Doctors Reviving Health-Insurance Debate

Maybe physicians can succeed where politicians have failed. That's the hope of a group of Missouri doctors seeking to bring a single-payer health-insurance system to Missouri. Single-payer plans have been introduced in the Legislature several times, but none got serious attention.

That record shouldn't stop Missouri's Physicians for a National Health Plan from pursuing the issue. The group can count only 50 of Missouri's 8,000 doctors as members just now. It draws support from 20 other statewide organizations. All hope to start a petition drive to put the single-payer issue on the Missouri ballot next year.

The health-insurance problem has quietly moved from the front of the political agenda in Washington and in the states. Yet, health-care reforms are relevant to so many other issues confronting federal and state lawmakers and voters.

All the talk about reining in entitlements and reducing the federal deficit will remain just talk until lawmakers get serious about reducing health-care costs. A single-payer system is a way to do it.

Moreover, governors complain of being burdened by a federal mandate to allocate a minimum number of state dollars for Medicaid. Yet the governors overlook one possible source of relief. They could work for enactment of a single-payer system. It would reduce billions of dollars in administrative waste in the current health-care system and use the savings to extend care to the uninsured.

And Americans who fear losing their jobs and their health insurance would find much relief in a single-payer plan. Most studies show that health-insurance expenses would actually go down for many taxpayers because they and the companies they work for no longer would pay higher premiums to subsidize health care for the uninsured.

Two years ago, many insured Americans began to question the wisdom of allowing 37 million people to go without health insurance in a country having perhaps the best medical system in the world. The bad news is that a Harvard University study projects that the total number of uninsured will reach 49 million before next year's presidential election.

Many voters are skeptical of a single-payer plan because they are distrustful of an expanded government role in health care. But some social problems are so broad that their solutions cannot be left to charity or to the private sector alone. The healthinsurance crisis is one of them.

Pushing Socialism

The Post-Dispatch is at it again; pushing its collectivist agenda: single-payer health insurance (Jan. 10 editorial).

It is interesting that it uses new-



speak to mask what single-payer funding of medical care really is: government coercion in the form of taxation to finance health care.

1071

Government coercion is "insurance" in their minds. Voluntary exchange of values in the form of health services, whether by feefor-service, private insurers or charity is inadequate for them. Private property, individual rights — withose moral-political principles, by implication, do not work, so say the Post-Dispatch editors.

Government coercive, singlepayer insurance cannot make anyone create the business of providing health care to patients. It can only restrict further what freedoms are left to those who produce and receive such values.

Further, the morality of the government-backed single-payer plan is the morality of the tribe, a morality in which the individual is meaningless and the collective, or state, is held to be the standard of value.

If the Post-Dispatch is going to back the proposal for government enforced single-payer medical financing, it should at least have the monesty to call it what it is:

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