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Enlightenment Thinking Could Bring Health Care For All Americans

By: Stephen F. Gambescia , For The Bulletin

Many health groups are giddy about the prospect of real national health care reform following the Democrats' takeover of both congressional chambers. Taking this cue, front-runners for the Democratic presidential nomination prioritize health care reform and are, therefore, slowly divulging their plans. Recalling the Clintons' efforts of 15 years ago, they perceive this as an opportunity to advance a Democratic "core value": universal health care.

President Bush and Republican congressional members understandably have their own ideas regarding how to slow the increase in costs of health care, to insure more people, and (generally) to assist the system to "heal thyself."

Getting health-care reform onto a "national agenda" is a vital first step to improving the health care of all Americans, but keeping it there is of far greater import. Thus, if it disastrously follows the political stream, the result will be yet another set of incremental policy changes that add more complexity and little improvement to a system in distress.

Using health-care reform as a means to test how the change of power in Congress will make a difference, or the promise of a presidential candidate, or how our checks and balances system works for the minority party is not what we need, if we are serious about health-care reform. So, let's get serious.

Health-care policy pundits critiquing these current events, unfortunately, have failed to integrate the history of how health care developed in America. Prior to the Clinton Administration's 1993 effort to grant all Americans an opportunity to have health care, proposals and initiatives - both incremental and sweeping - never took center stage. That such legislation failed to be adopted had nothing to do with which political party controlled the White House or Congress.

Thus, the focus must not now be on either party's motivation or ability to accomplish anything substantive. Looking to the founding precepts of our nation, inspired by Enlightenment thinking, will do more to guide us in finding a way to provide basic health-care services for all than trying to predict the vagaries of our political parties and their leaders.

Critics eschewing government interference into the health-care enterprise correctly emphasize that no one has an explicit constitutional right to health care. It is, however, fair to quote its Preamble; our duty to "promote the general welfare" encompasses health-care

opportunity. Indeed, the healthier we are, the more likely we are able (both as individuals and as groups) to "form a more perfect union, establish justice, and provide for the common defense." Keeping people healthy carries a big payoff!

Our philosophy of governance, laws, and order stem from the Enlightenment tradition that citizens enter into a social contract in exchange for some degree of protection of their person and property. John Locke (1632-1704) noted that labor is also considered to be property. That's why people barter their labor to companies in exchange for rewards that provide various forms of sustenance.

During the World War II period, however, it became economically necessary in America to slow and freeze wages. That's why companies began to offer more non-wage benefits, which included health insurance. Thus was born the employer-based health insurance system, which now covers almost two-thirds of the U.S. population. However, 20 percent of adults who work are not offered insurance through an employer.

Yet once our property (labor) has been linked, even tacitly, to our person (health care), we abdicate such control to another entity and thus we misuse an inalienable right. Such an exchange of our person is philosophically and morally untenable, but it is unfortunately well entrenched into the American health-care system. We must relieve employers of such control and any vestige thereof. Although it may have been prudent more than a half-century ago to create this type of financing of health-care services, it never made sense for employers to be involved in our health-care decision-making - at any level.

Employers of all sizes are beginning to show that they recognize they can no longer sustain this system. They act as if they wish to escape from the health insurance business when they (1) cost-shift to employees, (2) reduce benefits, and (3) join cooperatives that can promote cost-sharing. The signs are here that they will be getting out of the health insurance business for their employees.

Although America's capitalist economy has been its backbone for centuries, the earliest health-care delivery system was actually built on two other founding American precepts: charity and fraternity. Many early successes of health care in America are a tribute to the philanthropic and volunteer spirit of Americans. As our population expanded, the health-care system grew and medicine and treatments advanced, we began to switch support to a market-based system, boosted by government support when needed. The history of the development of the health-care systems (plural) in America is interesting, but long. In short, there is enough evidence now to show that health care should not be working first and foremost from a market-based model. If for no other reason than for the close to 47 million individuals uninsured, we need to let go of the notion that more market forces will bring more people into the system and slow increases in cost. This is not going to happen.

We are now seeing clear signs that our general will (a Rousseauian concept) is moving to fix our hodgepodge national health-care system. Governors and legislatures in a half-dozen states are making major proposals to ensure health-care coverage for all residents of their state. Coalitions of big companies, unions, and senior citizen groups are meeting to see how to create a better health-care system. A major pharmaceutical company

has called for universal health insurance. Organized medicine is poised to work toward a plan that gives basic health services to all Americans. After three years and six studies the Institute of Medicine, part of the National Academy of Sciences, concluded that our health-care system is unsustainable and we need to move toward universal health care. The factions against providing health care to all are declining.

If we are "one nation under God" and agree to respect each others' inalienable rights, doesn't it make sense that we all join in the same health risk pool and work from there?

The issue of health care for all is not about "the political will" to change. The answer lies fundamentally in "we the people" communicating the Enlightenment concept of the general will that we need a system where all Americans receive basic health-care services. The time to act should not be tied to the political party calendar. If ever there were a case and time to exercise our true sovereignty, it is for this issue, and it is becoming clear that the time is now.

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