

## Fix health care. Give Medicare to everyone.

**The time is ripe.** Ten years after health care reform was shot down by the for-profit insurance industry's well-funded campaign of scary talk about "socialized medicine" and limited choices, more and more people—patients and doctors alike—now perceive that it's managed care that has brought them fewer choices.

Forty-two million Americans still have no insurance at all. The number of women declaring bankruptcy over medical bills is fast approaching the number who graduate from college, and costs are so high that millions of people with serious symptoms don't go see a doctor. Over 18,000 people die a year because they lack health insurance. In a nation that spends over twice as much per person on health care (\$5,800 this year) as every other industrialized nation, millions of women lack access to prescription drugs and tens of thousands can't get basic prenatal care. That's outrageous.

Even those with health insurance have no guarantee they'll have coverage when they get sick. Nearly all employers are cutting back on who they insure and how much they contribute. Employees are facing a decline in benefits (can you really call it "insurance" if the policy has a \$10,000 deductible?) and a big jump in what they pay toward premiums.

**The crazy thing is,** a better alternative exists—and we need to fight for it: not-for-profit national health insurance. In advocacy and policy-work

circles, it's known as "single-payer" health insurance because the government becomes the single insurer or "payer" for everyone. Many people prefer to call it "Medicare for All" because Medicare is essentially a national health insurance program for seniors: While the insurance is public, health care providers are still private, and people can choose their physicians and other providers.

A fact about national health insurance that the for-profit insurance industry doesn't want you to know is that, with single-payer, the United States could easily afford to cover everyone—including all the uninsured—without raising the nation's health bill.

**How can we provide** more medical services for the same amount of money? By eliminating all the paperwork associated with filing claims with hundreds of different insurance plans, outrageous CEO salaries, advertising, billing, etc. National health insurance could save at least half of what the U.S. spends (\$309 billion in 1999) on health-system administration.

Medicare is the most efficient part of our health system. While for-profit HMOs spend 15 to 25 percent of premi-

**"I wanted to let you know that one of my students, a bright political science major, died in her dorm room as a result of our terrible health system. She was having an asthma attack, but didn't want to go to the ER because she was afraid of the costs."**

**"A popular folk singer in New York City just died of appendicitis. She didn't have insurance and wouldn't go to the doctor because she didn't have the money. She had a stomachache but tried to tough it out."**

—messages left on the answering machine of Physicians for a National Health Program

ums on overhead, CEO salaries, and profits, Medicare operates with an overhead of just 3 percent. With national health insurance, there would also be large savings from buying medications and medical supplies in bulk and negotiating fees with doctors, labs, hospitals, and other providers in advance.

The best term yet for national health insurance may be "Expanded and Improved Medicare for All"—the subtitle of a new bill in Congress, HR 676, drafted by an ad hoc group of physicians led by Dr. Marcia Angell, the former editor-in-chief of the prestigious *New England Journal of Medicine*, and sponsored by Representative John Conyers, Jr. (D-MI). The new bill fixes Medicare's flaws—Medicare should cover medications, provide parity for mental health care, and eliminate all deductibles (currently over \$840 for each hospital stay) and co-pays (20% for most doctor visits)—and expands Medicare coverage to every resident of the United States.

**Nobody expects** the politicians who are in the grip of the insurance lobby to lead the fight for health care. It was grassroots action in part that contributed to the passage of Medicare

in the first place. Even Canada's universal health insurance—considered such an institution by its citizens—took years of sometimes raucous politics to overcome resistance before it was extended to the entire country after having been introduced in one province.

Women need to become involved as advocates, organizers, artists, writers, policy-makers, agitators, and more—right now. We need to nudge our local and national groups to endorse single-payer. (Several, like the Older Women's League, are already signed on.) Imagine knowing you are well-insured for health care anywhere in the U.S., regardless of whether you are working in a large firm, running your own business, waitressing, going to college, or raising children at home. Imagine knowing that your parents, lovers, siblings, children, and grandchildren will also have the same security. That's what this struggle is about.

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For more information:  
[www.pnhp.org](http://www.pnhp.org) for physicians  
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