

**Remarks by Dr. Sidney Wolfe, co-founder of Public Citizen's Health Research Group, on the Physicians' Proposal for Single-Payer Health Care
The National Press Club, May 5, 2016**

PNHP note: This an unofficial transcript of Dr. Wolfe's remarks.

In addition to agreeing with everything's that's been said, I have a couple additional points. Forty-eight years ago, I had come to Washington and was at NIH, taking care of patients and doing some research, and joined a doctors organization no longer in existence (but it's spirit has sort of continued with PNHP) called the Medical Committee for Human Rights.

And in July of 1968, 48 years ago, a group of us quietly and peacefully disrupted the American Medical Association's convention in San Francisco. The reason was that – although this was three years after Medicare and Medicaid had passed, with Medicare at least saying “everyone's in, no one's out” – the AMA official position was, in 1968, and this is what we were protesting, that health care is a privilege, not a right. And we sort of took over the microphone gently and said, “Health care is a right, not a privilege,” and then left quietly.

The AMA isn't proud of that, but that's what they were doing after it had already been declared a right and “everyone in” for people 65 and over, and, depending on what state you lived in, for Medicaid patients. So we're now, 51 years later, health care is still a privilege, not a right.

You've heard about the tens of millions of people who are uninsured, the larger number of underinsured. Drs. Himmelstein and Woolhandler published a couple of papers showing that the No. 1 cause in the United States of bankruptcy are medical costs.

So, the incremental changes in the last 51 years haven't worked and we still have the horrible situation we have today. All of us here were trained and have provided health care to tens of thousands – maybe it's even more by now – of patients in this country. And we are part of what we call a health-care-providing system: it is nurses, it is doctors, it's psychologists, it's physical therapists, it's pharmacists, dentists and others, providing care, health care providing.

But we have another system, and I think it's important to identify it as such because it does eat up, as was mentioned, about a quarter of our budget and it's called the health-care-denying and billing system. It's an organized system. It starts out with the insurance industry and it foists itself on doctors' offices, pharmacies, hospitals and so forth. And there's no other country in the world that has, in what I would call the paralyzing scope that this health-care-denying and billing system has, anything remotely like it.

Dozens if not hundreds, if you add all the insurance companies up – the 20 private-sector insurance companies that pay and collect money and make a lot of money off the government program called Medicare Part D, where the government isn't allowed to negotiate prices, the hundreds of thousands of people in doctors' offices and hospital offices that exist maybe a tenth or a hundredth as frequently in other countries.

(over, please)

So if the other dozens of civilized developing countries – civilized developed countries, because I don't think there are that many developing countries, although there are some, that provide health care – but if they, who now provide health care for everyone, “everyone in, nobody out,” were to adopt the wasteful, patient-dangerous, doctor-and-other-health-care-provider maddening system that we have here, they would not be able to have health care for everyone, “everyone in, nobody out.” These countries have chosen wisely. None of them really, with the exception of Canada maybe, went through a wasteful system like we did. They had Blue Cross Blue Shield, the same percentage of uninsurance, and so forth, and they decided to kick it out. A very progressive, Saskatchewan political official, Tommy Douglas, led that fight.

And I think in summary, the only thing that I can say is that a wealthy country such as ours that refuses to provide health care for everyone cannot be described as morally civilized.

Dr. Sidney Wolfe is co-founder of Public Citizen's Health Research Group, based in Washington, and currently serves as the group's senior adviser. He directed the Health Research Group from its creation in 1971 until June 2013. Prior to co-founding the Group with consumer activist Ralph Nader in 1971, he worked at the National Institutes of Health, where he did research on aspects of blood-clotting and on alcoholism. During his tenure, Dr. Wolfe and his colleagues at Public Citizen worked to get 25 drugs off the market, pressured the Occupational Safety and Health Administration to set tougher worker health standards, banned Red Dye No. 2, got warning labels about Reye's syndrome on aspirin bottles, and otherwise fought to enhance the safety of drugs and medical devices in the U.S. His book “Worst Pills, Best Pills” has sold 2.5 million copies.