

Talk Summary

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46 Million Americans are uninsured and tens of millions who have coverage face increasing difficulties in affording care. Employers' premiums are skyrocketing, workers are paying higher co-payments and deductibles, and seniors face soaring out-of-pocket costs. Meanwhile we perform hundreds of thousands of unnecessary operations and procedures, and often prescribe useless or harmful medications.

Recent health policies have encouraged an expanded role for investor-owned firms and private insurers. Yet studies demonstrate that such firms provide inferior care at inflated prices; inflict needless and very expensive paperwork on hospitals, doctors and patients; and drain money from care for obscene executive compensation packages and returns to shareholders.

International experience proves that universal coverage is feasible and improves health. Every other developed nation assures health coverage for the entire population. Our infant mortality rate, among the lowest in the world in 1950, is now disturbingly high. We trail other nations on life expectancy, and score poorly on measures of premature death. Meanwhile, our health costs per capita are nearly double those of any other nation, and are rising more rapidly. Indeed, GOVERNMENT spending on health care in the U.S. exceeds TOTAL health spending in almost every other nation.

Yet Americans have fewer physician visits and lower hospital use per capita than other nations. Surveys of English-speaking countries show that Americans face the greatest barriers to care.

National health insurance has effectively contained costs in Canada - perhaps too effectively. Canada's single payer system greatly simplifies administration, cutting insurance overhead to about 1% (vs. 15% of premiums in the U.S.) and reducing bureaucratic costs for hospitals and doctors. Overall, Canada saves about \$1500 per capita annually on bureaucracy alone. A national health insurance program similar to Canada's could cover the uninsured and upgrade coverage for the millions who currently have only partial coverage, without increasing overall health spending because the savings on bureaucracy would fully offset the costs of expanded coverage.

A single payer national health insurance program enjoys wide support from physicians and the public. Yet political leaders rejected such reform and instead passed a halfway measure that will reinforce the role of private insurers, push costs up even faster, and still leave at least 23 million uninsured. Such reforms have been tried, and failed, in several statewide reform efforts since 1988. The urgency of single payer reform will increase in the years ahead.