

A Dream Deferred

Remember Life, Liberty, Happiness?

By Melvin Konner

The Clinton health care plan has failed, and Congress has given up on any compromise this year. The Clintons served up a plan designed for political viability, and its something-for-every-interest-group stew finally satisfied no one. The American Medical Association turned out to be as entrenched in the past as ever and the insurance companies, large and small, proved equally recalcitrant. As usual, Republicans in Congress spoke for the rich and powerful, misrepresenting with careful deliberation every aspect of health care in America.

The facts are simple. The Administration, the Congress and corporate medical and insurance companies have all failed. They have failed the ill, the poor and the uninsured. Remarkably, since some of them see themselves as conservatives, they have failed the founding ideals of this country. Conservatives talk up a storm about liberty. They should read the framing documents.

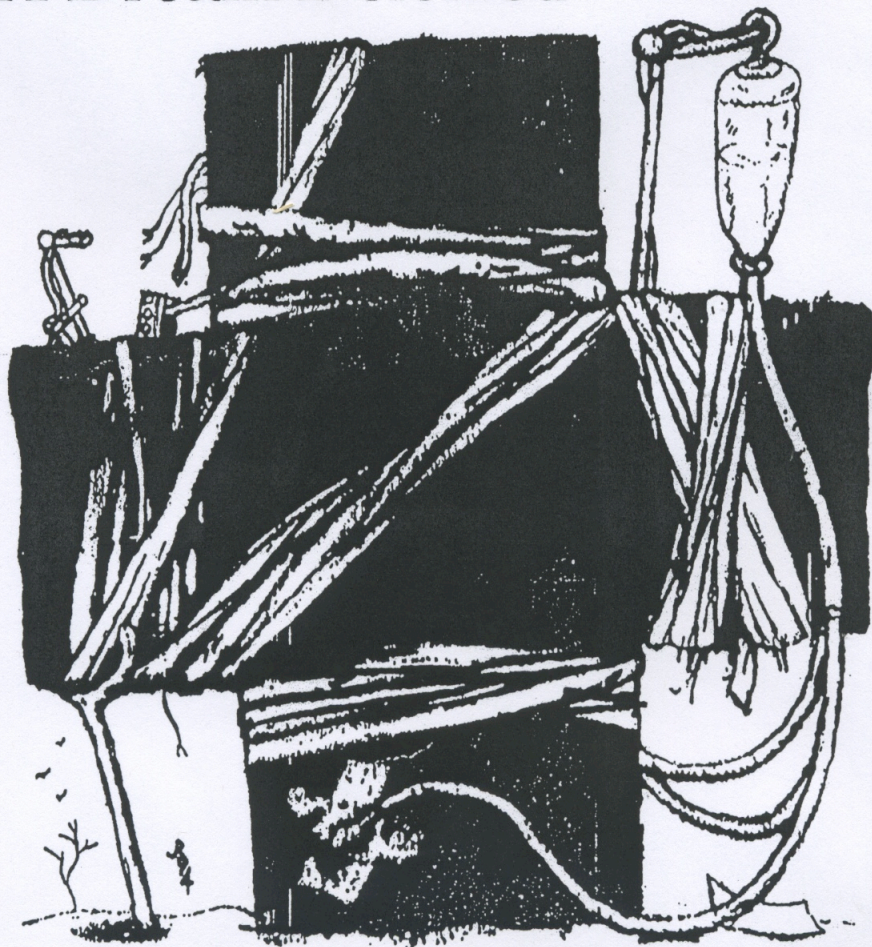
Consider what Jefferson and his colleagues wrote about "inalienable rights." Shouldn't life be guaranteed to a diabetic who dies on the street in a coma for lack of access to medical treatment? Is liberty available to a wheelchair-bound person who with decent blood-pressure monitoring would never have had a stroke? Is the pursuit of happiness remotely conceivable to a child born retarded because of lack of the most basic prenatal care?

The Constitution is meant in part to "promote the general welfare, and secure the blessings of liberty to ourselves and our posterity." If we want to live up to that ideal, we must follow the rest of the civilized world to universal health care. The issue is not compassion, it is national strength. In an earlier era, speaking about the proposed British national health plan, Lord Asquith said, "You can't have an AI empire with a C3 population." In American terms: If we do not deliver decent medical care to all our people, we can relinquish our dream of being the greatest, fairest, freest nation on Earth.

How many times will we repeat like a mantra "America has the best health care in the world" before the lie finally sticks in our throats? Do hundreds of thousands of unwarranted operations, millions of needless and costly tests, comprise the best health care in the world? Do the lowest immunization and the highest infant mortality rates among industrialized nations shore up that ludicrous claim? Do politicians, corporate managers and doctors believe that, like the big lies of totalitarian states, this one can be repeated until people at last believe it?

The people will not. In polls and surveys, most Americans still say they want universal health care, and

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they know that nations poorer than we have attained it. Where representative government has ground to a halt in gridlock, direct democracy is beginning to take its place.

The single-payer initiative on the ballot in California is only the start of a great grassroots movement. Whether the plan can win in November or not, support for it has been spontaneous and unexpectedly great. And California's tens of millions are helping point the way for the nation. Vermont, Colorado, Maine, Minnesota and other states all have vigorous single-payer movements.

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What they want could not be simpler: in one form, the state government would appoint an independent agency to collect and disburse all health insurance fees and relevant government funds. Or, at a more local level, nonprofit entities resembling gas and power companies would administer the local share of the funds. Either way — and here is what most people just don't understand — doctors would remain inde-

pendent entrepreneurs, and patients would have freedom of choice.

When I testified at a Senate subcommittee hearing on the single-payer approach last year, I also heard the testimony of leading Canadian physicians. They were outraged at the lies they heard from American politicians, repeated in the press and on TV, about the way medicine is practiced in Canada.

Hugh Scully, a Toronto cardiovascular surgeon and former head of the Canadian Medical Association, was particularly forceful: "I don't know what you were doing at 3 o'clock this morning," he responded to a conservative Canadian pundit who talked about waiting lists, "but I was replacing a valve and doing a quadruple bypass." Dr. Scully went on to say that the patient had shown up at the hospital two hours before. In Canada, he pointed out, emergency care is given on an emergency basis, urgent care urgently and elective care after a reasonable wait, just as in the U.S. — for those who have insurance.

Is it any wonder then that the overwhelming majority of Canadian physicians, once bitterly opposed to their national health plan, now endorse it with pride? That polls show that 85 to 95 percent of Canadians consistently praise their own system and say they would not change it for ours?

As for our midterm elections, many players in Washington will retire or be retired by a throw-the-bums-out mood. But leaders of the vigorous single-payer movement — like Jim McDermott and Pete Stark in the House, and Paul Wellstone, Paul Simon and Carol Moseley-Braun in the Senate — will be back to work again in the next Congress. This time they will not be burdened

with the incomprehensible plan of an unpopular President, and perhaps they can do the job right.

But if they can't, the growth of state and local single-payer movements like California's will continue. It may take until 1998, or 2002, but the Framers of our nation did not want to insure speed; they wanted to insure fairness. Sooner or later, but within a decade, Americans will have concluded that the best path in health care is also the simplest and the easiest to understand: one people, one payer, one nation united in its determination to give timely care to all Americans who become ill, without ringing the cash register to turn a profit from their suffering. □