Many fall victim to health-care crisis as debate persists

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coverage, and 5 million are underinsured in some way, said Richard McDevitt, executive secretary of the state Catholic Health Care Council.

Even two federal programs begun in the 1960s — Medicaid (which serves low-income Americans) and Medicare (for the elderly) — haven't always proven successful.

"If you're very low-income, you can receive Medicaid. The problem is, there are so many (uninsured) people who make just enough money *not* to receive Medicaid," commented Jack Balinsky, director of the Diocese of Rochester's Office of Social Ministries.

Because these flaws are now affecting so many Americans, overhauling the national health-care system is one of the primary issues in the 1992 presidential campaign. Congress has also sounded a loud cry for reform over the last three years, said Bresch.

"There are close to 100 proposals floating around on (Capitol) Hill," he remarked.

Nearly all of the proposals agree upon a basic principle: that the U.S. government, through either federal or state monitoring, must ensure adequate health care for all Americans regardless of their financial standing.

"How society is organized — in economics, politics or health care — directly enhances or assaults human life and human dignity," Bishop James W. Malone of Youngstown, Ohio, wrote in a April 14, 1992, letter to all members of Congress.

"When the health-care system leaves so many people uncared for — affecting human life itself — then this system is in need of serious and comprehensive reform," continued Bishop Malone, who serves as the U.S. bishops' chief spokesman on the nation's social policy issues.

Advocates of a government-controlled universal health-care system assert that such a system would make it difficult for private health organizations to continue charging exorbitant rates for their services.

During the late 1980s, Bresch charged, "We began to see that insurance companies were getting very expert in directing the nature of health insurance, in making sure they were getting, as their customers, people who weren't going to use (the coverage).

"The real kicker in this thing is the impact on, and reaction of, the businesses," he continued. "Their premiums are going up, up, and up, so they're actually paying for the poor people without insurance (rather than the employees they're supposedly covering)," he said.

This type of cost-shifting also occurs when uninsured people are treated in emergency rooms of hospitals, which must then absorb the costs of treating the uninsured. Such uncompensated services total nearly 10 percent of the $850 billion spent annually on health care in this country. As a result, it's not uncommon for hospitals to charge paying patients far greater retail prices for items like aspirin and bandages.

Yet it's in the area of health-care premiums that Americans are feeling the biggest crunch, since more and more businesses are cutting back on the percentage they pay toward employee health plans and some have stopped offering coverage altogether.

"In the last two to three years, the No. 1 national labor issue is health benefits," stated McDevitt. "The cost of health-care plans is going up more than 20 percent per year."

Identifying the problems has proven to be much easier than agreeing upon, and implementing, a uniform solution.

Of the many reform proposals, most can be whittled down into three main approaches: 1) reform of small-group insurances; 2)"play-or-pay," mandates that would require employers either to "play" by providing minimum coverage for employees, or "pay" 7 to 9 percent of their total payroll toward a government-sponsored public insurance program; and 3) a publicly financed, single-payer program, similar to the system Canada adopted during the 1960s.

Over a 15-month period, a CHA task force has adopted a proposal that contains two factors distinguishing it from these three basic approaches.

The 44-page proposal, released in March, 1992, stresses the priorities of Catholic health care, saying that: health care is a ministry; every human being is sacred; public policy must serve the common good; there must be a responsible stewardship of resources in order to control costs; the poor have a moral priority; and the system must have a simple, yet carefully laid, structure.

Also, the CHA devised a plan for integrated delivery networks, which would have private providers assuming the financial risk for a full continuum of care. These networks would compete for subscribers on the basis of quality and service, rather than price.

The proposal's financing plan relies on several components: current federal and state spending would be the primary source, with payroll and other targeted taxes making up the difference.

Whether this, or any other plan, is ever implemented may depend largely on the outcome of this year's presidential race between Arkansas Gov. Bill Clinton and incumbent George Bush.

"Bush's plans are insufficient; the values need to be changed. If we have a second Bush administration, we wouldn't expect much change," Bresch commented.

On the other hand, he said, "If Clinton is elected, you're going to have something passed in the first 100 days. It's valid to say that Clinton's idea of reform is more compatible with our proposal."

In his campaign, Clinton has proposed universal coverage as well as an effort to reform business practices used by health-insurance and drug companies.

If the federal government does not take action on health care in the near future, heath-care reform advocates may shift their attention to the state level. Oregon and Massachusetts are among a handful of states that have already seen such a shift.

In New York state, Dr. David Axelrod, former commissioner of health, gained Gov. Mario Cuomo's support for a statewide, universal health-care plan designed along the "pay-or-play" approach.

However, Dr. Mark Chassin, appointed in June, 1992, to succeed Axelrod — who was forced to relinquish his duties after suffering a stroke in February, 1991 — feels differently. He told the *Albany Times Union* in a July 16, 1992, story that he does not favor any of the current proposals because further discussion is necessary.

Similarly, McDevitt observed, "our governor wants to initiate a universal health-care plan within a year, but (the issue) is far too complicated. It could take a little more time."

Meanwhile, those like Sherry Brown grow more and more cynical about ever seeing a real reform of the health-care system.

"I'll believe it when I see it," she remarked.