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MS. ERBE: This week on To the Contrary, the deficit and you, why you should be concerned about the nation’s growing financial woes. Behind the headlines, should we send nurses out on the street to help drug addicts? Canada does.

(Musical break.)

MS. ERBE: Hello, I’m Bonnie Erbe. Welcome to To the Contrary, a discussion of news and social trends from diverse perspectives. Up first, how the federal deficit affects you.

The number one political issue next year will be how to cut the federal deficit. It sounds boring, but the deficit directly affects you and your family in so many ways: how much you pay in taxes, the interest rate on your mortgage, and whether you receive government support are just a few examples. Washington is so deeply divided on whether to raise your taxes or cut programs that help you. Even an 18-member commission nicknamed Simpson-Bowles couldn’t agree on how to handle the problem. Democratic Representative Jan Schakowsky of Illinois wants Uncle Sam to spend his way out of the economic doldrums.

REP. JAN SCHAKOWSKY (D-IL): (From tape.) First of all, I don’t agree that this is a time for us to be worrying about the deficit because what we need to be doing is actually spending some money to put into people’s pockets so that they can go out and buy things. That is a deficit reduction plan. In other words, cutting spending at this time could lead us, I think, into a double deep recession, but actually making investments and doing things like extending unemployment insurance means that people can be customers. They can go out and buy things, create demand, which will help to grow the economy and then lower the deficit.

MS. ERBE: But her counterparts say tough times mean tough choices and Americans will have to give up services like money for public schools, road building, and road repair, unemployment benefits, and so on. Another scenario has the average family paying an extra $1,700 a year in taxes. Others include raising tax on gas, so you’ll spend even more money at the pump or working until at least age 69 to pay for more expensive prescription drugs.

REP. SCHAKOWSKY: (From tape.) They talk about shared sacrifice in offering their proposal, but sacrifice has not been shared over the years. We have seen middle income people, as I’ve said, at best even, over the last couple of decades see their real wealth decline in many cases. The poor have been poor before the Great Recession and now are really suffering. So it’s not like we’re all starting at the same point.

MS. ERBE: Last week, Congress passed and President Obama signed into law a tax cut deal, which Republicans say will help propel business owners to create more jobs
again. But experts say those tax cuts only add to the debt and Americans are going to pay sooner or later. Congresswoman Schakowsky fears Republicans are going to put the burden on lower and middle income families.

REP. SCHAKOWSKY: (From tape.) I see it as – as kind of a setup to say “see, now we’ve got an even bigger deficit. We’ve now got to start making those cuts. We’ve got to cut to the bone. And I think their emphasis is going to be on cutting programs that are basic essential programs for ordinary people in our country right now. And I worry about education and job training and medical research, and all the things that I think give quality of life in our country being cut.

MS. ERBE: Linda Chavez, Congresswoman Schakowsky says we can spend our way out of the recession and the deficit, do you agree?

MS. CHAVEZ: She’s half right. Spending is good so long is individuals who are spending, not government.

DEL. NORTON: Jan is really talking economics one on one. During a downturn, the government alone has the resources to boost the economy.

MS. CZARNECKI: You can’t spend on anything if you don’t have jobs. So no, I think if we don’t focus our policies on job creation, we can’t do anything about the recession.

MS. TERKEL: Government spending is necessary to get out of a recession, just like what we saw during the Great Depression and the New Deal.

MS. ERBE: All right, but you’re saying you’ve got to spend. Your position is you’ve got to spend your way out of this even at record deficit levels and if we do spend our way out of it or don’t spend our way out of it, what impact on families? What do you think the important impact on families will be?

DEL. NORTON: I think the president has the right idea. And we are confusing the difference between the short-term deficit and the longer term or structural deficit.

MS. ERBE: Or debt, are you talking about the federal debt versus the deficit?

DEL. NORTON: Yes. Well – yes, in one sense I really am. Because if you were to – what we’ve got to do in this next Congress and we better do it right is to strike a balance because the government controls all together. Then, of course, that double deep recession, which everybody anticipates will surely happen. What has happened during this past session is that there’s a package, lots of it bothered Democrats, because even the very richest got a tax cut. But you will see that there was across the board support for tax cut for the middle class. And then there was unemployment insurance, which we haven’t been able to get out of these Republicans for a very long time and it’s for 13 months. There are tax credits. That’s about even Republicans understanding that only the
government has the resources because people don’t have jobs, because they won’t get jobs until there is some spending in the short term to put money in their pockets so that it begins to fuel the economy.

MS. CHAVEZ: But – well the fact is, we did see a little optic in the last week of December. We’ve seen a little optic in terms of the growth on the economy for the numbers released for the quarter. We’re seeing a little bit of decline in unemployment. But in practical terms, when you think about it, if you’re a family and you suddenly find that you have less money to spend, you can’t go out to your employer and demand that that employer give you more money so that you can meet your spending requirements. You sit down at the kitchen table and you draw up a plan and you say where can I cut. And the fact is, Eleanor, I don’t think Washington should be doing this at all. I think you could, in fact, cut government spending, but not by saying, “we’re going to cut this program or that program.” Go to the government workforce. Go into the federal agencies, just as you would if you were a large corporation. And you say, “we want to see you realize savings of x percent. You tell me where you’re going to cut and how you’re going to do it.” Then you’ll get sensible changes and sensible cuts. But if you try to have a one-size-fits-all and somebody in Washington sitting in a bureaucratic cubbyhole or even you up in Congress decide which programs have to be cut, I think you’re going to end up making the wrong decisions.

MS. TERKEL: This was what was so good about the stimulus, was that it directed a lot of money to state and local governments, allowing them to spend how they can. And that was supposed to be – that was, economists said, very stimulative. And actually, why the economy didn’t get out of the recession more was because the stimulus wasn’t big enough. That’s what many economists on both sides of the aisle said. And so now we saw this –

MS. ERBE: Republican economists said that?

MS. TERKEL: – we saw conservative economists, including – and progressive economists, so both sides.

MS. CZARNECKI: I think the stimulus was a failure by and large. It didn’t do what it said it was going to do. So I don’t know about that, but I want to talk about your point a little bit, telling agencies to come up with the hard cuts. Previous administrations, both Republican and Democrat, have done that. When a president has said, “you’re going to take a 5 percent cut” or whatever percentage the cut is and then whoever the agency heads are have had to come back and say, “we’re going to delay this program. We’re not going to fund there.” It causes a lot of consternation in the agencies, but it has been effective –

MS. ERBE: But let’s take Linda’s idea here for a second. Okay. You say – let’s say that the Obama administration went to every cabinet and said, Department of Transportation, Social Security, Medicare, blah, blah, blah, blah, blah, wait a second, 10 percent cuts across the board. Wouldn’t people start screaming if they go to the airport
and the air traffic controllers – their flights delayed for three hours because they don’t have overtime to pay air traffic controllers? Or potholes aren’t fixed or the schools get worse?

MS. CHAVEZ: That’s why you don’t say 10 percent across the board in each and every program. Look, I sit on corporate boards and have been involved for 15 years in corporate management. When we faced the recession in one of the companies that I sit on, we made cutbacks, but it wasn’t the CEO saying, “okay, 10 percent, I’m just going to take 10 percent off each of your budgets.” No. He went to each of his managers, who in turn went to their managers, and they said “you’ve got to cut. Now, you tell me where the cuts are.” And obviously, if you’re talking about services like air traffic controllers, you don’t cut there, but there are places –

MS. ERBE: But show me a service where you can cut and nobody’s going to start screaming.

DEL. NORTON: Because I think she has a right idea and so does the president. When the president’s budget comes, he shall have gone to the agencies to say precisely that. Already we’re going to be at – next year at this year’s levels. Who said to do that first? The president of the United States. Who has frozen federal salaries? The president of the United States. Who froze his own staff salary the moment he took office? The president of the United States leading by example. But the way –

MS. ERBE: That’s not a cut. That’s just not an increase.

MS. TERKEL: But he has directed federal agencies to look for cuts within their own departments.

DEL. NORTON: That was my first point. And then his budget – and we ought to meet again when his budget is submitted, that will not be his off the top of his head cut. Those will be cuts that have gone back and forth several times in federal agencies. And I can tell you, as someone who chaired a federal agency, that we went to OMB, they sent us back. We went again because we wanted more money. And you’re going to find that going on big time this year.

MS. CZARNECKI: The biggest problem with all of the agency budgets is that a large portion of them is directed by Congress. It is mandated spending. So there’s a very small pot, typically 15 percent of all agencies is discretionary. You can cut all that discretionary program, so any president can say, “I won’t find additional pilot programs” et cetera. But the biggest problem is the growth in these programs year after year. And if you compare that to a normal family, if there’s no extra money, there’s no extra money. These federal programs should not increase by larger percentage –

MS. ERBE: But let me ask you this. As a member of Congress, which program, if they get cut or even frozen, do you get the most response to from your constituents saying, “you can’t cut this. I need blah, blah, blah, or my kid needs blah, blah, blah.”
DEL. NORTON: Well, I would take the approach – that’s not the exact numbers that this new Deficit Commission takes. For example, they say we’ve got to raise the so-called tax, the gasoline tax. Well, that’s to keep the roads going. Now, the Republicans will be against that. I am willing to take –

MS. ERBE: Which is interesting because it’s what they call a regressive tax.

DEL. NORTON: Yes, it’s not a tax. It’s an interest fee.

MS. ERBE: Well, it’s a user’s fee, but it applies to poor people in a great – it affects a greater percentage of poor people’s income than it does rich people’s income.

DEL. NORTON: Yes and we do that constantly. But if you want to get on the road, instead of using public transportation, yes that’s what you’ve got to do, and look what people are doing. They’re switching to public transportation. So that’s an example where Republicans will bulk at. Now, let me tell you where I am. I am willing to take some cuts in discretionary spending. But I will not, I will not abide those who say – and defense has to be left exactly as it is. Their favorite programs can’t be cut, but mine can. That’s what we face in the Congress.

MS. CHAVEZ: And of course, there is waste in every – in every big organization. It isn’t just the government. In any big organization there’s waste. There’s waste in the defense budget and there’s no question about that and you have to cut that. But the real issue is the entitlements. And the fact is we are living longer –

MS. ERBE: Describe what that means for people.

MS. CHAVEZ: – an entitlement is something that you are entitled to get like a Social Security check. If you are 66, in my case, you don’t get full retirement benefits till then, but you believe that you are entitled to that, that it’s going to come hell or high water. Well, you can’t change the rules of the game for people who are already either in the system or just about to go on the system. But can you raise the retirement age? Absolutely and the Deficit Commission did in fact suggest that we are living longer and longer. At the time the Social Security was passed, people didn’t live much past 65 years of age. Now, we live well into our 80s. And so the idea that you have to wait a little bit longer or that the cost of adjustment changes need to be looked at and that we would look at a reasonable package of changes that affect the elderly. So there are things that you can do to cut even these.

MS. ERBE: But getting back to your point about – that Congress and the president are going to have to look for cuts everywhere, don’t you get, since – does the problem actually go to the voters, who on the one hand, want their tax cuts, even I’ve talked to lower and middle income people, not just rich people or what the government sees as rich people, but lower and middle income people want their tax cuts. On the other hand, they get upset if their services are cut. Maybe some better education of the
American public of how the system works, that no, you can’t get your pothole fixed, your kid can’t go to a top public school unless you’re willing to give up the tax cut, maybe that would make the system work better together?

DEL. NORTON: No, I don’t think it would because if you’re going my –

MS. ERBE: You’re going to go –

DEL. NORTON: – go back and say don’t do it. But for example, it would be counterproductive for the federal government to cut that part of discretionary spending that is most likely to be spent by those who receive it. For example, during a recession, there are rational analytical ways to look at it. The president is looking at every program and he’s going to come forward with some programs that ought to be cut altogether. And it is going to disturb some on my side. But watch out because if the federal government goes doing across the board your 10 percent of all discretionary spending, we’re back in that double deep recession just by people hearing that that’s going to happen because there will be nobody, nothing fueling the economy then.

MS. ERBE: All right. That’s it. And so we solve the problem here, go to the agency heads, and let them make the cuts.

Behind the headlines, street nurses, although many love this time of year, the holidays can be difficult for some, including those suffering from drug addiction. But a group of nurses in Vancouver, British Columbia, have moved from the hospitals to the streets to care for the marginalized. They say this approach saves money and lives. “To the Contrary” looks at this controversial program some hope will spread to the U.S.

(Begin video segment.)

MS. FIONA GOLD: Drugs are solution to a problem and I think people need to understand that, that the problems are much deeper and people use drugs to solve a problem.

MS. ERBE: Vancouver Street Nurse program began in the late 1980s in response to the AIDS epidemic. Since then, the Canadian funded program has expanded to 12 full time nurses serving addicts. It is based on what they call a harm reduction philosophy.

MS. GOLD: If a patient doesn’t want to do something, I would respect the autonomy of that patient. Then I would say, “well, let me suggest some ways that you could do this in a safer way.” So that’s the whole principle behind needle exchange or handing someone a clean needle or handing someone a condom to prevent HIV. It’s the exact same principle. We don’t only have needle exchange, but we have a supervised injection site.

So a user can buy their drugs on the street. They can come into a facility, where they’re registered. They can sit at a booth. They can inject their drug under the watchful
eyes of workers or nurses that will treat any overdoses. Then they can go into another room, get a cup of coffee. They can talk to a detox worker. They can ask for a counselor. They can find housing. And then they can get something to eat. And they can leave. So it’s sort of a U-shaped facility.

MS. ERBE: But some of the services the street nurses provide, like helping users find veins, critics call enabling.

MS. GOLD: I’m a nurse and if I hand somebody a clean needle, I don’t see that as enabling at all. I’m about health. And I’m giving them a clean needle to prevent them from getting HIV, to prevent them from getting hepatitis C. And I’m also doing it out of a sense of caring for that person. So I’m acknowledging where you’re at that you are a user and I’m saying “I’m going to give you a needle, but what’s your name, what’s your name. I want to develop a relationship with you” because that relationship that I’m going to develop with you is the cornerstone of health care.

MS. ERBE: Here in the U.S., there are nearly four million addicts, but support for harm reduction programs has been froth with politics. While a number of cities offer needle exchange programs, federal contributions were banned for two decades.

President Obama lifted that ban in December, 2009.

The administration current drug czar says he’d like to address the problem holistically with more concentration on prevention and treatment. But street nurse Fiona Gold believes the U.S. needs not only to change its approach, but also its language.

MS. GOLD: In Canada, we use completely different language. We usually say drug users or people who use drugs. And I think that’s something that I’m really noticing in America is that people say drug abuser or they substance misuse. And both those things we feel are so judgmental. It’s me as a health care worker pronouncing a judgment on somebody that’s using drugs. If we think that of other people, of course, nobody is going to allocate resources or funding or things like that to programs for that community, for that population.

(End video segment.)

MS. ERBE: So Amanda, who’s got it right, Canada or U.S.?

MS. TERKEL: Well, I think the good thing about this program is that it acknowledges that there’s a problem. It tries to stop the spread of more disease and then maybe reaching out to people and preventing further drug use. I think a good analogy for this is actually sex education. Do you pretend that young people aren’t having sex and just preach abstinence, or do you acknowledge that they are having sex? We don’t want them to spread more disease or contract diseases themselves. And we try to teach them sex education and help them.
MS. CHAVEZ: I don’t think that’s a good analogy, Amanda, because in fact sex is a positive good. Drug use abuse, I would call it, is not a positive good. And I’m sorry, but I am judgmental. I don’t think that sticking a needle in your veins and injecting yourself with heroin or any other substance, methamphetamines or whatever, is good. And I think our failure to be able to try to spread the message that this is damaging, not just to you as an individual, but to society at large, is the wrong way. Now, that doesn’t mean that I want to see drug abusers lying in the street and dying of overdoses, of course not. But I think the emphasis, as the drug czar suggests, should be on prevention and it should be on treatment. And we ought to be getting those people into treatment, rather than enabling their –

DEL. NORTON: I certainly agree with that. But I think a very important distinction hasn’t been made. As I read more deeply about this program in Vancouver, it was very clear when she talked about the kinds of sorrows and problems that these people have that she was dealing with long-term addicts that are so far beyond the pale that the notion of turning them around – their bodies are gone – and she was trying to somehow deal with them with the care of a health care provider as long as they are living to keep them going. But then those in needle exchange, she does positive harm by – because there you’re dealing with people who often are not long term addicts, can be taken into treatment. And if you want to know how important needle exchange is, all you’ve got to do is look at the District of Columbia. For 10 years, the Congress kept the district from using our own funds for needle exchange. Our HIV/AIDS became the highest in the United States.

If you look at our poor cities – Baltimore – or cities with larger numbers of HIV like New York or Chicago, why would our AIDS rate be higher? It’s because we couldn’t use the needle exchange program with our own local funds to date.

MS. ERBE: So needle – so it’s been – the data prove that needle exchange programs do lower rates of HIV and AIDS.

DEL. NORTON: Among users, they don’t transmit among users. In our city, they not only transmitted among users, but of course, it got transmitted to the larger population, including women.

MS. CHAVEZ: There’ve been other studies by DHO and others that are very much more mixed than that. That if there is a benefit, it’s very marginal. And so – look, I’m more agnostic on the question of needle exchange, but the idea that you’re sitting there with someone an showing them the vein, which vein to use – yes, do you want to treat that vein if it becomes abscessed and infected, absolutely. But what you want to do is to try to get that person to understand that drug use is bad. Yes, it is a value. It’s bad.

MS. CZARNECKI: The whole approach is a very libertarian approach that Canada has taken. And I don’t think that would be widely accepted across United States. It’s very controversial. The studies that have been done that have been looked at for the
past 10 years have been observational studies, not clinical studies. And so there really is, I think, a mixed message sent by advocating these programs.

   MS. TERKEL: You can take a two-pronged approach. I agree that I think prevention is very important, but at the same time, you need to acknowledge that there are these users out there. They can spread disease. Studies have been mixed on how helpful these are, but they have not shown needle exchanges to be harmful on spreading diseases. So I think we have to look at multiple approaches here.

   MS. ERBE: All right. And that’s what we’re doing. That’s it for this edition of To the Contrary. Excuse me. Next week, soon to be Minority Leader Nancy Pelosi reflects on her legacy as the first female speaker of the House. Please join us on the web for the “To the Contrary Extra” and whether your views are in agreement or to the contrary, please join us next time.

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