

## Richard C. Dillihunt : In a just world, Medicare for all

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Op Art by Kathy Hagedorn/ Akron Beacon Journal

uncontrolled drug price increases and confusing recipients with peculiarities such as "doughnut holes." Conspicuously prohibited from this drug program is the ability of Medicare to negotiate (read "lower") drug prices — so successful in Canada, but blocked here by the pharmaceutical lobby. Meanwhile, ethics and social justice seem to have been forgotten.

Now comes a tardy leadership that has neglected an emergency at home while overextended abroad. Election results have stimulated a new wave of patch-ups that would be humorous if this were a laughing matter. An administration plan to make employer-provided health insurance taxable as income and to exclude \$15,000 of that income per family to encourage people to choose cheaper health insurance plans doesn't even register on the believability scale. Businesses cannot fork over \$15,000 per, and there is no such thing as "cheaper health insurance." And calling this a "tax break" is misleading — as anything that benefits one taxpayer financially will be offset by someone else paying more. Meanwhile the pace of change is stymied by slow-motion wrangling between the states and the insurance industry, which must relish this inaction seizing this opportunity to raise already eye-popping premiums. And middle America goes deeper in debt.

The new federal budget touts incremental changes to government health programs designed to slow Medicare spending by squeezing providers — who are already gasping. This will not correct our system because it does not address the real problems — the uninsured, the escalating cost of insurance and drug prices.

Another proposal to reduce Medicare spending has been advanced by Steven Hofman, former director of

A new political environment has rekindled interest in health care reform. Every presidential hopeful has a health care change agenda. The need for change is undeniable with 50 million Americans uninsured, countless underinsured, burgeoning insurance rates and outrageous drug prices.

Since the commencement of Medicare for those over 65 more than half a century ago, countless programs have been tried for those under 65, searching for a successful health care system within a free market environment. HMOs PPOs, HASs, co-pays, pay for performance and many varieties of private insurance have enjoyed little success. Thoughtful state schemes in Maine (Dirigo), California, Massachusetts, and several others have a common problem: lack of funds.

Health care inflation threatens to cause self-destruction of our entire health care system. Executive overcompensation, health care-related bankruptcy, and grandfathered insurance costs in such industries as automotive threaten our economy. A new drug insurance Medicare program (Part D) has emerged, fostering

research and policy for the House Republican leadership. Writing in Business Week on Jan. 8, he opines that consumers are not cost-sensitive because there are no incentives to control expenditures. He recommends mobilizing Medicare recipients into an army to battle Medicare spending, and receiving a 50-percent cash rebate for whatever they save the program. Calculating such rebates would be impossible, and many of those who need health care the most would receive the least, and be rewarded with cash — only to reappear in the system later and sicker.

President Bush worried in his State of the Union address that, without reform, we will be leaving as a legacy to our children three bad options: tax increases, deficits and reduced benefits. If reform means less for health care and continued lack of insurance for middle America, then add two more options for our children — no mother and no father. The new budget calls for over \$100 billion in reduced expenditures for Medicare and Medicaid over the next five years.

Have we forgotten that advances in medicine and surgery along with modern drugs and research has resulted in doubling our life expectancy? Are we just going to surrender to cancer? Remember, it's our money — shouldn't we be spending it on us? Cost savings by switching to single payer can eliminate any need for increases in health care spending. Canada demonstrates this fact in spending only half as much per capita for health care as does the United States. Diversion of money from overseas and outer space to health care at home should be a national priority. We have an emergency on Main Street.

A law allowing price negotiation for drugs by Medicare would be a start, however this was recently rejected in the Senate, despite backing by Maine's senators. This failure has reminded us that the pharmaceutical industry lobby is alive and well. Such a failure can serve as a stimulus to seek socially just and responsible change with vigor — a wake up call so to speak. No way will the drug or the insurance industry go away quietly. Watch your TV ads on that one.

Where to now? The obvious answer is Medicare for all in the form of universal health care with single payer. Everyone deserves this economically and socially just program. It is not socialized medicine, it is an old and proven friend — Medicare as we have known it for half a century. Ask anyone over 65 how they like Medicare — chances are you would like to be able to give the same answer if someone asked you.

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