

# Ask Your Doctor: Is Sicko Right For You?

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Michael Moore's documentary, "SICKO" now playing at our local theatres is proving to be an excellent sales pitch for a "single-Payer System, " in the ongoing campaign for universal health care for Americans. Like Michael Moore's other movies, SICKO has a point of view: To encourage Americans to revamp our failing health-care system.

As pointed out: (moveon.org 18 June, 2007) Moore's film includes such material as Richard Nixon's White House tapes which reveal his authorization of HMO's because: "the less care they give them, the more money they make" Or an American woman going underground in Canada in search of cheaper medicines for her cancer, or a middle-class couple moving in with their daughter after their insurance ran out, or a doctor employed by an insurance company testifying before Congress that she let a patient die to save insurance company money.

Today much of the public remains confused by the on-going debate over government's role in medical care. The confusion is fostered by an insurance industry which, determined to hold onto its expensive share of the medical dollar, can only do so by misrepresenting itself. By massive lobbying, both in Washington and in all the state capitals, the industry has kept its hand in the till where it extracts at least a third of the medical dollar while providing, in addition to misinformation, reduced treatment options and added expense to an unwary public.

The insurance conglomerates are doing their best to outwit the voters. With millions of lobbying dollars injected at both state and federal levels, they have purchased our representatives to help them steal from the taxpayer. That array of HMOS and other market-driven health organizations already functioning represent the intrusion of big business between the taxpayer who both needs and must pay for his health care, and the suppliers of that care.

Under "single-payer" plans, which Canadians and most Europeans enjoy, government foots the bill. The suppliers: physicians, hospitals, clinics, pharmacists, radiologists and other specialists, nursing homes, etc., bill government directly for their services. Since government guarantees these services, there is nothing to "insure." With government paying the provider directly that terribly expensive middleman, the insurance industry, is kept out of the picture.

With single-payer plans, physicians have a variety of choices: they may practice by themselves or in clinic or hospital groups. Hospitals also can stand-alone or join other hospitals and clinics to combine resources and services in various ways. Medicare, basically, is "single-payer," a form of socialized medicine.

Unfortunately, much of organized medicine in the U.S. has made a Faustian bargain with the insurance industry. Early in the 1990's the AMA, already bought by those giants, launched a massive e-mailing (300,000) to its members discrediting the Canadian system as "socialized medicine," and joining the insurance companies, hired a public relations firm, Burston-Marsteller, not only to sell "managed care" in the U.S., but also to discredit Canada's health plan both here and in Canada. (BM earned \$82.1 million in lobbying fees in 1992-93.) The firm, with offices in Canadian cities, has been feeding misinformation into the local press and thus undermining Canadians' trust in their own system.

No physician likes restrictions on neither his fees nor his choice of treatment, but with the "managed care" being pushed in Washington, doctors find themselves doubly restricted, both by their HMO or other insurance-formed organization, which in turn are restricted by government. Managed care actually represents "minimal care," i.e., the only level of care possible after the insurance industry has taken its bite from the medical dollar. The patient meanwhile, computer-herded into some select group on the basis of income, race, sex, age or medical history is beginning to realize that the special relationship with his physician has been taken away. Both provider and patient pay the price.

There are presently over 51 million in the U.S. without access to adequate health care. Americans must learn to guard every medical dollar. The politicians' never-ending scare campaign regarding the upcoming bankruptcy of Medicare is based on a fraudulent misrepresentation. The Nation magazine's editor way back in October 16, 1996) had these comments: "Since its inception in 1965 on nine different occasions Medicare's Hospital Trust Fund, financed by payroll taxes, has been said to be seven years or less from hitting the wall. Each time, Congress has responded with various fixes... The current drive in Congress isn't really about stabilizing Medicare or its companion Medicaid. It's about raiding these two entitlement programs to pay for a \$245 billion tax cut for the rich..."

Only a single-payer system, supported by both taxpayer and business can guarantee basic care for everyone. Those who can afford additional coverage will always find insurance companies eager to assist. The health of this country depends on everyone having access to his physicians. The insurance lobby intends to create division amongst Americans, pick the pockets of the rich and upper middle class, and even milk a few extra dollars from those dependent on Social Security by offering stripped-down "managed care" options.

As far back as December 20, 1996, Robert Pear, writing in The New York Times, reported that physicians countrywide were complaining about the limitations being placed upon them by HMOs. "Ill feeling over the restriction is growing," Pear said.

Doctor Christine K. Cassell, president of the 30,000 American College of Physicians, said: "To my dismay, gag orders are becoming more common."

Pear reported a notice to doctors working for Kaiser Permanente HMO in Ohio warns: "Do not discuss proposed treatment with Kaiser Permanente members prior to receiving authorization from an outside company that sets guidelines for the treatment of patients." He noted: "Some doctors want to recommend treatments not covered by the HMO in which the patient is enrolled. Their ability to do so may be severely limited by a confidentiality clause."

Even with the ongoing heated discussions over wars in both Afghanistan and Iraq, debate over America's failing health system is high on the political agenda. In Washington there are

over 30 health-related bills either in committee or awaiting congressional debate. Of these only one, HR 616, written by presidential candidate Dennis Kucinich, (Democrat, and Representative from Ohio's 10th District) designates a pure "Single-Payer System"

In California, Governor Arnold Schwarzenegger (R), who not too many weeks ago was confronted by a lobby representing some 36 HOM's, has so far kept his health care proposal close to his chest. It is not likely that our Governor will embrace any "Single-Payer" plan. However, two single-payer plans with different agendas are presently being discussed in Sacramento. AB8 written by Assembly-speaker Fabian Nunez (D-Los Angeles) which sits in the Finance Committee, and SB 840, written by Sen. Shiela Kuehl, (Principal coauthors: Senators Alquist, Corbett, Migden, and Yee) is already approved by the Assembly Health Care Committee, and supported by out local Jared Huffman (6th Assembly District) are variations of the single-payer approach. According to the MediaNetGroup (MIJ) both plans would "improve worker productivity, as healthier insured employees take fewer sick days, the researchers concluded."

Over 2000 years ago the motto clearly visible to all those entering the old Roman market read: CAVEAT EMPTOR, or "let the buyer beware."

Has anything really changed?

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