

Health Care Reform: a Socialist Vision

Martha Livingston, Ph.D., and Linnea Capps, M.D.

At first glance, it doesn't seem as though socialism and health-care reform have a whole lot to do with each other. After all, the most visible "left" position in the current discussion of health-care reform merely advocates for the government to assume the function of national insurer, leaving the delivery of health care - from its often-questionable content to its hierarchical relationships - firmly in place. As such, a single payer, Medicare-for-All insurance program is a modest, even tepid reform.

Those of us on the Left who have been active in the single payer movement have always seen it as a steppingstone toward health-care justice: until the question of access to care is solved, how do we even begin to address not only health *care* but also health *inequities*? How, for example, can working-class Americans, Americans of color, and women demand appropriate, respectful, humane, first-rate care when our ability to access any health-care services *at all* is so tightly constrained?

Of course, you don't need socialism to provide access to health care. Every wealthy industrialized nation other than the United States has figured out a way to make health care available to all, whether it be via a single-payer, multiple-payer, or national health service model. To be sure, the United States's ideological influence in recent decades has led to privatization fever elsewhere, weakening many previously strong systems.¹⁻⁴ Nonetheless, people in every other wealthy capitalist nation take health care for granted, and no government, no matter how conservative, can succeed in transforming health care from a right to a commodity, though they have chipped away.

How the socialist vision informs even the modest demand for secure access to health care can be seen in the movement for Canada's single payer national health insurance program, called Medicare. First implemented in Saskatchewan in 1962, then nationwide in 1971, Medicare was the result of

decades of activism. The Saskatchewan movement, originating in the 1940s, called for "a complete health plan, a full range of hospital and medical services administered by the province and provided by persons on salary."⁵ Stan Rands, one of the founders of the Saskatchewan system, argued that the achievement of the Medicare program "was not a radical step because it did not change social structures to permit health care to become oriented to service. It left unchanged the basic features of capitalist health care delivery. Health programs are still dominated by the medical profession; the doctor-patient relationship is still an authoritarian one, thus reinforcing capitalist class relations. The fee-for-service method of payment has been retained, thus making health a commodity to be bought and sold."^{5, pp. 60-61}

We know that in every socialist country, health care has been part of the social justice vision that animates the country, and even where that vision falters, people retain the right to health care. While the Soviet Union never funded health care adequately, health care was always a right.⁶ Since its demise in 1991, health care has been transformed into a commodity. In China, health care was a major social force⁷⁻⁹; the system was both transformed and transformative. By training workers and peasants as "barefoot doctors," China was able to provide primary care in a way that would have been impossible had it relied solely on its few western-trained health-care professionals. In so doing, the Chinese system also provided a model of transformed class relations within health care. In China, health care was part of the "iron rice bowl," an array of entitlements that could not be taken away - until China's recent transformation to capitalism. Now, health care is once again a commodity unaffordable by the majority of the Chinese people. In Cuba¹⁰, spending perhaps a tenth of what the United States spends on health care, first-rate care is available to all in a community-based model so successful that it has been exported worldwide; Cuba trains doctors from many countries, including the United States. In Venezuela, with much help from the Cubans, health care is being brought to everyone in a similarly

Corresponding Author: Martha Livingston, Ph.D.
University of New York College at Old Westbury,
Building: NS, Room: S243, Old Westbury, NY 11568
email: livingstonm@oldwestbury.edu

well-organized, community-based system.¹¹ The larger discussion about the content of medicine under capitalism and socialism is beyond the scope of this editorial; one brief discussion can be found in Navarro.¹²

A recent example of the re-organization of health care for service to the community comes from the Zapatistas in southern Mexico. While the Zapatistas have never said that their goal is to overthrow the Mexican government and they don't call themselves socialists, their goal is autonomy for their own communities and self-government according to their traditional social organization, valuing the welfare of all members of the community and communal decision-making. Everyone has the obligation to serve the community and the Zapatistas have set up commissions to plan and oversee health services (as they have done for education and agricultural production). It is important to them that there is no profit motive in their system. Most members of the Zapatista autonomous communities are subsistence farmers. Though they operate within severe economic constraints, they are trying to build a health care system that is a service, not a business. In addition, they have tried to do away with the hierarchical relationships that characterize most health care systems in capitalist countries. The role of physicians and other professionals who are invited to work in the Zapatista communities is to work together with the indigenous people in their struggle to solve health problems.¹³

In what ways, then, is the modest demand for secure access to health care central to a socialist vision? One is, obviously, that the demolition of the for-profit health-care insurance industry would represent an enormous transfer of wealth from the private to the public sector. Another, as Tony Mazzocchi, founder of the Oil, Chemical and Atomic Workers and of the Labor Party, used to say¹⁴, is that it opens a window on the social wage. If we can imagine health care as a right, we can imagine housing, education, child care, food, a minimum wage that is truly a living wage - all unacceptable to the capitalist class.

Socialists work in coalition with "progressives" who agree with us that the current system is "unfair" in denying care to all, and "broken" in its extraordinary transfer of health-care dollars to the pockets of the for-profit insurance industry. Our allies include doctors and other health-care professionals who would like to spend their time caring for patients rather than fighting insurance company care

denials, union members who would rather fight for higher wages than to keep the insurance they've fought for since World War II, and advocates for the un- and underinsured (all of us, some would argue).

But to understand why even this modest reform has been impossible so far in the United States demands a socialist grasp of the nature of the health-care industry. As Paul Sweezy explained to Barbara Ehrenreich in 1969¹⁵, when she complained about what a mess the U.S. health care system was and how it didn't work: "*Paul's quiet response was, in so many words: Oh, but it is a system; it's just a system for doing something else. Then for the first time I could see the parts fitting together, the gears of the huge jerry-rigged structure finally meshing, the machine working just fine - grinding out profits. Health care is just a by-product of the health system.*"

As ghastly as the health-care legislative sausage-making has been to watch in the last few months, our demand for a government-run health insurance system must and will grow louder over the next few years. It has to. Without reform, health insurance premiums will cost 100% of the average American family's wages by 2025.¹⁶ As Claudia Fegan, past president of Physicians for a National Health Program, said at a Philadelphia rally in November: "We don't need a 2000-page bill; what we need can be summed up in three words: Medicare for All."¹² This is not socialist health care; it's not socialized medicine; but it is a modest – and necessary - first step toward health-care justice.

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