

Published on Wednesday, June 10, 2009 by [The Huffington Post](#)

Health Professionals Tell Congress They Want Single-Payer

by Jeff Muskus

At a long-awaited House subcommittee hearing on Wednesday, health-care professionals made it clear that they believe a single-payer system to be the best and perhaps only workable option for health care reform.

"Single-payer is the only reform that can control health care costs," said Walter Tsou, a University of Pennsylvania professor and an adviser to Physicians for a National Health Program. The last 50 years of government policy have protected insurance industry profits at the expense of taxpayers, doctors and hospitals, he said.

"Our most famous radical document begins with the words, 'We the People.' Not 'We the Insurers,'" he said. "It is time for our own generation's revolution."

For the most part, the panelists testifying before the Health, Employment, Labor and Pensions Subcommittee agreed that spiraling costs are the greatest problem currently facing the medical community and its patients.

"Unless you can stop the insurance industry price gouging, we simply cannot make health care affordable, which means you either have price controls on the insurance industry or you take them out of the equation through single-payer reform," said Geri Jenkins, the co-president of the National Nurses Organizing Committee, which represents 86,000 registered nurses. "If we were to have a debate on containing costs, improving quality and universality, the single-payer advantage would be clear."

The discussion about a single-payer approach has been slow in coming because congressional leaders and the White House took a single-payer system off the table early in talks on health care reform. But there are signs that they regret that decision now.

Rep. Rob Andrews (D-N.J.), the subcommittee chairman, said he worries that systemic inefficiencies in U.S. health care make the nation less competitive abroad. Ranking subcommittee member Rep. John Kline (R-Minn.) complained that health care is moving too quickly through Congress, noting that Wednesday's hearing was announced Thursday night, less than the customary week to 10 days he prefers to wait. But Andrews, who witnessed the failure of Clinton-era health care reform, responded, "it's not being done nearly quickly enough."

Fifteen years after the Clinton plan collapsed, the U.S. remains far behind other industrialized nations on health care, Judiciary Committee chair John Conyers (D-Mich.) told the subcommittee. Conyers said he has "a plan of a plan" for a "uniquely American" single-payer program that in its current form requires 3.5 percent of a taxpayer's income.

"This is the most popular system in the minds of most Americans," he said of single-payer generally, citing polls and constituents' calls to his office. "If you take the most popular health care option and take it off the table, heaven knows what you're left with."

Four of the five panelists, including Conyers, spoke in favor of single-payer. The only person in opposition was Manhattan Institute fellow David Gratzer, a doctor born and trained in Canada, who said the Canadian national-health system struggles to provide care to its citizens. "Like the Soviet Union, everything is free, nothing is available," Gratzer said.

But as long as Congress adequately funds health care, the other panelists said, that won't be an issue. "If they were to put the same amount of money into their systems as we do into ours, there would be no waits," said Marcia Angell, a Harvard lecturer and former editor of the *New England Journal of Medicine*.

"The reason our health care system is in such trouble is that it's set up to generate profits, not to provide care," Angell said, noting that private insurers spend 20 percent on marketing and administrative costs, compared with 3 percent for Medicare. She deemed the health-insurance sector "an industry that offers almost nothing of value."

Most of the panelists dismissed concerns of job losses at private insurers, arguing that employment would increase overall given the increased demand for medical professionals. Jenkins estimated total job creation at 2.6 million.

Some subcommittee Republicans seemed insulted by the very idea that the U.S. health care system needs reform. "I've been struck by the testimony about how awful the quality of American health care is," Rep. Tom Price (R-Ga.), who is a doctor, said. U.S. care, Price said, is second "almost to none."

Poor U.S. health outcomes, Gratzer argued, are a function simply of poor U.S. lifestyle choices, like smoking, drinking, overeating and murdering. If you remove murders and accidental deaths from U.S. deaths per year, he said, the "crude statistics" become less compelling.

Andrews seemed impatient with Gratzer's responses, especially when he argued that more time spent "hanging out with the family doctor" could improve individual health.

Andrews and full committee chair Rep. George Miller (D-Calif.) are scheduled to discuss a single-payer system with the House Ways and Means Committee later Wednesday, and the subcommittee chair noted the presence of Ways and Means member Pete Stark at the hearing. "This is the beginning of the process, not the end," Andrews said.



Rep. John Conyers testifying at the single-payer hearing on Wednesday morning. (Still taken from C-Span)