

Terminal Consent

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Chapter 1

The crisis case was passed to Jenny Barrett before she was completely seated at her workstation. She spun in her chair and tapped the computer keyboard to awaken her dozing monitor, which soon displayed a cautionary message, “Suicide Risk–Immediate Action Required!” It was a code three case, an adolescent girl in Atlanta, Georgia, recently discharged from a five-day psychiatric hospital admission.

Jenny was 2,100 miles away, encased in a corporate glass cubicle in Woodland Hills, California. The emergency required quick action and medical expertise. Jenny, a clinical psychologist, felt fully prepared as she tapped the keys of the 15 million dollar computer system that would assist her in any intervention. The continent that separated her from the client was a minor inconvenience, for distance has little meaning in cyberspace.

The original caseworker who received the call had assessed a potentially lethal situation, despite the client’s denial of suicidal intent. The company’s diagnostic computer agreed with the data it had reviewed, and commanded, “Route to crisis team!” Unfortunately, the “team” for the day was Jenny. She had recently been appointed the new Director of Member Services for Progressive Psychiatric Management, the managed healthcare company located in a Los Angeles suburb. Her staff was busy training new employees in the art of “tele-medicine” and phone counseling. Jenny was also flanked by two interns, who watched as their mentor psychologist donned a telephone headset and logged onto the computer.

“This is Jenny Barrett, may I help you?” she asked.

“Jenny, this is Clair Lendt in Member Services. I’m speaking with April Louise Scott from Atlanta. April, are you there?”

“Yes,” replied a soft voice, with the muffled nasal sound of someone who’d just been crying.

“Jenny, April just got out of the hospital four days ago. She’s being followed by a Dr. Winslow for aftercare. She stayed home from school today and says she doesn’t think she can go on. Her boyfriend doesn’t want to see her anymore. I told her you were a specialist in these matters.”

“April,” asked Jenny, “is that what’s going on?”

“Yeah,” replied the teen, with a curious laugh. A message scrolled across the bottom of Jenny’s screen while she listened to April. It was from Clair, who was still listening, stating that there was a good

chance April had taken an overdose of medication about twenty minutes ago, though the teen had denied it. The parents were at work and the patient was alone at home. The chart showed a history of two prior suicide attempts, one nearly successful. This was far beyond Clair's level of expertise, and Jenny was the most senior clinician available.

This was a demanding case to confront at 8:30 in the morning, even for a seasoned clinician. Jenny glanced at the interns seated behind her, their lips drawn thin with tension. She knew they were thanking their lucky stars it wasn't their call. Jenny hoped to use this case to illustrate modern crisis intervention techniques.

"Thanks, Clair. Do you feel comfortable speaking with me, April?"

"Yeah, I just want to get some help. I didn't want to leave the hospital. Now everyone thinks I'm crazy. I don't want to see anyone. Can you get me back to the hospital?" Within her desperate personal hell, April had already left Clair, embracing the new voice of Jenny to wring out some hope for redemption.

Another message scrolled up on the monitor. Clair asked Jenny to note the increased slurring in April's speech, which had been initially clear and articulate.

"April, I want to help you, but you have to help me first, okay?"

"Sure," said the teen, interrupted by a gulping sound.

"Are you drinking something, April?"

Jenny heard the clunking sound of a glass bottle hitting a tabletop or the floor.

"I have to get my nerves under control. I'm shaking all the time. Dr. Winslow says I need to be back in the hospital. Please say it's okay," she pleaded, on the verge of tears, her speech eroded into a continuous slur.

"April, did you take all your pills?" asked Jenny, as her fingers flew over the keyboard. The situation was deteriorating quickly. Before the teen could answer, Jenny had pulled up April's entire medical history on screen and was paging through it. The patient had prescriptions for a tranquilizer, an antidepressant, and a sleeper. A quick check of the pharmacy records found that a mail-order firm had filled the order, which meant all the refills for all the medicines may have been mailed in one package.

Jenny had the computer calculate a lethal dosage based upon the patient's recorded weight and known drug interactions. The machine assessed that the child had enough to kill herself twice, three times if she combined the pills with alcohol. The earlier sound of the bottle falling echoed through Jenny's head. It was time to act.

"April, do you expect anyone home soon?"

"What? Home. No, I'm alone. Always alone. No one will be with me. Alex told me to go to hell. He used me," she wailed. "He fucked me, then he fucked me again." She seemed to like the sound of that and started giggling a little, then she began to sing the phrase. Maybe April was pregnant, thought Jenny. On that hunch, she checked the hospital chart for the date of April's last menstrual period, but it was only two weeks ago.

Jenny muted the microphone, then addressed the interns. "This kid's in trouble. I think she took a serious overdose. As a healthcare company, we have rights to certain information." Another window popped up on her screen, which appeared to be a grocery list.

"I checked on the shopping habits of the family through their debit and credit card transactions," Jenny continued, "which show recent purchases of hard liquor. This makes the situation critical. I'm going to call the paramedics in Atlanta and get them on the way. I'm also going to break confidentiality and see if I can find a neighbor to help her out. She could aspirate and choke to death in an instant."

"April," said Jenny as she un-muted the microphone, "I want you to stay on the phone. Can you tell me if there's a neighbor who can help you?" Jenny didn't wait for an answer, but pulled up the

patient's address and had the computer list all neighbors for ten houses in each direction. April hadn't responded to the last question, so Jenny said more loudly, "April, you must stay with me."

"I'm here," the girl replied, but not into the phone handset. "I'm here," she said again, as if taunting a playmate. Jenny believed the girl was being overwhelmed with the drugs she had taken and would soon lose consciousness. She instructed the computer to dial four of April's neighbors. Phone machines answered three times, but one was answered by an older man's voice.

"Hello," began Jenny. "Is this Mr. Dekens?"

"Yes it is. Who's this?"

"My name is Jenny Barrett. I'm a psychologist at a healthcare company in California. I need some help with an emergency next door to you. Do you know the Scotts?"

"Yes."

"I'm afraid their daughter, April, has taken an overdose of medication. I've sent for the paramedics, and we're placing calls to her parents right now. However, I'm worried that she may get really sick before they arrive. Would you feel comfortable going over there and checking on her until the paramedics arrive?"

"Sure. I know Glenn and Vicky have had a hell of a time with that girl. You say you're in California?"

"Yes, I have April on the phone, but she's fading out. I'd appreciate it if you could just help until the paramedics arrive. It should be just a matter of minutes."

"I'm on my way," Dekens assured her, then hung up.

April was no longer responding to Jenny's voice. She heard only grunts and whispered phrases, as if the teen was falling asleep. Jenny called Brimley Hospital to authorize readmission, and then made a final call to inform Dr. Winslow of the developments. A minute later Dekens and the paramedics entered April's doorway and Jenny breathed a sigh of relief. Dekens picked up the phone and spoke briefly, then handed the receiver to an EMT while Jenny instructed where to take the girl. He assured her that the girl was okay, but Jenny informed him of the quantities of medication that she could have taken and faxed the information to the emergency room. April was on her way to help.

"Good, a happy ending," Jenny thought as she turned to the gaping interns.

It was a picturesque Southern California spring day outside. Jenny and the interns sat in a cubicle, nestled deep in the hermetically sealed office building in northwest Los Angeles County. With a telephone headset clamped onto her light brown hair and a 17-inch monitor casting her face in a pale blue light, she hardly looked like a clinical psychologist. Yet she was one of the best in the company.

"I'm sorry," said Jenny in sympathy for the interns. "That was not a typical call. You'll be dealing with the usual garden-variety type of personal problems from the 2.3 million subscribers of Progressive."

"How . . . how did you learn so much about the girl? It was as if you lived next door," asked one of the interns.

"Tele-medicine. Cybercare. It's called all sorts of things. I know it looks intimidating, but it's hardly more sophisticated than using a telephone was in 1940. Here, let me take another call and show you how our usual clients access their mental healthcare."

A pleasant chirping sound emanated from the computer, which announced another call from the client telephone lines. Jenny's long fingers again moved quickly over the keyboard, obtaining client information even before she answered the phone. The caller had already passed through at least four levels of voice menus before being deposited into Jenny's lap. That usually meant the need for some real help, but it was far short of a crisis.

"Hello, thank you for calling the Warmline. My name is Jenny, may I help you?"

“I’m calling to get some help,” said a female voice. “I don’t know what to do. I think my marriage is falling apart. He just doesn’t care about me anymore,” she choked. “I can’t go through another divorce.”

Jenny smiled at the familiar words. She had worked the phones for three years and little could jolt her. This was more of what she wanted for demonstration purposes. With the confidence of a seasoned counselor Jenny said, “Hold on a minute, let me catch up. We can help you, but we have to take it slowly. All right?”

“I’m sorry, I just feel so lost and alone. If he’s left for good, I might as well be dead,” said the caller.

The call had entered through the “WarmLine” feature of Progressive Psychiatric Management, where they offered brief counseling and referrals to members of the health plan. Despite her promotion, Jenny and all senior management were assisting with the training of new staff due to a recent and sizable expansion of Progressive. The phones had been ringing incessantly since the company won the Tuckerman’s Fried Chicken national mental health contract. She was drafted as part of a stepped-up training program to bring in more help on line. The two interns in training flanked Jenny, eagerly watching her navigate through computers, callers, and telephones.

The computer was clearly Jenny’s link to all the resources she would need. Progressive prided itself on this state-of-the-art computer system, the envy of a highly competitive industry.

Jenny muted the phone to address the interns. “First, we check on who’s calling. The computer uses caller ID to log the phone call and flash the name on the screen. It then automatically looks up their health plan so we can help the client.” In a window on the monitor the computer displays a ten-digit phone number with a Colorado area code, followed by “Ramirez, Daniel B.” as the registered owner of the telephone. Using the mouse arrow, Jenny highlighted the window. A separate window on the screen listed the members of the Ramirez family as shown on their healthcare application. Esther Ramirez was the wife.

“May I have your social security number?” asked Jenny, who again muted the phone to tell the interns, “I don’t really need it, but sometimes the clients get upset if we know who they are before they tell us.”

The caller hesitantly recited her social security number, then began to weep. “I don’t know if I can go on if he’s left for good.”

At this second reference to suicide Jenny took some backup action. As with the previous call, she highlighted the address on the screen and instructed the computer to list all of Esther’s neighbors. She turned to the watching interns and said, “I don’t think this will get serious, but we’re ready if it does.” The preparation took only four seconds.

Jenny came back on line. “Esther, I think we can help you with this, but first I have to ask you some questions. OK?”

“Yes.”

“How long have you and Daniel been married?” asked Jenny.

The shock of hearing his name hit Esther like a slap. “How do you know about Daniel? I didn’t mention his name.”

Adopting her most soothing voice, Jenny said, “Esther, I didn’t mean to upset you. We list your husband on your health insurance plan and the computer brought it up when I checked on your benefits.” Jenny eyed the interns to confirm her earlier comment about surprising clients with information.

“Of course, I’m sorry. I’ve just never done this before. He’d be angry if he knew I was talking to someone about our problems, but I just can’t get through to him. Well, to answer your question, we’ve been married six years. Things started to get bad about two months ago. Now he hardly talks to me.

Doesn't even touch me."

Jenny had heard it all before, a thousand times in her career at Progressive. "Let me check on your benefits," she told Esther. Then she instructed the interns, "In the corner of the monitor you'll see her benefits listed. I just wanted to buy some time to sniff around about hubby. I'm pulling his medical records right now to see if there's a reason for him avoiding her." Jenny let the mystery hang with the eager interns while she scrolled through Daniel's records. Within thirty seconds she spotted a clue.

"See there, about three weeks ago he saw his doctor for a UTI, a urinary tract infection. Most likely he had gonorrhea and his doctor fudged the record to protect him. The marriage has probably been in trouble for some time. He likely started diddling on the side and picked up a bug. We can't tell where he got it, but it's pretty clear why he wouldn't touch his wife. Hopefully, he learned his lesson. If he keeps this up, he might bring something terrible home, like AIDS. We'll refer her to counseling because Progressive doesn't need another AIDS case, and it's not excluded on this policy."

Jenny queried the computer using Esther's zip code and came up with the names of some counselors on the Progressive PPO provider panel. She gave the names to Esther and made her promise to call, noting the contact in Esther's electronic record.

"Welcome to psychotherapy in cyberspace," she told the gaping interns. "At times I still can't believe how easy it is to get all this information. Do you two have much experience on computers?"

The two interns hesitantly nodded. "We typed our papers on a computer," offered Natalie, "and did a little research at the library, but nothing like this."

"Do we have to learn how to run all this stuff before we can work with clients?" asked Melissa.

"Fortunately, the system is designed to be fairly user friendly. Progressive will train you well before you sit in the cockpit. You'll do just fine," Jenny said in support, remembering how intimidating these machines seemed. "Besides, MOM is very helpful."

"MOM?" asked Natalie.

"The MultiAxil Outcome Management system. We just call her MOM. It's the main computer program that runs everything, and she looks after us pretty well."

Another chirp signaled a caller. Jenny decided to squeak in another call before they broke for lunch.

"Warmline, this is Dr. Barrett, may I help you?"

"I think I need some marriage counseling," said a husky voice. "My wife and I, we're fighting all the time. We can't get along, always blowing up."

"Let's see if we can help you. I need your name and social security number," Jenny asked. Before the caller could respond, MOM had provided the caller's identification and confirmed eligibility. "Yes, Mr. Schultz of Houston. You are fully registered with Progressive Psychiatric Management. Tell me, how long have you been having this problem?"

"She's always been spirited and passionate, but it has gotten out of hand lately," he explained.

"Any recent changes in your life?" Jenny asked, searching the medical record for any clues.

"Well, to be perfectly honest, about two weeks ago she found out about an affair I had some time ago. It was brief and it didn't mean anything, it just happened. Now my wife's gone ballistic. Screaming all the time, crying, shouting how she hates me. I don't know what to do."

Jenny muted the phone and turned to the interns, "That's two affairs back to back. It's gonna be a long day." Back on-line Jenny said, "Mr. Schultz, I see from your medical record that you recently received stitches in your hand at an emergency room. Is that when you told your wife, Lucille?"

"Why yes," said Mr. Schultz, somewhat startled. "She got so angry she picked up a skillet and whacked me. The edge hit me in the hand, which caused me to bleed pretty badly. I had to get 13 stitches."

“Your medical record says it was a gardening accident,” Jenny stated.

“Well she felt so terrible about it and I didn’t see the point in bringing it up to the doctor. As I said, she’s very spirited.”

Jenny was typing in case notes as Mr. Shultz spoke. Check boxes on the side of the screen listed risk behaviors: suicide, homicide, drug abuse, domestic violence, etc. When she dutifully checked off the domestic violence box, MOM instantly displayed a new screen, highlighted in red. In the center of the screen flashed a message . . .

“Warning. You have indicated that an act of domestic violence has occurred. This is a reportable event under California Penal Code 17654-V. The information is now being collected and packaged for transmission to the appropriate authorities. You must either transmit this material now by pressing the ‘REPORT’ button at the bottom of the screen or provide an explanation as to why it should not be transmitted.”

The three of them stared at the flashing screen for a second. Jenny began pressing some keys to bring up another screen, but there was no response. The system required her to report the incident before taking any other action. She could think of no reasonable rationale to provide to avoid reporting, and she certainly wasn’t going to risk her license. She moved the mouse pointer over the REPORT button key and clicked. Within three seconds MOM compiled and transmitted the report, then returned the screen to the case notes.

Jenny turned to the interns, “As you can see, MOM is very thorough in monitoring our legal reporting compliance. Child abuse, homicidal threats, domestic violence, they all get special attention.”

“Mr. Schultz,” Jenny began, “this office is located in California. As a licensed therapist I am bound by the laws of this state. The State of California requires therapists to notify the authorities of any incidents of domestic violence. You have indicated this is an unreported violent act. I’ll have to report this to the local authorities in Houston.” Jenny hated this part of her professional duties.

“But I don’t want that. I don’t want the police. We just need to get back on track. Some counseling sessions. Please don’t report it,” Mr. Schultz pleaded.

“It has already been transmitted, Mr. Schultz, but I can help you anyway. Let’s see if we can find a good counselor for you,” said Jenny.

“What do you mean it’s already transmitted? I thought this was a confidential conversation. That’s what the brochure says. How can you just run and tell the police?”

“Mr. Schultz, our talk really is confidential. But there are some limitations that were outlined in your original benefit agreement. I’ve pulled it up on my screen and I’m looking at your initials next to a list of exceptions to confidentiality. It’s on the Global Release Form you signed with your benefits package. Surely you must have read it.”

“What will happen now?” he asked in a disheartened voice.

“That depends upon the jurisdiction. Social Services or the police may want to talk with you and Lucille. They may require you to attend some domestic violence counseling.”

“I suppose you can give me a referral for that.”

“I sure can, but court-ordered therapy is not covered in your benefits package. It’s almost universally excluded as a mental health benefit,” explained Jenny.

“Wait just a minute here,” said Mr. Schultz in an incredulous voice. “I called to get marriage counseling. You find out my wife hit me and immediately tell the police. Then you tell me because she hit me, the counseling I want is not a covered benefit. It’s almost to your advantage to get my wife and me in trouble so you don’t have to pay for anything. So why have I been paying you this money in premiums?”

“I understand how confusing this is, these systems are so big. However, Progressive wants to see you get the best care possible. Let’s see what we can do. As you know, there is a reduced benefit for marital counseling. You have ten sessions with a fifty percent co-pay up to forty dollars per session. Let’s see if I can get you an appointment with our local contract therapist.”

“You mean I went through all this conversation, I have the police coming to my door and you only pay twenty bucks toward my counseling? I went with this policy because I thought it would be cheap, but now it may cost me a bundle.” He hung up abruptly.

Jenny turned to the interns, who looked a bit anguished over this example of cybercare. “Yeah, I don’t like this part either. Seems like there are more and more laws telling us how to treat clients. This new domestic violence reporting law is causing havoc on the lines. People are afraid to call. It’s a part of the job I just hate.”

“Still, it’s amazing how quickly you put everything together for the client,” said Natalie. “I worked at a Veterans Administration hospital and they were in the stone age. It would take me weeks to get the information you just punched up in a second. I had no idea.”

“That was a tough call. You don’t get many like it. Mostly it’s matching clients to counselors in their area, maybe helping them get a clearer picture of the issues. Psychiatrists run Progressive, so they stay in tune with patient care. MOM just makes it much easier.”

Chapter 2

Jenny logged off the computer as the interns babbled behind her in animated excitement at what they had just witnessed. The lesson was over for now. She smiled, listening to them rave about the power of the computer system and how easily information is obtained. Although these students come from the UCLA psychology program, Jenny knew these machines were not part of their education. The universities remain about ten years behind the times in teaching about client care technology.

The interns said goodbye and wandered off to another orientation meeting. Their presence spurred Jenny to remember her first days at Progressive, nearly four years ago. She was all of twenty-eight years old, full of idealism and grand plans. After what seemed like an eternity in school, she had finally completed the academic work for her doctorate in clinical psychology and was ready to join the ranks of the underemployed. She was ABD, all-but-dissertation.

Jenny had hoped to get a position at her last internship, a respected community mental health center in Hollywood. She could wear Levis and sweatshirts, and be freed of the tyranny of pantyhose. However, her idea of spending long hours sifting through the troubles of working-class clients was cut short when a funding grant was cut.

So she joined the throngs of recent grads looking for that first real job. Despite all of her networking through professors and referral sources, she found the Progressive job in the classified section of the Chronicle. She remembered feeling almost ashamed for talking with a “managed care company,” the sworn enemy of all things good and wholesome. At least that was the popular view among her classmates. “How little we knew,” she reflected.

By the time Jenny had secured an interview with Progressive, she was determined to pull out all the stops to get any job in the field. She vowed not to be one of those sad statistics; forty percent of her graduating class couldn’t find work in the psychology field. Jenny had two great advantages over her classmates in approaching the rapidly growing firm — she was exceedingly competent on computers, and she was, in a word, gorgeous, a label she had spent much of her life trying to minimize. She had a slender, athletic body, inquisitive hazel eyes with flecks of gold, flowing brown hair, and sinewy arms ending with almost porcelain hands that had modeled in a few commercials. “Not bad for a ranch girl from Oregon,” she often said.

Jenny hated trading on looks, but she hated unemployment even more. As her colleagues scrambled

among public agencies, the Oregon country girl zipped on her corporate persona, including her pantyhose and a laser-printed resumé.

She fit the job like a glove. Progressive took a business approach to healthcare, so Jenny's down-to-earth pragmatism was welcome. Yet it was her knowledge of information systems, learned from her brother and years of office work, that proved to be her greatest advantage. Computers were everywhere in the new healthcare world, and it had become survival of the cybernetically fit. Jenny's unique blend of savvy, techno-smarts, and humanity helped launch her career at Progressive. She completed her dissertation in February and had yet to grow comfortable with the title "doctor." Most of the people at Progressive Psychiatric Management still called her Jenny and had to think for a second who "Dr. Barrett" was.

As Jenny zoomed through promotions and responsibilities, her goals began to change, or more accurately, expand. She felt privileged to be on the cutting edge of healthcare reform. Sure, it was nice to step into the shoes of a client occasionally and help them find the escape route out of their self-imposed prison, but Jenny saw herself more as an architect of care delivery systems.

She had also learned, while on the front lines of clinical practice, that too many people were trying to scam the system, and too many well-meaning therapists were helping the bad guys. At Progressive she felt she could pursue the bigger picture, the greatest good for the greatest number. "Whew," she thought, "I do have some high falutin' goals."

MOM's gentle chirp broke Jenny's reverie, announcing another call. Her screen flashed "Mark Lipton," a name that gave her a warm smile. He was a college buddy who now worked as a reporter for the Chronicle. Mark was brilliant, creative, and at times almost radical in his thinking about the forces that shape the news, and he always had an entertaining spin on things. They had been an item a long time ago, but now maintained a good friendship.

"So, what's the Chronicle's star reporter and greatest bun warmer doing," she asked as she answered the phone.

"God, I hate it when you do that," was Mark's reply. "I just can't get used to this caller ID stuff. I can't even surprise you anymore. By the way, my manager told me the reporter phones are caller ID blocked. How did you know it was me?"

"Hey, anonymity is for wimps. Besides, you don't have MOM on your side. Our computer isn't troubled by the little deceptions of a devious reporter. We're a healthcare company. We get special privileges. So how are you doing? I read your piece on Medicare fraud. Nice job."

"Thanks, it was a great piece, from a very humble guy. It even got picked up for syndication."

"And I thought you were headed for the fashion section," teased Jenny.

"Well you may be headed for the big time yourself. What are you going to do when Great Health Benefit takes over?"

"Say what?"

"Yeah, I just heard it from the business editor. Great Health Benefit is offering to merge Progressive into its rather humongous corporate bosom."

"Larry wouldn't let that happen," said Jenny, speaking of the CEO who had nurtured the growth of the company.

"He may not have a choice," offered Mark. "If GHB wants Progressive, I gotta believe they're going to get it. You mean, there isn't any scuttlebutt around the office?"

"Not a peep. There are always rumors about some large company nosing around, but nothing's ever come of it. Are you looking to do a story, Mark?"

“Well, I wouldn’t tum down a few inside reactions. I know how much you like your job there. Why don’t you ask around and see what gives?”

“Okay, I’ll make some discreet inquiries.”

“In fact, why don’t we get together for dinner tonight?”

“Mark, I’m swamped. I can’t get anything on the story by this evening.”

“I know, I just haven’t seen that toothy smile since Christmas. You got a better alternative?” Mark at times had the finesse of a pit bull, which made him a good reporter, but impossible to live with.

“Well, a quick check of my calendar shows a slim window of opportunity tonight, that ends at 10 P.M., I might add.”

“Got it. I’ll swing by around seven. Maybe pick up some hints for next Christmas.”

“Say, doesn’t Elaina Ruiz work for Great Health?” Jenny asked.

“Elaina, your rat-runner friend from college?” using a term they applied to any research psychologist.

“Yeah, you remember her. We were buddies in college. She was a whiz on computers and statistical analysis. Really helped me out on my graduate thesis. She graduated a year ahead of me and I think took a job with Great Health Benefit doing some big claims management project. God, I haven’t talked with her since the conference last year. She’d certainly remember you. Why don’t you give her a call?”

“Will do, and thanks. See you later. I’ll bring Ouzo.”

“You’ll drink it alone.”

“Okay, Cabernet.”

“See you, Mark,” Jenny said without thinking. She was on automatic pilot as she hung up, her mind swimming with the startling news. She wasn’t ready for big changes in her life right now. “Why would Larry not tell the staff about this?” she thought, “he’s usually so open.” She logged off her computer to take a break.

Jenny put a call into her VP’s office, Laura Paine, but ended up in voice mail. She felt pretty close to Laura and could talk openly. “Laura, this is Jenny. A little bird told me someone is moving to buy Progressive. Any words that you can share?”

Jenny got up and wove her way through the cubicles, looking out the expansive window at the blooms of late spring. From her third-floor office she could clearly see the gardens and individual flowers in the landscaping around the building. She wandered down to Armand’s, the lunch bar on the first floor of the building. This was primarily a commercial area, so most of the patrons were in suits and business attire. She scanned the booths looking for a familiar face. Eventually, she spied a distinctive set of ears sticking out of a closely shaved head, the unmistakable signature of Al Friedman, senior clinical systems supervisor, a brilliant guy who gets so cosmic this planet can barely contain him. Jenny saw some space at the booth.

“Al, can I join you guys?”

“Sure, Jenny, slide on in. This is Bruce Wyle from MIS and Jackie Washington from Claims. This is Dr. Jenny from Member Services, that is, *Director* of Member Services if the company newsletter is accurate.”

“Sure is,” Jenny said with a grin, “which means I get to run the phones *and* get hollered at by VPs.”

“They still have you on the phones? Must be that Tuckerman’s Fried Chicken account, pushing everyone into overtime,” said Al.

“Why? Is TFC driving their employees crazy?” asked Bruce.

“No,” says Al, “pretty much like any other company, about three to five percent of employees. The problem’s at our end. We weren’t ready for that many new people in the system. However, Jenny, you’ll

be happy to hear we're working on another level of voice mail that may answer a lot of the client's questions. Give you some relief."

"You're gonna voice mail me out of a job someday, Al."

"That's the plan," he said with a sly grin, as he handed her a menu, "so you enjoy the good life now."

Jenny decided to bring up the Great Health Benefit rumor. "You hear anything new about companies moving in on Progressive, like a merger?"

"All the time," said Jackie. "But Larry isn't going to sell. This is his baby."

"A source, who will remain nameless, says there's talk of Great Health Benefit taking over."

"Please," said Al, "I'm eating. Don't start talking about cannibals."

"That bad, huh?"

"They're the worst. Eat their young if it was profitable. I've heard they have more member complaints than any other company in healthcare. They'll fight tooth and nail over itemized bills, even disallowing cotton balls. Still, the big employers love them because they keep health insurance costs so low. Heck, they probably haven't paid a claim in four years."

"Well, this source has heard serious talk on the street. You guys haven't heard anything?"

"You know," Jackie said, "we've had to pump up tons of claim reports, much more than the usual monthly stuff. Maybe they're looking at our numbers?"

"Please!" said Al, in mock exaggeration, while a string of beef and cheese hung from his mouth, "Stop it with the horror stories. Let's talk about something else. What are you planning for vacation, Jen?"

"Up to my parents' ranch in Oregon again. Blew out the budget on my Park City ski trip last February. Just gonna kick back on the ranch for a week. What about you?"

The group swapped vacation plans between bites of lunch. Jenny respected Al's opinion, and his gruff exterior couldn't mask the real concern he felt about the suggested merger. She felt bad for having alarmed everyone when she really didn't have much to go on. Even if it was true, they might not find out for months. She had no idea how wrong she was, or that in six weeks she would wonder if she could even survive.

Lawrence Harrington, M.D., the 59-year-old CEO of Progressive Psychiatric Management, stared out at the same spring day that Jenny had admired earlier. However, his view was more acute, more precise, desperately hungry to see the intimate details of life's seasonal renewal. "Cancer, what the hell," was his foremost thought. His wife, Carol, had received the diagnosis of pancreatic cancer two months earlier. Although her grandmother and two aunts had histories of cancer, none had been stricken at the early age of 52. He had been there when Dr. Watanabe sat them in his office and discussed the findings of Carol's work-up. Their heads were swimming with questions, doubts, and fears. The illusion of invincibility had been cracked. He wanted to protect her, fix it all, make it right. Above all he wanted to throw all the damn money he had made in this crazy decade of healthcare reform to one purpose: to save the woman he loved.

Carol had married him 31 years earlier, probably against her better judgement. Back then he was young, brash, overly confident, probably at great risk for early bankruptcy. Somehow in thirty-one years they had managed to make it work. They raised two healthy kids (well she did, mostly) who were now just finishing college. Much of their lives had been spent struggling to keep their kids in private schools

or move into better neighborhoods. Like so many couples, their intimate companionship was catch as catch can. They had vowed to take romantic vacations, but somehow the family always came along. The phenomenal success of Progressive in the last eight years had consumed all of Larry's attention. Carol took greater command of the home front and they had even less time together. They were looking to his retirement in a few years as their time together. The diagnosis shattered those plans.

The discussions with the doctor and Larry's own on-line research through MOM confirmed only two things; she would be aggressively treated with chemotherapy and surgery, and there was 50 percent chance she would be gone within five years. Life without Carol had never been an option. He realized, with some embarrassment, that he had always assumed he would go first, probably on the way to some appointment in his frenetic life. Boom. No regrets, no goodbyes, no chance for grief or anticipation. Now he had to face a frightening possibility: life without his best friend and lover, and guilt over all the postponed chances to be together.

Two months earlier Great Health Benefit made a query to Progressive about a buyout. Progressive was such a hot property they received three or four queries per quarter, which they always turned down. GHB was persistent and began positioning itself for a hostile takeover. They apparently intimidated other suitors, for all queries from other companies were suddenly withdrawn. Few companies had the muscle or stomach to tangle with GHB. Larry could probably stall for a while, maybe a couple of years. He was still the very capable head of the independent organization, and the board of directors had complete confidence in him.

Carol's diagnosis had drastically changed Larry's take on his corporate life. Staring at the flowers below his window, he realized the decision had already been made deep in his heart. He must leave and be with his wife. Although Progressive had always been like a third child to Larry, he suddenly recognized he was no longer the mainspring, merely another cog in the wheels of a well-run organization. It was time to leave and be with Carol, for all the time they had left. The offer from Great Health Benefit was substantial, and coupled with his stock options, would give him more money than he could possibly use. It would allow him to purchase the best care available for her. He could nurse her back to health, as she had done for him countless times. It was time to be done with Progressive.

Larry's intellect quickly provided the corporate rationale for his departure to satisfy the matters of his heart. He had already told the board of directors that Progressive could not continue to develop in its present, independent form. They must affiliate with a larger national insurance company if they were to survive. At this point in the evolution of healthcare reform, Progressive could either be absorbed by another company, dismantled, or allowed to slip in market share. The days of independent operations were over. He had little doubt the board would approve the merger in their vote that night.

Larry hated that GHB was the winner in the negotiations. He foresaw the complete destruction of all that Progressive stood for. Great Health Benefit would replace his medically trained staff with bean-counters and burger flippers. The trade papers were filled with so many horrific GHB stories of patient neglect, denials of care, legal threats to providers, and gross violations of confidentiality. He felt a little like he was abandoning his staff to cruel foster parents.

The executives of GHB were aware Larry was disappointed by the merger, but weren't mindful of his hatred of the behemoth company. They had even asked Larry for a recommendation for one of his staff to move into a key position in their organization. Who could he suggest that would try to bring some humanity to this predatory beast? "Marge," he said to his secretary, "make sure I speak with Jenny Barrett at the meeting today and introduce her to Carter Newton."

Jennifer Helene Barrett was one way he could fight back. He had an opportunity to place her in a critical position, one that might make a difference. Carter Newton, a VP from GHB who was active in the negotiations, was searching for a key employee to help implement their new computer system. The

person would be privy to the core workings of their decisions on patient care. If anyone would stand up for patient rights, it was Jenny. He had watched her mature in the last few years and believed she had much to contribute to the healthcare revolution. Besides, this merger short-circuited her promotion. GHB would obviously do some downsizing of the Progressive staff. Placing Jenny in the belly of the beast would at least give her a fighting chance.

As he turned in his chair Larry's hand brushed against the plastic mouse on his desk, waking up his computer screen from its slumber. Again he scanned the compiled data on Carol's cancer and her estimated chances. He had seen thousands of lives reduced to such numbers in his years of healthcare service. Somehow with Carol they looked obscene. With a click of his mouse the data evaporated. He began to draft his plans for the board of directors. If he was lucky, he could be out in two weeks.

Chapter 3

At six feet three inches, Crandall Bream stood out conspicuously among the protesters. He towered above the mostly female crowd outside an abortion clinic in Seattle. It was an unusually warm day for May, with a high temperature expected in the eighties. Handcuffs gouged his wrist, and the salty sweat added to the irritation.

Crandall had handcuffed his wrist to the wrought iron fence next to the clinic entrance. Other protesters had attached themselves to cars, parking meters, mail boxes, trees. One old man had padlocked his wrist to the clinic door knob. They meant to stop any abortions today, and were, so far, successful. No one, not even the clinic doctor, felt like running this gauntlet. Of course, this was not just an abortion clinic. It was a medical clinic, where many procedures were performed. None of the other procedures would be done today either.

The clinic administrator spent most of the morning trying to get the police to clear the streets so they could get back to work. The media seemed only mildly interested in the event. A news photographer barely stopped his car to click two or three pictures, almost a drive-by photo shoot. Two local TV stations swept their cameras over the crowd, but had to stay close to make it look like a sizeable group. Hardly forty people stood outside the clinic, despite the arrival of Mr. Bream. He felt betrayed by the local Christian leaders for not calling out the troops to make this a major media event. Nevertheless, Mr. Bream was slowly spiraling down in his notoriety and popularity.

Crandall Bream's career in spirituality began shortly after the death of his pregnant wife to a drunken truck driver. At 31 years old he had been married to Sandra for just two years. He had come and gone from the church throughout his life, taking little comfort or meaning in the rituals or traditions.

His greatest fault was an expansive ego, and he wanted a woman who could feed it well. Crandall was not particularly handsome and he hated rejection. Sandra was the first woman who seemed to love, or adore, him in a fashion consistent with his own self-image. He did truly love her in his own way, and was devastated when a slob with five prior DUI convictions slammed into her as she returned from shopping. She was four months pregnant. The autopsy report said it was a boy. Crandall hated God for six months.

A family friend met him at a social gathering around Thanksgiving and recommended he come to church on Sunday. Something in Crandall yearned for spiritual salve, and he accepted the invitation. The sermon, about abortion, stirred something deep in the man, and once again he embraced God. Crandall felt awakened by a new meaning and purpose. How could women voluntarily kill their children when

his child had been so wanted? He became active in the anti-abortion movement, rose to a position of leadership, and ultimately launched a new career.

At one point Crandall Bream produced his own syndicated cable TV show, preaching the evils of Satan, smut, and abortion two nights a week. He was welcomed as a crusader into hundreds of churches, to stir the faithful and fight the tide of “child murderers.” Crandall enjoyed the glow of fame and soon learned the price of continuing it.

He began to pull outrageous stunts to impress his following and keep himself in the spotlight. Although his antics never led to bombing or shooting people, he fiercely dogged anyone he thought was sympathetic to abortionists. His followers would stake out the homes of physicians who were suspected of performing abortions. He crusaded to have medical personnel who had assisted in an abortion be excommunicated from the church.

His most dramatic stunt, which also marked a sudden decline in his popularity, occurred when he infiltrated a major hospital while impersonating a physician. Crandall obtained and copied the medical files of about thirty women, including ten who had received abortions over a six-month period. The information was used to publicly harass the women and any of the medical personnel whose names appeared in the chart, which included doctors, nurses, and lab assistants. He called them co-conspirators. His goal was to remove the veil of secrecy surrounding abortion, but the plan backfired. The police charged him with impersonating a physician and fraudulent use of medical records. These charges were later dropped when it was determined he had only worn a white coat and a stethoscope, never once stating he was a physician. Still, even as he dodged the charges, the public grew suspicious of his motives.

At first he had seemed a man of true passion and commitment, yet his antics became increasingly hurtful and cruel. A local TV station manager got fed up with his theatrics and produced a “Hard-Copy” type exposé of Crandall Bream, focusing on the pain he had caused in his “noble quest.” The final scene in the three-part series ended with a five-year-old girl, the daughter of a nurse, standing outside a hospital shouting in terror to Crandall, “Stop hurting my mommy!” Crandall went to embrace the child, but she stepped back and the camera only caught him swinging at the girl. She screamed again, fearful of an attack.

At the end of the broadcast, the image was frozen on the screen as the sounds of the cheering crowd faded away. The close-up shot of the fearful yet determined little girl became an anti-Crandall posture. His followers turned away. The church bookings ceased. He lost his cable show when the sponsors fled. Attendance at his meetings dropped to a dozen or so devout followers. At 42 years-old he feared he was near the end of his run. It would take something big to reestablish himself. Although Crandall still believed in the “cause”, he also needed cash to continue the crusade.

Jerry Stack, Crandall’s only remaining part-time assistant, pulled up in a large blue van about a block away from the clinic. With his freckled skin, blond hair, and lithe body, Jerry moved in a graceful, almost effeminate fashion. He had been monitoring the police broadcasts to see how seriously the situation would be taken. Crandall had been arrested many times, but his popularity kept him out of jail and serious trouble. The money had also purchased high priced legal talent. Jerry was worried that those benefits were fading fast. If Crandall didn’t watch out, he could easily lose a case and end up doing some serious jail time. Jerry overheard the police coordinating a big presence at the clinic demonstration and decided Crandall was needed elsewhere.

Weaving through the crowd, Jerry slapped supporters on the back and sported a placard reading, “This war is for the children.” Crandall spotted him approaching and guessed the reason. Jerry motioned slightly with his right thumb in a subtle but distinct gesture, like hitchhiking. It was the signal to leave.

Jerry said out loud for the crowd, “Mr. Bream, you’re desperately needed in a conference with the legislative committee of the Christian Coalition. There is a new opportunity for an anti-abortion bill and they require your input.”

“Jerry, my place is here, on the front line with these good people. We’re stopping murder today.” The crowd cheered in support.

“Yes, this is truly the Lord’s work. Yet you can’t miss this opportunity to serve an even greater good. Changing the law of the land. The cause needs you now to serve in an even mightier capacity.”

Crandall turned with a look of ambivalence to the people around him.

“Crandall, go tell them the truth,” someone shouted.

“Yeah, tell the legislature of the horrors in our clinics. Get those godless fools to pass some real laws,” said another.

Crandall reluctantly withdrew a key from his pants pocket and unlocked the handcuffs from the iron fence. He kept the other end attached and dangling from his wrist as a symbol of commitment and rebellion. “I hear your pleas and I will heed the call. I will take our message to the leaders and see to it that this murder is stopped.” Crandall and Jerry walked through the crowd, now delirious with pride and hope. In a half-hour the police would arrive to begin carting off the protestors. Crandall would be safe. And he would not be meeting with any committees or legislators.

As Jerry drove them away in the van, Crandall removed the dangling handcuffs. He slumped in the passenger seat. “Thanks again.”

“No problem,” said Jerry. “You in the mood to talk? I’ve got something hot to tell you.”

“Let’s get some lunch and go to your place. I’m getting too old for the gymnastics of protest.”

They stopped at a Subway and bought some sandwiches with a coupon. Ten minutes later they were devouring them in Jerry’s kitchen.

“So what’s up?” asked Crandall.

“Well, as you know, our financial situation is grim. It’s as if someone turned off the cash-flow spigot. We’ve gotta do something. We seem to have lost the support of the churches around here. So we need another angle.”

“And that would be . . . ?”

“It’s a little complicated. But I think it will work. You remember Elliot Mears, the computer hacker who turned to God about a year ago?”

“Vaguely. Didn’t his wife decide to leave him when she was pregnant and then aborted without telling him?”

“Right. Really made him see the light. Well, I was talking with him last week at a barbeque. We had some beers, got a little loose, and he began talking about getting to all the women who have had abortions. Remember that Guttmacher Institute report that said almost half of all women in America have had at least one abortion?”

“Mother of God, do I ever.”

“So does Mears. He wants these women to be held accountable. To be confronted with their sins and pay the price.”

“What price are you talking about?”

Jerry paused for effect, “We ask them for donations to the cause!”

Crandall’s mouth dropped open in perplexity. “Am I missing something? We ask women who have had an abortion to contribute to an anti-abortion cause?”

“Yeah.”

“Well, there are two obvious problems with this approach. One, how do we find a list of women who have had abortions, and two, why would they contribute to our cause?”

“Mears says he can identify close to a million women who have had abortions, using data from healthcare and insurance computers. I’ll explain that later. But assuming for a minute he can give us a list, how many women would be willing to pay to get their name off a publicly circulated list?”

“A publicly circulated list?” Crandall’s eyes became wide with excitement. “My God, if we could break through the secrecy of abortions, it would stop the industry in its tracks. If people knew they would be exposed, they’d never go through with it.”

“It would definitely give them second thoughts,” agreed Jerry. “But we would need a dramatic revelation to the public that these murderous secrets are no longer secure. And we can get a lot of people to pay for their sins, or at least to have their sins removed from the list.”

“What’s your thinking?”

“If we can get the list, we’ll produce a mailing to these women. The letter will contain enough facts to convince them we know of their past. We’ll have to set up a few shell companies or agents to keep you clean. We can keep the donation reasonable, say thirty or forty dollars. If we even got 10 percent response rate on half a million women, we’d be in the big bucks. It would dramatically advance the cause, and put you back on the map.”

A dark expression crossed Crandall’s face. “This does sound a little like blackmail. If it were handled poorly, it could be a public relations nightmare.”

“We can make it work,” assured Jerry. “Crandall, this is a fabulous opportunity to put a dent in the devil’s work. Only the liberal press would see it as anything but justice. And they ain’t our friends. In one shot we could cut the abortion rate maybe 80 percent. No one could ever be secure in their secrecy. Even if you weren’t associated with the fund-raiser, we’d be in a great financial position to push the envelope even further. Maybe get you back on the air. If people aren’t getting abortions, they’ll need help, guidance, support. They’ll need spiritual leadership.”

“Okay, I like it. Let’s pursue this further. What’s the next step?” asked Crandall.

“We meet with Elliot Mears. He’s a major computer genius, but he can get a bit obsessive on the details. I believe he can do it. It’s an amazing plan that could be executed quickly. It may take some front money, maybe fifty to eighty thousand.”

“Those are some big numbers.”

“Yeah, but the return could easily be millions of dollars, as well as thousands of lives. At least we should meet and kick it around.”

Crandall weighed what he had heard in the last half hour. Jerry was loyal, dedicated, and much more practical than himself. He was one of the few people Crandall really trusted.

“Okay, set it up.”

The lunch group broke up and Jenny headed back to her cubicle. The vacation talk had fired her up. Only a month until she got to kick back at her parents’ ranch. It wasn’t elegant, but it was needed at this point in her life. The winter ski trip wasn’t able to salvage her one-year relationship with her former boyfriend, Todd, so they decided to end it amicably rather than risk slowly poisoning it. She half wished he would come up to the ranch just as a friend, but unlike Mark, Todd couldn’t make the conversion to platonic friend.

The interns had returned to their seats by Jenny’s desk. She’d have about an hour more with them, teaching them the ropes of modern mental healthcare. She could sense the mixture of awe and intimidation for the system. It was curious how each year her information support systems got more

sophisticated and the interns' education stayed about the same. The universities were being left behind with their outdated ways. During lunch breaks the interns would describe lectures on Freudian theory and techniques. Jenny would smile at the notion of Freud's turn-of-the-century ideas being fit into today's lightning-fast systems. "Yes, Mrs. Smith," Jenny would role play in a heavy Austrian accent, "lie back on zee couch and place zee phone by your head. I vant you to say zee first thing that comes to your mind." It used to be a funny story, but in the last couple of years it seemed to be getting scary. The students were farther and farther out of the loop.

"So, any questions about that last case," Jenny asked as she logged back onto the computer. Her only e-mail announced a management staff meeting on Friday. No word from Laura Paine on any scuttlebutt.

"I didn't realize you had to turn the guy's wife in just for hitting him with a pan," said Natalie. "When did that start?"

"A couple of years ago. They keep knocking down the walls of confidentiality. First we had to report anyone who was seriously suicidal or homicidal. Then it was any suspicion of child abuse. Now, any physical conflict between spouses, lovers, or domestic partners. It's not the greatest part of the job, but we have to do it."

"But it's as if Progressive benefits from it because they don't have to pay for treatment."

Jenny admired Natalie's bravery in stalking a tough issue. "Some companies may try to turn it to advantage, but fortunately Progressive usually doesn't. Larry Harrington, our CEO, even testified against the bill on the grounds that it would prevent people from seeking appropriate care. Say, didn't you learn about this stuff in school?"

Two blank stares was the response.

"Be sure you bring it up in class. Okay, let me give you a little orientation about counseling in the late 1990s. You may have visions of sitting in a private room with a depressed or anxious client and your job is to explore the person's history, their upbringing, the meaning of the symptoms, and finally reach an integrated understanding of who this person is. That about what you hope to do?"

Some hesitant head nodding was the more hopeful response.

"In your dreams. The pitch today is on short-term care. It used to be that therapists could see clients for decades of weekly sessions, kind of wandering down an aimless path to the soul. Unfortunately it cost a tremendous amount of money and no one was sure it really helped. Therapists felt that everyone had a right to therapy, and that anyone could benefit from it. Just about everyone had health insurance with some kind of mental health benefit. Almost like people were walking around with a golden ticket. The job of the therapist was to get the client to come into the office so he could punch the ticket to make a living."

"Everyone felt the benefit was just about infinite. Everyone except the employers, who were footing the bill. They got tired of paying for infinite therapy with no clear benefits. They finally said, 'Hey, let's ask these guys to show us what we're paying for. Let's find out what's the most cost effective therapy. Let's only pay for stuff that works.' So they began pulling back benefits, managing care, and success rates stayed about the same. So they pulled them back more, saving even more money. Still looked good on paper. So today our job is to help businesses save money while we get cheaper healthcare. It's called managed care."

Natalie and Melissa sat quietly, a little stunned. Jenny saw traces of fear around their rigid smiles. She hated stealing people's dreams.

"Look, I'm not saying you can't do the kind of counseling you want. I'm just saying the field is much more complicated now. It isn't just a private conversation between therapist and patient any longer. I wish they would clue you in at school instead of pushing horse-and- buggy ideas."

Jenny redirected their attention to the hardware on her desk. She offered a brief overview of MOM and how the system was tied into other major systems around the country. She explained how the client's record is automatically updated with every call, and how information is sorted, sifted, and transmitted to all the players. It was as if a dozen people were sitting in the counseling session, all taking notes for the bean counters who paid for treatment.

"The other major advantage of this system is what it does for the therapist," Jenny added. "We have instant access to most of the client's health claims history. We can compare their concerns with thousands of others and recommend the right treatment. As of six months ago the system will even check on treatment for us, alerting us when something isn't right. If we find a bad provider, we can alert the licensing boards immediately. It makes the mental health field much safer."

"But it does seem a bit impersonal," noted Natalie. "You hardly get to know the person over the telephone."

"I admit it's different," said Jenny, "but sometimes that's an advantage. Look how many people bare their souls on radio shrink shows. Heck, the Psychic Network makes ten million dollars a month. We're much more personal than that."

Jenny had logged on, ready to accept calls. MOM was soon chirping for attention.

"Follow along on this case and you'll see how personal it can get." Then she announced, "Warmline, this is Dr. Barrett, may I help you?"

"I'm not sure I should be calling," said a weak voice. "I don't want to get anyone in trouble."

"We're here to help you. You won't get anyone in trouble," assured Jenny. "Who am I speaking with?"

"Michelle, just Michelle. I called a while back to get some help. I know the doctor is trying to help, but I don't seem to be getting any better."

MOM had drawn a blank from the caller ID since the call came from the business phone for a large employer. "Are you calling from work?" asked Jenny.

"Yes, I'm on break at my desk," was the reply.

Up popped the employer's telephone extension directory and the current active extension number. Number 1244 belonged to Michelle Daniels, a 23-year-old clerical worker, referred five weeks ago for anxiety symptoms to a counselor, Dr. Marsha Wassermann. Jenny noted Michelle originally spoke on the EAP Warmline with Diane, who was off today. "What seems to be the problem?"

"Well, I'm just feeling worse and worse. I'm not sure what to believe anymore. I can't believe the things I'm being told," she blurted as tears started to flow. "Things are all messed up," she cried.

"Michelle, I'm with you and we can make this better," said Jenny, somewhat perplexed at the reaction. Diane's intake notes seemed straightforward. A 23-year-old college junior from Ohio, visits Universal Studios on summer internship. Decided she wants to stay and play for a while, postponed senior year and graduation. The father lowers the boom, says to do it next year after graduation and threatens to cut off her funding. Michelle was torn between independence, fun, and responsibility. The conflict produces anxiety attacks, she starts to miss work. Fearful of losing her job, she gets more anxious, has more attacks. The recommended treatment: outpatient sessions twice a week, medication evaluation, progressive relaxation and desensitization to manage anxiety. Resolve issues with the father, help her make a decision. They handled thirty runaway-to-the-theme-park-job stories every summer, which usually resolve in four weeks. "Is Dr. Wassermann helping?"

"That's just it, I don't know. She says I've been hurt very deeply. She says I could've been sexually abused by my father, and this is why I can't face him."

"Michelle, I realize these are scary things, but I want to be sure where they are coming from," said

Jenny. On her screen popped up the recent statistics on Dr. Wassermann's client outcomes. There was also a screen that provided questions about treatment protocols. She read from the list. "Did you tell Dr. Wassermann you thought you were abused?"

"No," protested Michele, "I never imagined anything like that. My father has always been stern with me, but he's very fair. I know he wants me to do well. He just doesn't know how tired I am of studying."

"So where did the suggestions of sexual abuse come from?" asked Jenny.

"From Dr. Wassermann. She says that would be the easiest explanation as to why I'm having such a strong reaction to my father's demands to return to school. She says such power over a child is not usual and may suggest some other influence. Like I'm afraid of being abused again."

"Do you remember being abused as a child? Did your father hurt you? Did he touch you in ways that were uncomfortable?" asked Jenny.

"No. I mean, I don't know. I don't remember anything like that, but Dr. Wassermann keeps asking. We spend our time going over my childhood, looking for bad feelings or memories. I feel so bad after the sessions, I usually miss another day of work. I've never been in therapy before. I don't know what to do. She's the doctor. Isn't she trained to know these things?"

"She is certainly trained to help," acknowledged Jenny. "Did she teach you any relaxation techniques or thinking styles to help reduce your anxiety?"

"We talked about it briefly in the first session, but after that we just talked about my childhood," said Michelle with a little more composure.

"Did she refer you for a medication consult? Or talk about whether you wanted to go back to college or stay at Universal?"

"No, not really."

Jenny was annoyed by this. She felt the therapist had betrayed the client and the company. Over the last five weeks Dr. Wassermann had used about \$1,800 of the client's \$3,000 benefit chasing something that didn't appear to be there. She had not provided the client with common procedures that reduce anxiety in 90 percent of cases. There had been no medication evaluation. Dr. Wassermann had severely violated the treatment agreement she had made with Diane. What to do?

Jenny had MOM search the professional literature again with Michelle's symptom profile to validate the original treatment plan. She also had MOM find a procedure to reframe the treatment goals. "Just a minute, Michelle, I'm checking your benefits," she offered. The screen soon displayed the protocol notes.

Using her most soothing voice, Jenny said, "Sometimes therapists try to help clients by following a particular therapeutic path. They hope it leads to a solution to the problem. Sometimes it doesn't and you have to find a different path. Michelle, I'm going to go ahead and refer you to a psychiatrist, Dr. Jefferson, as we had originally agreed. I also want to speak with Dr. Wassermann before your next appointment, so I'll have to cancel the remaining authorized sessions until I speak with you again. Do you understand?"

"You mean I shouldn't go to Dr. Wassermann anymore, but you want me to see Dr. Jefferson?"

"Yes."

"I hope I didn't get her in trouble. She seemed nice," said Michelle, almost wanting to take it all back.

"We're with you Michelle. I'm sure we can get you back in control real soon, and this will be behind you. OK?"

"Thanks, I feel a little better. It's been so confusing. I'll wait for your call."

MOM flagged Jenny that a treatment extension request had been received yesterday on Michelle's

case, from Dr. Wassermann. Although utilization review personnel hadn't reviewed it yet, Jenny called it up. After a brief scan Jenny's blood began to boil. Dr. Wassermann reported using relaxation techniques throughout the five sessions with no progress. She reported the patient refused a medication referral. Jenny believed Michelle's story, which meant Dr. Wassermann appeared to be lying in the clinical record. This was a serious violation of basic practice standards.

Jenny displayed the details of the other clients Dr. Wassermann had treated for Progressive. The global outcome stats looked suspicious; all eleven cases required over thirty-six sessions, three times the average for the company. She cross checked the cases by diagnosis, looking at the original diagnosis assigned by the EAP and the final diagnosis given by Dr. Wassermann. A pattern quickly emerged; no matter what the initial symptoms, Dr. Wassermann diagnosed 90 percent of her clients with post-traumatic stress disorder and childhood sexual abuse. These stats were way out of line with all other therapists on the network. A chill shot through her.

Jenny decided to investigate outside Progressive. Logging onto the central insurance outcomes database at the Health Information Databank, a massive collection of medical/psychiatric claims provided by most insurers in the US, a more advanced version of the Medical Information Bureau. Jenny told MOM to do the same comparison study on every claim filed under Dr. Wassermann's tax identification number. Within a few minutes Jenny had hundreds of client names scrolling across her screen, each carrying the final diagnosis PTSD. She captured the data, linked it to Dr. Wassermann's file, and prepared to act.

Jenny called Dr. Wassermann, but got only a voice mail system. She left a message about the termination of further sessions with Michelle. The interns watched intently as Jenny auto-filled the complaint forms to be transmitted to the licensing boards, malpractice carriers, and related agencies. She hesitated in pressing the "send key," reflecting that her anger may be running ahead of her professionalism. Although the company would be immune from any legal action regarding the reporting of Dr. Wassermann, a ripple of doubt about taking immediate action coursed through her.

She turned to the interns. "At this point I've assembled most of what we need to investigate Dr. Wassermann," Jenny instructed. "But we like to give the provider every chance to explain their actions, so I'm going to send it to the director of provider relations for review."

Jenny placed an e-mail message for a consult on the case. The case would get an administrative and legal review before Jenny was advised on how to proceed. "I wonder if the pressures and isolation of private practice make people take such liberties," Jenny reflected out loud for the interns. She felt snug in her glass corporate tower.

The interns left for the day and Jenny began to close up shop. She had received an e-mail memo from Laura. It only said, "Rumors are flying as usual. May be a big announcement at Friday manager's meeting. See you there Ms. Director :-)", signing off with punctuation representing a sideways smiley face.

"Goodnight MOM" was Jenny's quitting time log off. She was leaving at 4:10 P.M., but she'd been there since 6:00 A.M. Her company was pretty good at flex time. She liked the company just the way it was and hoped any mergers wouldn't change things too drastically. Unfortunately healthcare had become one of the most unstable enterprises in America. Managed care companies started, merged, and failed with frightening regularity. It would be folly to think Progressive wouldn't succumb to some giant corporation soon.

Chapter 4

Mark Lipton spent the afternoon collecting interviews for a news piece on shady abortion clinics. A recent state study had found that roughly 20 percent of abortions were performed on women who weren't pregnant. Mostly poor women and frightened teens. The clinics or agencies would use questionable labs that always reported a positive pregnancy test. Mark even got a sympathetic physician to submit five samples of male urine to the labs, all of which came back positive. (He had mischievously left a message for his parents that he was about to make them grandparents.) The scam involved the simple financial reality of healthcare funding; no abortion, no money. Mark had been reporting the excesses of healthcare for two years, trying to make a name for himself in what he saw as the decade of healthcare reform.

Around 4:00 P.M. he tracked down the number for the Great Health Benefit claims division and called to see if Elaina was still working there. He remembered her clearly even though they were never close friends. She had hung out with Jenny's academic buddies and he had talked with Elaina maybe twenty times. She was attractive, extremely bright in the sciences, but very subdued and reserved, almost shy. He could imagine her doing well in a corporate environment talking *about* clients rather than *to* them.

"You have reached the claims division of Great Health Benefit. You may make a choice from the following menu . . ." stated the computer voice.

Mark instinctively pressed the "O" in the hopes of raising a human immediately, and soon the distinctive, non-perfect voice of a real female said, "Claims, how may I help you?" The voice was sunny, yet professional.

"I'd like to speak with Elaina Ruiz."

The human voice faltered, almost choked. There was too long a hesitation. "I'm sorry sir, Ms. Ruiz is no longer with the company." Clouds had suddenly blocked the sun in this voice. "Do you have a claim number so I can route you to the appropriate representative?"

"This is a personal call, from a colleague," he added quickly. "She volunteered to be on a professional committee. Do you know how I could get in touch with her?"

Again, a lengthy pause. Then the voice, now devoid of any sun, said, "Just a moment, I'll see if someone can help you." Mark began to feel alarmed.

"This is Peggy Koss, may I help you?" said a new, more sterile voice.

Mark repeated his request.

"I'm sorry, Ms. Ruiz left the company about three months ago. Of course, for security reasons I'm not at liberty to disclose any information."

"Could you get a message to her, my name and number?"

"I'm sorry, we have no current location on Ms. Ruiz."

"Maybe human resources has a forwarding address," Mark suggested.

"They would not be able to help you either, I'm afraid. Is there anything else I can help you with?"

"No, you've helped enough," he said with sarcasm.

Mark had no idea where Elaina lived, and the name Ruiz was common in Southern California. It was not quite 5:00 P.M. so he decided to try the school of psychology at UCLA.

"Psychology," Mark heard the receptionist announce in a distinctive New York voice. Grace, the sixty-ish "earth mother" to all psychology students, had answered the phones for untold decades. She had coddled hundreds of eager minds through the hallowed halls of academia.

"Hello, I'm trying to get in touch with Elaina Ruiz, a former student. Can you help me get a message to her?"

For the second time that day a receptionist choked on the name.

"I'm sorry, who is this?"

"I'm Mark Lipton, a reporter for the Chronicle, but this is more of a personal inquiry. Her friend Jenny Barrett and I are trying to get in touch with her."

The mention of Jenny's name broke the ice. "I'm sorry Mr. Lipton. I think I remember you. I'm afraid I have terrible news. Elaina died three months ago."

"Jesus," Mark gasped. "How did it happen?"

"I wish I could tell you, but I have little information. We just learned of it last month. I know that she fell ill, was briefly hospitalized, and died unexpectedly. We hope to have a notation in the next alumni newsletter, but we can't get much detail from the family."

"Is the family in Southern California?"

"Yes, in Riverside. I'd have to ask permission to give out the number, but I'm sure you can find it."

"I'm very sorry, and I know Jenny will be devastated. Did anyone from school attend the funeral?"

"I don't think so. We found out so late. Dean Raulson sent a letter from the school."

"Thanks for telling me straight up. If I find out anything from the family, I'll let you know. Say, I just thought, since Ruiz is a pretty common name in Riverside. Is there anything you can tell me to narrow the search?"

"I suppose it will be okay. Look, I'll give you the number if you promise to let me know what happened."

"Sure Grace, I appreciate it."

As Jenny traversed the parking lot, she noticed the sky glowed with an eerie amber cast from a thick haze that hung over the valley. The cars around her were dusted with a light gray powder floating down from the sky, swirling across hoods and windshields. Another of LA's incessant brush fires had pumped soot and ash into the evening air, obscuring the sun while giving the world an unearthly glow. It was easy to imagine one had fallen into a science fiction movie, and the aliens were about to invade.

Jenny lived in the foothills and had been through two threatening fires in the last three years. She recalled how unnerving it was to sit on a roadside overlook and watch a turbulent fire march across a field toward your neighborhood, jumping from bush to bush like a swarm of combusting rabbits. Her townhouse was street side, facing a ravine across the road. Last year the fire had advanced to within a quarter mile of the road before the Santa Ana winds had finally diminished, giving the fire department a chance to knock the blaze down.

Jenny quickened her pace to her car, jumped into the driver's seat, and flipped the radio on to hear where the demon god of fire was striking today. She was relieved to hear it was ten miles west of her, stuck in a lightly developed canyon. "Looks like the ranchers win the fire lottery this week," she thought. Back home, in rural Oregon, brush fires had a different meaning. Everyone would pull together, coming from fifty miles away to man the fire line. In LA, you probably could not get through the camera crews to help out.

Jenny eased her gold Toyota Camry out of the parking lot and headed for the foothills of the Santa Monica Mountains. She had been raised on a ranch outside Grants Pass, Oregon, a heritage she desperately held onto in the urban insanity of LA. Her townhouse was surrounded by mountains, trees, birds, and the occasional coyote. For her it was a wonderful compromise: city by day, nature by night.

Her Toyota lurched into a supermarket parking lot, squeezing into a slot crowded by a garish steel and lacquer sculpture in the form of a Ford Bronco on stilts. The recreation vehicle towered above her, giving off a rubbery stench from its pristine, never-seen-mud tires. Jenny hated the pretentious owner, sight unseen. In the store she sped through the aisles to pick up some simple fixings for dinner and some cereal and low-fat Haagen Dazs, an oxymoron if ever she had heard one.

She was quickly scanned through the checkout and zipped her debit card through the reader, a wordless transaction save for the simulated electronic computer voice quoting item prices, final total, and the eerie "Have a nice day."

The checker smiled at Jenny, who must have looked like she needed a little human contact, so the friendly cashier said with a vacuous smile, "Do have a nice day."

Jenny reconsidered her position. "I guess it must be pretty easy to program the inner workings of a teenager into a microchip," she cynically reflected. She sailed into the parking lot and walked to her car. As she squeezed between the vehicles a booming voice suddenly thundered, "Get away from the car. You are too close to this vehicle. Please step away."

Jenny turned to see who was yelling, only to discover it was the voice alarm of the Bronco. The car was shouting at her, telling her to go away. "Now they're putting bullies on microchips," she lamented. She dealt with machines all day long and was in no mood to be harassed by some moronic car alarm. People walking by were eyeing her suspiciously, although a few offered looks of sympathetic frustration. The owner did not emerge and the damn car kept yelling whenever Jenny tried to open her door. She was soon overwhelmed with contempt for the owner.

A smile spread across her face at the absurdity of the situation. She searched her thoughts for a way to prevail over this electronic bully. Then she saw them, scurrying around the shopping carts. Pigeons. The ultimate urban weapon. She sat the grocery bag on her car seat and rummaged for a second,

withdrawing a jumbo box of Cheerios. She popped it open, scooped out a handful of the nutritious little “O”s, and threw them on the ground in front of her car.

The pigeons were exquisitely adapted to life in a parking lot, and thirty of them swooped to devour the cereal. The next handful landed on the Bronco’s hood, followed by handfuls to the roof. The pigeon network was well-tuned, for soon over a hundred birds were flocking to the truck, eating and excreting in synchronous orbit. It was a guano festival. Jenny started her car and slipped away while the Bronco engaged in futile argument with the birds, “Please move away from the vehicle.”

With the oaty smell of victory wafting through her car, she drove the seven miles up the canyon to her home. She couldn’t wait to see Mark. He was fun and challenging and a great friend, as any thirty-year-old adolescent would be. It had taken them a year to get past the dating thing, but now the affection was largely platonic. He was still interested in getting sexual, and a couple of times in the last year she let it happen. But he was always respectful when she wasn’t interested and would still give her a good hug.

The car bounced into the townhouse complex driveway and Jenny parked. She walked past the deserted pool and up the path to her two story townhouse. She had about an hour before Mark arrived. She checked phone messages on her computer, which served as her voice mail, fax machine, and remote Progressive system. She noticed she had left the voice recognition program on, so, from across the room, she shouted, “Daisy, play messages.” Her computer had been named for the song sung by HAL, the maniacal computer from the classic sci-fi film 2001, after he got his lobotomy.

Daisy’s screen switched to the message log, which displayed the callers by name and phone number from caller ID. Although her friends were always impressed with Jenny’s verbal command over her computer, it was actually a simple technology available on most modern personal computers. She simply “trained” the machine to recognize a few words and phrases, and paired the phrases with an appropriate function. “Note” meant record from the microphone. “Call” meant launch auto dialer. Heck, it was no more complicated than training rats to push buttons for food.

The machine was an IBM Aptiva Pentium II running at 366 megahertz. Progressive had cut a great deal for interested employees. What Jenny liked most was the efficient arrangement of the hardware. On her desk was the monitor, keyboard, mouse, and a slim console that held a disk drive and CD-ROM. The rest of the machine, including the bulky box of computer guts, was tucked away in a fireproof file drawer in her desk, completely out of sight. This offered great security, for a burglar would probably just steal the monitor and disk console, leaving the important stuff behind.

As impressive as her system was, Jenny wanted it to be more human. She was hoping to get a fully interactive voice recognition program for the system, so she could speak more naturally, rather than in short, discrete words. Daisy could record continuous speech, like a voice message, but could “understand” only about forty commands. With a more sophisticated program Jenny could even play chess with Daisy while she cleaned and vacuumed on the weekend. Unfortunately, her budget couldn’t manage such an upgrade right now.

As she changed into sweats, Jenny heard her mother’s voice message and the excitement over Jenny’s plans to vacation back home in Oregon next month. In the background she could hear her father threatening to “work the smog out of her lungs.” They were trying to get her younger brother, David, up there too.

Everything she knew about technology she owed to her brother and his Radio Shack obsession as a child. He built everything from telegraphs to metal detectors to computers, and Jenny always helped, learning about circuit boards more from osmosis than interest. It was in software that Jenny excelled, the programmed interface between machine and human. Her logical mind and intuitive insight gave her

a natural talent for navigating through computer programs. She thought of computers as very bright but emotionally detached children. Her job was to put the humanity in them. It had paid off handsomely in her career.

“Daisy,” said Jenny, to get the computer’s attention, “Take note. Remember to e-mail David about vacation. End note.” Daisy dutifully stored the dictation as a memo.

Ezra Whitney was a frail figure skirting along the streets near Ohio State University. White hair, thin frame, his 72-year-old body moved painfully with a hesitant gait. A heavily creased face framed his sharp blue eyes that revealed a much stronger will than body. A quick intelligence glowed as he visually devoured the environment. He was in a cheesy area for a noble purpose. He needed to buy drugs.

The area was composed of academic festivity mixed with the poor and the homeless. It was probably the safest sleazy part of town in Columbus. Ezra went into a used-book store to complete the transaction. Although surrounded by millions of words on the racks and walls of this secondhand establishment, no words would be uttered by Ezra or his “supplier.” He wove his way to the back wall, out of view of the front counter, which was manned only by a spaced-out college freshman with his nose in a dog-eared book. Ezra came upon another student, well-dressed and groomed, conservative, looking like a business major. The young man smiled in silent greeting, for he liked the old man and felt sincere sorrow for Ezra’s situation.

Ezra was buying morphine for Nora, his wife of forty-six years. She had been battling cancer for more than three years. The cancer had started in her breast, but had been missed on two examinations at her HMO. By the time it was discovered it had spread to her neck and pancreas. The doctors suspected it had invaded her brain, though Ezra had only observed her to be a bit less confident in her activities. Nora was still clear and lucid in conversation.

Her pain was overwhelming. Nora had never been one to complain. At times in their life together, Ezra had seen her endure monumental pain with hardly a whimper, yet the tenacious spread of cancer seemed to attack every sensitive spot in her body. There was no hope of surgery or treatment. The doctors had agreed that the only meaningful strategy would be to make her comfortable until the end. That mostly meant pain management through powerful drugs like morphine and Demerol.

When Nora had adequate medication, she was fairly happy and active. It has long been known that most legitimate pain patients rarely become addicted to opiates. Nora tolerated the medication very well. Unfortunately, her health insurance company had taken an overcautious stand. Although Nora’s level of pain had increased, her medication dosage did not. In fact it had been reduced because of the company’s concern for her “addiction potential.”

Ezra had vehemently complained to the company that his wife probably had less than five months to live. What was the point of their addiction concern when this 70-year-old woman had to endure an excruciating death? Still, they wouldn’t budge. Ezra couldn’t help thinking it was simply a money thing. They had signed over their Medicare cards to Great Health Benefit with the promise of comprehensive benefits. Now his wife was in severe discomfort and the company refused to approve increased medication dosages to deal with her pain-wracked body.

What Ezra didn’t know was that MOM was driving Nora’s treatment. Although he spoke with case managers and physicians, all data were fed to Woodland Hills, California. MOM searched through the details of Nora’s medical history, compared treatment outcomes of similar populations, and calculated the acceptable care to provide for her.

Also unknown to Ezra, and the rest of the world, were all the elements of the treatment formula that MOM used. The computer worked in the best interest of its creator. It took a digital approach to all

things medical. Money was always more easily calculated than such intangibles as quality of life or human dignity. Elderly sick patients consumed a tremendous percentage of healthcare monies. Yet MOM knew, from thousands of case examples, that pain saps the will to live. Statistically, each milligram reduction in pain medicine increased the death rate for elderly patients by five percent. In large populations, such manipulation of patient comfort had even lead to larger stock dividends.

Ezra tried to switch to another health plan, but they had signed a contract pledge for three years and it was illegal for any other company to provide care without GHB consent. HMOs can only make a profit if members stayed in for a few years. He would have to petition the US government to change plans, a process that took time and money. His many calls to Great Health Benefit had produced some sympathetic words, but no authorizations for treatment, and no legitimate places to turn. MOM's electronic grip reached instantly across the country.

His disappointment turned from dismay to anger. Ezra vowed his wife wouldn't suffer any longer. No more muffled cries in the night. He set about finding a source of medication on the street. Hanging around Ohio State University, he looked for signs of drug transactions. According to newspaper reports, drugs flowed around the campus as freely as beer, yet in a week he had not seen anything that looked like a drug deal. He didn't want to risk visiting a rougher part of town, but he felt increasing pressure to help his wife manage the tremendous pain. Finally, he spied what looked like a drug deal outside a sub shop. He saw money go one way and some small packets go the other. With the deal completed the two walked off.

The "seller" looked like a normal student. Ezra followed him for fifteen minutes, trying to think of something appropriate to say without causing alarm. "Hi, I'm an old fart looking to buy some serious drugs. Oh, they're not for me, they're for, ah . . . a friend." Ezra's anxiety shot up immediately as the young man seemed to sense he was being followed. He turned to eye Ezra with suspicion, then he zigged and zagged across the street a couple times to test him. Ezra followed in clumsy pursuit. The kid did not seem alarmed. More like curious. By the time Ezra reached the corner, the young man had disappeared down a side street. Ezra's heart sank as he looked up and down the bustling avenue. Tears welled in his eyes as he realized his failure. He turned toward a building to hide his eyes from passers-by, not wanting any attention.

Suddenly he felt an arm on his shoulder. A hot breathy voice whispered, "What's the deal, old man. Did you want something?"

Ezra turned to see the young man clutching his shoulder. The fright in Ezra's eyes put the young man at more ease.

"Can I help you with something?" he asked.

"I don't know. I mean maybe. I've never done this before," stammered Ezra.

"Never bought a lottery ticket," said the young man, offering a knowing smile and a raised eyebrow as a hint on how to pursue the conversation.

"Why, yes. I'm looking for some lottery tickets," said Ezra, trying to mimic the young man's smile to show he understood.

"Good, why don't we head over to the Brawny Bistro and talk."

Ezra let himself be lead gently along the street. They soon entered through the oak door of a German beer garden-themed restaurant. It was noisy and crowded inside. They settled at the far end of the bar and ordered beers.

"My name's Ezra," he said, realizing his first mistake in giving out his real first name.

"Call me Bob," said the young man. He stood about 5'11", blond with light skin, with a muscular

frame, confident stride, and a very engaging smile. He hardly seemed like a drug pusher.

“So tell me what you want,” said Bob as their beers arrived.

“I’ve never done this before.”

“I can tell,” said Bob, almost sympathetically.

“I need some help getting something to help a friend.”

“A sick friend?” asked Bob.

“Yes, my wife.”

“Cancer?”

“Why, yes. Very painful. She’s a sweet woman who has always done the best for people. She shouldn’t have to suffer this way.”

“Medicare cut you off?”

Ezra was surprised at the blunt question. “Not exactly. We signed up with an HMO. They won’t give her any more medication. Also, we can’t go anywhere else for treatment right now. We have a binding contract with them. I want her to be comfortable.”

“Hey, you’re not the first. I have about nine other clients like you right now. Mostly cancer. It’s a real shame.”

“You have others like me?”

“Sure. This managed care thing is steering a lot of people my way. And, to tell you the truth, I’d much rather deal with trustworthy folk like yourself. You’d never try to rip me off. You’ve always got the money. And, hey, I like helping people out.”

Ezra couldn’t judge the sincerity of the drug dealer, but he felt encouraged by the discussion.

“So, do you want heroin?”

“God no,” blurted Ezra, shocked at the suggestion. “This is not an addict. It’s my wife.”

“Hey, old man, don’t get too excited. It’s just that heroin is what most of the others use.”

“For cancer?”

“Sure, it’s the best. They use it in England all the time. It’s legal there. Much more concentrated and effective than morphine. Fewer side effects. Actually cheaper.”

“I couldn’t do that. The word makes me sick. I’d like some morphine. In bottles. From a pharmacy. I’ll pay well.”

“Street price is about four times pharmacy price. Got to make a living.”

Ezra expected as much. He was so excited that this conversation was happening that he jumped at the figure. “Yes, that would be fine.”

Bob looked around. “Okay. Here’s the deal. I run a clean business. You will have to trust me, but I realize I have to earn your trust. Then maybe you’ll send some of your friends to me. If all goes well, we’ll start doing bigger deals. Okay?”

Ezra flushed with excitement. “Yes,” he said as he put out his hand to shake on the deal. Bob was taken aback for a second, then pumped the old man’s hand like it was a car jack.

Bob initially moved the drop site around until he was pretty sure Ezra was legit. After a month they settled on the old bookstore because it was easy to set up and he could be in the store without touching the stuff when Ezra picked it up. Ezra would in turn meet Bob on the street and purchase some “tickets” from him.

Ezra didn’t tell Nora where the medicine came from. He thanked God that this person had been delivered to him, then felt a wave of guilt for participating in this underground business. When he got to heaven, would God understand his motivations? It didn’t matter. It was the only way he could live

with himself. He had spent a lifetime protecting this woman as best he could. He wasn't going to stop now.

Ezra reached up to the book shelf and removed the book with the red sticker that Bob had placed there earlier. On the shelf he found the little morphine bottles. He placed them in his pocket, returned the book to the shelf, and wandered out of the store. The evening looked warm and inviting. He was glad Nora would be able to enjoy it with him.

Ezra sauntered up to the porch of his clapboard house, which sported a vinyl cushioned swing lounger, rusted but still serviceable. He and Nora had sat there countless times watching the world evolve. She rarely made it outside these days.

He entered the living room and caught a glimpse of Nora resting on the sofa with the TV ranting about a contestant winning holiday prizes. Even in sleep she squinted with pain, the lines around her eyes screwed up to restrain the agony. He was now getting over half the morphine she needed from Bob, yet he didn't let her know. She would never let him spend the money on high-cost pain killers. She was just that way. He was concerned about the bite the morphine was taking from their fixed income, but he would have to scrimp elsewhere. His wife would not suffer.

The old man opened the medicine cabinet and withdrew a syringe. The protective seal from the morphine bottle was quickly stripped away and he filled the syringe with liquid peace. Nora had not injected herself in the last eighteen months due to a slight palsy, so the task fell to her husband. He emerged from the bathroom, entered the living room and sat beside her. She barely stirred. He had looked at this now fleshy face for over fifty years, and she looked no different to him now than when he first laid eyes on her. He gently began stroking her forehead and she awoke, smiling up at his grizzly face.

"I got your medicine, love," he said. "Let me see that shapely hip."

Nora laughed at his sexual innuendo and rolled over on her stomach. Ezra efficiently injected the medicine into her hip and gently massaged the area to lessen the sting. Ezra still felt an excitement to touching his beloved, although much of their contact had become treatment focused. When the fires of the cancer were quiet, they still found time to snuggle. He then walked into the kitchen and dropped the syringe into a beaker of alcohol to use again. Maybe tonight he could get her to sit with him on the porch.

Chapter 5

Mark arrived a bit after 7 P.M. Jenny greeted him with warm hugs, but Mark seemed unusually subdued.

“God it’s been too long since I’ve been to ‘casa Jenny.’ You look great,” he said, handing her a wrapped bottle of red wine.

“Thanks, good to see you too. Come into the kitchen, I’m making stir-fry.”

As Jenny sliced chicken and vegetables, Mark opened the wine. They talked about mutual friends and caught up on news of each other’s lives.

“I got some bad news today,” he finally told her. “I called Great Health to follow up on Elaina. They gave me the runaround and I finally had to call the school. Jenny, Elaina died about three months ago.”

“Oh my God.” Jenny was stunned. “How? What happened?”

“Don’t know. I spoke with Grace in the psych department. She didn’t have much information. There was a brief hospitalization, don’t know why. Elaina died in the hospital. Couldn’t get any more. Her parents live in Riverside. Did you know them?”

“I met them once, but they wouldn’t think to call me, though Elaina and I were buddies for a while in school. I don’t know what to do. She was so nice. I spoke with her about nine months ago. She was excited about some new project at Great Health Benefit. Sounded like it was pretty hi-tech. It’s unbelievable that she’s gone.”

Mark draped his arm around Jenny’s shoulders and held her close. “Why don’t you give her parents a call tomorrow? Find out what happened.”

“Yeah, I think I need to do that.” She flipped open her address book and turned to Elaina’s listing. It was odd how the name still looked alive, sitting there with other friends and acquaintances whom she could still call. It would be a while before she could drop Elaina’s name. Two numbers were listed: home and work.

“I don’t have her parents’ number.”

“I do. Grace gave it to me. On second thought, maybe I should call them. They might be embarrassed that you weren’t invited to the funeral. May be easier if they speak with me.”

“I hadn’t thought of that. Sure, but let them know I want to speak with them.”

The evening became one of mourning and remembrance. They sat on the couch after dinner,

touching and consoling each other, even laughing briefly.

“I remember I was in the computer lab when Brian Ellis came in to print the final version of his dissertation. It was on the psychological problems of geriatric incontinence. Elaina was in the lab and jumped on another computer. She somehow intercepted the file on the network heading for the printer. She told the computer to replace the word ‘incontinence’ with the word ‘intercourse’ through the entire document. Fortunately she told the computer to print the correct version as well. We watched Brian walk out of the lab clutching his masterpiece. About five minutes later he came running back, white as a ghost, thinking his entire dissertation had been turned into porno. I’m going to miss her.”

Jenny was glad Mark was there. His arm wrapped around her provided a sense of protection that she needed right now. Her hand stroked the soft hairs of his forearm, feeling the taut musculature under his skin. It felt good to touch, and be touched. Mark began gently rubbing the back of her neck while he rambled on about some people at work. Elaina’s death had instilled a pressing sense of mortality in both of them. Where was each of them headed? Were they realizing their dreams? If they died today would there have been too many regrets, postponements, delays of their life goals?

Mark’s other hand began moving in sympathy over her stomach. It soon began brushing the bottom of her breasts as he shifted his lips to her neck. Warmth spread over her as the question of intimacy arose. She moved to meet his lips as his hand crested her breast. They were good at sex, and she enjoyed the intense passion that always emerged from Mark. His desire was so focused, more on her than her body. She loved the appreciation in his touch as he seemed to celebrate every caress. He would often look deep into her eyes at the moment of his orgasm, as if wanting to join with her mind as well as her body. It was so tempting to open that erotic door. His hand drifted under her shirt, brushing against the bare flesh of her breast. A lightning charge of desire flashed through her, her legs melting apart.

Yet Jenny also had to protect herself from the pain Mark often inflicted. Not intentionally; in fact it was more her process than his. She was always surprised how quickly her possessive attachment grew when they were close, and he reflexively moved away. The tug-of-war had doomed their two-year relationship almost three summers ago, but the feelings were too easily reignited.

“Mark, I don’t want to do this right now. I feel close to you, but with Elaina’s death I just want to be held. Okay?”

“Sure, I’m sorry, it’s a little weird for me too. I guess something like death just makes you want to grab big handfuls of life.” Then he smiled, “I wonder if you’ll ever lose your power to launch me into erotic meltdown?”

“Well, soon I’ll be getting my early gray hairs. Before you know it, I’ll be old, wrinkled, and toothless.”

“Toothless! That might actually be safer,” he said with a grin.

Jenny smacked him with a pillow. They talked easily the rest of the evening, intertwined as friends.

The whole merger story was broken to the executive staff at the Friday morning meeting. Jenny entered the second floor conference room and was immediately overwhelmed with the din of anxious chatter. The rumors had been building at a fever pitch. Larry Harrington had made himself unavailable for comment until this morning. His lack of response had confirmed everyone’s worst fears, and speculation had grown so fast that the prevailing belief was that final checks were to be distributed this afternoon.

Although Jenny knew that was ridiculous, a faint fear arose as Larry approached the podium to speak. He had entered from the side door and it was evident to everyone that he seemed different. His gait was leisurely, his face almost glowed with a curious peace, particularly amidst the chaos of this assembly. She noticed he took longer to shake hands with his staff: not the cursory acknowledgment of a typical business greeting, but a longer, more thoughtful exchange. She realized it looked as if he was saying goodbye. Her heart sank a little.

Another man was walking about five feet behind Larry, unnoticed in the wake of their leader. He had the bearing of a young executive, athletic build, wearing an elegant blue suit, light brown hair trimmed like an IBM lifer. His eyes appeared almost black as he scanned the crowd with mild interest. He paced Larry confidently and positioned himself behind and to the right as Larry took the podium. The assembly quickly hushed as the leader addressed the group.

“I want to thank you all for being here so promptly,” he began. “I have some very important announcements. I know rumors are flying all around and I promise to clear the air as quickly as I can. As you know, Progressive has enjoyed tremendous growth and recognition in the last few years. I must thank all of you for making this company one of the most effective organizations in the field. I feel proud to have some of the best talent in town. We have expanded fourfold in just three years, taking on substantial national contracts. We have assumed responsibility for the mental health of millions of lives, yet we deliver personalized services to each and every client. The leadership in this room has helped pioneer modern mental health services, and we’ve done it primarily with and for the people of Progressive. MOM may help us out in the housekeeping department, but it is you and your staff that truly bring the humanity to Progressive.”

“We have struggled through our birth, our childhood, and we are now just entering adolescence as a business entity. We are a part of the revolution in healthcare that has swept through the 1990s. Streamlined systems, economies of scale, clinical accountability, financial efficacy, these are the buzzwords of today, and we live and breathe them.”

“The cottage industry of medicine is rapidly disappearing. Physicians and healthcare providers are no longer sitting in homey, Norman Rockwell-style offices giving tetanus shots. They’re working as an integrated team in the management of health, ensuring that everyone gets the care they need. The next step in the development of Progressive is to become part of that integration. It has long been our dream that mental health be treated equally to medical health. Progressive has just been presented with the opportunity to realize that dream.” The pause in Larry’s speech was met by a vacuum of silence as everyone held a collective breath.

“I am pleased to announce that Progressive has agreed to join with Great Health Benefit to form one of the most sophisticated service delivery systems in the country. It is the next logical step in our evolution. Through the merger of our talents and resources we can become one of the most successful of the new breed of top to bottom, cradle to grave, healthcare systems. And it is all of you that will drive us there, and if I know you, it will be in the front seat with the pedal to the metal.”

Larry paused for a second, letting the wave of inspiration roll across the room before he dropped the other shoe. “However, my days of racing in the fast lane are nearing an end. I will be taking a back seat in this new venture. I’ll be turning over the reins of daily operations to younger, more capable hands. I’ll still be around, sticking my nose into things, but more as an adviser than a leader, which is to say I’ll be almost retired, living a schedule much more tolerable to humans, catching up on important family business.” Audible gasps and sighs circulated through the room. Jenny slumped in her seat, feeling deflated.

“Damn, it’s all true,” she thought. “I just make it to the executive level and our leader bails. Now I suppose they’re going to purge some staff, downsize us all.” Just about everyone in the room had

similar thoughts, which seem to be leaking through their plastic smiles like an infant's failed Pampers. The healthcare revolution was quickly losing its luster in this room.

Larry didn't give anyone much time to reflect. "Let me introduce the new driver on this bus," he said, turning to the gentleman behind him and gesturing for him to step forward. "Ladies and gentlemen, I'd like to introduce Carter Newton, Vice President of Network Operations for Great Health Benefit."

Jenny joined in the welcoming applause as she closely scrutinized the man stepping forward. His movements were sure and poised, a man who would have been raised and refined in a privileged family. His angular jaw and broad shoulders conveyed a jocular masculinity, but his hands moved with grace and gentleness, clutching the microphone from its holder on the lectern and cradling it like fine china. Unlike Larry, Carter would not be constricted to one place while speaking.

"Thank you, Larry," said Carter, briskly walking away from the podium, whipping the microphone cord like a snake handler. "It is with great pleasure that I welcome all of you to the Great Health Benefit family of companies. As you know, Progressive is renowned in the field for outstanding client services and excellent treatment management. You have earned the esteem of your colleagues and Great Benefit is proud of this new association. I want you to know that we plan for Progressive staff to continue in their traditions of excellence."

"I can understand that many of you may feel unsure of your future with us. The newspapers are filled with accounts of health services mergers and major layoffs. We at Great Health Benefit know that it is really the people that make the company and we want you on board. We'll need you now and in the future for this transition to work. Fortunately we are in an expansion mode right now, so we have no plans for cutbacks." The crowd had no reason to doubt Mr. Newton, and they desperately wanted to believe him. A rolling round of applause signaled their pleasure with his statements.

"Another reason your future is secure lies in your knowledge and skills with the MultiAxil Outcome Management system, which has been in use at Great Benefit for over two years. Our operation uses a major expansion of this state-of-the-art computer system, but all of you are clearly familiar with the fundamentals. You'll simply graduate from MOM to Super-MOM, our upgraded version. I think these will be very exciting times, indeed." Carter glanced around the group, offering his most engaging smile.

"I know you must have a million questions, and unfortunately we have very little time. Most of your questions will be answered in the next few weeks. You are free to share this announcement with your staff, and an official statement will be issued later today. The daily operations will remain unchanged for a time. However, some of you will be tapped to join us at our corporate offices, either here in town or in Connecticut."

A chill shot through Jenny as she envisioned sending her parents a Currier and Ives Christmas card of wintry snow and ice, with the message, "I'm living this." She had no interest in moving to Connecticut.

Carter postured for the conclusion of his presentation. "I realize these events are unfolding quickly. We plan to accomplish the merger in stages over the next three to six months. There will be some shuffling of positions, but we want to keep things much as they are. If it ain't broke, we don't intend to fix it. I ask that you hang tight, trust that you are an essential part of this admirable organization, and keep doing your excellent work. You have much to be proud of."

Brief applause emerged from the stunned staff and Carter turned the podium back to Larry. Jenny realized the winds of change were blowing like a tornado all around her and she needed to perk up her corporate survival persona. She consciously pulled back her shoulders, plastered a smile on her lips, and ignored the groans around her. Larry quickly dismissed the group from the meeting with the promise that

more information would be coming soon. As he surveyed the mingling crowd, he caught Jenny's eye and beckoned for her to come up front. She was taken aback for an instant, for she had spoken with Larry only a handful of times and couldn't imagine his interest in her now.

"Jenny," Larry exclaimed with brimming enthusiasm, "I'd like you to meet Carter Newton." Carter whirled around from a gaggle of handshaking staffers and stepped very close to the two of them. "Carter, this is the woman I told you about. Jenny has done so much to make MOM work. She's an amazing blend of humanity and techno-smarts. She's been a de facto head of the project since it began and has seen to it that the computer bends to our will rather than people accommodating to it. She drove the programmer-analysts nuts making the system user friendly. Yet in the end our productivity has jumped through the roof and MOM is really taking care of people. I'm sure she'll be a real asset to you."

Jenny felt an instant blush on her cheeks, for she was unprepared for such high praise from the boss. Carter's face brightened and he engulfed her hand in both of his, offering a firm and commanding handshake. "It's a real pleasure to meet you, Jenny. I've heard some great things about you and I know we'll be working together soon." She smiled into his handsome face and raised her hopes that maybe these changes weren't so sinister after all.

"Are you going to be spending time here at Progressive?" Jenny asked.

"A little, but mostly I will be scouting talent to bring over to our corporate offices. In fact, your reputation precedes you, so you've already been targeted," he said, giving her hand a lingering squeeze.

"Targeted," asked Jenny, extracting her hand, a little put off by the term.

"Yes, but I mean that in a complimentary way. We're looking to fill some key slots and Larry gave us a list of talent. Recruitment has been a problem for us. Your knowledge and familiarity with MOM make you and your staff a real blessing. We want to get you into the saddle as soon as possible. Oh, I should say, I'm talking about the office here in the Valley, not Connecticut."

"Whew, that's a relief," said Jenny, trying to appear jovial while her mind spun with questions.

"Look, Larry's tugging at me to meet some more people. I want to get you over to Great Health Benefit next week to show you around and start getting your input. I'll have my secretary set it up for Monday or Tuesday. Okay?"

"Sure, if it's okay with Larry." She could have kicked herself for the comment. "Get with it girl, this is your new boss," she thought. He just smiled and was quickly drawn away to the eager crowd.

Back at her desk, Jenny's head still seemed in a whirl. This had been a most amazing morning. She felt almost detached from her surroundings. Fortunately her day didn't appear too demanding. Much of it would be spent relaying to her staff what limited information she had about the changes taking place. She scanned her desk and found her mouse semi-glued to the blotter by a half-eaten glazed donut. She freed the plastic rodent and checked her e-mail. Thirty-seven messages! A quick perusal found thirty-two of them to be questions or speculations about the morning meeting. She began to draft a quick summary for her staff and associates, knowing Larry would certainly put out a company-wide statement before lunch. Mostly she expected to be hand holding her staff today.

A memo from Laura Paine, her VP, appeared in her e-mail. "Now you know as much as I do. Sorry I couldn't tell you more," was the reply to the query of Wednesday. The memo went on, "I did hear Larry singing your praises to some Great Benefit reps. I heard they lost a key staffer a couple of months ago and desperately need a replacement. Could be you. Good luck." It was Laura who had delegated most of the MOM project to Jenny, which seems to have turned into a pivotal event.

The reality of the work-a-day world soon came rapping. The computer let out a chirp as Jenny saw

the name of one of her staff paging her. She picked up the phone. “Maria?”

“Yes, Jenny, sorry to bother you. I’ve tried to deal with this provider in Florida, but he’s getting pushy. I’m kind of new at this provider stuff and no one else is available. This guy’s threatening legal action.”

“Did you pull up MOM’s protocol for handling touchy providers?”

“Yeah, but this guy scares me. Can you take it?”

“Sure, let me switch to provider screens.”

“OK, but beware, you may need to play hardball with this guy,” warned Maria. “He doesn’t want to let go of the client.”

“What does MOM say about his outcome stats?” asked Jenny.

“Not good. A new provider, always asks for the max sessions. Tries to get the clients to pay privately. Really builds up dependency in them quickly.”

“Okay, but I want you to monitor the call, it’s the best way to learn.”

As the provider screen pops up on her monitor, Jenny greets the doctor in her most sunny voice, “This is Dr. Barrett of provider services, may I help you?”

“Yes. I’m Dr. Nick Wilkins in Plant City, Florida. I just evaluated one of your clients and I’m trying to arrange for her treatment.”

“Yes, Ms. Estes passed me the call. I see you’re recommending intensive treatment for an eating disorder,” Jenny offered in summary.

“This is a rural area and few therapists specialize in eating disorders,” Dr. Wilkins explained. “In fact I’m the only one in town.”

“Yes, Dr. Wilkins, you’re the only one on the panel, but Ms. McClane in Tampa has an eating disorder group,” noted Jenny.

“But that’s almost an hour away, which would be quite a hardship on the client. I would be willing to see her.”

“Well, Dr. Wilkins, as you are aware, we require that assessment and treatment be separate processes, to avoid any conflict of interest. Since you have done the assessment, she must be referred on to another provider for treatment. Since she is under our managed care program, she must see one of our contracting providers. I’ll have to recommend that she join Ms. McClane’s group,” countered Jenny with finality.

“Well I can’t support that and I think it’s a violation of practice standards to require a patient to travel so far for treatment,” said Dr. Wilkins.

Jenny was of course ready for this, popping up a row of provider problem screens. “Dr. Wilkins, according to my data the Florida Health Security Act states that specialists need only be within two hours travel time. Our recommended provider is within that limit.” Why didn’t this guy get the message, Jenny wondered privately.

Dr. Wilkins was clearly frustrated. “I will have to go to the insurance commissioner if you don’t provide a better alternative. Or I will simply recommend that the patient see me privately and complain to her employer about the shoddy care you’re recommending.”

Jenny popped up Dr. Wilkins’ credentials screen. Malpractice, licensing, hospital affiliations. It was all there. Normally she might have tried to sweet talk him into accepting the treatment plan, but she felt he was becoming far too pushy and was starting to bully her. Jenny was amazed that these therapists, who were supposed to be sensitive, understanding, and persuasive, became raving lunatics whenever anyone questioned their treatment. Off-line Jenny muttered, “If this guy’s gonna throw hardballs, he better have a big mitt!”

“Dr. Wilkins, you are entitled to pursue that option if you wish, but may I offer a word of caution,” Jenny said in a sobering voice. “Your contract with Progressive clearly shows your agreement with our policies regarding the separation of assessment and treatment. To see the client yourself would be to violate that covenant as well as many professional standards. We would consider it a dual relationship that exploits the client and promotes a dependency. We would be duty bound to notify your regulatory board, the Department of Professional Regulation in Florida, and the American Professional Insurance Company regarding potential malpractice. Depending on how adversarial your regulating board is, such a query might become quite troublesome. You would also be required to notify your professional association and any of the other managed care companies you have signed with, since you have probably agreed to alert them in the event of any professional complaints. Additionally, your actions with this client may trigger a retrospective review of your earlier cases with Progressive. You have already contractually agreed to abide by any retroactive denials with a refund of payments. I would recommend that you think very hard about what would be in the best interest of this client.” Jenny had set up the transmittal forms to the respective agencies on her screen and now gently stroked the “send” key, awaiting final word from Dr. Wilkins.

After a lengthy silence Dr. Wilkins responded. “I see your point and agree that Ms. McClane’s outpatient group is worth a try. Please fax me the referral materials and I’ll help the client.”

“Thank you Dr. Wilkins,” said Jenny, a smile of clinical victory on her lips as he hung up.

“Wow, I guess you set him straight,” said Maria, who had been listening in on the call.

“I hate doing that, but sometimes the providers forget they have a contract.”

On dark days Jenny found it frightening to consider the power that sat at her fingertips. In years past the medical community ran the show, taking full responsibility for the patient and remaining unchallenged in directing care. In the decades after World War II employers increasingly offered health insurance as a cheap benefit. Within twenty years almost every working American was covered by a generous health insurance plan, most of which paid private doctors endless amounts of money for any treatment. Funded with such a blank check, medical costs skyrocketed. Eventually, only the insured could afford care. Employers screamed at the rising costs and a new arrangement was proposed, the managing of care.

The idea was to put someone between the physician and the money who could decide whether a treatment was “medically necessary” and worthy of payment. The contract was no longer exclusive to the doctor and patient. It now included the insurance company. American business loved the idea of controls, and it soon became the model of most health insurance as a way to control costs.

Unfortunately, the movement had some unintended consequences. The rise of managed care quietly shifted the balance of power from physicians and healthcare providers to the managed care company. Essentially, an insurance company was deciding who, when, where, and even if a patient would be treated, and not from a position of professional responsibility or knowledge, but for profit.

This is what troubled Jenny most after showdowns with pushy providers. It was clear the pendulum had swung far to the side of managed care companies. She could easily tighten a contractual noose around the neck of a provider in Florida, Nebraska, or down the block. The very ethical standards and laws which were developed to police an independent breed of practitioners could now be used to pressure them into contractual compliance. The information systems in the giant corporations could instantly blacklist a provider and cause them no end of investigative heartache, just by faxing a letter to a regulatory board. For the provider it was somewhat like being falsely accused of child abuse; by the time you’re exonerated, you’ve already been ruined. Jenny was happy to be sitting in the office of the winning side, but she often wondered where it was all going.

The computer chirped again and Jenny was back on-line with her duties. She made a note to call

Mark and confirm his lead on the merger. She wondered if he had found out anything more about Elaina's death. Suddenly she remembered Mr. Newton's invitation for next week. She would be walking in the offices of Elaina's last employer. "I wonder if Carter Newton knew her?" she reflected.

