

Am I a Nail House or a Holdout? (Our Eroding Agency)

By Carl Nelson

The first thing I did this morning before resuming efforts in my office was to drive to the local medical clinic to get my lab work taken for a doctor's appointment this following week. All that was required was that I give a sample of blood and pee in a cup. But before doing so I had to sign in on a digital kiosk which needed various questions answered and then wanted my cell # so as to text me when I was to be seen. Until then I waited in the reception area. Some minutes in I received a message on the phone asking me to fill out the medical system's patient intake form. The form was several pages long, and partway through my finger touched the wrong place (large fingers, small phone) and the window was lost. Then my phone ran out of juice.

My fingers probably mismanaged the phone work due to my annoyance at being asked to fill out a like form every time I had an interaction with the medical monolith, with like answers, which surely their computing systems must have somewhere in their memory banks – otherwise, what is their use? And I hate having to utilize my small phone to answer pages of a questionnaire – or actually to do anything. But, anyway, the connection failed so now I was in that digital neverland where I didn't know if the failure mattered, or if it would cancel the appointment slot I was slated for. I note this because the previous time I had shown up for blood work, the week previous to my doctor's appointment, I had filled out all of the digitally requested information and then waited and waited. Finally, after many patients who followed after my arrival had been seen and left, I walked up to the window to inquire why I had not been called for my blood work.

The receptionist asked for more information. She finally said that it looked like I had no standing request from the doctor for blood work. I wasn't too happy about the wasted time and trip. So when I next saw the doctor I asked what I was there for since I was feeling fine and we had no lab values to discuss? He said that it was simply because Medicare insisted upon check-ups at certain intervals regardless. So there was no reason for that doctor's visit, other than to satisfy a bureaucratic dictate. There was really nothing for us to do, which worked out fine schedule-wise as it went quickly (to say the least) and he spent most of that time filling out a digital form regarding our visit anyway.

While walking to my blood draw station I kvetched with the phlebotomist that the information their form requested repeatedly hadn't changed. "It's the same as last time and will be the same until I die. And then after I die it will be the same. So we should be good."

She noted that she was just an employee following procedure.

'Well, who the hell can I yell at then?' I thought. But instead I noted, "You're the fourth person to ask for my birth date," as she began to enter more information into her computer station before preparing her blood drawing materials. She was a tough one though. She kept smiling and speaking in a pleasant manner through the whole affair while staring into the maw of the Big Bad Wolf.

I was reminded of my wife's grumbles regarding caring for her aged mother with memory problems. Her mother will make the same comment or ask the same question over and over. The first few times it's answered pleasantly, the next few are answered patiently. Somewhere beyond the third reiteration it's become annoying. Midway through an eight hour stretch it can become enraging – especially when it's essential her mother focus to perform a task that is essential to her well-being e.g. like taking her pills or attending to her insulin administration –

as there seems no way out of the re-iterative loop. One can't dismiss the task, nor, it seems, can one complete it with a mother who will not focus. Flaccid despair isn't far away. Then of course, beneath this overlay is a mother who has to be in charge – but doesn't know what is happening.

In this respect, my mother-in-law's behavior is very much like trudging through an organizational protocol or like trying to communicate with the Un-dead. At the end of which, each time the programmed form will ask politely for your 'customer response'. You type: "totally unnecessary" -"could you say more?" "No. go away", - (?) "disappear!", - "don't understand", "eat some bad code and die" – but of course this only opens the Pandora's Box wider. -" eat bad code?" Please say more...

Discussing matters with the corporate worker bees is usually as unrewarding as interacting with the insentient program itself. For example, one day I had a heating service employee out to make a change in my newly installed digital thermostat. I wanted the earlier version which I merely turned the round dial to the temperature desired – and the furnace would cut in or cut out as desired. I had come home one evening and leaned against the newer digitalized version in the dark. This had programmed it somewhere I could not get back from, and – even more incomprehensible to someone like me – there was no 'off' switch! This monster had to be either removed or killed.

The fellow who came out spent the better portion of an hour explaining how I really didn't want to replace the one I had for the older, as the newer could be programmed to turn the heat on, off, be programmed to run for various segments of time, operate just the fan, etc. In short, as I saw it, "the heating of my own home could be programmed completely out of my control." "No, no. That's not it at all," the man replied. "Your control is actually increased, with just a few simple actions."

For the half-hour he was telling me this, he was also trying to figure out what rabbit hole sub-program I had accidentally driven my thermostat down, so as to reset it.

These procedural protocols I'm encountering near anytime I interact with a large organization nowadays produce a like effect upon me. The requested re-iterations are of no bother to a computer algorithm which drives and directs the worker bees – in fact, they are its bread and butter. But these reiterative protocols can exhaust the individual forced to comply. It's as if we're being driven mad by a missing tooth in some mechanism's gear. All the while, they keep expanding their reach



For example, right after my experience at the medical clinic I stopped by CVS pharmacy where I purchased 3 rolls of colored ribbon for a total of \$7.80 (including tax). As you can see from the photo, this exchange was responsible for the first two inches of my nearly yard long

receipt. The remainder of the receipt is a visualization of the other portions of the process I had to endure (if I wanted my ribbon).

Your needed purchase is the small bit of shirt which has been caught in the machine's gears.

In a past era I might have taken my purchase to the counter, given the attendant a ten; he'd ring up the purchase and hand it back with my change. I'd say "Thanks", and he'd wish me a nice day. And I'd be back in my car with accomplishment's

glow.

Yesterday, there was no attendant so I had to use the self-help kiosk. First, I had to figure how to use the device. The display said there were 3 steps. First I had to scan my CVS members card. (If I didn't have one, I could create one. If I didn't want to have one, I could still purchase but not at their special prices i.e. they make you pay more until you become a 'member'.) I dug through my wallet and found I had one. "Scan and save with Extracare" the screen said. I scanned it. My odyssey began. I was 'in the system'.

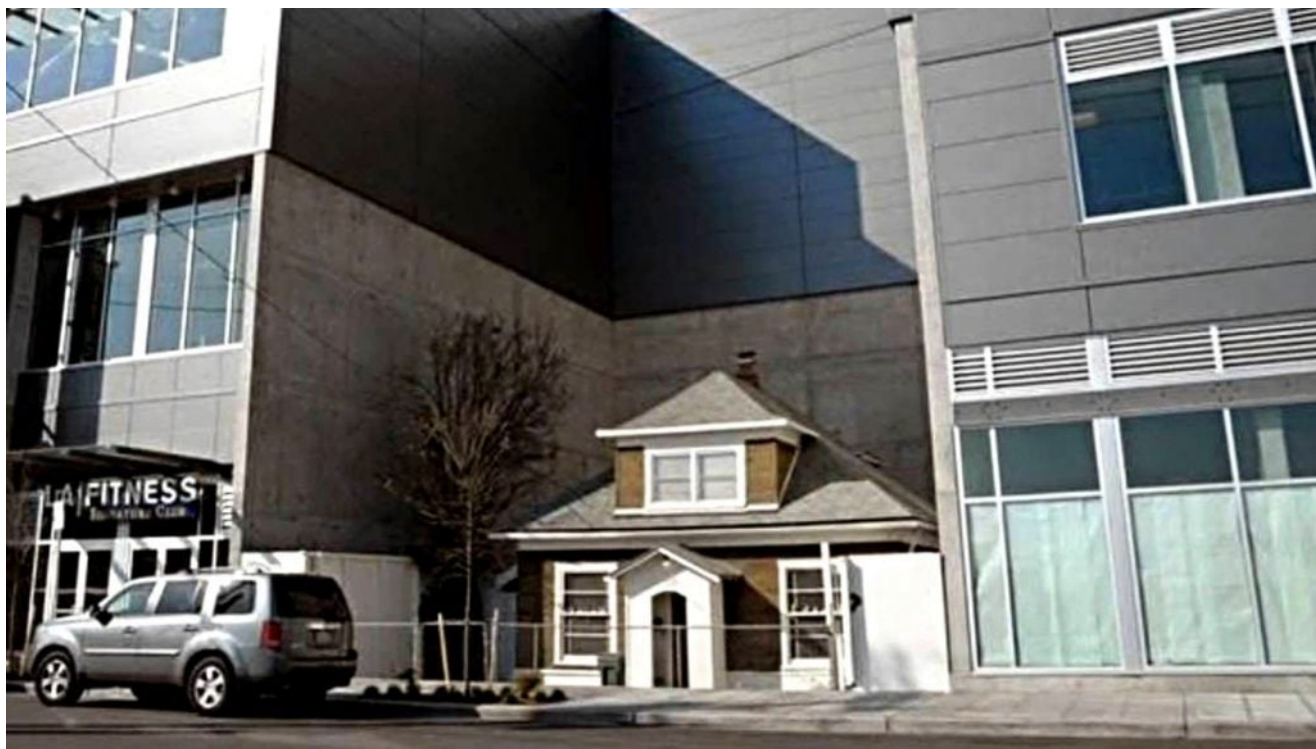


What Is a Nail House or Holdout?



You might think of my purchase as that little house, and the towering buildings surrounding it as the remainder of the

receipt with all of the activity requested.



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r window was a printed offering to “Unlock extra savings + FREE shipping. Get ExtraCare benefits, plus... (five listed options to press and pursue). Upgrade five dollars/month. “Enjoy a \$10 a month bonus reward”. I was told where to place my purchases, and then where to bag them after being scanned. “Enter your phone number to get ExtraCare savings and rewards.” I could use my own bag, speak to them in Spanish, or ask for help. The screen displayed me on a half-screen scanning and bagging while showing the item and amount on the half-screen receipt. When I had finished scanning my purchase – if all had gone well – the screen displayed a green rectangle which to press in order to “Finish and Pay”. (Often, not all goes well. At the Kroger’s across the street where I often shop, the self-service kiosk often suffers two or three errors in which the attendant must be sought. For example, it might flash on the screen to “bag your item”, and not allow you to proceed further, though the item had been scanned and bagged as directed. I asked the attendant there at the time, “Do these things ever get through a purchase without an error?” – “Not since I’ve been here,” she laughed.

The machine I had would take paper money, if you were the sort to be so trusting as to stuff your hard-earned twenty into a slot and watch it disappear and hope for the best. If charging, you had to have a charge card which you could “insert, slide or tap” into a separate “Verifone” teller. To do this one must know how their card mates, and how the machine is also designed to have sex, and somehow come to an understanding. Tapping on a hippo in the wild might not work if it wants sliding or insertion, for example – and the mating ritual will fail. It’s not so different at the pharmacy. Your receipt amount due will show as the machine instructs you to wait while the payment processes. (“You’re outta sperm? Get lost!”) If you have any coupons you should have scanned them also. “If not, touch CONTINUE”.

“Join ExtraCare Plus and get a 20% CVS Health Brand discount every day and much more! If this interests you, click Yes below and a QR code will be generated.” You must touch Yes or No to the statement:

“Thank you!” (“Please wait. System Processing.”)

“Payment Accepted” Congratulations! (But not so fast, buddy...)

“How would you like your receipt?”

(Email, Print or No Receipt – with an option to “Update Email”)

I push Print and a yard long receipt is generated.

“Thank You! Please take your receipt”

“Please remove all purchased items.”

I grabbed my bag with the three spools of ribbon and left, irritated. I’m always irritated after dealing with a machine.

Doing commerce of any manner nowadays can be a ‘sticky’ business. Like a bug flying towards some desire, we don’t see

the web surrounding it. For example, at my gym you may sign up for a year's membership, but may only cancel your membership within a very narrow window. If you miss the window, you're automatically renewed. By enticements we are drawn further and further into the procurer's web. It can wear a person down just batting away all of the come-ons, until one day, in exasperation or an unwitting moment you accidentally click upon the wrong button. Then, their struggle to retain you is minimal compared with your struggle to extricate yourself. We've probably all had a bad experience with online hosts which make it very difficult to disengage.

All of this loss of agency becomes quite dicey when dealing with the medical establishment. On the one hand, near everyone needs medical services from time to time. On the other hand, when receiving these services it can be difficult to extricate yourself while you're still ahead; that is, to come out healthier than you went in. A Stanford physician notes:

"During residency, one of my best friends was a cancer surgeon. During the meeting with my mom's doctors, words my friend spoke years before rang in my head: If you walk through the doors of this surgical oncology department, you are going to get an operation, whether you need it or not.

I remember speaking to this friend after work when she was visibly shaken after watching a patient encouraged to undergo a surgery that wasn't necessary. Frequently, she suggested patients with terminal cancer be put on palliative care (which prioritizes the patient's comfort and peace in their final days). The senior doctors generally shot this down. She told me her attending surgeon would "lose his mind" for suggesting anything other than surgery to a patient. If a patient said they wanted to decline a surgical intervention, the department leaders would ask them to sign "Against Medical Advice" (AMA) paperwork and be left with fewer resources to seek palliative care or less invasive treatment options."

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“At the start of my residency, the Affordable Care Act (ACA) was passed and all doctors had to get up to speed on the Merit-Based Incentive Payment System, a new program under the Quality Payment Program (QPP), where a physician would now receive substantial adjustments to payments from Medicare if they met specific quality-of-care criteria. One would think that “quality” and “merit” in medicine would mean the *patient was actually getting better*. But when I dug into the MIPS website to find the specific quality metrics for each specialty, I was shocked to see that these quality criteria were primarily based on whether doctors prescribed drugs regularly or did more interventions.”

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“Every institution that impacts your health makes more money when you are sick and less when you are healthy—from hospitals to pharma to medical schools, and even insurance companies.”
– *Good Energy/ “Trust Yourself, Not Your Doctor”* – by Casey Means, MD

What the medical community touts as “screening exams” meant to spot problematic medical issues before they become critical, are also (and more than likely) “marketing filters” meant to capture prospective customers. For example, cardiovascular problems generally do not climb until the daily systolic blood pressure sits above 160. In older persons, higher blood pressure might merely be the body’s effort to increase perfusion. Nevertheless the criteria for treating hypertension has descended over the years from a high of 160 to 130. That’s a lot more patients to follow; a lot more medicine to sell.

When I voice my qualms about these matters, about our loss of agency in general among the younger set, I’m met generally with a blank dismissal – or if they are in an employed capacity, a pleasant, inoffensive slight as if they were a Rhoomba cleaning the wood dining room floor around a sleeping

dog . If I would choose to chat them up a bit, I might get a smug reproval. They are living the 'new normal', while I am not – and they have grown to expect the elderly to progress slower. Moreover, to youthful minds, that the newest is better would seem the easiest sort of deduction. Otherwise, why was it created?

Indeed! There are worlds of experience and further thought to be mined here.

But, of course, it doesn't happen.

What happens is that one day I lose my cool while trying to scan my beer at the self-checkout machine. Because, it won't sell it to me.

In the past the attendant had needed my birth date in order to sell me wine or beer. I didn't like this. I'm 75! In what parallel universe do I look underage? But I submitted.

However, this time the attendant said I must also scan my driver's license.

"Scan my driver's license to buy beer?" I barked.

The attendant said that someone underage across the river had gotten beer through one of their stores and now everyone had to have their license scanned when purchasing.

"I'm not scanning my driver's license to buy a damned six pack of beer." I took the six pack out of my cart and slammed it on a nearby shelf. "This is crazy. This whole system is nuts."

I shouted to the poor, beleaguered employee, who walked over to repossess the six pack. He was ugly, overweight, with pimples, and looked as though he was trying to stay out of the line of fire while keeping his job. "You should join the IRS. They'll give you a gun to wave around!"

So screameth the Nail House and the Holdout, who now buys his

beer at the Speedway a block away. But so far, I still visit Kroger's to buy food.