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## Debate in U.S. more than just about health care

Presented by



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Jeff Fusco/Getty Images

When a protester showed up outside Barack Obama's health care town hall meeting this week in New Hampshire with a pistol strapped to his thigh, the unsettling image seemed almost inevitable.

For weeks, Democratic politicians consulting their constituents about the President's health-reform push have faced angry, shoving crowds, complaining that a plan to bring about universal medical coverage was tantamount to communism, or fascism, or even racism.

"God is going to stand before you and judge you!" someone shouted at Arlen Specter, the Republican-turned-Democrat senator.

In a frenetic first six months in office, Mr. Obama has approved astronomical sums of taxpayers' money to bail out banks and stimulate the economy, taken part ownership in an auto company, begun pulling out of one war and escalated American involvement in another.

It is the debate over health reform, though, that has touched off a firestorm like none the President has encountered. The discourse has at times seemed absurd, with critics alleging the reform bills before Congress set up "death panels" that would determine who should get life-saving treatment.

Yet some observers contend the fight could have a deep and lasting impact on U.S. politics, giving Mr. Obama an ironclad mandate to govern if he succeeds, spelling the beginning of the end of Democratic dominance in Washington if he fails.

"There is a great deal riding on this," said James Morone, a Brown University political scientist with ties to the Obama White House.

The protest has certainly been egged on by Republicans who smell political blood after their dispiriting losses in 2008. But the suddenly vociferous opposition, analysts say, also springs out of an American psyche that is wary of government and prizes personal freedom and responsibility, a mind-set already rattled by the string of bailouts.

"Our country was founded on distrust of anything big: big government, big business," said Dave Kendall of the Third Way, a moderate-left think tank. "Any centralized action in our system is difficult."

Pundits suggested as recently as a few months ago that health reform was all but inevitable in light of soaring costs and the 47 million Americans who lack any coverage.

Prof. Morone says the current battle should come as no surprise, however, given that 10 presidents -- from Roosevelt to Nixon -- have confidently set out to introduce national health care, and all failed.

"For people who study the history, this is exactly how it feels every time," said the academic, co-author of a recently published book on the topic, *The Heart of Power: Health and Politics in the Oval Office*. "Once we get down to the political details, all hell breaks loose."

What has brought the issue to the fore yet again is as much the system's cost as the morality of all those uninsured. The U.S. spends 15% of its GDP on health, almost twice Canada's level and well above that of any other industrialized nation, fuelling the federal deficit and burdening industry.

Just under 70% of Americans have private insurance, mostly in the form of employee health plans. Ironically, the government already covers 80 million under Medicare, seniors and the permanently disabled, and Medicaid, for the poorest of the poor, giving the U.S. the world's costliest publicly run health-care system.

The reform proposals working their way through the Senate and House of Representatives tend to modify the current system rather than transform it into anything like Canada's. The changes would require all Americans to have health care, subsidize those who cannot afford it, set minimum standards for coverage and make it illegal to deny insurance to those with existing medical problems. The plans would also set up a new "exchange" where consumers could pick and choose insurance, possibly with the option of a government-run insurer.

The human toll of the current system seems undeniable: 60% of personal bankruptcies are related to medical costs, the uninsured fare worse on a range of health yardsticks and some experts estimate that 20,000 Americans a year die from lack of insurance.

Bill Andres, a Phoenix-based public-relations man, discovered the downside of his system when he became self-employed in 2005, and was told his new policy would not cover any care related to diverticulitis, an intestinal disorder diagnosed earlier.

As it turned out, he needed surgery for the illness and more operations when that one was botched, costing his Visa account, line of credit and son's college fund more than \$30,000. "I thought everything was fine until I got sick and then I saw how corrupt and inefficient the whole health-care system is," said Mr. Andres.

And yet, experts say many Americans reject the notion they have a moral obligation to ensure that everyone gets decent care without going bankrupt.

Some participants in focus groups conducted by the School of Public Affairs at the University of California, Los Angeles balked at the idea of paying more themselves so others less fortunate could enjoy better health care, said Frank Gilliam, the school's dean.

"One of the respondents said 'You're telling us that if I can only afford a Volkswagen and my neighbour can afford a Mercedes, I should get the Mercedes, too, just because?'" Prof. Gilliam recalled.

"The American myth is that any of us can be among the wealthy ... and if you were, you sure wouldn't want the government taking your money and giving it to someone else who didn't earn it."

Even strong advocates of reform say the administration must appeal more to self-interest - how change can aid the already insured middle class - than altruism to sell the idea.

Some commentators argue the opposition is completely justified, though. By setting minimum standards and obliging insurers to cover people with existing conditions, the proposed legislation would make many health plans unworkable and lessen the amount of insurance choice, said Michael Cannon of the Cato Institute, a libertarian think tank.

Meanwhile, a proposed panel of experts that would advise Medicare on the most effective health practices could end up rationing health care in the very way feared by those who talk of death panels, said Mr. Cannon.

"What they want to do is going to be very disruptive and take a lot away," he said. "It's not surprising there has been a backlash."

Prof. Morone speculates that white fears about an increasingly diverse America may also be driving the opposition to reform. Some believe the proposed health overhaul would redistribute wealth from white to disproportionately poor blacks.

Indeed, Glenn Beck, the controversial Fox News commentator, alleged recently that health-care reform and other policies are "transforming America, and they're all driven by President Obama's thinking on one idea: reparations."

While polls show most Americans want health reform, support for the current plans seems to be slipping, with disapproval of Mr. Obama's handling of the issue running 49-43 in a recent Gallup poll. The decisive factor in getting a bill through Congress, meanwhile, is likely to be the support of conservative, or "blue-dog" Democrats who have voiced concerns about the legislation.

Still, Prof. Morone says the rocky history of the White House and health care indicates that now is the time to act, before the President's post-election influence wanes even further.

"Speed is essential."

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