

# PROCEEDINGS OF THE UNIVERSAL HEALTH CARE FORUM

**ABSTRACT:** A multi-organization-sponsored public forum on the subject of universal health care in the United States, organized by the League of Women Voters of Snohomish County, featured remarks by five speakers with divergent perspectives. The audience question and answer/comment portion, held throughout the three hour session, yielded a clear consensus on the right to health care in America and direction for what the public wants in a health care service for every person in the country. (Address inquiries to Michelle Valentine [emvalentin@aol.com](mailto:emvalentin@aol.com))

**DEVELOPMENT:** At a summer planning retreat in August 2007, the League of Women Voters of Snohomish County decided to provide some type of public information/education on the topic of universal health care in the United States. In December 2007, a committee of seven members began the discussion of what to offer and when to introduce such an activity. Topics ranged from informing the public about neighboring states' systems, educating the public about 'national health care,' rationing, the Canadian system, and health care vs. insurance coverage. The final topic "Universal Health Care: What Should It Be and How Do We Get It?" was chosen. Its format would be a three-hour public forum with five speakers addressing local, state, and national perspectives.

Bearing in mind that the Washington State Legislature was due to conclude its 'short session' on April 13, 2008, invitations to speakers were offered at the beginning of February 2008 for an April 26, 2008, forum in Everett, Washington, (population approximately 101,000), the largest centrally-located city in Snohomish County (population approximately 670,000). All five non-governmental speakers positively responded on the first invitation to participate. None of the five Washington state Congressional members, six state Legislature members, state insurance commissioner, or Governor agreed to participate or send a representative to observe the forum.

The five panelists were:

John Geyman, M.D., Professor Emeritus of Family Medicine, University of Washington School of Medicine

Grant Hendrickson, Ph. D., past member Board of Trustees, Group Health Cooperative

Don Howard, M.D., Ph. D., CEO CellNetix Pathology and Laboratories

Larry Kalb, President, Health Care for All-Washington

Kathleen O'Connor, M.S., Founder and CEO CodeBlueNow!®

The venue selected was the Everett Theatre, a 106 year old structure in the center of the community, with a 'town hall' image for the area. The three-hour forum, starting at 1:30 P.M. on Saturday, April 26<sup>th</sup>, was divided into two sessions with one break. The first

session introduced the question ‘What should universal health care be?’ The second session opened up with ‘How do we get it?’ A program, hard-copy handouts, compact disc copies of the handouts, and bookmarks listing the co-sponsors and website for the forum were distributed to the attendees. (See References)

The thirteen co-sponsors of the forum were:

*American Association of University Women-Everett Branch*

*Communities of Color Coalition*

*Everett Theatre*

*Health Care for All-Washington, State organization*

*Health Care for All-Washington, Snohomish County chapter*

*KSER 90.7 FM Everett, community radio station*

*League of Women Voters of Bellingham/Whatcom County*

*League of Women Voters of Kitsap County*

*League of Women Voters of Seattle*

*League of Women Voters of Skagit County UAL*

*Snohomish County Medical Society*

*Washington State Psychological Association*

*Washington State Council of County and City Employees, Council 2*

SUMMARY: Approximately 100 people were at the forum including those from Whatcom, Clallum, Kitsap, Pierce, King, and Skagit Counties.

Dr. Geyman presented a brief PowerPoint presentation to launch the discussion. He emphasized the economic problems of health care as it is now accessed in the United States, largely through private insurance. The US health care system is the most expensive in the world, consuming over 16% of GDP, which amounts to a per capita cost of approximately \$6,700 per annum. Some 48 million citizens have no health insurance or government subsidy (i.e., Medicare, Medicaid, or Veterans Administration coverage) at all. When managed by private insurance, 31% of health care dollars go to administrative costs rather than to health care services. Other developed countries provide comprehensive health care to all of their residents for one-third to one-half the cost.

Discussion by the five panel members then followed, focusing on the first question: ‘What Should It Be?’ The panel was asked to try its hand at designing a universal health care system. Panel members chose to address this individually. Kalb spoke of his experience with health care services in France and the ease with which they are accessed and coordinated. Howard spoke of the Archimedes Movement in Oregon and its efforts to reach out to the public to help design a system. O’Connor described the work of her own organization, CodeBlueNow!, to assess public attitudes in two states, Washington and Iowa. Hendrickson reserved comments for the second session.

It soon became apparent that there was a clear division among the panel members, with Geyman and Kalb favoring a single-payer, publicly-funded, government administered system that would serve all necessary health care needs of all residents (a kind of

expanded Medicare), and O'Connor and Howard favoring a two-tiered system that would combine public funding of basic needs with the option for private insurance coverage of more special needs. The proponents of the latter type of system argued that it is more consonant with US culture and more likely to be supported by the majority of the people.

Discussion by the panel as a whole reflected these views, proponents of a single-payer system commenting that health care is a right, such a system is do-able and can be accomplished, and getting insurance companies out of the picture is important if we are ever to control costs. Proponents of the two-tiered system described single-payer as "utopian" and commented that political feasibility is a problem as there are many stakeholders (e.g., investors) who would fight it.

The forum moved to audience questions and comments. One person spoke at length about HR 676, a bill introduced last year in the US House of Representatives, which would create a single-payer system. Its sponsor, Rep. John Conyers, is joined by a dozen other Representatives. Additional questions and comments followed from the panel discussion. There was agreement between some audience members and some panel members that a system could be built incrementally, starting with "things we can agree on." Others felt incrementalism won't work; only a complete system such as HR 676 is what is needed.

Hendrickson led off the second session, "How Do We Get It," by describing the example of the work of the Puget Sound Health Care Alliance, stating that for a system to be successfully implemented, measures of quality are needed. O'Connor reviewed findings of the two-state survey of public opinion, pointing out that a high percentage of those respondents felt that government cannot be trusted to manage a single-payer system. Such people would oppose such a system. Howard recommended that we find out what people want, show that to the politicians, and hold them accountable for putting it in place.

Comments from the audience generally supported the idea of raising a groundswell of public opinion in favor of universal health care. This was reflected in statements such as: "We need to get together as neighbors and friends, not the insurance companies." "We need to work together. The politicians have failed us." "We must pick up the ball." And the final cogent comment was: "You don't have quality until you have access."

Clearly Americans are interested in universal health care and wish to be heard. Their feelings of lack of empowerment and specific direction to move the country to a system they desire continue to grow. Several groups, including some of the co-sponsors, are working to develop the grassroots movement necessary to effect a change from the current dysfunctional health care system to an accessible, publicly accountable, comprehensive, equitable, free choice, high quality, portable universal health care system in the United States.

LWV of Snohomish County Universal Health Care Committee Members:  
*Kay Crabtree*

*Gloria Katz  
 Margery Krieger  
 Laura McCarty Johnson  
 Susan Netherton  
 Patti Saunders  
 Michelle Valentine  
 Joan Vermilion*

REFERENCES:

LWVSC website address: [lwvwa.org/snohomish/health](http://lwvwa.org/snohomish/health)

Reprints of the following articles are found on the above website and were included in the compact disc distributed to the Forum attendees.

1. Geyman, J., Growing Unaffordability of Health Care; 2008 PowerPoint presentation
2. Dorn, S., Uninsured and Dying Because of It; Urban Institute, January 8, 2008
3. McClure, L., Private Insurance Has Failed Us; *The Daily Star*, December 15, 2007
4. Sack, K., Privately Insured Diagnosed Sooner; *Seattle Times*, February 18, 2008
5. Quick Facts about the Health Care Crisis; CodeBlueNow! 2007
6. Krugman, P., Health Care Excuses Don't Hold Up; *New York Times*, November 9, 2007
7. Howard, D., Health Care Leaders, Think Universal; *Seattle Post-Intelligencer*, November 19, 2007
8. A Framework for Designing a New Health System; The Archimedes Movement
9. The Political Environment; The Archimedes Movement
10. Our Progress to Date; The Archimedes Movement
11. CodeBlueNow!® About Us
12. O'Connor, K., It's time to speak up on health care; *Seattle Post-Intelligencer*,
13. US doctors support universal health care-survey; *Reuters Newsline*, March 31, 2008
14. Frequently Asked Questions-Health Care for All WA; HCFA-WA, 2007
15. Achieving a High-performance Health Care system with Universal Access: What the United States Can Learn from Other Countries; *Annals of Int. Med.*, 2008:148, 55-75

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