

PAUL KOLKER collection

FOR IMMEDIATE RELEASE

PAUL KOLKER:
ABOUT HEALTHCARE... WHAT'S NEXT AND ON WHOSE DIME?

Opening Reception
Thursday, 6-8 PM
September 12, 2019
511 West 25th Street



Paul Kolker: the doctor... science and sentience ishidots' synthèse, 2019 (detail)
inkjet, acrylic and polyurethane on canvas
132 x 220 inches in sixteen parts

Paul Kolker is pleased to present 'About Healthcare.... What's Next and On Whose Dime?' from September 12 through November 15, 2019 at the PAUL KOLKER collection, 511 West 25th Street in Chelsea. This exhibition of large scale photographs, paintings, videos and sculpture is both produced and curated by Kolker to promote his audience's perception of American healthcare reform as reflected in his works created using the insight and perspective of Kolker's unique bully-pulpit vantage point as an artist and learned professional with doctorate degrees in both medicine, MD, and law, JD; including fellowships in the American College of Surgeons, American College of Chest Physicians and the American College of Law and Medicine while practicing for more than half a century.

Born 1935 in Brooklyn, NY, Kolker graduated from State University of NY, Downstate Medical Center in 1960 and completed his internship at the Harvard Surgical Service of the Beth Israel Hospital, Boston. He practiced medicine and surgery in the US Air Force, 1961-63, and thereafter completed his general surgical training at Long Island Jewish Hospital, now a major teaching medical center in the Northwell Health System. In 1965-66 he was research fellow in transplantation surgery at

Harvard Medical School and an assistant in surgery at Peter Bent Brigham Hospital, Boston. From 1967-69 Kolker was a resident in thoracic and cardiovascular surgery at the Mayo Clinic Graduate School of Medicine. In addition to his practice in cardiothoracic and vascular surgery at Long Island hospitals and health systems since 1969, he earned a JD degree focusing on healthcare law in 1989 at Hofstra, directed management of a healthcare insurance company, MDNY, from 1995 through 2008, while also serving as president of its physician ownership and holding company, LIPH. In 2001 he moved his art studio to his current location in Chelsea while he continued to practice cardiothoracic surgery until his retirement from surgery in 2013 as Emeritus Chief of Cardiothoracic Surgery at Northwell's Glen Cove Hospital.

Kolker, as a curator ensconced in his historical narrative of this exhibition, uses the essay to enhance the viewer's understanding and perception. (Please see www.paulkolker.com/exhibitions/theessaysofmyperception.)

Kolker illuminates his video-essay, '*reflections about healthcare, 2019*' as a power point presentation with a photo montage depicting the evolution of American healthcare from the Civil War to the present. The video informs the viewer that today's annual per capita expenditure for healthcare in the US is about \$10,000. This translates to an annual national healthcare cost of \$3.3 trillion; 15.5 percent of the 2019 estimate of \$21.3 trillion Gross Domestic Product (GDP) of the US, which is approximately one third of the world's economy. Kolker's question is, now that the Affordable Care Act's (ACA's) individual mandate to purchase health insurance has a zero dollar tax as enacted by the 115th Congress' Tax Cuts and Jobs Act of 2017... on whose dime is it for the healthcare of the uninsured?

Kolker posits that, as enacted by the 111th US Congress' ACA, so-called affordable and universal healthcare insurance, including the medicaid expansion of existing public options and state health insurance exchanges must remain mandatory in the public's interest and general welfare, using the same rational basis used by the courts and state legislatures since 1925; mandating that operators of vehicles shall have insurance because of a concept based on 'affordability' when a sufficiently large enough pool of insureds share the costs. In regards to health insurance, the premium revenues from this enormous pool of insureds should cover all comers; even those with preexisting conditions or genetic profiles for diseases discoverable on blood testing. The cost of the premium is actuarially calculated using an algorithm which uses the costs expended for medical care as 'medical loss' and are generally more than 80 percent of the total; with administrative costs, profits and brokerage fees the remainder, amounting to more than \$650 billion, is 20 percent of the predicted national healthcare expenditure for 2019. Kolker questions in his video essay: Is it perhaps that insurance premiums remain unaffordable when more than nearly 20 percent of premium costs go for administration, marketing and profit (AMP)? Is it possible that if half of the AMP is shifted to the medical loss component, bringing it to 90 percent, all uninsured can be covered by insurance without raising another dime? What will happen to the ACA, held unconstitutional in 2018 by the Northern District Court of Texas and now being heard by the Third Circuit Court of Appeals? Are the mandate, medicaid expansions and state exchanges severable from the ACA? What's next... and on whose dime?

Kolker's exhibition shows and tells his view of the amazing evolution of American healthcare beginning in 1845 with the first use of open drop ether anesthesia at the Massachusetts General Hospital, Boston. He next shows and tells the story of the charity of Mary Elizabeth Garrett for the development of the Johns Hopkins Medical School in Baltimore; a gift which put American academic medicine on the map at the turn of the nineteenth century; and how during the twentieth century charity hospitals for the poor became de rigueur. And, as Kolker elucidates in this exhibition, philanthropic endowments and the advent of 501(c)(3) structured provider-centric healthcare systems make the difference today in quality healthcare for all.

As depicted above in the installation mock-up views of the show, Kolker adds collage and alters color, translucency and contrast to transform photographs of renowned healthcare paintings by Pablo Picasso, Robert Hinkley, Thomas Eakins, Sir Luke Fildes and John Singer Sargent using a process Kolker calls *synthèse*; the medley of figural and abstract paintings which are sandwiched together by painting overlays of acrylic glazes or, alternatively as in this exhibition, by printing digital stacks of photographed layers of figural and abstract paintings with archival inks on canvas.

A close up of one of the paintings, '*Paul Kolker: the doctor... science and sentience ishidots⁴ synthèse, 2019*' demonstrates Kolker's *synthèse* effects; painterly blending of subjacent colors cast onto the four abstract layers of dots residing above the plane of the figural images and which expand the viewer's perception of the illusions of depth, gesture and being enveloped in a foamy, fractal-like atmosphere of multivariate bubbles. This assemblage of dots of many sizes, which Kolker calls 'ishidots,' is used today in the color blindness test charts first painted by the ophthalmologist Dr. Shinobu Ishihara in 1915.

In Paul Kolker: *About Healthcare... What's Next and On Whose Dime?*, fifteen new works are on view from September 12 through November 15, 2019 at the PAUL KOLKER collection, 511 West 25th Street in Chelsea, adjacent to the HighLine between Tenth and Eleventh Avenues.

Paul Kolker: *Abstract Decalcomania... An Experiment in Perception* is ongoing at 600 Third Avenue.