

MAINE VOICES

Need for single-payer health care growing

The list of reasons why the current system and its attempted fixes are failing grows longer

ABOUT THE AUTHOR

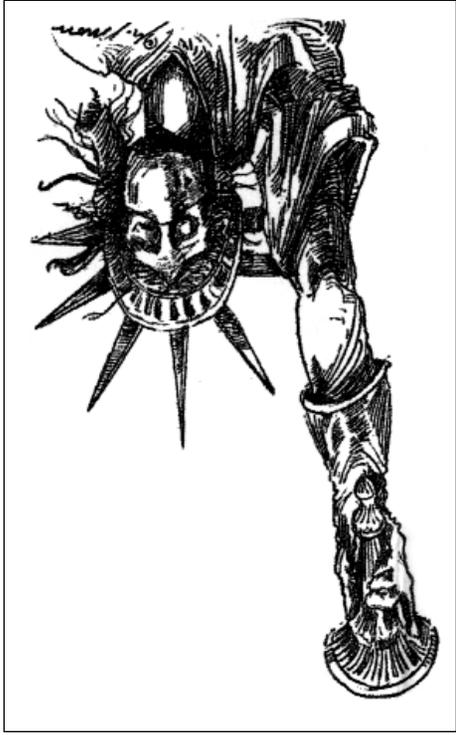
Richard Dillihunt, M.D.

(e-mail:dillihunt@aol.com)

is a resident of Portland

Six years ago I wrote here favoring a national single-payer health care system. Since then, little has changed - and given the content of President Bush's State of the Union address and subsequent campaigning, it seems that nothing positive can be expected from this administration. Shame on us for allowing 47 million people to go without health insurance and counting advertising and lobbying. Family bankruptcy is most commonly related to healthcare debt, and now big corporations such as the automotive industry may suffer this fate. Polls show that the majority of our population and their physicians support national health insurance. Programs such as Dirigo are stop-gap initiatives serving few in need and engulfed in controversy. The insurance and drug companies must relish this diversion while lining up at the trough. Activists usually favoring universal health care and single-payer coverage have compromised their goals by supporting Dirigo - perhaps feeling a few slices are better than a loaf that is still out of reach. The new "solution" offered by the government in Massachusetts has a fatal flaw - no

not in Massachusetts has a fatal flaw - no government-administered insurance here - Remember we are talking about nonprofit inadequate coverage. Virtually everyone opposing single-payer already has insurance and is not faced with administrative ability by paying over 50 percent of our entire health care costs. Our government already demonstrates its money.



Art by Geoffrey Moss

are employed by the government. What of the new "solutions" being offered? Health Savings Accounts are another in a long line of inadequate fixes. They would spawn a new layer of bureaucracy leading to more personal debt, with high interest rates suggesting predatory lending to the sick. Shifting costs to workers results in higher deductibles - discouraging needed care. Tax credits to help buy coverage are meager and would not cover even the simplest plans. Only the wealthy would benefit significantly. We cannot expect states to handle this national problem individually for the same reasons that we do not have 50 armies. Imagine the confusion in moving from state to state. Let's try a single-payer system and call it "Universal Medicare." How does it work? You pay premiums according to wealth and income - like a graduated tax. You seek care as usual - giving your Social Security number to enter the system. Marketplace factors decide how care is dispensed. A warm relationship develops with your caregivers. You smile at your pharmacist. Winston Churchill said "Americans will always do the right thing - after they've exhausted all alternatives." We can hope we are nearly there. - Special to the Press Herald