Making Sense of the Health Care Reform Debate

By Art Jones

As the debate over health care reform heats up, conflicting claims from both sides make it increasingly difficult to sort out the issues and choose a position for which to advocate. The temptation is to stay on the sidelines and let the "experts" and special interests decide our future course. I have practiced medicine among a poor and largely medically uninsured patient population at the Lawndale Christian Health Center for the past 25 years and so follow this with great interest. I will try my best to objectively define the positions. I will break it down into two main concerns, that of social justice and that of our country's future fiscal health.

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The United States spends 16% of its Gross National Product (GNP) on health care. Other countries spend less than 11%, Japan only 8%. Despite this, 26% of American adults aged 19-64 were medically uninsured for at least part of last year. The uninsured are not distributed equally among races as 44% of adult Hispanics were in this uninsured category. Two-thirds of the uninsured have at least one family member working full time. Previously insured may suddenly find themselves without medical coverage when they are laid off, downsized, or work for an employer who can no longer pay for escalating health care costs and either drops coverage or decides to place an unaffordable share of health insurance costs on his employees. Others lose insurance coverage when they decide to start their own business, go back to school, choose to stay home to care for a child or sick parent, or try to escape an abusive marriage through divorce. Those who are self-employed or working for small employers may not be able to find anyone willing to insure them if they have a chronic illness, even something like easily controlled hypertension.

It has been repeatedly documented that the uninsured enter the medical system later in the course of their chronic illness, more than half skip doses of medications because they can't afford them, and they are much less likely to have the preventive and screening services known to improve health. We do a pretty good job of providing medical coverage once the uninsured become disabled from chronic illness. The US ranks near the bottom of a group of 19 similar westernized countries in mortality before age 75 from causes considered amenable to health care. If we indeed adhere to the greatest commandments of not only loving God with all our hearts, souls, and minds, but also loving our neighbor as ourselves, we should advocate for a just system that allows equitable access to our health care system. This could be accomplished by requiring Americans to carry at least minimal health insurance, mandating employers to contribute at least a minimal percentage of total employee compensation to health insurance coverage, governmental assistance for those who genuinely can't

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afford that coverage, eliminating the current barrier to coverage placed by insurance companies due to pre-existing health problems, and leveling the playing field on tax policy so both those in the individual market as well as those covered through their employers get the same tax break.

The second issue has to do with the impact of health care costs on the fiscal health of our country. Health care costs continue to rise at more than twice the rate of inflation. This trend has not only negatively impacted our competitive position in the world economy, it is simply non-sustainable. An ever increasing portion of an employee's total compensation package (salary and fringe benefits) is spent on health care. The proportion of both federal and state budgets spent on health care continues to escalate, draining dollars from other important areas of government responsibility. Massachusetts implemented the changes recommended above and eliminated almost all of its uninsured. Unfortunately, they did little to control health care costs which threaten the entire program.

I believe the most crucial part of the current health care debate has to do with the public option. It would allow employers and individuals to choose the government sponsored health insurance option just like they could choose a private insurance option. The public option should compete fairly and live off its insurance premium dollars without additional supplementary funds from the federal government. Medicare and most state Medicaid programs operate with a 3 to 4% administrative cost. Private insurance companies generally take 15 to 20% of the premium. Many health insurance markets in this country are controlled by one or two companies and have an inadequate incentive to reduce health care costs. If private insurance companies cannot reduce their costs to compete with the public option, we would eventually move to a single payer system that characterizes most other westernized countries.

Who stands to benefit the most from such a change in our health care system? Clearly, the 47 million medically uninsured Americans would. As health care costs become curtailed under such a competitive system, most of the rest of us would benefit as well. Who stands to lose? The health insurance industry for sure, but the medical profession, hospital, pharmaceutical, and medical device industries would as well. The latter would find it increasingly more difficult to bargain rate increases from a public option more concerned about keeping coverage affordable than padding the affluent working within the health care industry. In addition, if the government would remove the malpractice system out of the tort legal system and replace it with panels charged with decided compensation for medical error, the legal system may experience a drop in revenue as well. As a result, you will hear claims such as the following from those representing the interests of those who stand to lose from the creation of a public option.

> 1. You may lose your current health insurance carrier and may not be able to see your current doctor.
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> It is true, especially if your current doctor refuses to contract with the public option. It is true with our current system also as many employers change health insurance carriers almost yearly in a scramble to contain escalating costs.
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> 2. The government will set up "death panels". This is in reference to the plan to reimburse doctors for actually having a discussion of

end of life issues with their patients so that patient wishes are followed. All too often, this discussion never takes place and patients are subjected to "heroic" efforts to squeeze a little more life out of them before they die. Some of these patients would never have agreed to such care had they been given an opportunity to express their wishes ahead of time.

3. The government will mandate government funding of abortions.

The current White House administration has stated that this is not their intent but there is no guarantee that this could not change in the future. Doesn't God call us, however, to be just as ardent about the pro-life position of inadequate access to health care services as we are about the abortion issue?

4. The government will make treatment decisions that should only be made between a patient and his/her doctor.

It is true that in countries with a single payer system, decisions are made about the cost effectiveness of certain treatments before they are made available. Private insurance companies as well as CMS which controls Medicare and Medicaid are already doing that.

5. There will be long lines of people waiting to get medical services just as there are now in Canada, Great Britain and other countries where government controls much of the health care system.

The lines are exaggerated as are the claims that Canadians are flooding the borders to enter the US to get access to our health care system. The reality of our current system is that it is the poor and medically uninsured that wait in the long lines and Americans are traveling to India and Southeast Asia to get access to health care they can't afford in our own country. The length of any lines is more related to how much of a countries GNP is spent on health care and how efficiently those funds are spent.

6. The government option will move us into socialized medicine.

This is a direct reference to communist countries who adopted government run health care services. That red scare technique has been used to stamp out health care reform in this country since 1917. It is being used again right now.

Surveys show that a large majority of Americans are dissatisfied with our current health care system. We have been in that position several times before in the last 65 years. Public opinion has repeatedly been turned against reform as those who stand the most to benefit from the status quo convince us to look at this from a self-interest standpoint and invoke fear that we may personally be better off just as things are. Will the Church stand up and be counted among those advocating for those who suffer under our current health care system. History says we will stay silent. Will we? Comprehensive, wholistic, gospel-centered care and management will lead to more healthy children and healthy families in our communities.

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