Introduction

Many health care groups are giddy about the prospect of real national health care reform, following the Democratic takeover of both Congressional chambers in January 2007. Taking this cue, the several presidential campaigns give priority to health care reform and are, therefore, slowly divulging their plans. Recalling President and Mrs. Clinton’s efforts of fifteen years ago, presidential hopefuls of today perceive this as an opportunity to advance a Democratic “core value”: universal health care.

President Bush and some Republican Congressional members understandably have their own ideas regarding how to slow the increase in costs of health care, to insure more people, and (generally) to assist the system to “heal thyself.”

Getting health care reform onto a “national agenda” is a vital first step to improving the health care of all Americans, but keeping it there and making significant change is of far greater import. Thus, if the latest national health care reform movement follows the perfunctory political stream, the result will be yet another set of incremental policy changes that add more complexity, but these changes will provide little improvement to a system very much in distress. We must get serious about true health care reform.

Keeping History in Mind

Those health care policy pundits who critique the notion of health care for all Americans, have failed to integrate the history of how health care developed in America. Prior to the Clinton Administration’s 1993 effort to grant all Americans an opportunity for health care, proposals and initiatives—both incremental and sweeping—never became central. The failure to adopt legislation had little to do with which political party controlled the White House or Congress. Theodore Roosevelt had national health insurance on his platform in 1912 while running for the Progressive Party.

In 1934, Franklin D. Roosevelt created a Committee on Economic Security that seriously considered “social insurance,” but he stopped short of endorsing wide-scale health insurance in fear that it would jeopardize his Social Security Act. Senator Robert F. Wagner, Sr. of New York crafted major legislation for a national health insurance plan in 1935 and again in 1943. In 1949, President Harry S. Truman called for compulsory national health insurance, even with Democratic majorities in both Houses, but to no avail. In the early 1970’s President Nixon made a thoughtful attempt at getting the nation some type of national health insurance but settled for what became a major federal boost for managed health care. Congress was also active with bills during this time, but none prevailed.

Thus, it would be a mistake for groups to validate either major political party’s motivation or ability to accomplish anything substantive in health care reform. Looking to the founding precepts of our nation, inspired by Enlightenment thinking, will do more to guide us in finding a way to finally provide basic health care services for all, than trying to predict the vagaries of our political parties and their leaders.

The Enlightenment Tradition

Those critics who eschew government interference into the health care enterprise correctly emphasize that no one has an explicit Constitutional right to health care. It is, however, fair to quote the Preamble to the US Constitution that our government has the duty to “promote the general welfare.” I contend that in com-
mon sense terms the general welfare encompasses the opportunity for health care. What is more, the healthier we are, the more likely we are able (both as individuals and as groups) to “form a more perfect union, establish justice, and provide for the common defense…” In short, keeping people healthy carries a big communal payoff.

The American philosophy of governance, laws, and order stem from the Enlightenment tradition, which views the entrance of citizens into a social contract, is motivated by the gain of protection of their person and property. The prominent Enlightenment thinker John Locke (who lived from 1632 to 1704) noted that labor is also considered to be property. His influential Second Treatise of Government (which was published in 1690) clearly set out his natural right theories. In this work, Locke argued that everyone has property in his own person, that the labor of each person can rightfully be considered his property, and this deserves all the rights and privileges in our society which holds property in high regard.

Naturally, people—especially those in free-market societies—will enter in agreements and barter their labor in exchange for rewards that provide various forms of sustenance. This exchange is primarily in the form of wages, but in highly developed societies compensation to employees who work for companies includes a number of “fringe” benefits well beyond wages, such as vacation time, pensions, and reimbursement for education. However, the second largest benefit has been coverage for employee (and sometimes their families) health insurance.

Indeed, some employers have been deeply involved in worker health care since the late nineteenth century. Labor-intensive industries especially, such as mining, lumber, and railroad construction recognized the need to keep people on the job, and that ill health interrupted business. This view even encompassed teachers, whose absence was arguably the most disruptive to the community. Companies in remote areas knew that it made good business sense to provide some type of health care onsite, since workers were considered a company’s greatest asset. Given the expansive job growth in the early 1900s, in order to gain a competitive advantage, some companies began to add health insurance coverage to their compensation packages, even offering such insurance to white collar workers.

During the World War II period, although the American government saw it as a economic necessity to slow and freeze wages, fringe benefits were exempted from this government oversight of workers’ compensation. More and more companies began to offer such non-wage benefits as health insurance. Furthermore, the federal government began to exempt group health insurance premiums from income tax (although it must be pointed out that this system actually favored the high wage earner.) Providing health benefits became a smart and cost-effective compensation strategy that attracted and retained workers. Over
dtime, a large employer-based health insurance system developed in the US,—one that covered nearly two-thirds of the country’s population. (However, 20 percent of working adults are not offered insurance through an employer.) Employers became central to the US health care economy, paying the majority of premiums. Understandably, because of the great financial investment and increasing cost of premiums, employers took more control in the deciding who gets covered (worker and family), the nature of health coverage (the menu of services covered), and the extent of coverage (the amount of dollars allocated). Initially, employers were a passive funder of their employees’ health plan package, but over time employers became much more circumspect about the above considerations, while employees saw less and less choice. Yet, I would contend, once our property (labor) has been linked, even tacitly, to our person (that is, the health of our person), when we abdicate control to another entity, we misuse an inalienable right. With care of our person inextricably linked to our station in life, our right to our welfare is no longer unconditional. Abdication of control of our health is philosophically and morally untenable; unfortunately, it is a well-entrenched part of the American health care system.

Initially the employer and employee had a reasonable quid pro quo, which satisfied the marketplace and improved the lot of the worker. This arrangement also fit nicely with American ideology, an ideology that generally wants to avoid high level of control from the welfare state, as was the path taken for most developed
countries addressing their health care needs. As a practical matter, we really have not escaped Big Brother minding our health care; he may not be the government, but many people consider Big Brother to be the corporation. Health care information held by the corporation is a constant risk to an individual’s privacy, regardless of the rule put into place.

Furthermore, the lack of portability of employer-based health insurance often indentsures an employee to a job or company that otherwise the employee would rather move away from, using his or her talents in new ways or at another company.

Therefore, we must relieve employers of such control as well as any vestige of that control. It may have been prudent more than a half-century ago to create this type of financing of health care services, but it makes no sense in a free and autonomous society for employers to be involved in our health care decision making—at any level. We need to emancipate ourselves from employer-based control of our ability to flourish.

The Escape from Health Care?

Employers of all sizes are beginning to recognize they can no longer sustain a large portion of the financing of our system. They act as if they wish to escape from the health insurance business when they (1) cost-shift to employees, (2) reduce benefits, or (3) join cooperatives that can promote cost-sharing. The signs are here that they will be getting out of the health insurance business for their employees.

A salient reason for this escape is that the average monthly dollar contribution for health insurance has nearly doubled for company-sponsored workers from 1999–2006. Companies are poised to shift a larger percentage of the payments to workers, if they have not done so already. The question for senior benefits managers today in selecting what plans to offer in a company is this: Since we can no longer simply afford to give our employees the “cadillac” plan or the “chevy” plan, what are the minimalist plans that we can offer? Large employers, such as Wal-Mart, AT&T, Kelly Services, and Intel Corp., have publicly called for “quality, affordable health care for all Americans,” which begins to shift the thinking that employer-sponsored health care has to be the bulk of any national health care reform.

Furthermore, businesses at some point realize that managing health care benefits is not part of their core business. What had started as an advantageous employee compensation incentive, relatively simple to administer, has turned into a staff intensive, time-consuming, and now costly internal enterprise. As businesses and whole industries poise to compete in the twenty-first century’s global economy, they have come to realize that they need to focus on the business of their business. Managing the health care of employees cannot be a part of their business. For example, we have heard often executives of US car manufacturers lament that health-care costs are their biggest competitive disadvantage. Managing health benefits for companies and organizations is an occupation in itself, commanding many professionals and support staff. Car manufacturers who have shifted the management of some health care benefits (especially those of retired workers) to unions believe that leaving the health care arena carries greater benefits for autoworkers and carmakers. For instance, companies can devote more of their energies to improving workplace safety, developing employee wellness programs and work environment improvement programs.

Furthermore, the growth of an economy today has much more to do with small businesses, sole proprietors, consultants, and independent workers, than with established companies. Higher education levels, improved technology for individual use, and overall prosperity support an enlightened creative class that wants to use its talents in many different ways, but not within “the firm.” Those who own small companies or those who are independent workers constantly struggle over the health insurance coverage issue. Often times they carry little or no health insurance, thus either placing themselves or their families at risk. Such persons risk their health if care is needed, but they also risk becoming a free rider into a health care system that they have not even paid marginally into.

Letting Go of the Market-based Model

Although America’s capitalist economy has been its backbone for centuries, the earliest health care delivery system was actually built on two other founding American precepts: charity and fraternity. Many early successes of healthcare in America are a tribute to the philanthropic and volunteer spirit of Americans. As the US population expanded and the health care system grew, and medicine and treatments advanced, the US began to switch support to a market-based system, boosted by government support when needed. The history of the development of the health care systems (that is plural) in America is an interesting, but long, one. Suffice it to say that we have enough evidence now to show that health care should not be working first and foremost from a market-based model. If for no other reason than for the nearly 47 million individuals
uninsured, we need to let go of the notion that more market forces will bring more people into the system and slow increases in cost. Further, changing the label of the strategy to “managed care,” “consumer-driven health care,” or “value-based health care” is not the solution. And no finds no evidence that a resurgence of more charity and fraternity can meet the demands of health care for our growing and aging population. However, it is worth considering more of a Communitarian perspective. Where the two values of community and marketplace efficiency clash—and they need not—the Communitarian gives priority to considerations of the community.

Ostensibly American public opinion does not favor more government control over its health care. However, the percentage of people insured through some type of government program is creeping upward. Publicly-funded insurance now accounts for 38 percent of those with health insurance in our population, which includes Medicare, Medicaid, active-duty military personnel and their families, veterans, and those who work in the public sector. Adding other public health monies or uncompensated care expectations for hospitals reveals that the US government has even a larger role in funding health care. For a country that on the surface may abhor government-sponsored health insurance, we are approaching half way.

Americans should take pride in their health care providers and the many support services and products that comprise health care. Health care providers are driven by a willingness to use talents, to experiment, invent, and innovate and work hard to improve the human condition. Americans should do all that they can to develop a health care system that supports those who work in these most important professions and businesses. The challenge is to create a system where those who excel and are committed to the healing arts can reach everyone and be properly rewarded. The philosophical basis for change is neither a notion of health provider paternalism nor the abject dependency of patients on providers. Instead, the philosophical basis for change rests on the the Enlightenment, which stressed the exercise of one’s talents and placed great confidence in human progress. Although advances in medical technology and the development of new medications receive much publicity at present, a cognitively-based clinical care approach will be much more important for the future. This approach values health promotion advice, basic preventive medical services, and the appropriate management of chronic diseases for populations.

Conclusion

The healing arts professions each have a unique and interesting history and professional association organization. One can find cynical interpretations today that the healing arts professions are part of the problem in the lack of health care for all. Are these autonomous, noble professionals looking only to their own self interest, or are they genuine advocates for their patients? One hopes that they stay true to their calling as the father of medicine, Hippocrates, wrote in his Precepts: “Where there is love of humankind, there is also love of the art of medicine.”

I contend that we are now seeing clear signs that our general will (a concept of Enlightenment thinker, Jean-Jacques Rousseau, who lived from 1712–1778) is moving to fix our hodgepodge national health care system. Rousseau had proposed that one's self interest can be achieved by considering the well being of others, and I see the general will at work in the health care debates. Governors and legislatures in a half-dozen states are making major proposals to ensure health care coverage for all residents of their states. Coalitions of companies, unions, and senior citizen groups are consulting with one another, hoping to create a better health care system. The CEO of pharmaceutical company Glaxo-SmithKline has publicly called for national health insurance. Organized medicine is poised to work toward a plan that gives basic health services to all Americans. After three years and six studies, the Institute of Medicine (a part of the National Academy of Sciences) concluded that our health care system is unsustainable, and that the US must move toward universal health care. In short, the factions against providing health care to all are in decline.

Americans need to create a health care system that allows everyone an opportunity to receive care. I suspect that, deep down, most Americans believe that quality health care should be provided for all. While we may have many differences, the gulf in quality of care among groups, in the end, will come to be viewed as unacceptable, and un-American. If we exercise the Enlightened “general will” over the political opportunities or liabilities, we will be exercising our true political authority that can bring about progress in this area. To stimulate resolution, I am not suggesting that we don’t need to invest time in the public policy process. I am suggesting that attention given to the political parties’ agenda as a primary strategy is doomed to fail, as it has in the past.
Consider for a moment that, if we are “one nation under God,” and if we agree to respect each others’ inalienable rights, doesn’t it make sense that we all join in the same health risk pool and work from there?

The issue of health care for all is not about “the political will” to change that we have heard for decades. The answer lies fundamentally in “we the people” communicating the Enlightenment concept of the general will that we need a system where all Americans receive basic health care services. The time to act should not be tied to the political party or an individual candidate’s calendar. If ever there were a case and time to exercise our true sovereignty, it is for this issue, and it is becoming clear that the time is now!

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