It's Time for a Public Health Service

By Joyce Goldstein

As labor leaders and other supporters of national health insurance seek a compromise with President Carter to get a bill in Congress before the end of the year, Rep. Ronald Dellums (D-CA) has introduced a new version of his Health Service Act, first introduced last year, with which he hopes to change the character of the debate over health care.

As opposed to health insurance, which would use tax dollars to pay for private health care, Dellums' proposal, introduced April 5, would use public funds to hire medical personnel and would radically change the nature of our health care system.

"The only way to address the basic problem of the inaccessibility of health services to large segments of the American people is to create a democratically controlled national health service," Dellums said in introducing his bill. "A national health insurance program that merely uses tax dollars to pay for the private, profit-making system, without restructuring it, will only lead to further entrenchment of the power of the health care industry and the exacerbation of the high cost of health care."

Financed by a combination of general revenues, a progressive "Health Service" income tax, and an employer tax, the proposed U.S. Health Service would provide comprehensive medical, dental, preventive, environmental, occupational and mental health services to everyone in the U.S. Dellums' health system would have a four-tiered structure:

•Communities would have primary care service—general outpatient care, emergency services, mental health care, programs on occupational health and safety and environmental monitoring. These services would be provided through community health centers and other local facilities controlled by local elected boards composed of two-thirds users and one-third health workers.

•Larger districts would have a general hospital for inpatient services. District hospitals would be governed by boards with members chosen by the local boards, maintaining the two-to-one ratio of users to workers.

•Districts would be joined together in regions to set up specialized medical centers and a health worker education system.

•There would be overall national budgeting and financing and supervision of specialized research.

Challenge to private system.

Under the plan primary health care for most people would be taken out of the preserve of self-employed, self-regulated—and largely unaccountable—"professionals" and placed in the hands of salaried practitioners whose primary concern would be preventive medicine.

The proposal also challenges the hierarchy of the present health care professions through changes in the training of medical personnel. Health Team Schools, operated on the regional level, would be created to train health workers. The schools would be tuition free and the student body would have to "approximate" the demographic composition of the region.

In addition the performance of health care personnel would be continuously reviewed, with both users and practitioners participating in evaluations.

The bill also contains a patients' "bill of rights" that guarantees: access to all health services, choice of health care providers and clear information and explanations, in the patient's first language, about proposed treatments.

Daniel Hunter

Rep. Ron Dellums

If it speaks to people's needs it's not utopian

In the following interview with Len Rodberg of the Public Resource Center in Washington, D.C., Ron Dellums of California talks about his reasons for introducing the Health Service Act in Congress. That act, introduced April 5, is now before several congressional committees. A vote is not expected until autumn.

Why are you introducing the Health Service Act at this time?

First of all, based on what I see as the health needs of the American people, and an evaluation of the current delivery system, I think this is the best way to provide health services for the American people, to enhance the quality of care and make sure there is accountability. Only in this way can we deal with the problem of excessive cost and marshall our resources so there is a more adequate distribution of personnel.

So you don't want to spend more, but to spend it better?

Yes, we want to see that the people who don't get service today can get good health care. I think a national health service provides the only possible way to do this, that is, we have to totally reorganize our delivery system of health care in this country.

Don't you think that trying to do that is utopian?

I realize that by introducing this bill we are running counter to many of the special interests involved in the delivery of health care, which is a very, very large business in this country. Everywhere I go, AMA people have argued that this approach is utopian, that it is just not practical, that it can't work, that it runs against the grain of how our economy is organized.

My response is simply that there is a desperate need to take a new look at the nature of our economy. There are movements beginning across the country for economic democracy and I think that the right of the people to health is a critical issue that ought to be part of that debate.

I don't think this approach is utopian. Maybe it is in advance of its time but that is only because millions of American people are not aware of this alternative. I have introduced the bill, not because I think the country is prepared to enact it today or tomorrow or even next year, but because it opens up a critically important debate in this country. It begins to force everyone to discuss all the various alternatives. Within the framework of an open debate, I think people will move toward this alternative.

This approach requires a radical rethinking of how we deliver services in this country and what the role of government is and should be in the lives of people. But, from an economic standpoint it makes sense, and from a political standpoint it makes sense.

Certainly it makes sense at a time in our history when competition for resources is increasing. We are simply building a situation today where more and more people will come together in conflict. I think the way you remove that conflict is to rise above a parochial approach to a problem and to speak to the needs of all the people, across race, across sex, across class, across every line that tends to divide us. That is what this bill does. It is a universal, comprehensive approach and I think it is the way to meet the increased competition over resources.

You referred to the special interests, many of whom are health workers, and the resistance you have met from the AMA. Do you think that health workers, from physicians to nurses aides, should support this bill?

Sure, I do. In a delivery system that doesn't require that health workers put in 60, 80, 100 hours a week, which I feel is absurd—there is a point beyond which competence begins to drain—when we reorganize the delivery system of health care in a way that makes sense, you minimize the stress on workers. They can work in an atmosphere that is more congenial and cooperative. They don't have to get involved in defensive medicine, do lab tests that they know are not necessary, or to engage in operations that may not necessarily be useful, but are done to protect themselves. They don't have to get involved in massive debt in setting up private offices, they don't have to be businesspersons, keep books, or worry about paying the bills. They can do what they are trained to do, that is, to provide health services to people.

Second, this bill provides for the participation of all health workers in managing the facilities where they work. For the first time they can, under the mandate of law, be involved in the development of programs and approaches to the delivery of health care where they work. Any time people have the opportunity to participate in issues that impact upon their lives, that is a very healthy process.

So you think this should be encouraged throughout the society?

Yes, providing an opportunity for workers to participate in establishing policies and creating the atmosphere in which they work is, to me, fundamental to the concept of a democratic society. One of the tragic realities of our institutional development thus far is that, even though we talk about being a democracy, we have excluded the participation of the people who use our services and the people who provide them. This really runs counter to the concept of democracy. Somewhere along the way it got distorted. What we are trying to do is put it back on track. ■

Skyrocketing health costs.

Skyrocketing health care costs have become a major burden to consumers, employers who purchase health insurance and government. Despite the current system of public and private health insurance, health care costs are now the primary cause of personal bankruptcy in the U.S.

Experience with government insurance programs, like Medicaid and Medicare, demonstrates that subsidizing the private sector to deliver health services increases the cost of health care by granting an unregulated license to provide more and more care, regardless of need, at an ever-increasing cost. A national health insurance system would continue the escalation of medical costs.

Efforts to control rising health costs, supporters believe, are doomed so long as the health system has to rely on "fee-for-service" (paying separately for each service) medical care, with its built-in encouragement for expensive and unnecessary procedures.

The Dellums health service proposal builds on the experience of prepaid health care systems that utilize salaried doctors and medical workers, and have controlled costs by reducing hospitalization time and by placing a greater emphasis on primary and preventive health care.

Supporters of a national health service estimate that such a system would cost 10 to 30 percent less than current health care because it would eliminate the costs of insurance and billing, unnecessary treatments and hospitalization encouraged by fee-for-service and excessive profits and astronomical salaries for the professional elites.

Public health history.

Between 1912 and 1920 the first major campaign for national health insurance was waged by the American Association for Labor Legislation, after the campaign to establish workman's compensation had achieved success. This effort was thwarted during World War I when the American Medical Association and the business community retracted their earlier support.

The next articulate voice for a national health program came from the private—but government-supported—Committee on the Costs of Medical Care. Its short life—1927-1932—produced a report calling for group practice and prepayment. But a minority report emphasizing solo, fee-for-service practice and endorsed by the AMA effectively killed the whole idea until President Franklin D. Roosevelt's Committee on Economic Security made similar recommendations in 1934.

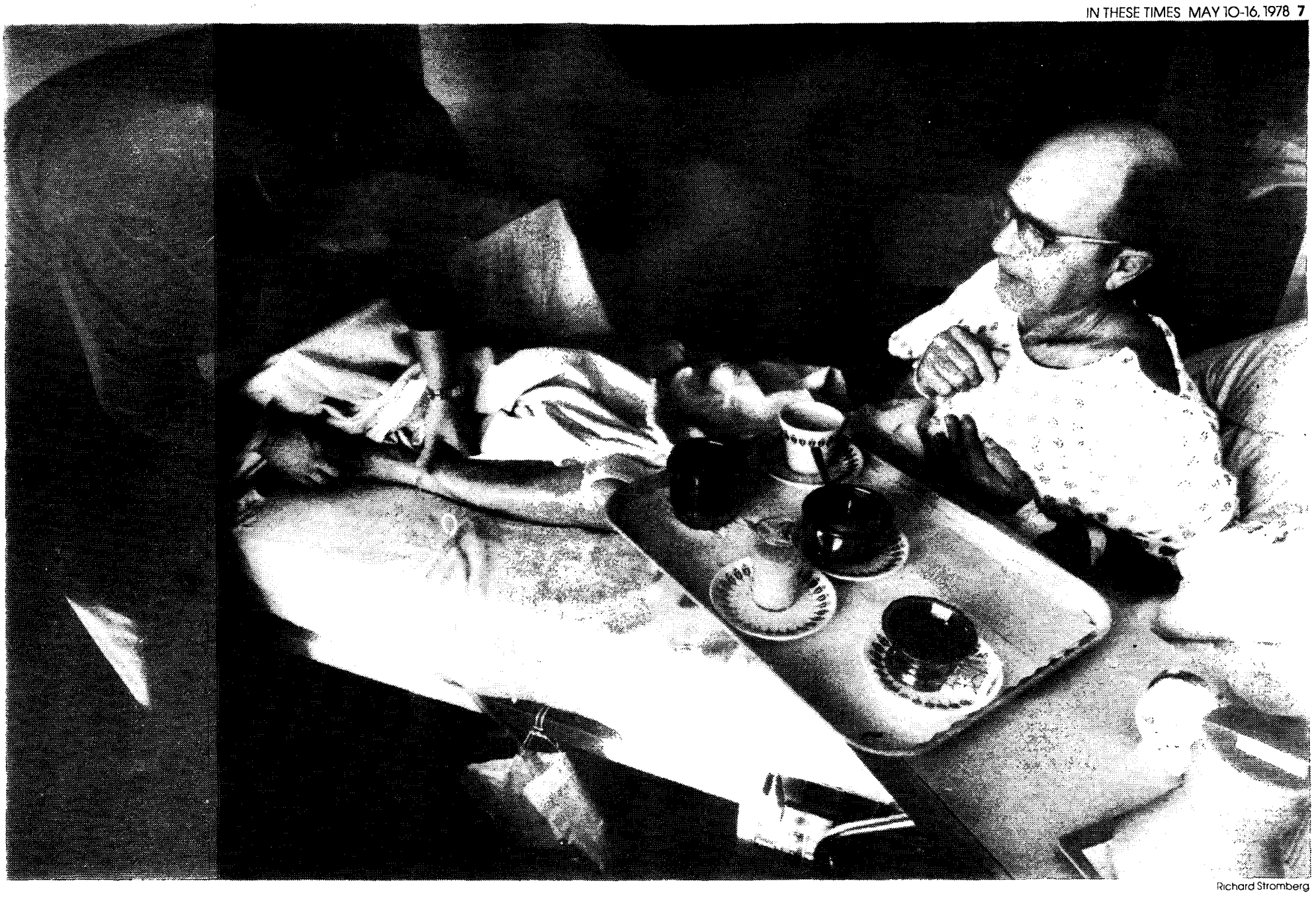
But again the AMA made sure that the Social Security Act of 1934 did not include any attempts to control the medical profession.

Roosevelt's health message in 1939 spurred the introduction of the National Health Act, which also went nowhere despite Harry Truman's declaration that national health insurance was a top priority.

In the early 1960s President Kennedy decided that the only way to pass any form of national health insurance was to restrict it to sectors of the society whose need could not be denied. Medicare and Medicaid, introduced by Kennedy at a Madison Square Garden rally and passed under Lyndon Johnson, provided a measure of public financing for medical care for the elderly and the impoverished.

Not only did the limited scope of the coverage represent a compromise with the health care industry, but in the legislative process all cost and quality controls were eliminated.

Ironically, these two programs—op-



Richard Stromberg

posed by the AMA, the hospitals, and the insurance and pharmaceutical companies —turned out to be a bonanza for the health care industry. Millions of dollars in federal funds were poured into a super-profitable nursing home industry, into thousands of "Medicaid Mills" serving poor communities, into increased demand for drugs and other supplies, and into fortunes for enterprising doctors, druggists, medical supply companies and real estate operators.

Unfortunately, the spiralling costs of Medicaid and Medicare—which have been portrayed in the media as yet another "welfare fraud," rather than a rip-off of the needy by the greedy—has created public hostility to further government action. The emphasis is now more on cutting costs than in increasing public access to medical care.

Kennedy-Corman plan.

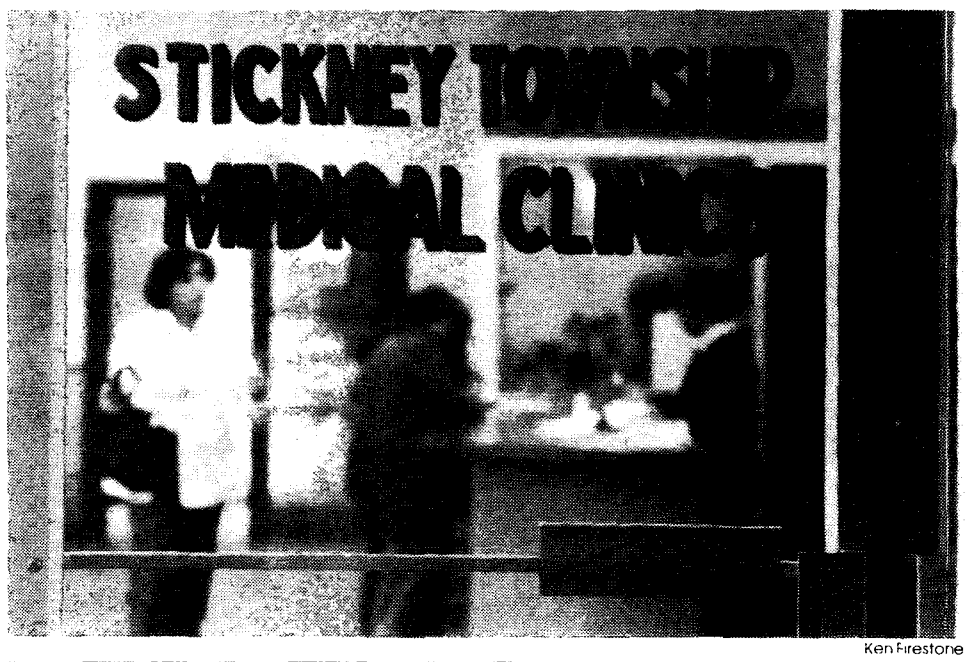
At the same time, a coalition of trade unionists, liberal Democrats, consumer advocates and senior citizens, built up over the last 40 years, continues to lobby for national health insurance. This coalition backs the Health Security Act, introduced by Sen. Edward Kennedy (D-MA) and Rep. James Corman (D-CA), which would create a federally funded, comprehensive health insurance plan for all Americans.

The Kennedy-Corman insurance plan, financed from general revenues and social security taxes, would have a national health care budget, based on expected revenues. The federal government would negotiate reimbursement rates with hospitals, doctors and other health care providers, and there would be incentives for Health Maintenance Organizations (HMOs) employing salaried personnel.

Fear of attack from the health care industry, and desire to get some kind of health insurance through Congress, had led Kennedy, the AFL-CIO and the United Auto Workers to compromise with President Carter on the principles for national health insurance.

Carter has promised a national health insurance bill during this congressional session. He has already won compromises that would increase the role of private insurance companies and that would finance the system through employer-employee premiums instead of from general revenue.

Nonetheless, opposition to federal health insurance remains strong. Critics have asked why Dellums bothered to introduce a bill detailing an optimal system of health care when far less radical nation-



Ken Firestone

Socialized medicine comes to one Illinois community

By Jolene Babyak

"Socialized medicine" has come to this sprawling Chicago suburb. If you lived here and were suddenly sick, all you would have to do for treatment is to go to one of three clinics with proof of residency—a water bill will do—and you'd be entitled to free health care.

Have a baby here and a public health nurse will come to your home with diet and health care instructions. Move into town with a senior citizen and he or she will be whisked off to a clinic where podiatry exams, hypertension, diabetes and hearing and eye tests are given regularly, all free.

Sound unbelieveable? Not for the 44,500 people in Stickney Township, who have been getting "free" primary health care for over 30 years.

While many communities provide public health clinics for the indigent or for VD treatment or immunizations, few public clinics provide physicians for a broad range of medical needs—and even fewer are wholly subsidized by local taxes.

Stickney prides itself on its cradle-to-grave health care. Everything from prenatal, pediatrics, immunizations to mental health needs (at reduced rates) and care for the special needs of senior citizens is provided. Stickney also provides extensive social services such as students to aid families if a parent becomes incapacitated.

One of its most applauded services is dentistry. Stickney has five public health dentists, including two who circulate year-round among the area's 12 elementary schools in a mobile unit. The unit is attached to a school's utility lines for a month while dentists check students and, if needed, fill, clean or extract teeth with parental permission. All free, up to the eighth grade.

Limited X-ray and lab services are also available at about half the going rate (chest X-rays in Chicago cost about $15, whereas Stickney charges $7). Medication also costs about half.

"It's all coming together now," says Kenneth C. Rehnquist, health director of Stickney Township, who said that planning and communication were the toehold to efficient service. "You start small, prove the need for what you've got, show you're successful, then take it step by step. We didn't start out with all the programs we have now," he says.

The Stickney health plan has its origins in the Depression, when former township supervisor Herbert Maid sought to help local truck farmers get off relief rolls. He convinced businesses in nearby Clearing Industrial Park to support a clinic to make them employable.

Today the clinics and township business (most of which is involved with health care) cost about $1.1 million, of which local industries pay about 68 percent in property taxes. Private individuals provide the bulk of the remainder, paying about $22 per household each year.

Nor is the program subsidized by local doctors. Salaries of the three township physicians (one in each clinic), the nurses, psychiatrists, psychologists and dentists are commensurate with area agencies, and Stickney has at least 12 private physicians and dentists operating side-by-side with the health service.

"We're not trying to replace the private practitioner," said Rehnquist. "We try to intervene with a program of preventive medicine, and most private practitioners are geared to the healing aspects of disease once it occurs."

And, adds a housewife who, like many residents, uses both the township clinics and private doctors: "Let's face it, what doctor isn't busy?"

While national health expenditures in 1976 amounted to $139 billion, or $638 per person, millions couldn't even afford minimal care. What makes Stickney able to accomplish primary health care so cheaply?

Stickney receives only minimal government funding in the form of revenue sharing and state grants, and provides no hospitalization, so paperwork is kept to a minimum. And since it is working on a fixed budget, there is a high incentive for efficiency. "My most important job," says Rehnquist, "is coordinating services so that we don't duplicate. This is the key to cheaper delivery."

Last year the three clinics had over 30,000 patient visits, and the dentists seated nearly 5,000 patients. If this is "socialized medicine" (and the term has little meaning to most people in Stickney) then it is alive and well. ■

***Jolene Babyak** is a free-lance writer.*