The Bipartisan "Universal Health-Care Reform" Fraud
Now *that's* SiCKO!

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Introduction

"Sicko is Boffo!" screamed the *Daily News*. Michael Moore's latest film – an acute dissection of the U.S. health-care "system" – is taking the country by storm. Not only because it's one of his best efforts as a director, but also because once again he's struck a raw nerve, in this case the anger over care denied in order to keep medical profiteers wealthy. And audiences are moved by his positive message – that people in the U.S. have a proud history of standing by and supporting each other, and the implicit answer to the film's questions of "Who are we? Why can't we do better?" is that we CAN organize and win the same gains won through struggle in other country.

Conservative critics of course panned the film, claiming it was naïve at best – "Americans want choice in their healthcare," they insist (as if choice can exist in a system dominated by profits) and treasonous at worst – i.e., for Moore's admiration of national healthcare systems elsewhere, especially in Cuba.

Liberals present a more dangerous critique. They criticize Moore for not mentioning the snake oil panaceas being peddled by Democratic Party candidates. (See the articles in this pamphlet for analyses of these "universal" proposals.)

Typical of this approach is *New Yorker* film critic David Denby's review of the film. Denby is so outraged by Moore's politics that the director's typical "gee whiz" ironic stance goes completely over his head (or at least that's the pose Denby strikes). What's worse, Denby trots out the tired old lies about waiting times in Canada and England, and complains that Moore ignores the "reform" plans put forward by "major Democratic Presidential candidates." Denby ends by claiming that a "shift to the left" in the country in favor of health-care reform has "rendered his latest film almost superfluous."

Moore's advocacy of single-payer – under which the government would take over payment for health care, thus freeing up for care the billions currently going to insurance companies and wasted on paperwork – puts him squarely in synch with the mood of the millions of U.S. workers and retirees who've been stripped of their health benefits, and those still with benefits but who can't afford the premiums nor get the kind of care they need. And it leaves both Moore and these workers firmly to the left of the typical Democratic candidate, whose "universal" reforms would force workers to pay more and get less.

The key to answering Moore's question, "Why can't we do better," depends, as Lenny Bruce's Tonto knew full well, on just who you mean by "we."

If in that "we" you include our ruling class, forget it. They will never have an interest in providing for workers' health care needs – any more than they care about provision of other basic needs such as food, housing, decent retirement, etc. And they know yielding on health-care leads inevitably to battles over other basic needs.

If by we, on the other hand, you mean workers and those disproportionately impacted by the lack of decent health care, and suffering from the underlying conditions that sicken and kill us every day, then that's an entirely different diagnosis of the problem.

At showings of his film Moore has appeared with single-payer advocates such as the California Nurses Association to advocate passage of bills such as H.R. 676 (the Conyers bill; see the articles in this pamphlet for details). CNA recently affiliated with the AFL-CIO, and part of the agreement for doing so was that the union federation would adopt its pro-single payer position (which it has done, although in fairly vague wording). CNA's militant advocacy of single-payer in the political arena, has been coupled in a number of instances with militancy over workplace issues. It has been involved in numerous heated organizing and contract battles in recent years. At the same time there are signs of brewing discontent within the country's largest health-care union. In May, California affiliates of the Service Employees International Union forced their national leadership to end a sweetheart deal with nursing home managers signed at the expense of, and without the vote of, SEIU nursing home workers.

These battles are important for two reasons. First, the vast majority of healthcare workers in this country are unorganized. This means they not only lack the wages and benefits they need, but with no say over their working conditions they can't care for their patients the way they would like to (nurse staffing ratios, for instance, is the most hotly contested issue in health-care workplaces). To fully organize this sector, militant, democratic and politically independent unions are required (it's worth noting that CNA was a key promoter of the Labor Party formed in the 1990s). Once such unions are built and/or rebuilt we can be sure they will be in the vanguard of the fight for important reforms such as single-payer.

What's more, with adequate leadership such militant unions won't stop there. They'll ask Michael Moore's question – "Why can't we do better?" – on an even larger scale. They won't stop at single payer, but will ask, "Why can't we socialize the entire health care system, and tax the rich to pay for it?" This would mean eliminating not only the insurance companies, but ending the role of other health-care profiteers – private drug companies, equipment manufacturers, for-profit hospitals, etc. It would end the competitive pressures imposed on even not-for-profit health-care institutions forced to "compete" for patient dollars.

Health-care workers have long raised the connection between provision of basic human needs – food, housing, education, etc. – and health. Given this connection, socializing health-care would raise the question of all questions: "Why can't we socialize the whole economy, and end a state of affairs which condemns millions to hunger, insecurity, illness and death in order to secure profits for the few?"

The bosses know this all too well, which is why they shun even just the reform of single-payer like the plague.

Millions of auto, steel, garment and other workers, from their own perspective, are beginning to grasp these connections as well, and realizing more and more that the capitalist system itself is truly "Sicko"!

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Bush's 'Free-Market' Health Care Plan Pushes Cost Onto Workers

by Andrew Pollack

From the February 2007 issue of *Socialist Action* Newspaper

In his State of the Union speech on Jan. 23, George Bush proposed a plan to gut the country's employment-based health insurance system. In an attempt to force workers to buy their own cheaper and less comprehensive coverage, it would provide tax breaks up to $7500 for individuals and $15,000 for families. And workers with employer-provided insurance would have to pay taxes on any coverage over $15,000.

Some bosses will dump their plans and force workers to buy individual coverage, while those keeping their plans can push the cost onto workers. Funding for the plan will also come from cuts to hospitals serving the poor. The Employee Benefit Research Institute said the proposal "would mean the end of employer-based benefits."

Bush claims the "gold-plated" plans he would tax encourage overuse of health care. But high costs are due not to overuse of routine care, but rather bureaucratic waste, profits, and high-tech care for serious or critical conditions. Combined with geographic and demographic factors, even a run-of-the-mill plan can easily exceed the $15,000 limit.

In fact, rather than being profligate consumers, workers have been paying ever more for ever less care as bosses have cut back on benefits. They started by cutting or eliminating coverage for retirees—the group most in need of care—and by hiking copays, deductibles, and premiums for current employees.

By 1993 only 36 percent of firms with 200 or more workers provided retiree insurance, down from 66 percent in 1988. The accounting rule change used as an excuse for these cuts will soon be extended to the public sector.

A recent survey of large firms showed 70 percent increased retiree premiums and two-thirds had caps on firm contributions. In 2004, just 20 percent offered coverage to those over 65. Since late 2005, several companies—including GM, Ford, Chrysler, Nissan, Verizon, and Sears—have announced cuts to retiree benefits. These cuts often affect seniors who've lost their pension plans and can least afford their own medical care.

Current employees face the same dismal picture. The percentage of workers required to pay all or part of their premiums rose from 46% in 1980 to 78% in 1995. Bosses have been twisting workers' arms to enroll in Health Savings Accounts, which shift the financial burden to employees.

Almost half the 47 million uninsured work full-time. Medical bills contribute to half of personal bankruptcies, even though 75 percent of those in debt had coverage. Lack of insurance is estimated to cause 18,000 deaths a year. Of course, the most oppressed workers—Blacks, Latinos, and immigrants—get the worst care while paying the highest relative cost.

Some of the soldiers in Iraq joined the military to get health insurance. One woman told an antiwar rally how her son, killed in Iraq, had enrolled because his daughter had congenital heart defects and he couldn't find a job with health insurance.

Health care has been a prominent issue in every recent strike, and will once again be a key item in this year's auto talks, with GM demanding more cuts to retiree benefits.

Now Bush wants to give auto and other bosses a class-wide solution. In an article titled "U.S. Car Makers Stand to Gain From Bush Plans," the Wall Street Journal reported, "White House aides hope [the plan] will boost the ailing American auto industry."

Health Affairs says employers are calling for an "exit strategy" from their obligations. So Bush's plan—and others analyzed below—is welcome news to the ruling class, who will no longer have to cut health care one company at a time.

Bush's plan will also take money from hospitals to subsidize private insurance, and his 2008 budget will further slash Medicare, primarily through cuts to hospitals and doctors.

Bush's plan would cover at most three to five million of the 47 million uninsured. The plan also will encourage younger workers to desert employer-provided plans, leaving them with older and sicker people to cover—thus pushing even more over the $15,000 limit.

Deborah Burger, president of the California Nurses Association/National Nurses Organizing Committee, said the kind of plans that Bush wants workers to buy encourage people to avoid preventive care, leading to more serious illness later.

The "free market" slant of Bush's plan is finding an echo in plans being pushed by both parties in D.C. and in state legislatures.

In April, 2006, Massachusetts passed a "universal" coverage bill. But the plan is only universal in that it forces every resident to buy private insurance or face steep penalties. Money provided for subsidies (to low-income workers only) is not enough to buy decent coverage. And as in the Bush plan, that money is taken from funds for care now given to hospitals and doctors.

The bill was passed without any estimates of cost. Nine months later, those who predicted workers wouldn't be able to afford its coverage were proven correct. The cheapest plan would cost about $360 a month, and workers would pay up to $5000 for individuals or about $8750 for families in out-of-pocket expenses. Even these numbers are just guidelines for insurers, who can charge what they want. Not surprisingly, a survey showed most bosses in the state favor the plan.

On Jan. 8, California Gov. Arnold Schwarzenegger put forward a similar plan mandating purchase of private insurance. He had earlier vetoed a bill to replace private insurance with a statewide trust fund.

Insurer UnitedHealth said that Schwarzenegger's plan would "present real possibilities for our business." While still making billions in profits, new enrollment for insurers has slowed. Thus, said the

Wall Street Journal, Schwarzenegger's plan was welcome relief, as it would "expand the market to four to five million uninsured Californians."

Consumers would have to pay up to $10,000 for a family out-of-pocket, and again hospitals and doctors would be taxed to pay for the plan.

Adding insult to injury, Schwarzenegger demanded "personal responsibility," saying "the trim and fit" should be treated differently from the "obese and inactive." Companies nationwide have used such rhetoric to deny coverage to those who smoke, can't lose weight, etc. Some are even fired before they can use benefits: Last year Wal-Mart told its managers to get rid of overweight, elderly, and injured workers.

Schwarzenegger's announcement came the same month as a series in the Los Angeles Times exposing how California insurers were denying coverage to individuals with routine ailments or in certain occupations, denying payment for covered children with cancer, etc., while giving executives billions in stock options (often illegally backdated).

These are the insurers bosses expect us to find coverage from!

The CNA said the plan wouldn't provide comprehensive or affordable coverage, and would limit employers' responsibility but not insurers' profits. But Andy Stern, head of the Service Employees International Union, praised Schwarzenegger for his "leadership" in "expanding coverage and making quality care more affordable."

A dozen other states are considering similar plans to mandate insurance purchase, typically without subsidy for anyone on an average working-class income. And most will likewise cut payment for care. Said the expert crafting the New Jersey plan, the state should stop "paying for care" and instead "empower" individuals.

A bill before Congress encourages each state to come up with its own pro-business plan. Meanwhile, Oregon Senator Ron Wyden's Healthy Americans Act would establish a "centrally financed system of private health insurance." Its expressed goal—only implicit in Bush's plan—is to destroy the employer-sponsored coverage system.

Employers would have to terminate their health plans and pay the amount saved to workers in tax-deductible wages. Workers would not be allowed to buy coverage worth more than a pre-set limit. Wyden estimates his plan will save bosses $310 billion of the $429 billion they now spend on health care. Backing Wyden are Families USA, Safeway CEO Steve Burd—and SEIU's Stern.

The architects of the Massachusetts and similar plans have done studies showing that government-provided insurance would be far more equitable and efficient, yet in every case have opted for private mandates citing "political feasibility." The week before Bush's speech a coalition of insurers, doctor and hospital groups, drug companies, the Chamber of Commerce, and AARP came out for tax credits for individual insurance purchases.

According to the Wall Street Journal, insurers have lost business as employers cut benefits to save money, and so insurers have been scrambling for new revenue. Now they've found it.

At a January press conference, the head of the Business Roundtable (representing the country's 160 largest corporations and banks), stood alongside Stern and the head of AARP. Their joint message, said the Washington Post: "We stand ready to give you the political cover you need for a centrist, bipartisan fix for a broken health-care system."

Hailing the "new partnership," Stern said, "America needs a plan. Not a Democratic or Republican plan, a business or labor plan. An American plan." Hailing the Massachusetts and California plans, he thanked corporate America: "Today we stand united by our love for this country and our desire to see it prosper."

The day after Bush's speech, a press conference was held to show support for HR 676, Rep. John Conyers' single-payer bill, which is backed by Physicians for a National Health Program and 225 labor organizations. Speakers denounced the state-by-state giveaways to insurers, as well as the Wyden bill.

However, the mainstream Democratic Party approach is clear: "I think Democrats are concerned lest they seem too radical," said Rep. Pete Stark, chair of the House health subcommittee. "We've got to

win again in 2008, and we don't want to talk about universal coverage or anything that sounds like socialized medicine."

Meanwhile, the new Democratic majority just handed Big Pharma a huge gift. While allowing Medicare to bargain for the first time for lower drug prices, it will have no enforcement power, as no drug will be excluded from the program for costing too much.

In a future article we'll look in more detail at the roots of the health-care crisis, the difference between solutions such as single-payer and socialized medicine, and what labor is doing on this front.

SEIU joins bosses, politicians calling for health care 'reform'

by Andrew Pollack
From the March 2007 issue of *Socialist Action* Newspaper

On Feb. 7, the head of the biggest health-care workers' union in the U.S. stood side by side with its most notorious denier of health care at a press conference to pledge their commitment to health-care "reform."

This love-fest united Andy Stern, head of the Service Employees International Union (SEIU), with Wal-Mart CEO H. Lee Scott. It followed previous appearances by Stern with other business moguls and politicians mouthing empty phrases about "universal" health care—mostly wrapped around plans to force individuals to buy their own insurance (see article in the February Socialist Action).

Wal-Mart used to stay away from business appeals for "solutions" to the health-care crisis, which is not surprising, because it solves its own crisis by refusing to cover the vast majority of its workers, charging exorbitant amounts to the few covered, and trying to force out those most likely to need health care.

This has been a key plank of anti-Wal-Mart activists, and has led to local legislation mandating employers over a certain size to provide coverage—bills clearly aimed at Wal-Mart. So for Wal-Mart, saying it's for "universal" health care with no specifics—and saying explicitly it has no intention of offering more coverage to its own employees—is a cheap way of trying to rebut critics.

Joining Stern and Scott were AT&T, Intel, Kelly Services, the Communications Workers of America, and various mainstream policy groups. They talked vaguely of universal coverage, of getting more value for the buck, and demanded individuals take more responsibility for their own health and its costs.

Stern, repeating his mantra that "employer-based health care is dead—a relic of the industrial economy," complained that his corporate friends "cannot compete in the new global economy" and that health care "is a major drag on American competitiveness." "Business by 2008," he said, "will pay more for health care than they will make in profits. That is untenable." What Stern ignores is that the increased productivity of industry long ago provided enough surplus value to pay for free health care for all.

Gerald Shea, the AFL-CIO's head of health policy, derided the event as just talk. And Stern's embrace of Wal-Mart was too much even for some of his labor allies, drawing an angry rebuttal from the head of one of the biggest affiliates of Stern's union federation, Change to Win.

Joe Hansen of the United Food and Commercial Workers issued a letter saying, "It's not appropriate to take the stage with a company that refuses to remedy its mistreatment of workers. Wal-Mart is actually decreasing health-care coverage to employees. The company has become a proponent of health care for everyone—as long as Wal-Mart doesn't have to deal with the needs of its own employees."

Members of UFCW-backed Wake-Up Wal-Mart handed out fliers at the Stern-Scott press conference denouncing the company, and its director also took a swipe at Stern: "Why Wal-Mart would want to look for a partner to cover up its health-care crisis is obvious. Why anybody would decide to give a disingenuous player that stage is unconscionable."

Simultaneous with his embrace of Wal-Mart came Stern's promotion of Dennis Rivera, head of 1199 SEIU United Healthcare Workers East, to national chief of the union's health-care division, which represents a million health-care workers. Rivera will be in charge of pushing Stern's vision of "universal"

coverage, and, says the New York Daily News, is already touring the country to build "an alliance of unions and corporations opposed to the rising cost of health insurance."

Rivera was a perfect choice for the post, having worked hand in hand with New York hospital bosses to lobby politicians for more money. Rivera oversaw a massive expansion of the union's dues rolls, but he often sidestepped battles over wages, jobs, and benefits—fighting instead for job retraining funds.

And in December Rivera refused to fight the state's plan to close hospitals. Rivera also refused to fight the conversion of the state's Blue Cross and Blue Shield into for-profits, instead cutting a deal so some of the sale price went into one-time contract gains.

There are, in contrast, a number of local and state union bodies fighting for single-payer health care. Under single-payer, often referred to as Medicare for All, the federal government would pay all health-care bills, eliminating the role of insurers.

Representative John Conyers of Michigan introduced a bill in 2003 (HR 676) to cover every person in the U.S. for inpatient and outpatient services; drugs, primary and preventive care; dental, mental, and home health; physical therapy and rehabilitation; eye and hearing care; long-term care; etc. There would be no deductibles or co-pays—but part of the funding would come from a payroll tax.

The bill has been endorsed by hundreds of locals and dozens of city and state union bodies. The All Unions Committee For Single Payer Health Care, headed by RN Kay Tillow, encourages and publicizes endorsements. And Leo Gerard, a Canadian who heads the United Steelworkers of America (USWA), has made frequent statements in favor of single-payer.

Conyers' bill is similar to proposals by Physicians for a National Health Program and the Labor Party's Just Health Care Campaign (except that Conyers makes no provision for jobs for laid-off insurance company workers). Single-payer advocates point to the huge waste in dollars from insurance companies' profits, as well as the money spent finding ways to deny care. Even the paperwork for care provided is unnecessarily costly because of its spread among numerous competing entities.

Private insurers devote 20 percent of their premiums to administrative costs and profit, compared to about 3 percent for Medicare's administrative costs. Physicians and hospitals consume another 12 percent of private insurance premiums on billing and insurance related functions.

A single-payer system would also seek to negotiate with drug companies and other providers of goods and services for lower prices (but would still leave them in private hands).

Single-payer would theoretically allow redirection of resources to primary and preventive care, which would save billions more by stopping many acute and chronic conditions from developing.

What it would not do, however, would be to stop hospitals or drug or equipment companies from spending billions on one of the biggest sources of high costs: high-tech care of critical conditions near the end of life.

Single-payer advocates say this too could be subject to negotiation, but without socializing provision of care as well there would be inherent limits to such negotiations.

Single-payer deals primarily with the financing of care but not its provision. Doing so would require socialization of medicine, i.e., having care provided by public institutions and their staffs—as is already the practice at Veterans Administration hospitals and clinics.

Paul Krugman, a liberal economist and prominent backer of single-payer, has pointed to the efficiencies available to the VA because of its nationwide scope, with patients and information about them part of a single, life-long system. And he points to the efficiencies of care provided by system employees rather than entrepreneurial clinicians in private practice.

In the last decade such efficiencies allowed the VA to transform the rat and filth-infested facilities described in Vietnam vet Ron Kovic's "Born on the Fourth of July" into the envy of the rest of the "industry." Of course, the U.S. only grudgingly financed this exercise in objective socialization.

A Newsweek article last year promoting the VA's successes was met with embarrassed silence by the Bush administration. And cuts to the VA budgets, combined with the rapid influx of seriously wounded vets from the war in Iraq, have led to a resurgence of the Vietnam-era conditions: a Washington Post exposé published Feb. 19 showed that rats and filth are on their way back.

This mirrors the way Britain starved its National Health Service for funds as a prelude to privatizing parts of it, the lesson being that even a socialized medicine sector is never secure until workers take over society as a whole.

This brings us to the peculiar nature of our market-based health-care system. Despite crocodile tears about record numbers of the uninsured or poor quality, the real reason for the flurry of new plans is that health-care costs are cutting into profits of the bosses as a whole.

The U.S. pays far more for health care than any other country but gets far less in care and quality. Wasted dollars are due not only to private financing, but also from the profits and exorbitant salaries going to for-profit hospital chains, Big Pharma, equipment makers, and medical specialists.

More significantly, its very structure mirrors the combination of competitive anarchy and oligopolized collaboration of other "industries." Our health-care system consists of hundreds of thousands of private doctors and thousands of hospitals (increasingly grouped in networks), some for-profit and some not-for-profit. But even the latter are forced to compete with each other to take affluent or well-insured patients (and the doctors who treat them) away from other hospitals—and to do so by pushing the highest-cost procedures.

Compounding this anarchy is the commodification of medical services. As manufacturing productivity soared but profits declined, employers looked for new places to invest. They did so by converting services previously provided by government bodies, charities, or households into commodities to be bought and sold. Thus, markets were created for food and entertainment services, education—and health care.

Ironically, once this happened, even the federal government's creation of the mammoth Medicare and Medicaid programs created new huge markets for private firms selling goods and services to hospitals and doctors providing care billed to those programs. The same dynamic would continue to exist even under a single-payer program.

The current health-care crisis is an example of the costs of such commodification, as a plethora of drugs, diagnostic machines, and types of surgery based on advanced technology are pushed on patients for ever-diminishing return in extended longevity or quality of life. And the money devoted to these high-tech "cures" comes at the expense of primary and preventive care.

But as profitable as this process has been for health-care profiteers, bosses in other sectors are sick of paying the tab—especially with the long-term decline in the rate of profitability, which has dovetailed with the country's loss of global economic dominance.

In the September 2003 Monthly Review, radical health-care author Vicente Navarro described the class nature of health care in the U.S. He pointed to the ruling-class figures who dominate hospital boards of trustees. And more fundamentally, he noted how the growth of coverage under union contracts after World War II coincided with the passage of the Taft-Hartley Act, which restricted use of the very strike weapon which other countries' labor movements had used to fight for public health care.

Instead, the Act brought a common structure to the firm-by-firm coverage that was evolving. This in turn made workers fearful of standing up to bosses for fear of losing their source of health-care coverage.

U.S. labor has been taking it on the chin over health care in almost every contract settled in the last two decades, and is getting set for even more bargaining setbacks. While the individual insurance mandates being pushed by both parties would get bosses off the hook, they're not waiting for any of these bills to pass.

After forcing retirees to pay more of their own costs in October 2005, GM is looking in this year's negotiations for even more massive cuts—or even to dump their responsibilities completely. Ironically, auto bosses see their opportunity in a dangerous precedent set by the USWA. Despite Gerard's single-payer rhetoric, he helped his own employers violate their promises to retirees, and automakers have convinced the UAW to consider a similar deal.

In January, Goodyear dumped its $1.2 billion health-care liability onto a fund co-managed by the USWA and itself in exchange for a one-time payment of $1 billion. This fund was originally set up to

provide partial benefits for some of the more than 200,000 retirees dumped during bankruptcy proceedings by LTV, Bethlehem, and National Steel.

Now it is union officials who have to tell retirees they have to pay higher premiums or can't have certain benefits. Union "control" of such funds means the right to say "no" to members' needs.

The Wall Street Journal described the typical day of one such official, who receives calls from retirees and widows who can't afford drugs or care. To please everybody, he says, "we'd be out of money in a matter of months."

The trust is $200 million short of estimated future retiree medical costs. There are precedents for union-run or joint union-management-run multi-employer health plans. But they had traditionally been based on employer contributions negotiated at each contract, and even these funds have been prone to benefit cuts stemming from stock declines or theft, as well as from management cries of poverty.

The Steelworkers' fund started on an even rockier foundation: providing benefits for retirees of bankrupt companies that had simply walked away from their promises. Creation of the fund itself was a favor to billionaire investor Wilbur Ross, who claimed he would save jobs by buying the bankrupt steelmakers but wouldn't assume "legacy costs." So the union suggested the trust fund.

In the first years the Steelworkers' fund didn't even have enough cash to pay any benefits. Given the massive loss of benefits for its retirees, its not surprising that the USWA has said more than most on single-payer. It has also joined rallies and conferences of groups like PNHP and Healthcare-NOW, and in 2003 forged an alliance with the California Nurses Association, an even more vigorous advocate of single-payer (and a critic of sell-out contracts by SEIU).

But the Steelworkers, while mobilizing retirees for legislative protection, hasn't done much to mobilize members on the broader issue—a lack of action flowing from its preoccupation with its bosses' profits, expressed by Gerard as repeatedly, if not as obnoxiously, as Stern.

For instance, in testimony to Congress, Gerard complained, like Stern, that because of health-care costs, steel bosses were losing profits and global market share. His solution was not single-payer, but increased benefits and tax credits for his members—and subsidies to the companies.

Meanwhile, Democratic presidential candidates continue their duplicitous ways. At a January campaign event, Hillary Clinton asked those in attendance what type of health-care system they wanted. Almost every hand went up for extending Medicare to all. Forget it, said Clinton. "We need to build consensus first," she said, in favor of "politically feasible" solutions.

Presidential candidate John Edwards has proposed setting up a competition between private plans and regional single-payer plans—which would still be run through private insurers.

A recent article in *Health Affairs* pointed out that drastic change in nations' health-care systems often comes along with such crises such as war and depression. So it's worth noting that the debate over who will pay for ballooning health care costs coincides with the trillions of dollars spent (and the hundreds of thousands of lives lost) in Washington's imperialist adventures.

Thus, Deborah Burger, president of CNA, wrote that uppermost in voters' minds in the last elections were the Iraq War and health care: "More than ever, the two issues seem linked. With record budget deficits inflated by war spending, resources for health care and other critical domestic needs are increasingly starved."

Burger noted that on the very same day Bush proposed hundreds of billions more for war and hundreds of millions in cuts for public health spending. She also pointed to "the horrifying, long-term costs of caring for our nation's war wounded," estimated to cost over $600 billion over the next 40 years for tens of thousands of injured veterans," including large numbers of "amputees, the blinded and brain damaged, who will require extensive social support."

Meanwhile, the VA is increasingly denying coverage to soldiers just back from the war. The U.S. spends two or three times more on health care per person than other industrialized countries while getting far less.

There's one country that spends about four percent of what the U.S. does—yet has life expectancy and infant mortality rates that, says the BBC, "are pretty much the same" as those of the United States and has doctor-to-patient ratios that "stand comparison to any country in Western Europe."

That country is Cuba—which not only socialized medicine, but also expropriated a ruling class that, left to its own devices, seeks to continually re-infest every possible niche in the economy, including health care. Having eliminated these parasites, Cuba was able to focus resources on preventive and primary care, and even train enough doctors to get volunteers to help dozens of other countries (while the U.S. can't even train enough nurses to meet patient needs).

There's much talk in the U.S. these days about the need for stricter infection-control practices in hospitals. The same can be said about the need to rid us of the social infection ravaging our health-care system.

The labor movement in the U.S. could take a small but significant step toward that goal by uniting its forces on picket lines in defense of any group of workers battling to save their company-provided health care. At the same time, it should enroll them in a militant campaign of action—not just rhetoric—for health care that is publicly financed and provided, and worker-controlled.

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