

# Sweeping Health-Care Reform Proposed by Top U.S. Physicians

by Linda Everett

On May 1, a group of nearly two dozen nationally prominent physicians, representing a broad spectrum of the nation's medical professional organizations, testified before Congress that only sweeping reform of America's ailing health-care system will address the nation's health-care crisis. The hearing, sponsored by the Congressional Black Caucus, the Congressional Progressive Caucus, and the Congressional Hispanic Caucus, included testimony from Dr. Marcia Angell, former editor of the *New England Journal of Medicine* and spokesperson for the Physicians' Working Group on Single Payer National Health Insurance, an ad hoc group of 18 physicians who believe that a national health program is needed to improve the quality of the U.S. health system—which recently was ranked 37th by the World Health Organization. The proposal by the Physicians' Working Group for universal health-care insurance—essentially Medicare for all—begins with a quote from the late Cardinal Joseph Bernardin of Chicago: "Health care is an essential safeguard of human life and dignity and there is an obligation for society to ensure that every person be able to realize this right."

The Physicians' Working Group includes Dr. Angell; Dr. Rodney Hood, president of the National Medical Association which represents African-American physicians; Dr. Elinor Christiansen, president of the American Medical Women's Association; Dr. Merlin DuVal, Assistant Secretary for Health in the Nixon Administration; Drs. Christine Cassel and Gerald Thompson, past presidents of the American College of Physicians; and Dr. Sindhu Srinivas, president of the American Medical Students Association. Also in the working group is Dr. David Himmelstein, co-founder of Physicians for a National Health Program (PNHP), a 15-year-old Chicago-based organization with more than 9,000 members across the United States; and Steffie Woolhandler, MD, MPH Co-Director, Center for National Health Program Studies, the Cambridge Hospital/Harvard Medical School.

## A 'Failed Experiment'

"We've engaged in a massive and failed experiment in market-based medicine in the U.S.," Dr. Angell said. "Rhetoric about the benefits of competition and profit-driven health care can no longer hide the reality: Our health system is in shambles. Despite spending twice as much on average on health care per person as Sweden, Norway, Denmark, Canada, Australia, Japan, and every other developed country,

more than 42 million Americans have no health-care insurance at all, and tens of millions more are not covered for all their medical needs. The recession we all fear could easily push the number of uninsured to 60 million."

Dr. Angell explained that their proposal for a national health insurance (NHI) program would be an expanded and improved version of Medicare, the Federal health insurance program that now covers older and disabled Americans. While most hospitals and clinics would remain privately owned and operated, they would receive a budget from the NHI to cover all operating expenses. Physicians could continue to practice on a fee-for-service basis or receive salaries from group practices. At least \$150 billion would be saved annually by eliminating the high overhead and profits of the private insurance investor-owned sector, and reducing spending on marketing. Doctors and hospitals would be free from concomitant burdens and expenses of paperwork created by having to deal with multiple insurers with different rules, rules often designed to avoid payment. "In our market-driven system, investor-owned firms compete, not so much by increasing quality or lowering costs, but by avoiding unprofitable patients and shifting costs back to patients or to other payers," said Dr. Angell.

Tax credits, vouchers, and medical savings accounts are failed strategies for reform, according to the Physicians' Working Group. They would mostly benefit healthy and well-off Americans. "We don't need any more piecemeal strategies that are, in effect, tactics by the drug and insurance industries to delay real reform," said Dr. Quentin Young, PNHP National Coordinator and a past president of the American Public Health Association. "We need a system in which we have 'everybody in, nobody out.' . . . With national health insurance we could reclaim the 25% of all health spending we currently squander on paperwork and use it to cover the uninsured."

The hearing comes as the LaRouche political movement battles internationally for the general welfare with the saving of D.C. General Hospital in Washington, D.C., and as Pope John Paul II, in his recent pilgrimage to Greece and Syria, adopts a campaign on behalf of all mankind.

Among those who also testified was Dr. Abdul Alim Muhammad, a leader of the Coalition to Save D.C. General Hospital, who said that saving D.C. General is important for every American and has international dimensions as well. "How

can we say to the entire world that we are a democratic society concerned with the general welfare, when we see the general welfare being torn into tatters in the nation's capital?" he asked. "We must stand up for these principles."

Among the dozen members of the U.S. Congress contributing to the hearing were Reps. Dennis Kucinich (D-Ohio), John Conyers (D-Mich.), Donna Christian-Christensen (D-V.I.), Jesse Jackson, Jr. (D-Ill.), Ciro D. Rodriguez (D-Tex.), and John Tierney (D-Mass.). They, along with representatives of state organizations, presented a plethora of Federal and state bills for a single-payer health-care system or for some form of expanded health-care coverage for the country's estimated 79 million uninsured or underinsured people. As *EIR* has documented, uninsured Americans suffer higher rates of death and disease, and even brief gaps in insurance coverage are harmful, especially for children. Some 40-50% of personal bankruptcies, amounting to about 600,000 a year, are due to the costs of serious illness or medical debts among those who are uninsured, underinsured, or whose managed care plans deny them needed medical treatment.

### Highlights of the Testimony

Representative Kucinich opened the Universal Health Care Briefing, saying that 75% of uninsured people live in families where at least one person is working full time, and 20% of the uninsured are in families where two people work full time. "Most uninsured adults say the main reason they don't have insurance is because they cannot afford the premiums. Today, in America, health insurance is rationed according to one's ability to pay. . . . As Chair of the Progressive Caucus, I'm here to say that we have a moral obligation to restore health to our health-care system."

Robert Reich, Secretary of Labor under President Bill Clinton, told the hearing that in 1993, some 37 million Americans did not have health insurance. Now, there is "a groundswell of support for universal health care." A recent ABC poll shows "more Americans wanted universal health care than wanted a tax cut. . . . Survey after survey shows that Americans with health insurance can barely afford it. They're doing without, because the co-payments are going up, the deductibles are going up, and the premiums are going up. . . . If this economy continues to slow, if a lot of people lose their jobs and that health insurance is connected to their job, that 44 million Americans without health insurance is going to increase, and it's going to increase faster than it increased between 1993 and today."

Representative Christian-Christensen, Chair of the Congressional Black Caucus's Health Brain Trust, called for making health care the civil rights issue of the 21st Century. She reminded listeners of the words of Dr. Martin Luther King: "Of all the forms of inequity, injustice in health care is the most shocking and inhumane."

"More than 60 years ago, the National Medical Association (NMA) was the only physician organization that supported single-payer, national health insurance," said Dr.

Rodney King, president of the NMA. "In a diverse country such as ours, full of resources and ingenuity to unravel the mysteries of the human genome, there is no acceptable reason for Americans of any race, ethnicity, or economic background to be barred from accessing the health-care services they need. It is clear that Americans want health coverage that is affordable, accountable, and equitable."

Leaders from the National Black Nurses Association, the American Psychological Association, the Massachusetts Nurses Association, the Sickle Cell Diseases Association of America, among others, detailed the daily crisis encountered in which human life is endangered because of a system-wide breakdown of the hospital and health-care system.

However laudatory the above proposals may be, they can only work within a framework that completely reverses the post-industrial economic policies that have plagued the nation and world for the past 35 years—and which drove this genocidal "free-market" health-care debacle. The second critical component of any health-care-for-all program is a massive buildup of the nation's health-care infrastructure, from building more hospitals to increasing the number of registered nurses per hospital patient. *EIR* has repeatedly asked health-care professionals of all levels the simple question: If we, as a nation, could overnight fiscally provide all the health care, all the treatment for tuberculosis, AIDS, and other diseases that the country needs, would we have enough hospital beds, medical staff, doctors, nurses, rehabilitation therapists, or home-care workers? For more than 15 years, the answers have always been the same: "No, no, no, and no."

## Worst Nursing Shortage Threatens Hospitals

by Linda Everett

If recent surveys and reports of U.S. nurses are any indication, the nation's hospital system is about to collapse, as thousands of nurses leave the worsening working conditions in America's hospitals—conditions proven so dangerous, that they threaten the lives and safety of tens of thousands of hospital patients daily.

Like the canaries in the mineshaft, the nation's nurses are the front-end witnesses to the complete degradation of our hospital and health-care system. They are now warning in every conceivable way that the nation's hospital system can no longer continue to function under predatory "free-market" managed health care. This system of unregulated health care is decimating the most basic protections of vulnerable patients, and is a betrayal of the fundamental principle of providing for the general welfare.

The nursing crisis stems both from years of looting by