**ARTICLE 1 Excerpted from**

Brill, Steven. "What I Learned From My $190,000 Surgery. (Cover Story)." *Time* 185.1 (2015): 34. *MAS Ultra - School Edition*. Web. 13 Mar. 2015.

*This article is adapted from Brill’s book published in January, “a sweeping inside account of how Obamacare happened and what is does, and does not do to curb the abuses” reported earlier in Time.*

*Brill discusses how he, a man who had criticized the high cost of medical care in America and the extremely inflated salaries of the Chief Executive Officers (CEOs) of companies providing insurance and the healthcare itself, gained first-hand experience of system as a patient who needed emergency open-heart surgery. Here are some excerpts that help paint a picture of American healthcare today:*

I usually keep myself out of the stories I write, but the only way to tell this one is to start with the dream I had on the night of April 3, 2014.

Actually, I should start with the three hours before the dream, when I tried to fall asleep but couldn't because of what I thought was my exploding heart.

Thump. Thump. Thump. If I lay on my stomach, my heart seemed to push down through the mattress. If I turned over, it seemed to want to burst out of my chest.

When I pushed the button for the nurse, she told me there was nothing wrong. She even showed me how to read the screen of the machine monitoring my heart so I could see for myself that all was normal. But she said she understood. A lot of patients in my situation imagined something was going haywire with their heart when it wasn't. Everything was fine, she promised, before giving me a sedative.

All might have looked normal on that monitor, but there was nothing fine about my heart. It had a time bomb appended to it. It could explode at any moment—that night or three years later—and kill me almost instantly. No heart attack. No stroke. I'd just be gone, having bled to death.

That's what had brought me to the fourth-floor cardiac-surgery unit at New York—Presbyterian Hospital. The next morning I had open-heart surgery to fix something called an aortic aneurysm.

It's a condition I had never heard of until a week before, when a routine checkup by my extraordinarily careful doctor found it.

And that's when everything changed.

Until then, my family and I had enjoyed great health. I hadn't missed a day of work for illness in years. Instead, my view of the world of health care was pretty much centered on a special cover story I had written for TIME a year before about the astronomical cost of care in the U.S. and the dysfunctions and abuses in our system that generated and protected those high prices.

For me, an MRI had been a symbol of profligate American health care—a high-tech profit machine that had become a bonanza for manufacturers such as General Electric and Siemens and for the hospitals and doctors who billed patients billions of dollars for MRIs they might not have needed.

But now the MRI was the miraculous lifesaver that had found and taken a crystal-clear picture of the bomb hiding in my chest. Now a surgeon was going to use that MRI blueprint to save my life.

A week before, because of the reporting I had done for the TIME article, I had been like Dustin Hoffman's savant character in Rain Man—able and eager to recite all varieties of statistics on how screwed up and avaricious the American health care system was.

We spend $17 billion a year on artificial knees and hips, which is 55% more than Hollywood takes in at the box office.

America's total health care bill for 2014 was $3 trillion. That's more than the next 10 biggest spenders combined: Japan, Germany, France, China, the U.K., Italy, Canada, Brazil, Spain and Australia. All that extra money produces no better, and in many cases worse, results.

There are 31.5 MRI machines per 1 million people in the U.S. but just 5.9 per 1 million in the U.K.

Another favorite: We spend $85.9 billion trying to treat back pain, which is as much as we spend on all of the country's state, city, county and town police forces. And experts say that as much as half of that is unnecessary.

We've created a system in which 1.5 million people work in the health-insurance industry while barely half as many doctors provide the actual care.

And all those high-tech advances—pacemakers, MRIs, 3-D mammograms—have produced an ironically upside-down health care marketplace. It is the only industry in which technological advances have increased costs instead of lowering them.

When it comes to medical care, cutting-edge products are irresistible and are used—and priced—accordingly. I could recite from memory how the incomes of industry executives continued to skyrocket even during the recession and how much more the president of the Yale New Haven Health System made than the president of Yale University.

I even knew the outsize salary of the guy who ran the supposedly nonprofit hospital where I was struggling to fall asleep: $3.58 million.

Which brings me to the dream I had when I finally got to sleep.

As I am wheeled toward the operating room, a man in a finely tailored suit stands in front of the gurney, puts his hand up and orders the nurses to stop. It's the hospital's CEO, the $3.58 million-a-year **Steven** Corwin. He, too, had read the much publicized TIME article, only he hadn't liked it nearly as much as Jon Stewart, who had had me on his Daily Show to talk about it.

"We know who you are," the New York—Presbyterian CEO says. "And we are worried about whether this is some kind of undercover stunt. Why don't you go to another hospital?" I don't try to argue with him about gluttonous profits or salaries or the possibility that he was overusing his MRI or CT-scan equipment. Instead, I swear to him that my surgery is for real and that I would never say anything bad about his hospital.

In real life, I could have given hospital bosses like him the sweats, making them answer questions about the dysfunctional health care system they prospered from. Their salaries. The operating profits enjoyed by their nonprofit, non-tax-paying institutions. And most of all, the outrageous charges—$77 for a box of gauze pads or hundreds of dollars for a routine blood test—that could be found on something they called the chargemaster, a massive menu of list prices they used to soak patients who did not have Medicare or private insurance. How could they explain those prices, I loved to ask, let alone explain charging them only to the poor and others without insurance, who could least afford to pay?

But now, in my dream, I am the one sweating. I beg Corwin to let me into his operating room so I can get one of his chargemasters. If one of the nurses peering over me as he stopped us at the door had suggested it, I'd have bought a year's supply of those $77 gauze pads.

1. Why U.S. Health Care Is So Hard to Fix

Health Care is America's largest industry by far, employing a sixth of the country's workforce. And it is average Americans' largest single expense, whether paid out of their pockets or through taxes and insurance premiums.

So the story of how our country spent years trying to overhaul this vast portion of the economy—and still left the U.S. with a broken-down jalopy of a health care system—is an irresistible tale.

The story of how what has come to be called Obamacare happened—and what it will and will not do—is about politics and ideology. In a country that treasures the marketplace, how much do we want to tame those market forces when trying to cure the sick? And in the cradle of democracy, or swampland, known as Washington, how much taming can we do when the health care industry spends four times as much on lobbying as the No. 2 Beltway spender, the much feared military-industrial complex?

It's about the people who determine what comes out of Washington—from industry lobbyists to union activists, from Senators tweaking a few paragraphs to save billions for a home-state industry to Tea Party organizers fighting to upend the Washington status quo, from turf-obsessed procurement bureaucrats who crashed the government's most ambitious Internet project ever to the selfless high-tech whiz kids who rescued it, and from White House staffers fighting over which faction among them would shape and then implement the law while their President floated above the fray to a governor's staff in Kentucky determined to launch the signature program of a President reviled in their state.

But late in working on the book from which this article is adapted, on the night of that dream and in the scary days that followed, I learned that when it comes to health care, all that political intrigue and special-interest jockeying play out on a stage enveloped in something else: emotion, particularly fear.

Fear of illness. Or pain. Or death. And wanting to do something, anything, to avoid that for yourself or a loved one.

When thrown into the mix, fear became the element that brought a chronically dysfunctional Washington to its knees. Politicians know that they mess with people's health care at their peril.

. . . .

The staffer who was more personally responsible than anyone else for the drafting of what became Obamacare had a mother who, in the year before the staffer wrote that draft, had to take an $8.50-an-hour job as a night-shift gate agent at the Las Vegas airport. She worked every night, not because she needed the $8.50—her semiretired husband was himself a doctor—but because a pre-existing condition precluded her from buying health insurance on the individual market. That meant she needed a job, any job, with a large employer. Her daughter's draft of the new law prohibited insurers from stopping people with pre-existing conditions from buying insurance on the individual market.

And then there was Senator Edward Kennedy, for 50 years the champion of extending health care to all Americans. Beyond his brothers' tragic visits to two hospital emergency rooms, Ted Kennedy's firsthand experience with health care began with a sister's severe mental disabilities, was extended by a three-month stay in a western Massachusetts hospital following a near fatal 1964 plane crash and continued through his son's long battle with cancer.

Everyone involved in the writing of the Affordable Care Act similarly saw and understood health care as an issue that was more personal and more emotionally charged than any other. Accordingly, they struggled with one core question: How do you pay for giving millions of new customers the means to participate in a marketplace with inflated prices—customers with a damn-the-torpedoes attitude about those prices when they're looking up from the gurney? Is that possible? Must the marketplace be tamed or tossed aside? Or must costs be pushed aside, to be dealt with another day?

Even the seemingly coldest fish among politicians—the cerebral, "no drama" Barack Obama—drew on his encounters with people who desperately needed health care to frame, and ultimately fuel, his push for a plan.

"Everywhere I went on that first campaign, I heard directly from Americans about what a broken health care system meant to them—the bankruptcies, putting off care until it was too late, not being able to get coverage because of a pre-existing condition," Obama would later tell me.

Should we be embarrassed and maybe even enraged that, as my book chronicles, the only way Obama ended up being able to reform health care was by making backroom deals with the industry interests who wanted to make sure that reform didn't interfere with their profiteering?

Of course. We'll be paying the bill for that forever.

But should we blame Obama for making those deals?

I don't think so.

Obamacare gave millions of Americans access to affordable health care, or at least protection against being unable to pay for a catastrophic illness or being bankrupted by the bills. Now everyone has access to insurance and subsidies to help pay for it. That is a milestone toward erasing a national disgrace. But the new law hasn't come close to making health-insurance premiums and out-of-pocket costs low enough so that health care is truly affordable to everyone, let alone affordable to the degree that it is in every other developed nation. Worse, it did little beyond some pilot projects and new regulations to make health care affordable for the country. Instead, it provided massive government subsidies so that more people could buy health care at the same inflated prices that so threaten the U.S. Treasury and our global competitiveness.

The Obama Administration trumpeted Obamacare as a modern innovation that would force another hidebound industry to be more competitive. Expedia for health insurance was a winning political bumper sticker in an age when even Democrats were wary of being accused of anything that could be labeled as income redistribution. But the real bumper sticker might have read Money for the poor and middle class so they can get insurance to buy the same product everyone else does at the same price that makes everyone in the health care industry so rich.

*The article goes on in additional sections “2) How to Fix It: Let the Foxes Run the Henhouse” and “3) Cutting Out the Middlemen,” about doctor-CEOs and some key regulations could cut billions of dollars a year and improve patient care.*