

Conyers for Universal Single-Payer Health Care

Appearing at a Town Hall meeting in Detroit Dec. 15, Rep. John Conyers (D-Mich.) announced his firm intention to put the issue of universal single-payer health care on the agenda of the new Congress. Conyers noted that the United States has the most expensive health-care system in the world, while 47 million American residents go without coverage, and another 30-40 million lack adequate coverage. He then stated simply, "It's time we had a universal single-payer health care plan."

As he has done in every session of Congress for years, Representative Conyers will introduce his U.S. National Health Insurance Act into the Democratically led 110th Congress. It gained 79 Congressional endorsers in the Republican-dominated 109th. The plan was endorsed by Lyndon LaRouche last April, and has the endorsement of major trade unions and health-care activist groups.

Both the accelerating health-care crisis and a growing popular mobilization—with significant input from the LaRouche Youth movement—will see that it is not shoved to the sidelines in favor of more limited approaches.

As introduced by Conyers in the first session of the 109th Congress, the act would entitle everyone living in

the United States to a high-quality standard of care to be delivered through the "single-payer system" of an expanded Medicare apparatus.



EIRNS/Stuart Lewis
Rep. John Conyers

The health insurance benefits under the act would cover all medically necessary services, including primary care, dental, mental health, prescription drugs, and long-term care, with no co-payments or cost-sharing permitted. Enrollees would receive care from physicians of their choice. All participating institution-owned providers

to non-profit status, effectively removing the profit motive of "shareholder values," and the Health Management Organization (HMO) system originated by Nixon-era legislation, from the practice of medicine in the United States. Another name for his bill is, "Medicare for All."

Along with its other actions, Healthcare-Now (healthcare-now.org), a grassroots organization promoting the Conyers legislation, has announced plans for 1,000 "Truth Hearings" in Congressional Districts across the country, on the issue of universal health care, between now and the 2008 Presidential election.

question: "The Rising Demand for Hospital Care: Can We Meet the Challenge?" AHA cited the shrinkage in numbers of hospitals and beds, and noted the meteoric 61% rise in outpatient hospital visits per 1,000 population between 1990 and 2004, as cause for posing the question. The capacity constraints, in terms of facilities and sufficient trained staff, has put in doubt the nation's readiness to keep pace with increased demand.

Other contributing pressures leading to hospital closures has been the growth in reliance on Medicaid and the number of people who are uninsured. Since Bush took office, both have steadily grown as the physical economy contracted and more employers terminated health insurance coverage, and as laid-off workers lost any coverage. As the AHA writes, "for most non-elderly Americans, access to health insurance is tied to employment." In a healthy economy, in which people have high-paying, skilled jobs, health care is sustainable. So, despite efforts by Republican ideologues to restrict Medicaid benefits, there was a 20% rise in the number of Medicaid recipients, from 36.6 million in 2001 to 45.3 million in 2005. The number of uninsured from 2001-05 has jumped by 12% from 41.2 million in 2001 to 46.6 million in 2005. (See **Figure 2.**) Eighteen percent of Americans are uninsured, with no state having less than 10% of its population uninsured, and

two-thirds of the states at 15% or higher. Texas is the highest at 27%. (See **Figure 3.**)

Community public hospitals are the primary health providers for the uninsured and those on Medicaid. But reduction in Medicaid reimbursement payments to hospitals, and the growth in uncompensated care hospitals provide to the uninsured, which by law they must, have significantly contributed to hospitals operating in the red, precipitating closures. Yet, the population these hospitals served require care. Forced to travel greater distances, some patients' lives are put at risk, as when a heart attack strikes, and every minute matters. Community clinics for the poor, or physician-owned limited service hospitals for the insured and wealthy, cannot take the place of full-service, affordable, and accessible, public community hospitals.

As with the Hill-Burton paradigm, this new Congress can create a legacy of restoring health care for the general welfare, with swift action to reinstate the principles established in Hill-Burton. In tandem with a hospital-building effort and initiative to educate a new generation of doctors and nurses, this Congress must launch FDR-style great infrastructure-building programs to create full employment. To make health care "sustainable," requires that we put Americans back to work at productive jobs, rebuilding the world economy.