

Members Opinions

Maggie Kuhn:

Single Payer versus a National Health Service

With the hullabaloo being raised about the Single Payer health insurance plan now being proposed in Washington and supported by a number of activist groups such as CARA, as well as many Gray Panthers, it is worth remembering that Gray Panthers founder Maggie Kuhn did not believe any *national health insurance* plan was adequate and probably would have opposed Single Payer as it is now envisioned. Instead, her vision was of a *National Health Service* which would provide direct care, without the excessively complicating, expensive, and frequently discriminatory intercession of an insurance bureaucracy, whether private or governmental.

In 1973, in a “Gray Panthers Statement on Health Care,” Maggie told the members of a Senate Sub-Committee on Health, “In our view, the only model is a National Health Service. It would provide for a single progressive system of financing to replace hundreds of insurance and governmental sources of funds....The existing patchwork quilt of health programs—one for older people, one for the poor, one for children, etc. . . . is completely inadequate. *Halfway steps* like National Health Insurance are not better. The people as a whole must own and through their representatives control the health system if it is to serve all of them.”



Four years later, in the book *Maggie Kuhn On Aging: A Dialogue* (1977), Maggie was asked, “What about corrective legislation, like National Health Insurance?” Maggie’s reply was: “...I don’t see it as a public policy to correct the excesses of the medical-industrial complex and its monopoly over health care. I see all the current bills as increasing the medicalization of life. A major exception is proposed legislation to create a National Health Organization, controlled by consumers, which delivers comprehensive health care and supplementary benefits provided by salaried health workers and emphasizing health maintenance and the prevention of disease.”

Is Single Payer Enough?

Thanks to the Gray Panthers member for his article “Maggie Kuhn: Single Payer versus a National Health Service.” It is particularly relevant now that it’s clear that business and government want healthcare “reform” for cost containment, rather than insuring the uninsured. Well, then, what *could* contain costs?

Obama has suggested reforms such as emphasis on prevention and primary care, comparing drugs and treatments for effectiveness, medical homes, aggressive and evidence-based standardized treatment of chronic diseases, and electronic charting. These would greatly improve patient care and we need them, but they do not save money, says [Marcia Angell](#), former medical journal editor.

Three things are necessary to cut healthcare cost: (1) Single-Payer: no insurance companies, along with their profits, administrative and marketing costs, and costly paperwork for medical providers. (2) Putting doctors on salaries, so they are no longer private businesses and therefore have no incentives to either over-treat us or under-treat us. (3) Requiring the government to negotiate drug and hospital costs, possibly by abolishing drug-makers’ ownership of patents, and doctors’ ownership of clinical labs, imaging facilities, hospitals, and other businesses they steer patients toward.

These three can best be accomplished by a National Health Service, like Britain’s, where the government runs all clinics and hospitals, and where healthcare providers are salaried government workers.

A National Health Service could solve other problems, for instance: there are not enough doctors to treat everybody. NHS could address shortages and imbalances of trained clinicians and inequalities of access, by equalizing primary care and specialist doctors’ pay, and provide low-cost medical training, and incentives to practice primary care in underserved locations.

Since business and government have realized healthcare costs are unsustainable, but are unwilling to even begin cutting costs with Single Payer, perhaps we should advance beyond Single Payer and advocate for a National Health Service.