

Health Care for All-Washington Annual Meeting

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by Mark Trahant

Indian Health Service, Public Health Service

Success stories of government run healthcare

Mark Trahant served as editorial page editor of the Seattle *Post-Intelligencer*. Many times he sat on Editorial Board interviews of candidates and health policy experts, and he would ask how the Indian Health Service fit into their schemes for health care reform. There was mostly silence.

Yet the Indian Health System, as well as the former Public Health Service, are two stories we should all know by heart as success of government-run healthcare that serve as models of what this country needs to help us get to universal health care for all.

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There is a telling chapter that serves well the Single Payer debate in Trahant's new book, *The Last Great Battle of the Indian Wars ... the campaign for the self-determination of America's Indian tribes* (2010). He unfolds the irony of Gerald Ford's presidency, completing the work begun by Pres. Richard Nixon, who helped create the Indian Health System even as he closed down the Public Health hospital system.

Trahan continues, "It is important to dispel the myth that the federal government is ineffective when it comes to health care. The IHS is the largest direct provider of health care in the public health care system. It's true that some of the hospitals in the system have serious issues, but most issues are based on Congressional budget limitations.

But don't accept comments made by folks who want to deny government should be concerned with the health of its people.

We can shape the debate, and win, if we insist on improved access and measurements of good health, insist on value for dollars spent, and demand that health care system must match our demographic realities.

Public Health Service legacy

Everyone in Seattle should remind others of the history of the Public Health hospital on Beacon Hill, a prime example of how well government health care works.

The PHS could have been the basis of a national federal health care delivery system. By 1970, it served the urban poor, American Indians, as well as the traditional clients of merchant marines, and some federal retirees.

Its demise came in 1970 when Pres. Nixon refused to fund the Public Health Service and the Marine Hospital Network. In his veto message, Nixon wrote, "While these hospitals have a record of service to this nation, and especially to merchant seamen, it is clear that their in-patient facilities have outlived their usefulness to the federal government...."

Nixon basically articulated many of the arguments that remain a part of our current health care discourse, essentially that medical services are not a federal responsibility. In the budgets that followed Pres. Nixon, and then Pres. Ford, executed the incremental implementation of that idea.

There were those who tried to fight back. John Murphy, Chairman of the House Committee on Merchant Marine and Fisheries, testified "If we close down the PHS, we are dismantling a valuable laboratory...."

"The Public Health System could serve as a yardstick to measure both the cost and the quality of health care in private institutions."

The government's own numbers in 1976 showed that the PH system was far more cost-effective than comparable private institutions. One study showed that 3 people could be cared for at a PHS hospital at the cost of 2 in a private facility.

"The failure of the administration to realize the potential of Public Health hospitals is a great tragedy," Murphy said. "Our nation is in the midst of a deepening health care crisis. Medical costs are rising twice as fast as wages, rising beyond the ability of families to pay." And this was in 1976.

Indian Health Service today

The I.H.S. today is divided in two models: The Indian Health Service, where doctors work for the federal government, and the Indian Health System, which is made up of tribally-run facilities. Each has success stories to share.

Providers with experience in the Indian Health Service have developed expertise in conditions such as diabetes and other disease that are prevalent among Indian communities. As other American communities see increases in such chronic conditions, they would benefit from systemic sharing of such information.

A shining example in the Indian Health System is the Alaskan Native Medical Center located in Anchorage. Staff there implemented Improving Patient Care [I.P.C.] which is designed to show measureable improvements in preventative care.

This survey is administered to each patient entering their facility in order to flag early warnings for depression, domestic violence, tobacco use, blood pressure or obesity.

The I.P.C. questionnaire began with 40 facilities in the Indian Health System and is now used in over 80. It becomes a learning tool used across the system, and provides a transparency as the facilities themselves look for improvements in medical practices.

Another motive is that their patients are part of a global system. When patients are discharged from the hospital, they are still monitored. Because treating chronic diseases represents 3 out of 4 health care dollars, it is important to provide high quality health care at a low-cost. The importance given to after-care reduces prolonged recovery and return trips.

The 2011-12 Congress - “Bring It On!”

The narrative against Single Payer assumes the National Health System in the United Kingdom is the only model. But there are many variations on that theme to help provide universal coverage.

If the opponents of health care reform want to re-litigate health care debate – I say **‘Bring It On!’** We can win this debate on the merits, because, there are few alternatives. We need a national system of some sort. And that is missing with our current, chaotic non- system.

I say **‘Bring It On!’** because the current law is only a small step and we have a long way to go to meet the three tests of access, improved care, and meeting the demographic imperative.

I say **‘Bring it on!’** because there is a demand that the debate go beyond the one-word descriptions, such as ‘Obamacare’, that convey no meaning.

I say **‘Bring It On!’** and tell stories about the successes that are so often described as failures.

I say **‘Bring It On!’** because we deserve better. ###