Health care, once — and for all

Dr. Margaret Flowers talks about the renewed campaign for single-payer health care coverage, even as Washington D.C. looks at gutting reform altogether

INTERVIEW BY JAY THIEMEYER
CONTRIBUTING WRITER

Dr. Margaret Flowers has become a leading voice in a movement for single-payer healthcare. In 2006, she left behind a medical practice to take up the fight and has become a hero of sorts for millions of uninsured Americans.

Flowers obtained her medical degree from the University of Maryland School of Medicine and did her residency at Johns Hopkins Hospital in Baltimore.

After being arrested in 2009 for advocating for single-payer she wrote, "In that moment, it all became so clear. We could write letters, phone staffers and fax until the machines fell apart, but we would never get our seat at the table. The fact that thousands of people in America are dying every year because they can't get health care means nothing. The fact that over one million Americans go into bankruptcy every year due to medical debt – even though most of them had insurance when they got sick – means nothing." She has dedicated her life to changing this.

Flowers currently works with the Physicians for a National Health Program, a non-profit research and education organization made up of more than 18,000 physicians, medical students and health professionals. She was recently in Portland as one of the speakers at a daylong Single Payer Conference at the First Unitarian Church.

Street Roots' Jay Thiemeyer talked with Flowers about her commitment to single-payer health care over the phone last week.

Jay Thiemeyer: *What particular reasons do you have for supporting single-payer as a solution to the health care crisis in this country?*

Margaret Flowers: Single payer is the only approach to financing health care that actually uses our health care dollars in a way that's accountable to the public, that's transparent, that's the most cost effective way to finance health care. It's also the simplest way for patients and health care professionals to interact with each other. There's one set of rules. Every health profession is in the system, so you don't have to worry about where you can go. You can choose where you want to go. And it allows a direct relationship between the payer and the provider, so we don't have this middle person, this insurance company administrator in the way, telling us what we can and cannot do. So it allows us to focus on taking care of our patients without the hassles of dealing with all these health insurance plans.

After practicing for 15 years and being in this situation, which is really driving us in the opposite direction of not being able to take care of our patients well, I felt like this was something I needed to leave practice and work for to achieve in this country. We're the only country that doesn't have a health system.

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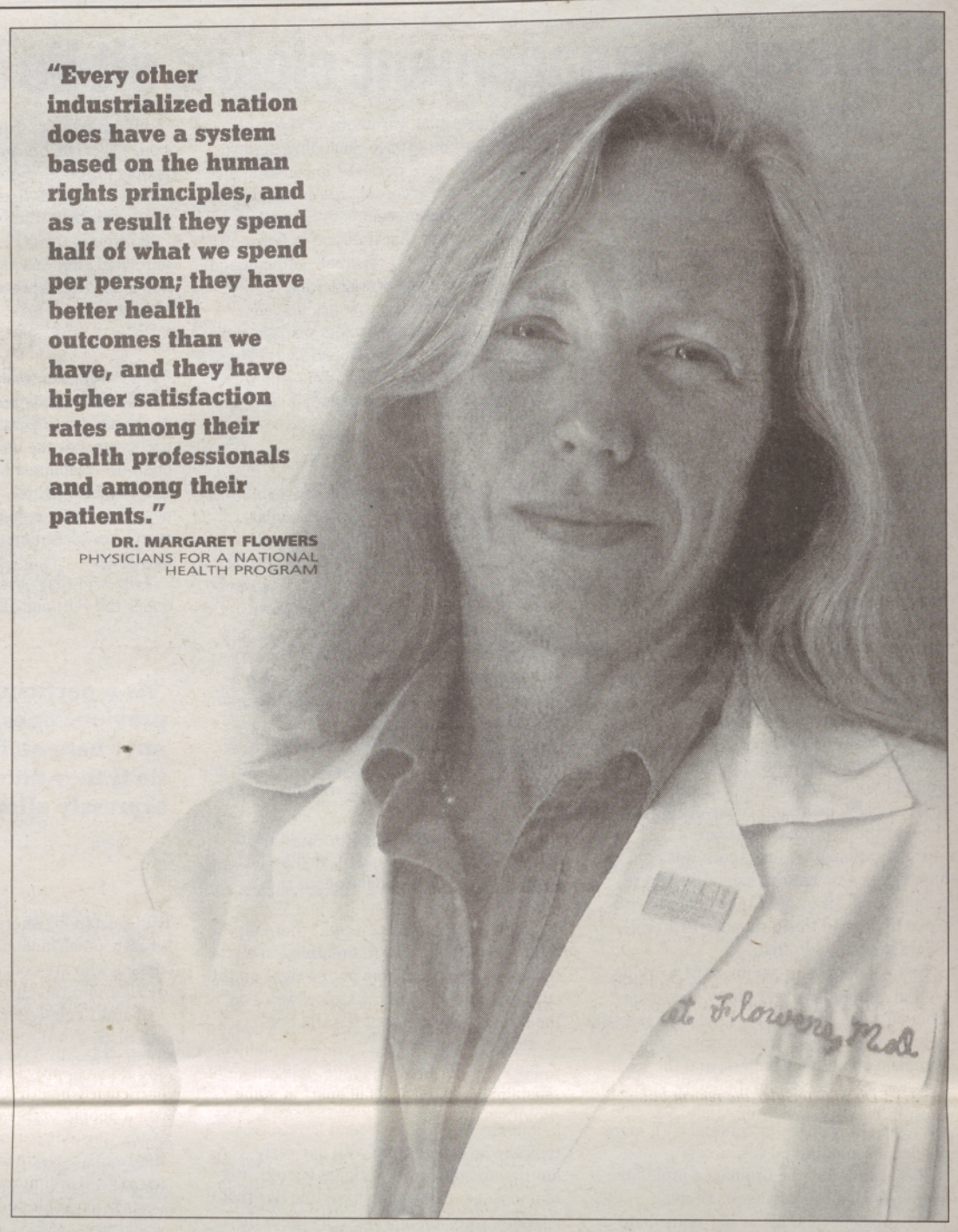
DR. MARGARET FLOWERS
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM



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In 2009 the House of Representatives approved an amendment to the House health care bill, which would allow individual states to adopt a single-payer Medicare-for-all-style health plan. The amendment was proposed by Democratic Congress member Dennis Kucinich of Ohio and is called The Kucinich Amendment.

J.T.: *Is it fair to say that, as I understand it, a third of the health-care dollar that people who are covered by private insurance spend, is spent on that administrative layer, which is basically devoted to denying coverage to the people who subscribe to private health insurance?*

M.F.: Right. It's really a very perverse and wasteful situation. It's at least a third of our health-care dollars overall that are going toward marketing and administration of all of these various health insurance plans, both from the health insurance company side, where they have to develop their products and market them, to the provider side, where we have to interact with them and figure out their rules which are often changing or obscure and very difficult to figure out. It's also a waste of our time and very stressful on both patients trying to deal with this mess when they need health care and for health professionals to deal with that. And it's perverse because an insurance company makes a profit, which they're required to do for their stockholders, by denying and restricting health care instead of actually paying for health care, which is the opposite of what we should have.

J.T.: *Single payer is basically health care as a human right, as opposed to a commodity or profit making. Is that correct?*

M.F.: Yes. A single-payer health system meets the human rights principles, which are universality, equity, meaning that everybody has the same standard of care and you're paying into the system in a way that's fair, and of course accountability, transparency and participation, that the public is involved. Every other industrialized nation does have a system based on the human rights principles, and as a result they spend half of what we spend per person; they have better health outcomes than we have and they have higher satisfaction rates among their health professionals and among their patients.

J.T.: *With single-payer there's more focus on prevention, unlike the current profit-driven system which is more toward crisis medicine. Is that correct?*

M.F.: When you have a single payer health system, people are in that system from the day they're born to the day they die. There's a real reason to try to keep the population healthy, because that saves you money.

It's interesting, if you look at the VA system, which is the best system that has the best outcomes in our country, they have a long-term investment in their patients and so they put policies into practice that keep people healthy. Under single payer not only would there be that long-term commitment to the patient, but it would also remove financial barriers to care, which are a huge problem in this country right now. More and more of our insurance policies are high-deductible, high-copay plans, which cause people to make an economic decision when it comes to health care. Were finding that patients are delaying necessary care or avoiding necessarily care and ending up with worse results, worse outcomes, more expensive to treat them at that point.

J.T.: *Since the recession, the poverty level has spiked, but with the so-called recovery, the poverty level has stayed the same. How does single-payer help, for example, people near homeless and homeless?*

M.F.: One way is that it would end bankruptcies and foreclosures due to medical illness. We know that the majority of bankruptcies in this country, 62 percent

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Approximately 50 million Americans do not have health insurance.

Australia, Canada, the United Kingdom and Taiwan all have single-payer health systems.