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Your DIY Guide to Everyday Revolution

## Issue 38 ★ Fall 2006

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### So This Guy Walks into the Emergency Room and ...

Universal Healthcare Coverage in the U.S. and Other Timeless Jokes  
By Tara Bracco

According to the U.S. Census Bureau, 45 million Americans went without health insurance coverage in 2004. Uninsured and underinsured people are often faced with difficult decisions: putting costly doctor visits on credits cards, which escalates personal debt; staying at an unwanted job in fear of leaving and becoming uninsured; delaying the purchase of expensive prescriptions because they don't fit within the monthly budget. Put simply, America's health care system is failing its citizens.

What will it take to ensure that all U.S. residents have equal access to health care? Some health care advocates say that the power of drug companies and big insurers can best be countered with by mobilizing the power of the nation's employers—corporate behemoths and small businesses alike. It won't be an easy task. To pull off this coup, grassroots organizers may first have to raise the profile of the health care issue, fight off conservative anti-government ideology, and ultimately prevent employers from shifting increasing health care costs onto workers.

### Half-Measures from Massachusetts

*In an effort to address the health care crisis in one state, Massachusetts Governor Mitt Romney signed a law last April that requires all residents to obtain health insurance by July 2007. The law expands eligibility for Medicaid and provides subsidies to low-income families so that they can purchase insurance. Gerald Friedman, a professor of economics at the University of Massachusetts at Amherst, believes the law "may end up covering more people, at least for a while."*

Nonetheless, the Massachusetts plan is drawing criticism from some health care advocates. Criticism centers on the law's requirement that those individuals who make at least three times the poverty level (about \$29,000 for an individual) purchase their own health insurance, if they do not already receive coverage through an employer or some other source. If they don't buy their own coverage, they will be charged a fine.

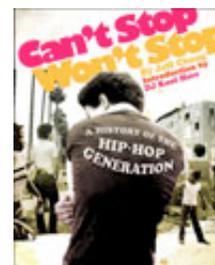
The plan does nothing to prevent employers from shifting insurance premium increases onto their employees, and actually aids big insurers by bringing them new business. In a state like Massachusetts, with a high cost of living, even those who make \$29,000 a year can face difficulty affording health insurance. Richard Kirsch, who works on health care issues as the executive director of Citizen Action of New York, is opposed to this individual mandate. He says the Massachusetts law doesn't adequately address the lack of affordability of health care for large segments of the population, and calls it a "false promise that's likely to never be enacted."

Steffie Woolhandler, co-founder of Physicians for a National Health Program, is even more blunt. "The Massachusetts bill is a hoax," she says. "There is no universal

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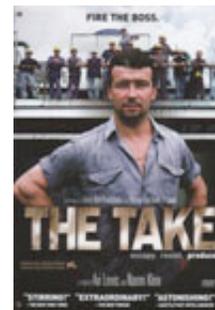
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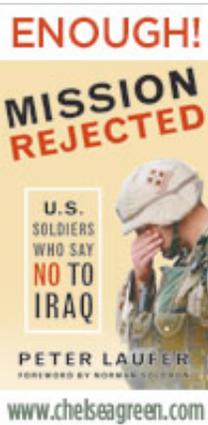
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health care in the bill... Insurance companies were ecstatic about this bill.”

While Kirsch acknowledges the positive provisions the law contains for low-income people, he contends it simply doesn't provide affordable care for moderate- and middle-income families. The law also doesn't regulate insurance companies. “The law treats health care as a commodity as opposed to a public good. It doesn't stand up to the insurance companies and drug companies to make health care affordable,” says Kirsch.

Health care advocates like Friedman, Kirsch, and Woolhandler suspect the law will unravel. The state will only provide subsidies for low income people if it has the funding to do so. If the state runs out of money, it will cut back the number of people covered. In this way, the state is protected, but the people aren't. Under these circumstances, there would still be Massachusetts residents who would remain without health coverage. “When the system fails, as it probably will,” Friedman says, “we'll be at a turning point.”

### Not Everyone Suffers from the Current Health System

“There are lots of people making money off of people's misery and illness,” says Mark Rukavina, executive director of The Access Project, a campaign created to expand access to health care throughout the country. America's health care spending is estimated at a staggering \$2 trillion a year. “We have a whole system of health care organized around profit,” says Kirsch. “Those forces have a lot to lose if we control health care costs.”

One of the fundamental problems with America's current profit-driven health system is that it is not advantageous for insurance companies to cover sick people and pay out on their claims. As such, insurers logically resist covering individuals with pre-existing conditions. “The way to make profits in the insurance companies is to find the people who are going to be expensive and get rid of them before they run up bills,” explains Friedman. “Everyone wants to insure healthy people. No one wants to insure the sick.”

Most health care advocates believe the United States should adopt a single-payer health care system. A single-payer plan is one in which the government finances health care through taxes, covering all citizens regardless of age, employment, or pre-existing medical conditions. Under a single-payer system, the government is the one entity that is billed for all medical costs. Supporters of single-payer argue it would reduce waste in the current system and provide more effective coverage; comparisons between the U.S. system and single-payer plans in other developed nations add credence to this claim.

*A 2005 report from the Virginia-based Lewin Group projected that a single-payer plan would reduce California's health care spending by nearly \$8 billion. A similar report the group published in 2003 found that Georgia would save \$716 million in its first year if it implemented a single-payer system.*

Nonetheless, insurance companies and pharmaceutical companies are adamantly against it. A single-payer system that insures all people to be covered would likely cut into their profits. From the vantage point of insurers, being pressured to provide coverage for unprofitable sick populations is bad enough. Worse still a single-payer system would likely force insurers and drug companies to lower their prices. “They don't want national insurance because they have market power,” says Friedman. “If the federal government is the single buyer of insurance and the single buyer of



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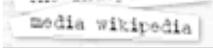


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pharmaceuticals, then prices would plummet.”

With these threats to their profits in mind, insurance and pharmaceutical companies have successfully lobbied to prevent a national single-payer health plan, helping to keep profits high. The Public Citizen report *The Other Drug War II* identifies the special interest group Pharmaceutical Research and Manufacturers of America as a leader in spending on lobbying, spending a whopping \$11.3 million in 2001 to support its agenda. And their efforts paid off. During that year, when the average profits of Fortune 500 companies declined by over 50%, drug companies experienced an increase in profits from \$28 billion in 2000 to \$37.2 billion in 2001, making drug companies the country's most profitable industry.

### **Pitting Big Money against Big Money**

Advocates in agreement that radical health care reform is needed face a much-more daunting question than what ideal health care policy should look like. Given the political and economic might of the health care industry, the much more difficult question is how we can ever create meaningful change.

Some health care advocates feel that the way to combat the power of the health care industry is with the power of the nation's major employers, companies that typically pick up a substantial portion of their employee's health care costs. An irony of America's profit-driven health system is that other profit-making businesses are being slammed by ever-rising insurance premiums. Employer-sponsored health insurance premiums rose by 9.2% in 2005, according to the Kaiser Family Foundation's report *Employer Health Benefits*. This is on top of increases of 11.2% in 2004 and 13.9% in 2003.

If businesses recognize the benefits of a single-payer system, their support for a national plan could provide the power needed for change. "Businesses are likely to be one of the forces pushing for change in the health care system," says Woolhandler.

According to Friedman, a barrier in getting employers to advocate for change is that employer-sponsored health insurance serves as a way of controlling workers and locking them into their jobs. "Companies use health insurance as a way of manipulating the labor force. A national health system would reduce the leverage companies have over workers," he says. Businesses have traditionally used benefits and wages to recruit and retain workers.

Health care advocates are also quick to point out, however, that national health care could serve to reduce many companies' staff turnover, as workers would not have to leave their jobs in search of better health benefits elsewhere. Money currently spent on health coverage could be spent on other desired benefits that could increase staff loyalty. Decreasing turnover alone could save businesses money.

Another impediment to recruiting employers as allies has been one of perspective: many businesses adopt an adversarial stance towards government involvement. "The problem has been ideological," says Woolhandler. "Business-oriented people don't like the idea of government stepping in." So even as costs to businesses rise, many are hesitant to give up the control of making decisions about employee benefits.

Still another significant reason businesses haven't been more vocal in support of a national health plan is that they have thus far been able to shift the increased costs of health insurance onto their workers. This has been done in recent years by reducing benefits and increasing employee contributions into health plans. The Kaiser Family Foundation's findings stated that the number of firms offering health benefits declined

in recent years from 69% in 2000 to 60% in 2005. A Hewitt survey from 2006 reported that employee contributions continue to increase for individuals, with employees now paying an average 22% of the total premium. Of course, if health care costs continue to rise faster than average wage increases, it is unlikely that these expenses can continue being shifted onto working people forever.

Despite one's views of the current Massachusetts health plan, it can be viewed as a sign that politicians are beginning to wake up about the need to expand health coverage to more people. The Massachusetts law and those proposed in other states, despite all their flaws, could help jumpstart a national single-payer system. Friedman believes that if more states had laws, it could push large businesses to advocate for a national plan because they would not want to deal with 50 different state systems. "If we did get a bunch of state systems, then we would get a federal system because employers would jump on board for convenience," he argues.

Dan Hodges, chair of the California-based organization Health Care for All, agrees that state action is the right approach. "The only way I think is viable right now, is for a state by state achievement of different kinds of health care reforms," he says.

### **Time to Start Organizing**

A movement for a single-payer health system that relies on employers as key advocates may seem paradoxical to some grassroots organizers. The benefits of corporate allies, however, in no way reduce the crucial need for individuals to get down to the traditional work of holding meetings, sending emails, staging protests, visiting politicians and contacting the media.

A significant push will be required to force businesses to become involved in this issue. Only if workers resist employers' efforts to shift rising health care costs onto them will businesses truly open up to a national health plan. "I don't think employers will join the campaign unless they are convinced they can't get rid of the costs of insurance on their own, by pushing it onto their workers," says Friedman.

Hodges believes in order to have a single-payer system it will take a massive public demand, "that is strong enough, loud enough that some businesses break ranks and move in opposition to long-standing US business practices of control over determining benefits for one's own employees."

While some labor unions, health advocates and community groups have already made health care a priority, Kirsch believes a system change will only come when there is an overall shift in political focus. "In order to get to the point where we can actually have the kind of changes to make health care affordable, we need to have a whole change in the politics of the country, where we are looking at politics that understand that we have a common responsibility for each other."

The political organization MoveOn.org recently conducted an online poll of its members to determine what issues they considered most important. Over 100,000 people voted. When confronted with choices that included the environment, energy prices, the Iraq war and voting rights, they selected health care for all as MoveOn's number one issue to be addressed in future campaigns.

"People are being more vocal. They are realizing that their difficulties are not an issue of their own personal failure, but the system failing," says Renae Reese of the Connecticut Center for a New Economy.

The trick will be channeling this increased awareness into action. "People need to get

off their sofas and go and participate in the political process,” says Woolhandler.

*Tara Bracco is the founder of Poetic People Power, an ongoing project that combines poetry and activism. She is also an alum of the Woodhull Institute for Ethical Leadership. You can contact her at [poeticpower\\_at\\_gmail.com](mailto:poeticpower_at_gmail.com).*

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