

**Samson and Goliath?**

Being a bit of a wise guy, I can't resist commenting on the otherwise excellent article "Retirement Blues."

What does "Samson turned into Goliath" mean? I'm not familiar with that story. "David" I could understand.

JIM GROSHEIDER  
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*The author responds: The reference in the September/October "Retirement Blues" article makes sense only if the biblical Goliath happened to be far larger than Samson. The author regrets both the lapse and her many missed Sunday mornings.*

*The article should also have said that people born in 1937 will get 6.5 percent more annually in Social Security retirement benefits for each year, between the ages of 65 and 70, that they wait to start getting the benefits. (In the article, 1937 was inadvertently changed to 1973 due to a typographical error.)*



**Northern Exposure**

Everyone still gets a kick out of that story ("Hell's Actuary," March/April 2000). I thought I would provide you at least with a follow-up. Above is a photo taken of me last June at the Arctic Circle. I drove the motorcycle from Pittsburgh to Vancouver for the spring meeting of the Society of Actuaries (as I was one of the speakers in the pension section). After the meeting was over I took a short side trek up to the Arctic Circle via the Alaskan Highway, and then back to Pittsburgh—10,000 miles in just over 13 days.

MICHAEL PISULA, PITTSBURGH

**Winners and Losers**

To the outside we (the actuarial profession) cultivate our image as a source of objective and unbiased information on issues facing insurance delivery systems. However, the published letters responding to Mr. Tuomalo's article (May/June 2003) strike me as statements in favor of insurance delivery systems based on stated and unstated personal preferences for accomplishing specific wealth distribution goals.

Perhaps there's room for additional voices to weigh in on national social policy. However, I think it best that in expressing our perspective we separate the issues of morality and fiscal soundness.

While many articles have professed shock at the discovery that a consumer-directed health program (CDHP) might be used as a not-so-subtle mechanism to shift costs to employees, I'm unaware that

anyone pretended to hide this possible use. As for the suggestion that participants aren't in a position to "bargain" with providers, I don't know that anyone envisions CDHP participants haggling over fees with providers. (If they do, then that's a bonus). Yet, can't they still be consumers?

The CDHP is certainly not the first platform facing the accusation of cost shifting tool. The implementation of IRC Sec. 125/FLEX plans is a less recent example of an employer cost-shifting mechanism. There are many ways to design an employee benefits program so that there are different groups of winners and losers. Let us as actuaries evaluate the impact on behavior, the resulting expected total and allocated costs. And let us separately (along with all other social policy experts) decide whether employers have chosen the right winners and losers.

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