

NYS Department of Health
Public Health Care Forum
Glens Falls Civic Center
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My name is Paul Winkeller and I am the Executive Director of the Capital District chapter of Physicians For A National Health Program. PNHP is a national non-profit organization that for twenty years has been an advocate for a single payer "Medicare For All" type health care delivery system for the United States. Nationally, PNHP represents more than 14,000 physicians and allied health care professionals. Our membership in New York State exceeds one thousand, nearly all physicians.

While a national solution to the health care system is obviously preferable than fifty separate approaches, because our PNHP chapter is located in the State Capitol, our membership has a keen interest in statewide as well as national solutions. We are thrilled by the opportunity to testify at this public hearing and congratulate the Spitzer Administration for beginning an open and collaborative process in solving the challenge of providing every New Yorker with decent, affordable and comprehensive health care.

It should be noted that PNHP members and PNHP chapters throughout this country are actively involved in this same process - many other states, such as California, Georgia and Illinois, are similarly engaged in examining and debating options for achieving universal access to health care. In the case of California, both houses of the state legislature passed a single payer bill, which was unfortunately, but predictable politically, terminated by Governor Schwarzenegger.

As I am sure you will hear others tell you today - with more eloquence, in more detail and backed by an enormous amount of data - a single payer system would align us with all of America's major western industrialized rivals, whose own single payer systems, in varying forms and each one tailored to their country's unique political, economic and social exigencies, have largely stripped out, or tightly regulated, the for-profit dimension in the delivery of health care that is so dominant in our own state and country. Because our competitors in the global marketplace are able to provide all their citizens with decent, affordable and comprehensive health care at a much smaller per capita cost, these countries, especially in select industries such as the manufacture of automobiles, are winning the global game for market dominance.

Even more telling, and on a much more individual level, these same countries with their less expensive and far more comprehensive health care delivery systems, are winning the battle in objective, data driven outcomes that define what it means to be healthy - longevity, obesity, and rates of heart disease, certain cancers, diabetes and many other devastating, life threatening and life shortening afflictions.

Certainly, we have great health care in America, that is accompanied by cutting edge technology and advanced research - and yes, anecdotally, we hear plenty of stories about very ill and usually very wealthy foreigners coming to elite clinics around our country for treatment. However, it is important to keep one's eyes on the data - PNHP is a very data driven and evidence based organization for the real story. The American health care system is expensive and wasteful in terms of administrative costs, by the latest count excludes more than 47 million Americans, and as anyone in this room who has battled with their HMO can attest, the day to day reality of receiving treatment, getting treatment approved or receiving reimbursement for treatment already paid for out of pocket, is maddening, frustrating and ultimately quite

sad and unnerving. Please visit www.pnhp.org for all sorts of data and links to other important public health oriented web sites.

There is a reason why Michael Moore titled his most recent movie SICKO. The so-called system in our state and country is, well, nuts. By the way, I hope everyone in this room makes time to see Michael Moore's film - even if it is a bit heavy handed in places the best description of the movie I have heard, from PNHP's great allies at the California Nurses Association, is that it is the G rated version of an X rated story. Upon release of the SICKO DVD later this fall, our PNHP chapter, and PNHP chapters across the country, are planning house parties and other public showings. If you want an invite, please send me an email: pnhpcapitaldistrict@nycap.rr.com

I would urge the policy makers and state employees engaged in this examination of universal health care coverage options to be very, very wary when the current dominant stakeholders in our systems - the for profit HMOs and Big Pharma - roll out their slick TV, radio and internet ad campaigns railing against Single Payer and Socialized Medicine. The systems in place in other countries are publicly financed, private delivery systems where there is more, not less choice, in terms of doctors and treatment. Health care in these countries is considered a right, not a commodity or profit center. We New Yorkers, with our history of innovative public policy and the need to care for our neediest citizens built right into our State Constitution, need to really ask ourselves, throughout the process that begins today, a lot of hard, soul-searching questions about our fundamental values and priorities.

Focus on data and outcomes and beware the myth-making campaign(s) certain to come about phoney issues like waiting lines. Countries like Canada measure waiting lines, and like any well run business, the regional health care administrators in that country use that data to shorten the time it takes to receive treatment. We don't measure waiting lines in our country. Instead, we practice a sort of chaos theory approach when it comes to getting service - in general, the better your private insurance and the more money you are willing to spend, the better and faster the care. No one in Canada is denied treatment for an emergency or life-threatening condition. And no one in this room can get a new hip, today, on demand.

Beware the elephant in the room analogy. About a year ago I was at meeting in NYC that included a former Albany official who is now a major player in health care reform in this state. The California Legislature had just passed single payer legislation and he observed that this development made single payer the "elephant in the room" - hard not to notice, impossible to argue with from a financial or administrative efficiency perspective but, well, you know, it's politically infeasible. Implicit in his statement is the idea that the HMOs, Big Pharma and the politicians whose campaigns these entrenched and selfish interests help fund just wouldn't, couldn't, allow such a dramatic, and simple, transformation of the system. That kind of cynicism is poisoning and paralyzing. If I had a dollar for every time I have heard the two words "politically infeasible" associated with the two words "Single Payer" I might just be able to get my own hip replaced - today!

Beware the argument that a transformation of our health care system to single payer would cost our state and national economy tens or hundreds of thousands of jobs. I come from an employment and training background, particularly as it involves disadvantaged young adults, and I can attest that our state and this country have a wonderful and well coordinated employment and training system. My wife is a physician who is Chair of a department at a major nearby academic medical center.

Many of the finest nurses in her department have left to become HMO bureaucrats - these are fine people who chose the field of healing out of a deep desire to help and take care of sick people. How ironic that many, drawn by higher salaries and better benefits, are now care-denying, paper pushing drones within an HMO superstructure. It would not be hard to put these folks back on to their original career trajectory. Baby Boomers like many of us in the room are going to need their help - and the sooner the better!

The big question to many of us in Physicians For A National Health Program is whether a Governor who as a courageous Attorney General was known as the Sheriff of Wall Street can now be the Sheriff of HMOs and Big Pharma in New York State. By taking on businesses marked by stunning profits, rapacious payouts and golden parachutes, and horrifying administrative inefficiencies, can he and his staff figure out a better way of providing health care for every New Yorker. PNHP knows the way, and you have heard it from many of the people and organizations testifying at this hearing today - single payer.

Beware another clever disinformation campaign disguised as an engaging infomercial, of the variety we had more than a decade ago when a young Clinton Administration tried to have its own Listening Campaign about health care options. Those infomercials marked the rise of HMOs, who have given us out of control costs annually far exceeding the rate of inflation, concomitant with a decline in many health outcomes measured by any objective yardstick.

If and when you see something like these infomercials again - and this time they will be on TV, the radio AND the internet - it'll be the beginning of another chapter in the horror movie known as the multi-payer U.S. health care system.