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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

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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 countless others to be underinsured. Meanwhile, health care costs inflate in a category by themselves - well above the general inflation rate.

Some facts that might clarify this problem:

We are the only major nation without government insurance.

According to the World Health Organization, we do not have the best health care in the world - we are far down the list.

An authoritative article in the New England Journal of Medicine on March 6 discloses that, on average, Americans get mediocre care.

The cost of medical care per capita here is much higher than in other nations.

The people of Canada for example are happy with their relatively inexpensive system - despite propaganda to the contrary.

The new federal drug benefit program is poorly understood, unwieldy and fashioned to enrich drug companies.

The public relations efforts of the insurance and drug companies have succeeded in scaring average Americans away from single payer through an enormous expenditure on 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 governor in Massachusetts has a fatal flaw - no money.

Art by Geoffrey Moss

Our government already demonstrates its administrative ability by paying over 50 percent of our entire health care costs.

Virtually everyone opposing single-payer already has insurance and is not faced with inadequate coverage.

Remember we are talking about nonprofit government-administered insurance here - not socialized medicine where all caregivers 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 skimpiest 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 dispersed. 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.

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