the will and indeed the passion to develop a jointly funded initiative to resolve the problem of the uninsured. The "citadels of probity" as President Bolger characterizes the schools self-identified charge, must be tested. If the schools are truly serving the highest needs of the people, what better foundation could be laid by these citadels than tackling and solving the most pressing problem facing the people of our state? The problem is a clear one and the pathway to obtaining coverage for the uninsured is before us.

At the turn of the last century, now several generations past, Wisconsin led the nation in the development of innovative programs like worker's compensation and

unemployment insurance. These programs at the time gave meaning and resonance to the "Wisconsin Idea." <sup>i</sup> President Theodore Roosevelt spoke with admiration and high praise of the Wisconsin Idea. In Charles McCarthy's groundbreaking book on the Wisconsin Idea, the President noted,

*"The Wisconsin reformers have accomplished the extraordinary results for which the whole nation owes them so much, primarily because they have not confined themselves to dreaming dreams and then to talking about them. They have had power to see the vision, of course; if they did not have in them the possibility of seeing visions, they could accomplish nothing; but they have tried to make their ideals realizable, and then they have tried, with an extraordinary measure of success, actually to realize them. As soon as they decided that a certain object was desirable they at once set to work practically to study how to develop the constructive machinery through which it could be achieved. This is not an easy attitude to maintain. Yet every true reformer must maintain it. The true reformer must ever work in the spirit, and with the purpose, of that greatest of all democratic reformers, Abraham Lincoln." Roosevelt added, "All through the Union we need to learn the Wisconsin lesson of scientific popular self-help, and of patient care in radical legislation."* <sup>ii</sup>

Today in our current context, the praise of President Theodore Roosevelt and the prescience of the Wisconsin idea cannot be more relevant. In Wisconsin we are closer than almost any state in the union to insuring all of our people. As a state, Wisconsin must summon the courage and the will to lead once again. We now have the catalyst, the funds from Blue Cross, to lead a process that can help people across the state of Wisconsin and, quite possibly, lead the nation once again.

### **A NEW PATHWAY FOR WISCONSIN**

Today in a new century, the paramount problem of the uninsured vexes a new generation. This challenge, while formidable, calls for action from all sectors of our state. A renewed Wisconsin Idea must emerge that capitalizes on the flexibility and innovation from the private, public and non-profit sectors, while at the same time engaging the resources and the brainpower of our university system. Connecting the voices and ideas of local stakeholders in an accountable process that addresses the needs of the people of our state is essential to implementing the Wisconsin Idea for the uninsured.

**As part of a new pathway for the Wisconsin Idea, we propose:**

The University of Wisconsin and the Medical College of Wisconsin shall jointly fund the Wisconsin Health Care Access Council. The charge of the Council will be to ensure that all Wisconsinites have access to quality, affordable, health care. The Council will inform health policy decisions and improve the quality and efficiency of care delivery. To this end, the Council would commission research and analysis, publish and disseminate information, convene stakeholders, receive and evaluate proposals for systemic reform, and fund development and implementation of programs and models aimed at improving our health care delivery and financing systems.

Funding for the Council shall not come from any percentages allocated to community partnerships. Rather, the Council should be funded with an initial appropriation of five million dollars and shall be endowed with base funding equal to one half of the value of the newly acquired Wellpoint stock and one half of the cash generated by the recent sale. At least 75% of the endowment funds generated must leave the council and be directed at local communities, planning efforts and pilots. The remaining funds shall support the work of the Council and an evaluation of the Council's efforts. The endowment funds shall continually be mined to transform and modernize our health care coverage and access systems to ensure that people of the state of Wisconsin maintain access to needed care and coverage in perpetuity.

The Council of twenty-one persons shall be formed to include a spectrum of health, academic, business, labor, and local community leadership from across Wisconsin. Three of the representatives shall be appointees of the University of Wisconsin Board of Regents; three shall be appointed by the Trustees of the Medical College of Wisconsin, five shall be representatives of the Governor and two representatives appointed each from the Speaker and majority leader of the Assembly and the Senate respectively. The remaining six shall include three representatives of local government appointed by the Public Health Advisory committee, and three will be self-selected by the committee and will represent agencies serving un- and under-insured individuals and shall not be affiliated with any governmental agency or University department or program. The chair of the Council shall be selected from an agency involved in serving the needs of the un- and under-insured.

Subject to the oversight and approval of the WUHF, the Council shall have the power to appropriate funds generated from the endowment to initiate planning and studies addressing the problems Wisconsinites have in accessing health care services and coverage. A broad spectrum of community stakeholders must be involved in local planning efforts. Specifics of the joint proposals shall include the following activities:

✓ Support and coordinate the delivery of technical assistance for the development of local planning councils at no smaller than a county level. The local planning councils will explore and develop initiatives and collaborative arrangements among providers to direct strategies to ensure universal access to care. Funding will support community and academic partnerships from the range of diverse programs within the University of Wisconsin System and the Medical College of Wisconsin. Technical assistance and matching support, as required, will also be provided to local communities and programs seeking such assistance.

✓ Convene an annual summit conference and prepare an annual report to be delivered to the Governor, the legislature and the people of Wisconsin, on the status of access to health care in our state and strategies supported by the Council to address and mitigate the needs of those still unable to access care. The Council shall develop benchmarks for the following year to reduce or eliminate barriers to care and coverage for every Wisconsinite.

## CONCLUSION

The people of Wisconsin need, and indeed *require*, the leadership of the WUHF, the universities and the rest of the public and private sector to help set the course for a system of health care that can never be taken away and assures the people of our state access to the care and coverage they need and deserve. The moment is at hand but fleeting. The choice to make should be obvious: a Wisconsin pathway to universal care.

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<sup>i</sup> The Wisconsin Idea by Charles McCarthy (1912)

### <sup>ii</sup> The Wisconsin Idea

**Introduction**  
**by Theodore Roosevelt 1912**



Theodore Roosevelt

"THANKS to the movement for genuinely democratic popular government which Senator La Follette led to overwhelming victory in Wisconsin, that state has become literally a laboratory for wise experimental legislation aiming to secure the social and political betterment of the people as a whole. Nothing is easier than to demand, on the stump, or in essays and editorials, the abolition of injustice and the securing to each man of his rights. But actually to accomplish practical and effective work along the line of such utterances is so hard that the average public man, and average public writer, have not even attempted it; and unfortunately too many of the men in public life who have seemed to attempt it have contented themselves with enacting legislation which, just because it made believe to do so much, in reality accomplished very little.

"But in Wisconsin there has been a successful effort to redeem the promises by performances, and to reduce theories into practice. In consequence legislative leaders and reformers pushing legislation in other states write by the hundred to the men in power in Wisconsin asking for information on what has been done. ....Mr. McCarthy not only shows how Wisconsin has proceeded in specific instances to accomplish specific results, but he has so interwoven his studies of those separate results as to make the volume into a connected whole. Through his account of actual accomplishment in the field of political and industrial reform in Wisconsin, there runs a strain of philosophy that it would be well for every practical reformer to master. ....Mr. McCarthy's purpose is to impress not only every real reformer, but every capable politician, with the fact that the people are more concerned about "good works" than about "faith."

"The Wisconsin reformers have accomplished the extraordinary results for which the whole nation owes them so much, primarily because they have not confined themselves to dreaming dreams and then to talking about them. They have

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had power to see the vision, of course; if they did not have in them the possibility of seeing visions, they could accomplish nothing; but they have tried to, make their ideals realizable, and then they have tried, with an extraordinary measure of success, actually to realize them. They must never fear to advance, and yet they must carefully plan how to advance, before they make the effort. They must carefully plan how and what they are to construct before they tear down what exists. The people must be given full power to make their action effective, and at the same time the educational institutions of the commonwealth must be built up in such shape as to give the people the opportunity to learn how to use their power wisely...American people have made up their minds that there is to be a change for the better in their political, their social, and their economic conditions; and the prime need of the present day is practically to develop the new machinery necessary for this new task. It is no easy matter actually to insure, instead of merely talking about, a measurable equality of opportunity for all men. It is no easy matter to make this Republic genuinely an industrial as well as a political democracy. It is no easy matter to secure justice for those who in the past have not received it, and at the same time to see that no injustice is meted out to others in the process.

"It is no easy matter to keep the balance level and make it evident that we have set our faces like flint against seeing this government turned into either government by a plutocracy, or government by a mob. It is no easy matter to give the public their proper control over corporations and big business, and yet to prevent abuse of that control. Wisconsin has achieved a really remarkable success along each and every one of those lines of difficult endeavor. It is a great feat, which deserves in all its details the careful study of every true reformer; and Mr. McCarthy in this volume makes such study possible."