

# Uninsured Crisis Spurs Conyers' Push for HR 676

by Patricia Salisbury

One dramatic indicator of the catastrophic state of the U.S. health-care system, now collapsing in tandem with the destruction of the manufacturing and productive base of the economy, is the steady rise in the percentage of Americans without any health insurance. Reports indicating that nearly 20% of the under-65 population of the United States have no health insurance—most, despite full-time employment within their household—have demanded a renewed drive by Rep. John Conyers (D-Mich.) to generate a Congressional majority for a universal, health-care bill, modelled on Medicare, which he has introduced repeatedly in recent years. That bill, H.R. 676, this year has gained scores of sponsors; it has the mobilized support of Lyndon LaRouche's political action committee and the LaRouche Youth Movement.

The most recent figures available show 45.5 million non-elderly uninsured in the United States in 2004, up 15% from the 39.6 million uninsured in 2000. As the accompanying map shows, there is not a single state which has less than 10% of its non-elderly population uninsured, and about a quarter of the states are well above 10%. In George Bush's home state of Texas, the percentage is 27%—the highest in the nation. Eleven states—Florida, Louisiana, Mississippi, Montana, Nevada, New Mexico, Arizona, Oklahoma, Texas, Arkansas, and California—have more than 20% of their non-elderly populations uninsured.

And while the Southern states lead the nation in this dubious distinction, with 11,614,390 non-elderly residents having no health insurance in 2004, the Northeast region has almost 7 million uninsured; 2,757,520 of them in New York state alone.

There is no doubt that the number of uninsured is continuing to grow. In August 2005, the Arkansas center for Health Improvement reported that 30% of START residents between the ages of 19-44 were not insured, and that the number was rising. Hospital emergency rooms have been transformed into clinics for the uninsured; studies show that 56% of the patients who went to the Emergency Department of the University of Arkansas Medical Center in Little Rock had no insurance. Shocked by these figures, the state moved to provide health benefits to the uninsured, but has come up with only a minimal program that provides six doctor visits a year, seven hospital stays a year, and two prescription drugs per month. The issue of what happens to patients who need more visits or prescriptions is not addressed.

## The Moderate and Middle-Income Uninsured

The picture is even starker when the focus is put on the plight of citizens who lose their insurance for a period of time during a year, or who are grossly underinsured. Estimates are that 75 million Americans under age 65 lacked any insurance for varying periods during 2003-04.

A recent survey by the Commonwealth Fund, "The Changing Face of the Uninsured," conducted between August 2005 and January 2006, found that a rising number of uninsured individuals are in moderate and middle income American families, when lapses in insured status are taken into account. The study's figures show a dramatic increase in the percentage of working-age Americans with income between \$20,000 and \$40,000 annually, who were uninsured for at least part of the past year. In the 2005-06 period, two of five Americans (41%) in that bracket were uninsured for at least part of the year, up 12% from 2001, when the figure was 28%.

The figure for low-income Americans in the survey has now risen to 53% from 49% in 2001, while even the share of uninsured high-income Americans has risen from 4% to 7%.

The survey found that the effects of even episodic periods of being uninsured were devastating, financially and medically. More than 51% of uninsured adults reported medical debt or bill problems. Of those, nearly half used up all their savings to pay their bills, and two out of five were unable to pay for basic necessities like food, heat, or rent because of medical bills. The survey found that many basic preventive care diagnostics were skipped by the uninsured. For example, fewer than half (48%) of uninsured women ages 50-64 had had a mammogram in the previous two years, compared with 75% of women who were insured throughout 2005. And this is among people who were insured at least part of the time.

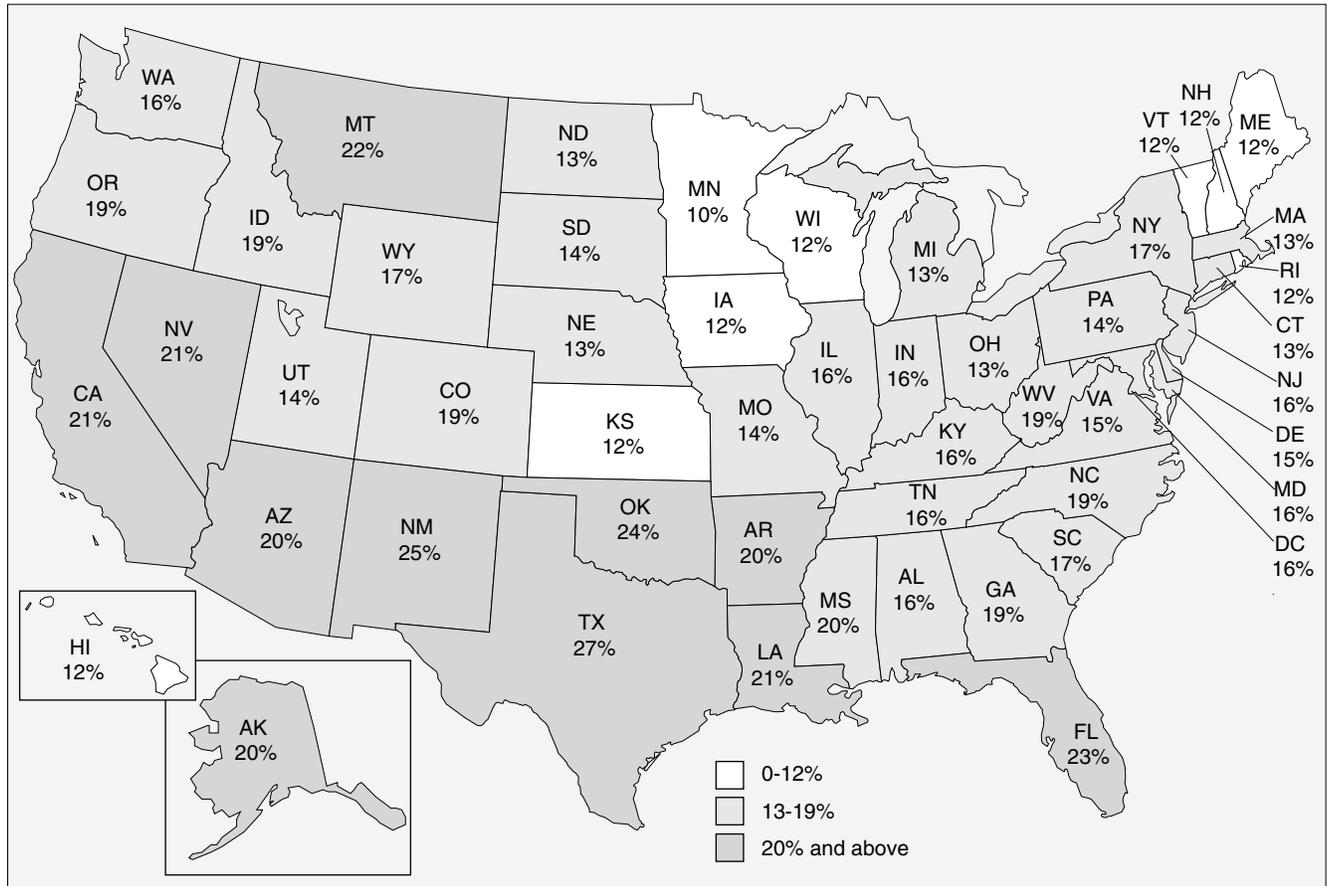
## 'Medicare for All'

Given this escalating crisis, a renewed drive is under way, led by Representative Conyers, to pass universal health insurance through the U.S. Congress. Draft Bill HR 676, introduced by Conyers in the first session of the current 109th Congress on Feb. 8, 2005, represents a continuation of his decades-long fight for universal health care, and a rallying point for groups and individuals who want to address the health care crisis.

The bill currently has 68 co-sponsors and has been endorsed by a number of labor unions at both the international and local level. A list is posted on Representative Conyers' website. On April 21, economist and statesman Lyndon LaRouche issued an endorsement of HR 676, citing the actual or virtual obliteration of pre-existing private pension and related contractual agreements supposed to ensure health care in the United States. As LaRouche was issuing his endorsement, one of the few remaining sections of U.S. manufacturing manpower in the United States, the United Auto Workers union, was threatened with a wholesale loss of health benefits, following in the footsteps of the steelworkers and other highly

FIGURE 1

**Non-Elderly Uninsured: Over 20% in Nearly a Quarter of U.S. States, 2004.**



Source: Kaiser Family Foundation State Health Facts; EIR.

TABLE 1

**Non-Elderly Uninsured by State and Census Region, 2004**

Northeast		Midwest		South		West	
6,957,880		7,701,060		18,825,620		11,614,390	
CT	381,140	IL	1,773,010	AL	618,280	AK	115,670
ME	131,430	IN	859,890	AR	455,000	AZ	966,460
MA	710,250	IA	302,230	DE	104,850	CA	6,544,640
NH	140,740	KS	292,880	DC	75,210	CO	766,590
NJ	1,248,690	MI	1,113,140	FL	3,242,980	HI	122,370
NY	2,757,520	MN	447,400	GA	1,454,260	ID	231,150
PA	1,412,420	MO	660,720	KY	577,650	MT	175,490
RI	112,890	NE	195,370	LA	832,280	NV	431,030
VT	62,800	ND	69,510	MD	781,250	NM	404,030
		OH	1,320,700	MS	498,630	OR	598,730
		SD	90,230	NC	1,363,820	UT	316,890
		WI	575,980	OK	691,560	WA	867,920
				SC	592,900	WY	73,420
				TN	800,780		
				TX	5,440,100		
				WV	292,900		
				VA	1,003,170		

Source: Kaiser Family Foundation, State Health Facts; EIR.



EIRNS/Sharon Stevens

*A shut-down hospital in Detroit.*

skilled productive workers whose benefits had supposedly been assured forever.

The Conyers' legislation, the "U.S. National Health Insurance Act of 2005" which is also termed "Medicare for all" would entitle everyone living in the United States to a high-quality standard of care to be delivered through the "single-payer system" of an expanded Medicare apparatus. The health insurance benefits under the act would cover all medically necessary service, including primary care, dental, mental health, prescription drugs, and long-term care, with no copayments or cost-sharing permitted. Enrollees would receive care from physicians of their choice. All participating providers would have to be public or non-profit, and the legislation provides for the conversion of investor-owned providers to not-for-profit status, effectively removing the profit motive of "shareholder values," and the Health Management Organization (HMO) system originated by Nixon-era legislation, from the practice of medicine in the United States.

Not surprisingly, Conyers' bill is drawing the ire of the neo-conservative think-tanks such as the Heritage Foundation, which held a May 22 forum in Washington, D.C. entitled "Another Step Forward for Free Market Healthcare." At this event, Rep. Mike Rogers (R.) of Michigan, which has a whopping 1,113,140 uninsured, declared emphatically that there was no problem with health care that a "free market economy" could not cure. While Representative Conyers' legislation was not mentioned by name, Rogers made numerous denunciations of "national" health-care plans, and said a number of times that "one size fits all" plans cannot work, leaving little doubt that he was speaking to rebut the Conyers legislation.

### **June 7 Mobilization Planned**

The Heritage event may have been an attempt to preempt the mobilization in support of HR 676 which has been an-

nounced by a coalition of pro-universal health-care groups led by Healthcare-Now! On June 7, these groups will hold rallies, press conferences, town meetings, and other events to publicize the legislation and move it forward. In some states, the coalition is organizing visits to members of Congress who have not endorsed the legislation, walking tours of insurance companies, and is planning to drape banners over highways.

Marilyn Clement, National Coordinator for Healthcare-Now! states that one goal of the mobilization is to insert the issue into the November 2006 Congressional elections in a major way.

However, even if a magic wand were to be waved, a sense of concern for the general welfare to prevail in the current U.S. Congress, and HR 676 to be passed, it is clear that the devastated U.S. health-care infrastructure is unable actually to deliver the promised care. For example, Congressional hearings in 2005 established that the currently overstrained and underfunded Veterans Affairs hospital system had placed tens of thousands of veterans on waiting lists, as eligible citizens of every age group sought to replace their collapsing health-care options with care at VA hospitals. The existing VA hospitals were simply overwhelmed by the numbers seeking care.

Articles in this issue give the picture of both the collapse and potential for mobilization in both the VA system and the Public Health Service. Previous *EIR* features have documented the collapse of the U.S. health-care system from the standards established by the Hill-Burton legislation passed in 1946, which saw that the needed ratios of health-care infrastructure such as hospital beds, medical personnel, and public health service be available in every county in the nation. (For an overview, see "Health Care's 'Fundamental Infrastructure' Threatened by Medicaid-Cuts Mentality," by Marcia Merry Baker, *EIR*, May 13, 2005.)

The Conyers legislation acknowledges this infrastructure crisis in Title III, where a Capital Expenditures budget is established to provide for the construction or renovation of health facilities, and for major equipment purchases.

Title III forbids any co-mingling of the operating budget and the capital improvement funds—far from a formality, since Congressional hearings disclosed that the desperate administrators of the VA hospitals were shifting monies from their capital maintenance budgets to operating expenses, in an effort to keep vital capabilities such as emergency rooms operating. During hearings in 2005, this practice was first denied, and then rationalized as temporary by the bureaucrats at the top of the VA administration.

Any honest survey of any area of health-care infrastructure and personnel, establishes that the LaRouche-led fight for a return to Hill-Burton standards, the massive building of health and sanitation infrastructure, and the recruitment of another generation of medical personnel, are critical to making the promise of HR 676 a reality.