

## POINTS OF VIEW

## State ought to look at Ford Motor's better Internet idea

To my way of thinking, the most consequential thing that happened in Michigan during the 20th century was Henry Ford's realization early on that the gains in productivity arising from the new assembly line technology were so great that he could afford to pay his workers the unheard of sum of \$5 per day.

Characteristically, Ford also figured he'd do well by doing good. At \$5 a day, he was paying his workers enough so they could eventually become customers for the cars they were making. Ford's compensation practices turned out to be an important element of his marketing strategy.

The impact of Ford's innovation on Michigan was profound. Workers were drawn from all over the country to seek this extraordinary wage. The migration thus set in motion created during World War II, when military production made Michigan the "arsenal of democracy" and drew thousands of families, mainly from the South.

Moreover, these working families



PHIL POWER

were making a lot of money, enough for them in time to move up from working class to middle class. A pretty good definition of a middle class family at mid-century was one that owned their own home. And beginning in the 1950s and continuing for a decade, Detroit boasted more owner-occupied homes than any other big city in America.

So what started out as a small but profound change in rates of pay at Ford Motor Co. wound up decades later by changing fundamentally the social structure of Michigan. Using

today's buzz word, a small innovation "got to scale" within 50 years.

Now fast forward to today, the first year of the 21st century.

The information revolution now taking place is, if anything, even more profound than the application of assembly line technology at the dawn of the 20th century. The question is not whether this revolution will affect our economy and society as profoundly as the Industrial Revolution did in the 18th and 19th centuries. Plainly, it will. Rather the issue is whether the gains in productivity and human potential arising from advances in information technology will be confined to a small elite at the top of the social and educational pyramid.

Some worry that the "digital divide" separating those who are technologically literate from those who are not could become as great a chasm as the gap separating working class folks from the middle class at the turn of the century.

Put simply, the question is whether and how the information revolution can be brought quickly to scale.

That's why the decision Ford Motor Co. took earlier this year to provide home computers, software and Internet access to all its 350,000 employees for \$5 per month is a good candidate for the most consequential thing that has happened in Michigan so far in the 21st century. Why? Because it's a way to overcome the digital divide by offering a way to get to scale in information technology.

First, 350,000 Ford employees is a lot of people, many of them located right here in Michigan. Second, given the tight labor market and how employers are competing for good workers, it's almost certain that other companies are going to follow suit. Delta Airlines has already done so, and I wouldn't be surprised to see other big employers such as GM and DaimlerChrysler following soon.

So there is a pretty good chance that subsidized access to information technology is going to become a standard employee benefit for Michigan workers. That's a good way for an entire society to get to scale.

So now is the time for an innova-

tion in enlightened public policy. If the state of Michigan can afford to give a \$2,500 scholarship to kids who pass the MEAP test, it can certainly afford to subsidize a computer and Internet access to every family in Michigan that signs up for training on the Michigan Virtual University.

All the talk about a computer in every classroom misses the point. What makes access to the information revolution ubiquitous — just like TV and the telephone — is to get computers and Internet connections in every home, where they become part of the standard experience of ordinary family life rather than something abstractly available once the digital divide is crossed.

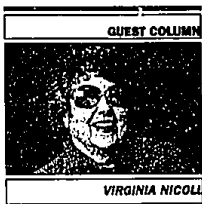
Phil Power is chairman of HomeTown Communications Network Inc., the company that owns this newspaper. He welcomes your comments, either by voice mail at (734) 953-2047, ext. 1880, or by e-mail at ppower@homecomm.net

## Patients first, bottom line second should be new health care mantra

Health care reform has never been a more urgent concern for Americans than it is today, with the large out-of-pocket consumer expenses, the vast number of the uninsured (an estimated 44 million), and the high cost to employers of employees' health insurance premiums. In this election year, the issue is one of the most vital facing voters and candidates alike.

Access to health care is important for all Americans, but it presents special problems for older women, who have difficulty obtaining health insurance in their own right. Health insurance in this country is closely linked to full-time employment, with only a minuscule number of women in the 55-64 age group able to obtain it through this channel. Not until they reach age 65, do the majority of older women have certain access to health services through Medicare, and then only if they qualify for Social Security or they "buy in" at a cost most can't afford. With the huge gaps in Medicare coverage, women must still purchase supplemental or Medigap insurance to cover their most basic needs.

Of the 34 million older Medicare recipients, 20 million are



VIRGINIA NICOLI

women. In every age group, women outnumber men, until, at age 85, there are twice as many women as men in the program. Women live six years longer than men, on average, and they have more chronic diseases, including osteoporosis, arthritis, hypertension, and some forms of cancer. The longer a woman lives, the more likely she is to suffer from prolonged chronic illness. Nine in 10 women over age 65 report one or more chronic conditions, and three out of four have two or more chronic ailments.

Women pay more visits to doctors, have more procedures, spend more time in hospitals, and take more prescription drugs. Because of their longevity, they need more long-term care and more assistance with activities of daily living. With incomes only 58 percent that of

men, and a poverty rate twice as great, unreimbursed health care costs take a bigger share of older women's income, almost one quarter, on average. Women are Medicare's most vulnerable population.

Since the Balanced Budget Act of 1997 made Medicare HMOs available to Medicare recipients, millions of women have enrolled in such plans in an effort to pare out-of-pocket expenses. Women in managed care have greater access to services not covered in original Medicare, including routine physicals, vision and hearing care, and generally, some prescription coverage. Managed care plans have been more effective than traditional fee-for-service ones in coordinating health services and in identifying certain diseases at earlier stages when they are more amenable to treatment.

However, Medicare HMOs suffer from the same deficiencies as do all managed care plans: long waits for appointments, disruptions in physician-patient relationships, and difficulty in gaining access to specialists. Research shows poorer outcomes for seriously ill patients in managed care than in fee-for-service plans. Women disenrolling from HMOs report a decline in over-

**Health care is not a commodity, and the profit-driven free market has demonstrated that it is incapable of providing quality care at a price Americans can afford.**

all health during their periods of enrollment. It appears unlikely that this effort between Medicare and the private insurance industry will be able to deliver quality care while containing costs.

Medicare is solvent for the present, but faces huge problems in the years ahead. By the year 2030, there will be an estimated 76 million people enrolled in the program, more than twice the current number. Concurrent with the increase in Medicare recipients, there will be a decrease in the num-

ber of workers paying the Medicare portion of the income tax, due to early retirement and the declining birth rate. The imbalance, a ratio of only two workers per Medicare enrollee, will prove deadly.

Suggestions for "fixing" Medicare abound: increasing premiums, co-pays and deductibles; raising the age of eligibility; increasing the Medicare tax on wages; or, most destructive of all, privatizing the program through a system of vouchers euphemistically termed "premium supports." All these changes would be harmful to women and are opposed by the Older Women's League.

Medicare has proved its worth and its efficiency. We could "fix" it by extending the coverage to the entire population, spreading the risk across young and old alike, the healthy, as well as the illness-

prone, collecting premiums from all but the very poorest of our citizens.

We now spend more than \$1 trillion a year on health care, much of it eaten up by expensive advertising, inflated salaries, and other administrative costs in the private insurance sector. Health care is not a commodity, and the profit-driven free market has demonstrated that it is incapable of providing quality care at a price Americans can afford. It is time that we joined the rest of the industrialized world and offered our people the national, universal health care program that they need.

Virginia Nicoli is president of the Farmington Chapter of OWL, the Older Women's League. She lives in Farmington Hills with her husband of 59 years, Ron, a golf instructor.

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