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Doug Stone: Conservative voices come up short on health care

The rowdy August town hall meetings on health care are over, thankfully, and now it's time to get down to the serious business of actually crafting legislation that will affect millions of people and one-sixth of our economy. Republicans in Congress and their conservative allies on the radio have steadfastly opposed most of the reforms offered by President Obama and the Democrats in Congress.

But they have offered few serious alternatives to provide coverage for the 46 million uninsured and to slow the rate of growth of the cost of health care. In an interesting exercise, the Los Angeles Times asked some conservative thinkers to contribute to the debate beyond chastising the president and scaring seniors on Medicare. The StarTribune published three pieces Sept. 28 on its editorial pages. I must say that they are pretty slim pickings, demonstrating that it's much easier to tear down the opposition's proposal than to come up with a meaningful one of your own.

Let's not forget that the Republicans owned the White House for the past eight years and controlled Congress for much of that time and did little to reform health care.

David Frum, a former speechwriter for President George W. Bush, suggests giving health insurance companies more clout and power vis a vis state regulators and health care providers. That, he says, will force down costs as market forces are allowed to work on a national scale. But there's nothing about covering the uninsured or preventing insurance companies from refusing to cover people with

pre-existing conditions. Insurance companies have not solved the health care crisis to date, so why do we think that giving them more power will solve the problem?

Former Republican Congressman Mickey Edwards weighs in with a simple two-step solution that he says avoids "remaking" the entire health care system. He wants to create a non-government pool that would allow the uninsured and self-insured to purchase private insurance. That's a good idea and is already one of the President's proposals to create health insurance exchanges. But there has to be a way to make sure everyone is covered or the pool isn't effective. Edwards would also require insurance companies to cover pre-existing conditions. But what about people who lose coverage when they lose a job and what about all those people who don't have and can't afford insurance?

Finally, former Senate Majority Leader William Frist, a heart surgeon, writes an interesting piece about the need for changes in our health and wellness habits as a way to live longer and drive down costs. He notes that chronic disease is the number one driver of health costs and that much of chronic disease can be prevented or alleviated through changes in our behavior and habits. I wholeheartedly agree, but changes in what we eat and how much we work out will not insure the uninsured or have a major impact on cost in the short-run. And there are millions of chronically ill people, such as my wife, who suffer illness through no fault of their own. She had type one (insulin dependent) diabetes since her late 20s, took excellent care of herself, but years



later required kidney dialysis and a kidney and pancreas transplant. Dr. Frist offers a good suggestion, but neither he nor the two other conservative voices solves the problem.

I found much better ideas about reform in recent weeks from two non-partisan sources: Arthur Caplan, an ethicist at the University of Pennsylvania Medical School and formerly at the University of Minnesota, and journalist T. R. Reid., who just wrote a book entitled *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. Both reviewed how medical care and insurance coverage are dealt with in other industrialized democracies and talked about what we could learn: Caplan writes on the MSNBC web site: http://www.msnbc.msn.com/id/32898477/ns/health-health_care.

“We are 37th! We are 37th! No, this is not the cheer to be heard this week at a Notre Dame football pep rally. Rather, it is, according to the last rankings done by the World Health Organization, the chant appropriate for the U.S. health care system. The pressure is building to do something about our broken system.”

After reviewing health care from Japan to France to Israel to Canada, he concludes: “A lot of what the President is calling for is reflected in the health care of these nations. An emphasis on having widely available primary and preventive care is the key to controlling cost and getting better outcomes. Covering everyone will help reduce malpractice costs... There are many places doing better than we are. We can and should change that.”

Reid visited many of the countries Caplan discusses, comparing health care over there with how we do it here. In a piece in *Newsweek* <http://www.newsweek.com/id/215290> last month, he writes:

“In our current debate on health care, many have warned that universal coverage will inevitably lead to ‘rationing’ of health care. The argument overlooks a basic fact: the United States already rations health care. Indeed, every country rations health care, because no system can afford to pay for everything. The key distinction is the way rationing happens.

“In the other developed democracies, there's a basic floor of coverage that everybody is entitled to; that's why nobody dies in those nations for lack of care. But there are limits on which procedures and which medications the system will pay for... In the U.S., in contrast, some people have access to just about everything doctors and hospitals can provide. But others can't even get in the door (until they are sick enough to need emergency care). That amounts to rationing care by wealth. This seems natural to Americans; to the rest of the developed world, it looks immoral.

“‘Canadians don't mind waiting for elective care all that much, so long as the rich Canadian and the poor Canadian have to wait about the same amount of time.’ In that one sentence, Marcus Davies (a Canadian medical official) laid out the ethical basis of Canada's health-care system. The question facing Americans this fall is: what should be the ethical basis of America's health-care system?”

We should ask ourselves: Is it ethical and moral in this great country, with all its excellent doctors and nurses and high-tech medical devices, to allow 46 million people go without insurance, to permit insurance companies to deny coverage to those with pre-existing conditions and to do nothing while hundreds of thousands of people go bankrupt because they can't pay their medical bills?

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