



**Aroop Mangalik, MD
to address
LWVCNM members
and guests during the
Luncheon meeting,
Thursday, October 12th
at the MCM Eleganté Ho-
tel, Albuquerque.**

Physician Dr. Aroop Mangalik, will discuss his work in Oncology/Hematology. Raised in India, retired after 30 years with the UNM Health Sciences Center, Dr. Mangalik is currently an Associate with the UNM Health Sciences Center for Ethics.

The Institute serves as a center for ethics education, service and scholarship at a local, regional and national level, and seeks to fulfill the ethical imperative of respect for persons through its distinctive focus on special populations.

The Institute is available to help on both a professional and public level to assist the understanding of options, choices, and decisions within a healthcare setting. They also help with education programs (both for the public and hospital staff) and work to continually help the advancement of ethics as a whole with research, awareness and advisement.

Dr. Mangalik was born and raised in North India in Lucknow where his father was a doctor. Dr. Mangalik completed his medical training at King George's Medical University, then in the

United States in Chicago and Salt Lake City. He served on the faculty of medical schools in Delhi, Denver and Albuquerque as a hematologist/oncologist. Now professor emeritus, Dr. Mangalik continues to teach students and trainees at UNM. Dr. Mangalik has also been active in efforts to reduce medically futile treatments, and is a strong advocate for end of life choices and patient comfort.

Early this year, his second book was published by Rowman & Littlefield: *Dealing with Doctors, Denial and Death: A Guide to Living Well with Serious Illness*

Often when death is the inevitable and impending outcome of a health diagnosis, doctors are reluctant to discuss alternatives to treatment, feeding into a culture of denial that can result in expensive, ineffective, and unnecessary over treatment that may or may not extend life but almost always damages the quality of life. Here, a seasoned doctor and researcher looks at the ways in which we are accustomed to treating illness at all costs, even at the expense of the quality of a patient's life. He considers our culture of denial, the medical profession's role in over treating patients and end of life care, and the patient's options and role in these decisions. The goal is to help patients and families make informed decisions that may help the seriously ill live better with their illnesses.

This profoundly empowering book will help people make informed decisions about their lives

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Office Hours

Monday – Friday

10 am to Noon

October 3 Election Day

7 am to 5 pm

October 9 Columbus Day

Office Closed

October 2017

Tuesday, October 3 7 am-5:00 pm LWVCNM Office
Open for Albuquerque Municipal Election

Thursday, October 5 5:30 pm Board Meeting
Sutin, Thayer & Browne
6100 Uptown Blvd, 4th floor
Enter on North side of building- Doors are locked after 6:00 p.m.

Monday, October 9 Columbus Day Office Closed
Noon **Reservation Deadline**

Thursday, October 12 11:45 am Luncheon Meeting
MCM Eleganté Hotel Albuquerque
2020 Menaul NE

Monday, October 23 10:00 am NE Heights Unit
La Vida Llena - *Card Room*
10501 Lagrima de Oro Road NE



Bio Ethics and End of Life Issues

Will be the topic presented by Leah Ingraham
at the NE Heights meeting Monday, October 23,
at 10:00 in the La Vida Llena Game Room.

Dr. Ingraham taught Bio Ethics and End of Life Issues at the University of Iowa Medical School. Since moving to Albuquerque she has been active providing presentations for the NM Health Association. She served on the Governing Board of the Iowa City Hospice.

Save the Dates!

League of Women Voters® of New Mexico

Saturday, December 9, 2017

9:30 to Noon

**Workshop on Effective Citizen Advocacy at the Legislature
and tips for speaking at hearings
New Mexico State Capitol, Room 322**

January 31, 2018

5:30 to 7:30 PM

Legislative Reception, Garrett's Desert Inn

February 1, 2018

League Day at the Legislature

Aroop Mangalik, MD *continued from page 1*
and medical care, especially those who have a life-threatening or life-changing illness themselves or have a family member living with one. Incorporating specific questions for patients to ask their doctors and discuss with their families, the book provides an analysis of various forces that influence our decision-making. The book also examines the professional, psychological, economic, and social pressures that influence physicians treating seriously ill patients, including those that lead doctors to recommend treatments that may be futile. The book concludes with resources that seriously ill patients and their families can call upon to give them support and assist with the logistical, emotional, and spiritual challenges of end-of-life care..

Copies of Dr. Mangalik's book available for purchase at the meeting.

***Luncheon Costs: Members \$17, Guests \$20.
Your reservation is a promise to pay.***

Please make reservations for the October 12th Luncheon Unit Meeting by emailing lunch@lwvcnm.org or by calling the LWVCNM office (505) 884-8441 by noon, Monday, October 9th. The office will be closed on the 9th for Columbus Day so you will need to leave a detailed message! Messages will be checked shortly after noon.

Please specify if you would like a vegetarian meal.



In the 1920s, Eleanor Roosevelt served as vice president for legislative affairs at the League, monitoring federal legislation and hearings in Congress. Watch this short video about how Eleanor's membership changed the League -- and how the League changed her. To Learn more go to: <http://library.lwv.org/node/201>

Medical Ethics and Obamacare By Leah M. Ingraham, Ph.D.

Medical Ethics, sometimes also called Bioethics, is the professional study of ethical issues in medical care as well as in ancillary efforts such as biomedical research. There are four main principles that guide discussion:

- Autonomy - the right of the individual to make his/her own choices about health care
- Beneficence - the charge to health care providers to "Do Good" (i.e. benefit their subjects/patients),
- Maleficence - the classic charge "To Do No Harm" (Hippocratic Oath)
- Justice - the fair allocation of resources particularly of scarce resources

Because the above principles shape the relationship between the individual and his/her medical caregiver, they are seldom used to analyze the relationships between government and its citizens or between health insurers and their customers. To do so provides an opportunity for a different type of discussion than those dictated by political philosophies

Both Obamacare, otherwise known as the Affordable Care Act (ACA), and the Repeal and/or Replace effort, have referenced "Autonomy". The ACA strove to enhance individual choice by creating a market place of comprehensive health insurance options with differing costs of premiums and co-pays. Those promoting repeal/replace cite loss of autonomy because of the individual mandate forcing purchase of health insurance with coverage they might not personally use (e.g. maternity care not needed by men).

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Medical Ethics and Obamacare, *continued* *from page 3*

Repealing or replacing the ACA allows individuals to make a choice consistent with his/her own needs and finances.

However, a complication faces individuals exercising freedom of choice with regard to health insurance coverage. Even a person financially able to purchase health insurance has trouble exercising freedom of choice: the inability to know what their future health needs might be or the inability to understand which of various choices would meet their present or future needs. This dilemma brings to light a very important counterpart of both "Autonomy" and "Beneficence" the provision of "Informed Consent" which details the effort on the part of health practitioners to assist their patients in making the best choices in light of their options for care. No similar support for individual decision-making is possible without the context of a particular known health condition, which had led framers of the ACA to develop a "One size fits all" mandate for comprehensive policy coverage, policies varying only in costs of premiums versus co-pays.

The ACA promoted "Justice" by supporting low income persons with cost-sharing subsidies and by widening Medicaid coverage for those with the lowest incomes. On the other hand, the subsidies were seen as a "bailout" for the insurers and a current court case has ruled that such payments are illegal because of the lack of specific authorization for such use of federal funds. (A stay on this ruling has permitted continued payments at the discretion of the administration while proper authorization can be sought). The Medicaid expansion was also taken to court as federal denial of state autonomy. The resulting

ruling made expansion a matter of state discretion and only 31 elected to undertake expansion despite the fact that federal funding supported the expansion.

I leave to the reader to contemplate the role of Beneficence and Maleficence in the current debate about the fate of Obamacare. Health insurance based on the profit motive has little obligation to support individual choice and the debate about government obligations to assure medical care is at the heart of both the development of Obamacare and the effort to repeal it.

At this writing (September 8, 2017) the effort to repeal and replace Obamacare is on hold. However, there is a development that, in effect, will promote greater autonomy on the part of those who purchase their own coverage. Funding for public information about the enrollment period (November 1 to December 15, 2017) has been cut about 90% and funding for "navigators" (groups that assisted individuals in selecting insurance coverage) has been cut about 60%. Therefore, individuals must be alert: be aware of the deadline for enrollment and research for themselves which options may best suit their personal finances.



Celebrating the 10th Anniversary of Women Suffrage

Stand up for Democracy

From *The Principles* of the League of Women Voters® we find that “government should be responsive to the will of the people.” This philosophy is also reflected in the League’s grass-roots structure assuring the League a community role in strengthening public information. We should be the GO TO organization for Election Reforms! All that is needed is a moderately inquisitive mind and a willingness to follow the facts. Please help us. We need to contact, to visit with our legislators, and to insist on ethical conduct in our government – past, present and future.

We should not limit visiting with legislators only to members – if your neighbors are willing to join in and help to make a difference, welcome them to participate. All of us can get together with others – especially with those who have not been very active in the past – and talk with our legislators: Set a date and choose a local coffee shop where you can meet. Explain that the League is non-partisan, and that our leaders are needed to legislate for the benefit of all New Mexicans (not just the large campaign donors). Our legislators need to know that League members not only vote but that we most certainly influence others. *Judith Binder, co-President*

Book Review

This Fight Is Our Fight: The Battle to Save America’s Middle Class by Elizabeth Warren, 2017, Metropolitan Books, hardcover, 337 pgs.

Warren’s new book is worth two columns, so this review covers the first half of the book and next month’s review will cover the second half, which has many of her recommendations. The book is easy to read with a lot of specific examples/cases and political rhetoric, but also a lot of statistics to prove her points. She is not cherry-picking examples that agree with her positions. Since the depression the US built up a strong, large middle class, not by accident but with specific directed government policies to equalize

economic opportunity, education, and to invest in public goods such as infrastructure and research and development. Between 1935 and 1980 people in the bottom 90 percent of income got about 70 percent of the economic growth, with the other 30 percent going to the top 10 percent. So everybody benefited from economic growth. The rising tide really did raise all boats. However, beginning with Reagan in 1981 the government started systematically dismantling these economic structures. Virtually 100 percent of the economic growth from 1980 to 2015 went to the top 10 percent and none to the bottom 90 percent, while their costs for housing, education (especially higher education), and health care went up dramatically. Early in this period some of these added costs could be covered by going from a one to a two wage family, but this option is no longer available. Also earlier the minimum wage significantly met a family’s minimal needs, but this is no longer the case. While education (especially higher education) is critical to getting a better, higher paying job, this is becoming more difficult. A summer job and a part time job during the school year no longer cover (or come close) college tuition and expenses.

From the end of the 18th century to the great depression (1929) the US economy had major boom and bust cycles about every 20 years. Major busts, not just economic recessions, occurred in 1796, 1819, 1837, 1857, 1873, 1893, 1907, and 1929. After 1929 Roosevelt did three major reforms: (1) established the FDIC to protect bank depositors, (2) the Glass-Steagall Act which separated traditional community banking (checking and savings accounts and loans) from more risky investment banking; and (3) the SEC to develop regulations and enforce them to ensure that Wall Street was a fair and level playing field for all investors and to keep large firms from unfair, monopolistic, and anti-competitive actions. Following these reforms, and others subsequently enacted, we went from 1929 to 2008 without a major financial crisis, although

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after 1980 many of the reforms and regulations were weakened and Glass-Steagall was repealed. She points out that in the early 1980's with the Savings and Loan disaster over 1000 executives went to prison, but after 2008 virtually no one was prosecuted or convicted although some banks incurred billions of dollars in fines – all without admitting any wrongdoing.

In terms of taxes, Warren points out that since 1980 the top tax rate for the personal income tax dropped from 70 to 39 percent. In the 1950s corporate taxes generated about a third of government revenue, but now they generate only ten percent. The top corporate tax rate is 39 percent, which tax critics claim is the highest rate in the world. However, she contends that the effective corporate tax rate (which is the more significant number) is only 20 percent, which puts us in the bottom 25 percent – three quarters of our competitors have higher effective corporate tax rates. Also she says that given our current tax codes many large companies pay essentially no corporate income taxes while generating record profits. She says that for five years Verizon, Boeing, and General Electric paid nothing in net corporate income taxes – while earning nearly \$80 billion in profits. In terms of profits held overseas to avoid US taxes, She says that the \$2.3 trillion held by a handful of technology giants exceeds all reported US corporate profits for 2013.

Given all of these data, it is clear that the US has a problem trying to maintain or rebuild its middle class. The last part of the book (next month's review) focuses on policies to try to readjust these economic and political imbalances.

Olin Bray

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