

Resisting the Trump/Ryan Health Plan

The complex Obamacare system struggled to gain popularity, but now that Republicans are moving to replace it with a less generous program, many medical professionals are irate, reports Dennis J Bernstein.

By Dennis J Bernstein

President Trump and House Speaker Paul Ryan are twisting congressional arms to get enough votes to push through repeal of the Affordable Care Act and replace it with a scheme that relies heavily on tax credits and would, according to the Congressional Budget Office, leave 24 million more uninsured Americans in 10 years. But there is also an army of activists and progressive healthcare workers who are opposing repeal without a real plan for providing broad-based health insurance.

On the front lines of this information battle is Dr. Carol Paris, president of Physicians for a National Health Program and a member of the steering committee for Health Over Profit for Everyone. She confronted Trump in Nashville, at a recent campaign style rally for "Repeal and Replace."

"I meant no disrespect to the President or his supporters," said Dr. Paris, after she was "rather roughly" taken out of the mostly pro-Trump gathering. "I simply did what I felt I had to do as a physician and American. Tens of thousands of people are dying needlessly due to lack of health insurance, and millions are suffering with financial burdens due to unaffordable health insurance and unaffordable health care. I know that a simple solution has already been introduced into the House of Representatives called [H.R. 676](#) – Expanded and Improved Medicare for All."

I spoke with Dr. Paris about her actions at the Trump rally and her concerns about what is in store for the 24 million additional people who will end up outside the America's profit-oriented health insurance system.

Dennis Bernstein: You're from Nashville, tell us why you decided to go there and actually make a scene in public.

Carol Paris: Well, I want to acknowledge first that there were 2,500, approximately, 2,500 protesters outside of the rally. And these are hard working people who stood out in the cold, and took time at the end of their day to protest. I happen to be 64 and retired, so I have the freedom to get in line at 9:30 in the morning, and stand in the cold all day to make sure that I get a seat upfront. And I made that decision partly because I have the freedom to do

that, and mostly because I really felt from a strategic standpoint, that this was the time to take a direct action.

DB: And, you were definitely a strong critic of Obamacare. And you were vocal with the groups that you work with, in terms of the failures of Obamacare. And so this is just a continuum, a resistance to, I guess, Obamacare on steroids. But, tell us about the confrontation. What exactly happened, and how did it feel to stand up? Were you afraid? Tell us about that.

CP: Well, of course, I was afraid. I wasn't raised to be confrontational, and so standing up to the President of the United States, and interrupting him was frankly, terrifying. But, it also was overshadowed, that fear was overshadowed by just an abiding conviction, we have people dying in this country because they can't get health insurance, and health care. I'm a physician, and I can't abide that. I really felt compelled to do this.

DB: And what did you do?

CP: Well, I knew that I was not going to be able to say very much, because I was really just waiting for him to take a breather, and find a quiet, relatively quiet moment in-between people cheering for every other word he said. So, when I thought that that moment had arrived I just stood up, held my sign as high as I could, and what I said was "Put your name on a plan that works, Medicare for all." And I just kept chanting that. There was so much more I would have liked to have said. But I knew that I wasn't going to get the opportunity at that point.

DB: I watched the video. ... You repeated it a number of times and then you were approached by security. How did they treat you?

CP: The police officers were polite. One of them kind of pushed me a bit, because I was trying to exit past the press table, and he was not inclined to allow me to do that. So, he did sort of forcibly move me into an exit aisle. But, beyond that it was fine.

DB: And what did the people around you... did they start... they started to boo right? There was a lot of discontent with your expression. And how did the President react?

CP: Well, at that point I was distracted, and didn't actually... had stopped looking at the President. When I began, I looked right at him. He wasn't looking at me at that point. And, then I really just focused on saying what I was saying, as loudly as I could, and was more interested in trying to direct some attention to the press table because I wanted the press to see that I was protesting. So, I don't really know, it's only in watching the video afterwards

that I see that he actually acknowledged that someone was protesting, and made a comment, I guess.

DB: I think he said that that will be the lead on the 6... he was probably right too. And that's, of course, your point. And we want to speak a lot more with you about your experience, your background, and your response to Trumpcare. Take us... you're somebody who's paid a lot of attention to all these plans, and been in the struggle for quite a bit. So, take us through what you see now in terms of where we are right now, this so-called transformation we're hearing about. What do you see the dangers? Will we go from bad to worse? We saw the report coming out of the Congressional Budget Office investigation. Give us a sense of what you think will happen here if Trump has his way?

CP: I think that if Paul Ryan and Tom Price have their way, because frankly, Donald Trump, I don't think, based on what he said ... when I reviewed it, he really didn't elaborate much on what the American Health Care Act would actually entail. He just talked about stage one, stage two, and stage three. So, I think he is just sort of telling thing, what he's able to understand. This is really Ryan and Price's...

DB: Right. So what do you think the implications are here, the break down?

CP: I think that they have, from the day that Obamacare was passed, they have had both Obamacare, and Medicaid and Medicare on the chopping block, and to privatize Medicare as much as possible. So, they now have the opportunity to do that. And that's what they're doing. But they're not changing... to call Trumpcare anything other than just Obamacare made leaner and meaner, is to elevate it beyond what it deserves. It really is just Obamacare, only made even more skimpy and lean. And giving even more money, our tax dollars, to the wealthy. It's another gift to the rich, and... at the expense of poor, working class people, and especially the 50 – 64 year old age group. They're really going to suffer financially from this piece of legislation.

DB: And, could you talk a little bit about what the possibilities are here. People say this is impossible. We hear about socialized medicine, but we have sort of one of the worst systems in the modern world. How possible is it for us... how affordable is it, for us to move into a system where everybody really is cared for in a way that's respectful and guarantees the fact that it is a human right?

CP: I won't argue that point with you. But I don't have to argue that point with you, if I can argue the point from a strictly cost effective, fiscal responsibility framework. We already spend in this country more per capita for health care than any other country in the world. And we're not getting the

health care we're paying for.

We still have 28 million people uninsured, in spite of the fact that even just in our public dollars, we're spending more than any other country in the world, not to mention the private money on top of that. So, we're spending the money we're just not getting our money's worth. And, if we were to eliminate the profit and the bureaucratic waste, in the for-profit insurance industry... the most recent study that came out estimates somewhere around \$506 billion a year would be saved and could be used to actually provide health care.

So, it is feasible to do this. This is not an outrageous idea. However, I think expecting that either the Republican Party or the Democratic Party are going to champion this and take it forward is unlikely. I mean, we had a Democratic president with a majority in both houses of Congress in 2009, and he wouldn't even let single-payer have a seat at the table. It wasn't even allowed to be discussed.

So, I don't have big hopes that the Democratic Party is going to champion this, in the future, unless we make it toxic for them not to. And we can do the same thing with the Republicans. Make it toxic for them not to support the national health program.

DB: Dr. Carol Paris ... is the current president of the national organization, Physicians for a National Health Program. She's on the steering committee of Health over Profit for Everyone. Interesting name for a group, Health over Profit for Everyone. That really is at the heart of the matter, whether the profit motive or humanity is going to motivate us as we go forward and try and express a real care for our people, for our children, for the future that way, right? This is the big one.

CP: This is the big one. And what the Health over Profit campaign is, is it's a grassroots based, building movement to... because we know that it's going... to build a movement takes time. And we're looking at as much as 3 – 5 years, but that's what it's going to take to make this issue such common place knowledge for everyday Americans, and to make it toxic for their legislators not to support it. That's what it's going to take. So, that's what the Health over Profit campaign is all about. It's a grassroots movement. And right now it is base building and educating.

We know that any active, and the active, sustained support of only 3.5% of the population is always successful, in a campaign. There's research that shows... we don't need 51% of the American people to support this. Even though polls show that the vast majority of Americans do support it. What we do need is 3.5% of the population to make an active, sustained effort to influence their members of

Congress, and make it toxic for them not to do the right thing. If we don't do that then our members of Congress will continue to do what their donors tell them to do. And their lobbyists and donors are the very wealthy insurance industry, and pharmaceutical industry.

DB: How would you characterize the situation now? It's sort of deeply confusing for anybody trying to follow it. People are still signing up on the registries but everything is going towards a closing. Are people signing up in vain? This is serious confusion that's being created by this process that's going on in Washington.

CP: It's serious confusion, and it started when Barack Obama refused to allow a national health program to be considered in 2009. Because it just created more opportunity for the for-profit insurance industry to profit from the suffering of the American people. So I don't think this is just the fault of the Republicans, they're just who happen to be in charge right now.

DB: You've been protesting on this one for quite a while, haven't you?

CP: Yes. I have. I joined Physicians for a National Health Program in 2009, when I really became convinced that it was impossible to try to legislate the insurance industry to behave in an ethical way. And so I gave up on that, and said "We really just need to have a national health program.

DB: So, you know the system. You have an idea of the suffering to come. What's it going to look like? Are we going to have crowded emergency rooms? Are we going to have people out in the street? What's medical going to look like if they go... if they're hell-bent on going forward, without anything as a replacement? You know just to get that squeeze, move the money up again, another shift of what's left, of the wealth, of the working class, and the middle class. You know, take their houses, take their medical plans now. But this is profound. This is where we see the implications of the mass, unequal distribution of wealth.

CP: And that's what we're going to see more of. The estimate from the CBO is that beginning in 2018, 14 million more people will be uninsured. And that's mostly due to removing the mandate. So, young people, for the most part, will just stop purchasing insurance. And then over 5 years it will go to 21 million, and over 10 years to 24 million. So... and add that to the 28 million that are already uninsured, we'll have 52 million uninsured people, in this country. And the way that that's going to translate is that even with the tax credit, that is a much skimpier credit than the subsidies. And while they... the Republican plan may be to in phase 2 or phase 3, create the mechanism for insurance companies to write policies to have lower premiums, the only way you can reduce the cost of a

premium, is to reduce what it actually covers. And so, right now Obamacare has certain regulations, that you can't call this insurance if it doesn't have an actuarial value of at least 60%. Which means that 60% of the cost is paid by the insurance company, and 40% is paid by the enrollee.

What we're going to see are plans that have an actuarial value as low as 50%, and that barely even qualifies to be called insurance. So, that may be what they're selling. And that may be affordable for younger people, but for people who are older, and are only getting until they're 60, I think what is it... \$2,000.00 tax credit? And, we've now given the insurance companies the permission to do age rating up to 5 times the cost that a young person would be charged. They can now increase it 5 times for an older person.

That's going to create a premium that's unaffordable, even with the tax credits that they're offering. I saw one estimate that said a person making \$26,000 a year at age 64 would have a premium... that would have insurance that would be costing them over \$13,000 a year, just about half of their income. That's if we pass the American Health Care Act as it is written today.

DB: Well, as you say there is a bit of resistance. It's coming from all sides, I guess. But it's certainly not heading in the direction that you believe is correct, and that you've been fighting for, doctor, for so many years. But it does, in a strange way it seems inevitable. And it may be this, as people organize, this will burst through the other side of this... what's really heading towards a massive failure and a great deal of suffering. I guess as a medical doctor, this is in a way very personal, you see this up close.

CP: I did. I'm retired now, but I certainly did see it up close for many, many years. And it's a tragedy, and people have to decide whether to purchase their medication, or pay their rent, or buy food. No one should have to make that kind of a decision, in a country where we're... as I said before, we're already spending more money per capita than any other country, in the world that's providing universal health care for their citizens. So, no, this is not something that I find acceptable.

DB: And, it's dramatic in the sense that those most deeply affected are children. Children, and then what goes along with that. The inability to participate in a full way in school, because the health is not there. So, this is... this reverberates, doesn't it?

CP: It reverberates. Racial disparities certainly play into this. There's so many aspects of social justice that play into this problem that could be improved if we simply did what we have the ability to do. But there is not the political will to do that, yet. And that's what we will continue to work on.

DB: Well, it's shocking. I travel on public transportation, take the underground. There are a lot of people who are out on the street, who are wandering around, who deserve to be cared for. So many veterans, so many people who have done so much in their own lives, seeing more and more families out on the street. So, this is a reflection of the health of the society. And we appreciate all the time that you have taken onto this. If people want to learn more about your work, or want to be a part of this movement, this vision towards a health care system that is humane and treats us all the same, how do people follow your work, or what do you recommend?

CP: I would recommend two websites, pnhp.org which stands for Physicians for a National Health Program. I would also recommend healthoverprofit.org. For people who would like to become active or to learn more about this. And I really especially encourage people who have questions, who aren't sure that they understand what this is, or would like to know more... Dr. Flowers and I will be doing a webinar on March 27th on the healthoverprofit.org web site. You can sign up for the webinar. And it's going to be a call in. People who have questions can just call us and we'll do the best we can to answer their questions.

Dennis J Bernstein is a host of "Flashpoints" on the Pacifica radio network and the author of Special Ed: Voices from a Hidden Classroom. You can access the audio archives at www.flashpoints.net.
