

## Talking With Edwards About Health Reform

**In the first of a series, our columnist explores the candidates' positions on fixing the way we pay for medical care.**

**Dean Ornish M.D.**

Newsweek Web Exclusive

Reforming our country's health-care system has become a major campaign issue. NEWSWEEK asked our health expert, Dean Ornish, M.D., to interview the top three candidates in both parties to learn more about their health plans in their own words. Here is his first interview, with former senator John Edwards:

**Dean Ornish: You were the first candidate to announce a health plan. Do you think this country is finally ready for universal coverage?**

**John Edwards:** I do. I think they're not only ready for it, I think they're almost at the point of demanding it. Because health-care costs are completely out of control, there are 45 million people who don't have coverage. And there are many more than that who are covered but are terrified about losing their coverage, concerned about extraordinary rise in health-insurance premiums and the inability to take their coverage with them if they get laid off or change jobs. I think it's a huge driving issue in America today.

**What are some of the key elements of your health plan?**

Number one, it mandates coverage for everybody. Number two, it's paid for not by fees on doctors but by continuing to keep employers in the system—they have to cover their employees or pay into a fund—and also by generating a revenue source by getting rid of George Bush's tax cuts on people who make over \$200,000 a year and by reducing costs dramatically.

**Is talk about raising taxes political suicide? It has been estimated that your plan would cost \$105 billion to \$145 billion per year if fully implemented in 2010.**

No, not as long as you're raising taxes on higher-income Americans and not on the middle class. We're talking about rolling back tax breaks to what people were accustomed to in the Clinton years, when there was huge economic growth. We're dedicating these taxes to making health care available to everyone.

**How will your plan encourage healthy behaviors?**

Multiple ways. In my plan, preventive care is free—in other words, no co-pay, no anything. Second, it's mandated. If you're in the system, you're required to regularly see health-care providers and monitor your health to make sure if anything happens, we're aware of it as early as possible. It's part of

preventive care to teach good nutrition, good healthy lifestyles. The entire system is structured to take a child from the time they're born and make sure they have the health care they need over their entire lives and that they're taught and maintained on good nutrition and healthy lifestyles.

**Steve Burd, CEO of Safeway, implemented a health-care plan with many of these elements for Safeway employees. What kind of reception are you getting from other business leaders about this?**

It has been very positive. Some of them are for single-payer too, which is a pretty radical shift for them. They believe that American business has an albatross around its neck and unless we do something to bring down the cost of health care and provide coverage we're going to continue to have a huge competitive disadvantage, especially in a global economy.

**In your plan, the U.S. government will help states and groups of states create regional "Health Care Markets," which are nonprofit purchasing pools that offer a choice of competing insurance plans. At least one plan would be a public program based upon Medicare. Is this a backdoor way of expanding Medicare to everybody and having a single-payer plan? Or is this a way to have the public sector compete with the private sector and allow consumers to decide which approach they prefer?**

It's the latter. We want private plans to have to compete with the government plan—with lower administrative costs, etc. And if the American people decide over time that the government plan is more attractive, it could become a single-payer plan.

**Are you really in favor of single-payer coverage but you think it is politically unfeasible, or do you think that not having too much power in one part of the government is something to be mindful of?**

I think more the latter than the former. But I do believe there are significant advantages in single-payer. And I think the way to deal with this is a transition from a nonuniversal to a universal health-care system. The competition between private and public providers is a very healthy thing in my plan. We will show with millions and millions of Americans what, in fact, turns out to be the best health-care system. I think you couldn't have a better model for determining what in fact works best.

**Well, making decisions based on facts is pretty radical these days ...**

I know, very radical.

**What would be the economic incentive for individuals to take personal responsibility for prevention when their costs are going to be the same whether they're sick or healthy?**

We have a system now that does not provide incentives for the health-care system to cover preventive care, despite your extraordinary and, in many ways, groundbreaking work showing that lifestyle and nutrition play such an important role in preventing and reversing diseases, especially cardiovascular disease. There are no built-in incentives and no systematic approach to stay healthy in America. From the day they are born, children will get the preventive care they need, the nutrition training they need, the lifestyle training they need. This is mandated. They don't get to choose whether they're going to do this or not.

**What would you say to people who say that this sounds like Big Brother if you're going to mandate behaviors, even healthy ones?**

Well, you can't mandate behavior. What you can mandate is that people have the information they need and they have access to the care that they need. We're going to insure that from the time of birth, children are trained and learn what's good and healthy. We mandate public education—public or private—and no one minds that.

**Fabian Núñez, the Democratic speaker of the California Assembly, was quoted**

**recently saying about Gov. Arnold Schwarzenegger's plan: "It's irresponsible to require people to purchase health-care insurance when you can't guarantee that there's an affordable product for them to purchase."**

We have very serious cost control and cost-reduction mechanisms that will go a long way toward accomplishing that. For example, although we will allow private insurers to compete in the health-care market with the government, their profit and overhead will be capped at 15 percent, and 85 percent of each dollar has to go to health-care costs.

Also, we do some fairly creative things about breakthrough drugs in important areas—we take away the patent from drug companies and give them a cash amount up front. The net result of that is they don't control it; there's no monopoly; and we can get the drugs into the market much quicker at way lower cost. Mandating use of technology, electronic record keepings and our systematic approach for evaluating what's working will also help control costs.

**Why do you think the country is ready for universal coverage now compared to 1993 when the Clintons's plan was rejected?**

Because of the extraordinary increases in health-care costs, we have huge health-care insecurity in America today.

**In California, the same company that did the Harry and Louise ads back then is already doing the same about Gov. Schwarzenegger's plan. Do you anticipate that happening with yours?**

Yes. If I were proposing a single-payer plan, I think it would be a more extreme reaction. But I think there will be millions of dollars spent to try to kill any serious universal health-care plan that puts any limitations on what insurance companies and drug companies can do. The big frame on this is that we have a dysfunctional health-care system. It's bad for the uninsured; it's bad for the average American; and it's also bad for American business. We have to have a president who will take on this issue. There are political risks associated with it. But those risks are unimportant and pale in comparison to the need for real health-care reform.

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