In the late 1940s

• Great Britain began their National Health Service.
• The Canadian health plan began in the Province of Saskatchewan.
•The US signed the Universal Declaration of Human Rights, which states that "everyone has the right to …health . . . and medical care . . . and the right to security in the event of . . . sickness, disability…"
• President Truman continuously tried to establish national health care, but vested interests led Congress to deny it.

- Veterans, where the Veterans Administration covers only "service-connected" disabilities.
- Those disqualified for pre-existing conditions by profit maximizing corporations.
- Those with policies that have confusing variations and serious gaps in coverage, and with a variety of co-payments and deductibles.
- Indigent Americans covered by state Medicaid programs that can be very incomplete.
- Workers who lose insurance when: they change jobs; corporations strip away benefits, outsource jobs or switch to "contract labor."

As patients lose jobs, find new ones and shift insurance companies, the rules change, the referral doctor lists change, and administrative costs climb. Those administrative costs are 15-30% for private companies, 11% for Blue Cross, but only 2-3% for Medicare.

Is there a better way?

"Medicare for All" is a call for expanding the Medicare program to cover all ages and all reasonable benefits—medical, mental health, dental, preventive and long-term care. HR 676 is a viable proposal that would implement Medicare for All. It is brief, simple, and very complete. A trust fund would be established to negotiate fee schedules with doctors and global budgets with hospitals and other institutions. Funding would come from a progressive income tax on the wealthy, plus a progressive excise tax on payroll and self-employment income. The people would have free choice of doctor and hospital. Everyone in the US would have one card and be free to go anywhere for care. There would be no role for the private insurance corporations. This Bill calls for pharmacies to use formularies with an approved list of medications favoring generics.

This is not "socialized medicine," which means doctors on government salary and hospitals owned by government. The Canadian health plan isn't "socialized" either: It has a single-payer system with provincial governments contracting with private doctors and mostly private hospitals to deliver the care. Polls show both the doctors and the people overwhelmingly like what they've got. This is also more than "universal health care"—which means only that somehow, someday, everyone would have some kind of health insurance (many of which are inadequate). Adequate and complete health care is a human right and it is time we all exercise that right.

graphic: Kjersten Jeppensen

Health Care—True or False?

- Medicare for All means the same as single-payer health care. TRUE, in today's organizing usage. Medicare is a single-payer system in which the government pays for care delivered in the private sector.
- Medicare covers all essential benefits already. FALSE. It leaves out prescriptions and long-term care. It covers home/nursing homecare for up to 100 days after hospitalization and only if one qualifies.
- Single-payer systems pay private doctors and hospitals to deliver care. TRUE.
- The single payer must be governmental. FALSE. It could be quasi-public (e.g., like the Port Authority) or even private but, to be efficient, it must be just one payer - not the confusion of multiple insurance companies.
- Single-payer systems must be national. FALSE. They can be statewide.
- Most elderly Americans have Long-term Care Insurance. FALSE. And most people do not realize that Medicare covers very little.
- Federal and state government departments already pay enough for health care to have covered our whole population. TRUE, according to testimony of the Congressional Budget Office and the General Accounting Office.
- Studies show that the US could save $350 billion per year while covering everyone by adopting a Canadian-type health plan. TRUE.
- Canadian patients don't have free choice. FALSE. They have free choice of doctors and hospitals within the system.
- In polls, Canadians and Canadian doctors overwhelmingly like their system. TRUE. And it started in one province in 1948 and included all provinces by 1964.
- The pharmaceutical corporations need to charge a lot because they do most of the drug research. FALSE. They spend only 13% of their budgets on research. The major research costs are borne by the federal government at the N.I.H. and via N.I.H. grants.
- The term "socialized medicine" does not apply to any of the above in the US or Canada, since these plans do not include government ownership of hospitals or government salaries for doctors. TRUE. However, our own Veterans' Administration and Defense Department medical systems are socialized.