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Presidential Candidate Forum: Dennis Kucinich Families USA and Federation of American Hospitals October 25, 2007

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CHIP KAHN: with Families USA and it is my pleasure to bring you Ron Pollack, Executive Director of Families USA, who will introduce this morning's program.

RON POLLACK: Thank you, Chip. Good morning everyone and welcome to this our third Presidential Forum on healthcare. Healthcare has become the number one domestic issue in the elections. And so we wanted to make sure that this very important issue didn't get the normal thirty second and sixty second sound bytes.

So, we've organized these forums with four very distinguished journalists so that we could explore healthcare in greater depth. Before I introduce our distinguished guests I want to thank a few people who made this possible. First, I want to thank McNeil Lehrer Productions that is producing all of these forums.

I want to thank the Henry J. Kaiser Family Foundation which is hosting us in this wonderful facility. And that is Webcasting all of these forums. I want to thank the funders, the California Endowment and the Ewing, Marion, Kaufman Foundation and last but not least I want to thank my good colleague Mary Ellen Berecka who has been coordinating these forums for Families USA.

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So, with that I'm delighted to introduce our very special guest today Congressman Dennis Kucinich. Please welcome him. [Applause]

CONGRESSMAN DENNIS KUCINICH: Thank you. Good morning.

RON POLLACK: Congressman Kucinich is the only presidential candidate who is promoting what manner people call a single payer healthcare system. Some people used to call it National Health Insurance. Some people call it Medicare for all and while he's the only presidential candidate promoting this he is joined by a significant number of his Democratic colleagues in the House in pushing a similar proposal. So, we're delighted to have you here and we look forward to your sharing your views with us about America's healthcare system. Welcome.

CONGRESSMAN DENNIS KUCINICH: Thank you very much.

RON POLLACK: I want to turn this over to our moderator who is the Chief Health Correspondent for the NewsHour with Jim Lehrer, Susan Dentzer.

SUSAN DENTZER: Thank you very much, Ron and let me also welcome you Congressman Kucinich. We are all very happy to be here today to participate in this important forum.

I have the pleasure now of introducing my journalists and colleagues who will join me in questioning you today.

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They are Laura Meckler of the Wall Street Journal, Julie Rovner of National Public Radio, and Rick Klein of ABC News.

As you know by prearrangement with the campaigns of each candidate participating in these forums, we've given each of you the same first question in advance, to allow you to craft a five minute statement, at the outset. And we follow the same reproach with a closing question as I'll spell out a bit later.

For the other questions, we've allowed you and all the other candidates up to two minutes for each response and up to one minute for each follow-up question. Congressman, you have our opening question which is this, "Do you believe all American's should have health insurance? And if so and if you are elected President how will you move towards this goal?"

CONGRESSMAN DENNIS KUCINICH: Health care is a basic right in the Democratic societies, so yes, I believe that all Americans should have health coverage. Now when you say health insurance we have to define some terms here. I'm the only candidate, running who's talking about a single payer not for profit health care system. Medicare for all. Its HR676 is legislation that enables such a system, and I'm the co-author of that legislation. As a matter of fact, over the last few years, I have organized dozens of members of Congress on this issue. Right now we have eighty three

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members of the House of Representatives who have signed on in support of HR676, and most of them I have contacted personally and discussed this legislation at length.

And many of them I've appeared in their districts, to speak about the urgency of a healthcare plan which recognizes health as a basic right in a Democratic society. None of the other candidates will take the stand that I'm taking. And the American people have a right to ask why. I mean when you consider that Senator Edwards, Senator Clinton, have plans that are very similar to Mitt Romney and Governor Schwarzenegger, you have to ask can the maintenance of a for profit system serve the American people. And I don't believe that it can.

I think that when you consider that you have forty seven million Americans who are uninsured, and another fifty million Americans who are underinsured, I mean there's one major problem that is with the uninsured, people just can't afford it. So when Senator Clinton and Senator Edwards say well they have a great idea, everyone has to have health insurance.

OK, how do you afford it? You can't afford it under the current system, how you going to afford it under this system, if you mandate to buy it. And if you do buy it, then you're forced into plans that inevitably are going to have extraordinary co-pays and deductibles. Or limited in such a

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limited level of coverage. What I'm talking about is a plan where everyone's covered it covers everything, and the fact is, we're already paying for it, we're just not getting it.

Sixteen percent of gross domestic products spent for health care, that's about \$2.3 trillion a year. If we took all that money for health care, we'd have enough to cover everyone. Vision care, dental care, mental health care, hearing care, prescription drugs long term care, all covered.

But instead what's happening? Health is being used as an engine to accelerate the wealth of the nation upwards. Half the bankruptcies in America are connected directly to people not being able to pay hospital bills. Now think about that.

Here you have working families, and they cannot afford to be able to have the kind of coverage their family needs in order to assure them against being driven into poverty. How can we permit this to happen in the United States? How can our political system stand by and let so many people lose their homes? So many people have their families destroyed financially because of an illness.

I mean this is a moral imperative. Health care is a basic right in a Democratic society. And I'll tell you this is a question that both political parties have to face. I stand here, having taken this issue to the Democratic Platform Committee in the year 2000 and again in the year

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2004 and both times it was rejected. And both times it was rejected because of the influence which the insurance companies have on the Democratic party.

This isn't a partisan issue. Both parties have failed the American people, and I'm running for president, understanding that it is true that the top domestic priority must be to meet the health care needs of the people. Families are having an extraordinary difficulty, making ends meet in this economy.

Wages have flattened for many working people. Their benefits have shrunk. A lot of employers have just cancelled health insurance outright leaving people on their own. So what do you do? How do you take care of your family under this circumstance? You can't.

Almost one out of every three Americans is affected directly by this. And indirectly I guess it probably affects most, if not all of us. It doesn't matter what your income is. It doesn't matter how much money you have. A single illness in a family can destroy any family financially. Why should that be? Why should people work a lifetime, to be able to achieve a home, just a little something in terms of retirement security, and then find out an illness comes and you lose it all.

So to me when I run for President of the United States I can't be bought or bossed by any interest group.

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And let's face it, one of the reasons why we have these candidates who are debating narrow parameters about what kind of a private for profit health care system they have. It's because of the influence of the insurance company interests and the pharmaceutical company interests on a political process. It's because of the money they put into the political process and to the candidates.

And inevitably it becomes a debate, not about health care, but about insurance care. I'm the one candidate, the one candidate who stands here for and with the American people. And I do so with an understanding of what people go through.

SUSAN DENTZER: Congressman, given that you're the only candidate proposing a national health system, do you think that there is realistically any chance it can be adopted by the Congress or broadly supported by the American public?

CONGRESSMAN DENNIS KUCINICH: With leadership, yes, the American public's ready for this. Are you kidding, I mean, people realize why they can't afford health insurance. And most people understand that insurance companies make money not providing health care. So, the American people want this. And eighty three members of Congress have now signed on.

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With the proper political leadership, with dynamic political leadership, with courageous political leadership that's ready to take on these interests groups, absolutely, you could have a not-for-profit-system.

When FDR was faced with having to put together an economy that was in a shambles, because of the depression, because of the collapse of the stock market he had to craft a new deal. And when he took that program to the American people, they responded resoundingly and they gave him a Congress that gave him the ability to push through a new deal.

So, this is a kind of thing you have to take right to the American people. And I believe they'll respond but you need leadership to do it, that's why who we nominate as Democrats makes a difference. If we nominate someone who's in the pocket of the insurance industry forget it. Then people will be told well you have this narrow concern, you can have this product, from a private health insurer, or this product from a private health insurer. I mean essentially Senator Clinton's plan back fifteen years ago, or fourteen years ago, was to have competition between private entities.

I'm not talking about that. I'm talking about a not-for-profit-system. And, so yes, the American people are ready, with the leadership I can provide.

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SUSAN DENTZER: Thank you, Congressman, and our next question will come from Rick Klein of ABC News.

RICK KLEIN: Good morning, Congressman.

CONGRESSMAN DENNIS KUCINICH: Good morning.

RICK KLEIN: You mentioned HR676, I just wanted to explore some of the details of that. It actually seems like it's more than a single payer system that you're talking about. It's not just the government paying to health care bills, it's actually more, now it seems that it's the national health system of the United Kingdom. Where you have a new system that would be delivering care, building new facilities, purchasing new equipment, you're really talking about government financed and government delivered health care, aren't you?

CONGRESSMAN DENNIS KUCINICH: My God can you imagine a government being involved in something? I mean, think about this the government's not going to run all the hospitals. What happens is that all of the assets in America, that are for profit, would be converted to not-for-profit. That's the first thing to keep in mind.

What the government will do is it will pay the bills of a single payer. There's enormous savings that are involved in that. Currently Medicare costs about two to three percent to handle the paperwork.

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When you look at the for profit insurance companies, the cost of paperwork is about fifteen to thirty percent. So, right there you're talking about saving hundreds of billions of dollars a year, just in going from this system where you have so many different payers, to a single payer.

So that's the one thing, now the undertone of your question, Mr. Klein, is that this is a quote "government system". Social security is a government retirement system people pay into it of course.

We have Medicare right now that's Government financed. People pay taxes and they get all kinds of services from the government at a local level. People, we have police and fire and waste collection and street repair and street cleaning. I mean one the things we have to decide here is health care a right or is it a privilege?

If it's a right, then it's appropriate for the government to have a role in facilitating that right. If it's a privilege, and it's a market based thing, then we're left to the predications of the market. Which is, if you can't pay for it, then you're out of luck, that's all and you know what? Forty seven million Americans are now out of luck. Fifty million Americans are underinsured.

So, yes the government has a role in this system no question about it. Is it like the UK's spot, somewhat similar, and that's similar to in forum to many of the

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industrial Democracies of the world which provide health care for their people. Thank you.

RICK KLEIN: We're talking about the same Federal Government that was responsible for paying the bills in the response to Hurricane Katrina. I mean this is a Federal Government that's really mistrusted by a lot of folks to deliver services and to deliver goods.

Why is it a good idea in your view to have government take over health care in addition to the responsibilities that are already being covered that you mentioned?

CONGRESSMAN DENNIS KUCINICH: Listen, I know we're talking about the Federal Government that took us into a war based on lies. That's prepared to take us into another war based on lies. But we are talking about government.

But it's also government of the people. And if we let the health, the private sector control this, which is where we're at, then what we're looking at is health care being used as an engine to accelerate the wealth of the nation upwards.

Just like our housing policies accelerate the wealth of the nation upwards, just like our credit policies, and our monetary policies, accelerate national wealth upwards.

Just like our energy policies. Accelerate national wealth upwards. So we have to ask the question, is

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healthcare a right? Because if it's a right then it's a proper role for government.

Look, I'm not here saying that the governments perfect, it's not, but you know what, the problem in America today is—the government's inability to function, I believe, is largely due to the fact that it's run by these various interest groups.

The reason why the government can't have a decent energy policy is because the oil companies control our energy policy. The reason why the government can't have decent monetary policies is because they're run by banks and credit card companies in their own interest. So I'm talking about a novel idea government in the public interest.

You know I know it takes a while for people to wrap their thinking around this. But government in the public interests, it actually, government can work for people, it's working for somebody. This idea that the government doesn't work, oh no I've been doing this for forty years OK.

I've been involved in public life for forty years. Government works, the question is, who's it working for? And in health care, it's working for the insurance companies right now, it's working for the pharmaceutical companies, you look at their profits, you look at their Wall Street ratings, and I'll tell you something, when I'm President of the United States it'll work for the people.

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RICK KLEIN: Thank you, Congressman.

SUSAN DENTZER: And, Congressman, we'll move now to a question from Laura Meckler of the Wall Street Journal.

LAURA MECKLER: Hi, thanks for being here today. Going even deeper into your plan, as you've said, you would be replacing private insurance with government organized insurance or govern organized healthcare and a few questions going into that.

One what would you say to people who are afraid of losing their coverage? It's sort of scary for people who currently have coverage that they like or maybe coverage that they don't love but at least it's there for them that that's just going to go away.

Also what would happen to the employer payments that are now funding the system? There is a lot of money coming from employers? And finally how would you compensate the shareholders who have invested in these for profit companies and which are now just going to go away?

CONGRESSMAN DENNIS KUCINICH: Well, first of all, with respect to for profit shareholders where there is a conversion of a for profit institution to not-for-profit there would be a market value compensation that would be involved to the company. The shareholders you have to deal with on a basis of where the company's financial structure is.

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With respect to the kind of coverage that people have now let's go over the numbers again, Ms. Meckler, and that is that forty seven million American's don't have any coverage so for them they're immediately going to be covered.

What kind of coverage will they have? They'll be able to have the physician of their choice. They'll be able to get the care that they need. They just present a card and after they sign their application and they get the services that they need. The doctor doesn't have to go through an insurance agent or anything to get their care. And it covers all basic healthcare services, everything.

For people who currently are insured but there are fifty million who are underinsured they no longer have the problems of co-pays and deductibles. This actually is the end of a system of premiums, co-pays, and deductibles. People no longer have to worry about whether they can afford healthcare.

This is something that really changes things in this country where people will be able to get the care they need. SO, today generally what happens is that if people find themselves, they feel that they're properly insured, there is always going to reach a point where either the premiums are going to go up or the co-pays and the deductibles will go up.

This continues to happen. So, the question is at what point do people feel that they can't take it any longer?

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I think more and more American's are coming to that realization. Bottom line is though they're covered. This system covers everyone. No one is left out and it doesn't matter what your financial situation is.

LAURA MECKLER: So, just going back to the first point that you made. If I understood you properly is the government going to be compensating for the entire market capitalization of all of these companies?

CONGRESSMAN DENNIS KUCINICH: No, listen, what it does, let's say there is a hospital that's run by a private entity—

LAURA MECKLER: Yes.

CONGRESSMAN DENNIS KUCINICH: And the hospital is converted from for profit to a not-for-profit there would be a compensation for—

LAURA MECKLER: So, who's going to pay that?

CONGRESSMAN DENNIS KUCINICH: Pardon?

LAURA MECKLER: Who will be paying that?

CONGRESSMAN DENNIS KUCINICH: Well, the—

LAURA MECKLER: I'm an investor who has invested in this hospital—

CONGRESSMAN DENNIS KUCINICH: The National Healthcare Plan repays that.

LAURA MECKLER: So, the government is going to be paying all of those people.

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CONGRESSMAN DENNIS KUCINICH: The government pays that, that's right. You're not going to have an expropriation here.

LAURA MECKLER: So, how could the government possibly afford that? We're talking I have no idea how much the full value of all of these for profit healthcare institutions is but it's got to be—

CONGRESSMAN DENNIS KUCINICH: By amortization the cost for treasury bonds over a period over a period of time just like you pay for a lot of other capital expenses. Period. It's not rocket science in that regard. Yes?

SUSAN DENTZER: We'll go to a question now from Julie Rovner of National Public Radio.

JULIE ROVNER: Good morning. Thank you for being here, Congressman. While we're on the subject of financing I have a financing question. Your plan anticipates the setting of global budgets for the new national health insurance system. How large do you anticipate those budgets would be and at what rate would they be allowed to grow over time?

CONGRESSMAN DENNIS KUCINICH: Well they're set at a regional level. You have a global budget but the budgets are established regionally. And what that means is this that hospitals—that you look at what hospitals are spending right now and then you would establish that amount plus an amount that would half to be pegged to either the inflation rate or

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some formula that would be set by the Quality Control Board but the purpose would be to make sure that hospitals in their global budget can meet all of their needs for staffing.

And that doctors that will work for either a fee for service or if they work for-on salary with the hospital their costs would be included in there too. But in addition to that you keep in mind that there is actually a number of different accounts we're speaking of.

One is a global budget for operations but the other one is a budget for capital expenses. The two can't be mixed they have to be kept separate. So, if a hospital needs to make a capital improvement such as new building or the purchase of equipment there is a budget for that, as well.

But since we have a Quality Control Board there is also going to be some discipline so that there can't be an expansion that can't be justified. People are going to have to make their case.

In addition to that there will be a budget for medical education because we want to make sure that we have the ability to be able to bring well trained doctors into the system. So, the idea of the global budgeting though is that when you take the \$2.3 trillion that are in the system right now and you distribute the resources on a regional basis you establish your global budgets, you establish your capital budgets, you establish your budgets for medical education.

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Then you provide the services through the operations spending and the capital improvements through the capital improvements budget. But there is a financial structure here that can work.

And I see my time has run out on this I'd like-

JULIE ROVNER: But the big fear I think of many national health systems like this is what you end up with is rationing with these global budgets and you end up with having not enough capital spending or you end up with Q's. These budgets end up with not enough MRI's or CT Scanners or not the latest equipment. How do you guard against that?

CONGRESSMAN DENNIS KUCINICH: We kind of have rationing now you could say. Forty seven million American's without health insurance. They're not even in line to get rationed. Fifty million who are underinsured. They're-you could call them rationees.

We have a system right now that is broken. It's not serving people. Now under this system look when you consider that the United States already spends more per capita for health care than any other nation in the world and when you consider by many world health organization industries that we're failing to provide for the healthcare of our people then you know what our obligation is here.

You transit to a not-for-profit system then suddenly people can get the care that they need. Will there be an

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increased demand? I think you can say that. You could anticipate that. So, we want to make sure that the system is strong enough to be able to—financially strong enough to be able to absorb the initial cost of people getting assessments. OK, but let me tell you where you save money. You save money on the other end in acute and critical care.

Because what's happening now is there is enormous costs to healthcare today because people do not go to a doctor. There is very little prevention in the system and people will generally reject the idea of seeing a physician until they're so sick that they just get wheeled into the emergency room. And that's when the costs start to skyrocket.

So, under this plan you don't have to have rationing because you have the basic resources are in the system. It's just that you put the costs up front in terms of prevention in care and you don't have to absorb the extraordinary costs at the end if people are rushing into emergency rooms.

So, there is enough money there to cover everyone. No one is going to be denied.

SUSAN DENTZER: Congressman, staying on this point though there is almost no country in the world that's been able to match its populations underlying demands for healthcare with a tax-based financing system. There is almost always a gap—a deficit. Or as Julie said there's

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rationing. In Britain there has been a deliberate effort to create a private system in parallel to the public one. So, how is that you think the U.S. would be different from all of these other countries and that U.S. tax payers would agree to pay collectively for all the healthcare they expect to consume individually?

CONGRESSMAN DENNIS KUCINICH: Well, first of all the privatizers are at work in every country. And they're at work in the U.K. I mean think about it if healthcare is such a losing proposition why are these insurance companies so intent on privatizing it?

Why is Humana, for example, trying to grab the Medicare market? Because there is huge amounts of money to be made. We spend twice what other countries spend per capita. And so what I'm saying is that if you look at the money that we spend right now we have enough to meet the needs of the people we're already paying for a universal standard of care. We're not getting it.

The problem is a for profit system. The problem is that the minute you have a for profit system you're going to have people cut out. The minute you have a for profit system you're going to have people that just can't afford healthcare. You're going to have people that are going to lose their homes because the premiums or because the co-pays and the deductibles have driven them to that condition.

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Half of the bankruptcies in America are connected to this sorry system where we have a for profit healthcare. Now, clearly what I'm talking about is a shift. And the American people need to realize. Think about the amount of money that a single family pays right now. If U.S. median income is in the area of \$48,000 there's something families that are paying \$12,000 per year for a family plan for their healthcare.

So, that's one out of every four dollars of their gross. Some are paying a higher rate. Healthcare spending is causing families to have to organize their entire lives around whether or not they can afford a premium or if they're paying for healthcare because they're worried about going—an illness in the family. It then causes other cuts in the family budget. Either transportation or clothing or college education or food but something is going to give somewhere.

So, what I'm talking about is freeing—is breaking the shackles which these insurance companies have on our political process and freeing up the American family from this yoke which is being placed on their backs.

SUSAN DENTZER: We'll go to a question now from Rick Klein of ABC News.

RICK KLEIN: Congressman, your plan would not allow for a for profit healthcare providers to participate although you would give these for profit providers the opportunity to

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convert to a not-for-profit status so that they could participate. But that would be a big change. There are almost no physicians in the country right now are who organized in non-profit entities. There are primarily-

CONGRESSMAN DENNIS KUCINICH: Run that again.

RICK KLEIN: I said most physicians are now not organized as not-for-profit. They are almost all for profit at this point. So are the labs, the imaging center, one in five hospitals are actually investor owned. How do you envision, let's talk about the doctors, how do you envision them reorganizing themselves to be able to participate in this plan?

CONGRESSMAN DENNIS KUCINICH: Well, doctors will have either a fee for service. Right now Medicare is discouraging doctors by cutting their fees. There is a strategy to privatized Medicare by trying to get doctors to just walk away from Medicare. And what I'm talking about is giving doctors a fee for service that is reasonable.

RICK KLEIN: But how do they even organize themselves to get to that point?

CONGRESSMAN DENNIS KUCINICH: How do they organize it? Right now doctors aren't able to practice medicine. There insurance companies are telling them what to do. They have to check with insurance agents as to whether or not they can provide a test or do a procedure or offer surgery.

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I mean the fact of the matter is that the whole practice of medicine has been transformed in the latter part of the twentieth century to one that had a close doctor patient relationship to one where the doctor patient relationship has been severed by insurance interest. So, what my plan will do is to give doctors a chance to be able to practice medicine again, re-establish the doctor patient relationship, give people a choice of physician's and to be able to enable to be able to contract for a fee for service that will be a fair fee, usual customary and or to be able to have a salary from a hospital. Now doctors currently there are fourteen thousand physicians for National Healthcare who are supporting this legislation because these doctors understand that this system is unsustainable.

This system isn't about healthcare it's about insurance care. And the doctors are the ones that have woken up to this. Fifty years ago the AMA saw this kind of a plan as an athamime [misspelled?] and there is still kind of a residual resistance among some in the medical community. But more and more doctors and you talk to medical students, as well, are starting to understand that they have to change this system.

Why do people go into medicine? Most doctors go in there to help people. They don't go in there just to be able to be wealthy. Doctors go into medicine to help people and

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you know what more and more doctors are finding that they're able less and less to help the people they dedicated their lives to because it's all about profit for insurance companies.

The plan that I'm talking about, that I'm the co-author of HR676 gives doctors a measure of control they haven't had in generations.

RICK KLEIN: What is it about the for profit healthcare system on the doctors and on the providers end, the hospitals end that's just wrong in your view? Or that just doesn't work, I mean, we do now have investor owned hospitals participating in Medicare and Medicaid, the government run healthcare plans.

CONGRESSMAN DENNIS KUCINICH: Well they are but you know what's happening. There is a lot of fraud. I mean I'm the Chairman of the Domestic Policy subcommittee and we're investigating United Healthcare right now. Let me give you an example. What they did in a case in Maryland is there was a young boy about twelve years old, Demonte Diamond, and he was entitled to dental care that was under a government run program that was administered through United Health. And you know what the twenty or twenty one dentists who it was said would be available to serve Demonte weren't available.

And they either numbers were disconnected or they weren't providing the care that he needed. He had a tooth

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infection. Twelve year old Demonte Diamond died because he couldn't get the dental care that he needed. And we did further investigation and we found out in the county in Maryland that there are thousands of children who were under this program that was government funded but run by a private entity who are being denied the care that they needed over a period of four years thousands of children couldn't get the care that they needed, that they were entitled to.

So, how do these companies that have a government contract, these private companies have a government contract to make money, they make money by excluding people from coverage. By making it impossible for people to get the coverage they need. They make money by cheating the American tax payers. That's what's happening. So, my committee, Domestic Policy Sub-Committee, which I'm Chair is going deep into this investigation.

Because I think what's happened at United Healthcare is reflected across the board in all of these companies that are private insurance companies that are managing the resources that the government gives them. And that's one of the principal reasons why Mr. Klein that I say we've got to get out of this for profit system.

These other candidates all want to stay in it. They want the government, their plan, think about this, everyone knows that the problem is. People can't afford healthcare so

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what is Senator Clinton and Senator Edwards plan? Have the government provide more of a subsidy to the private sector so that means more profits for the insurance companies but there's not going to be any discipline on premiums on co-pays or deductibles.

So, it all becomes about insurance companies. It's not about people.

RICK KLEIN: Thank you, Congressman.

CONGRESSMAN DENNIS KUCINICH: Thank you.

SUSAN DENTZER: And we'll go now to Laura Meckler.

LAURA MECKLER: Moving back to the role that the individual would play in a healthcare system that you are envisioning. I understand that there would be no premiums aside from the taxes that everybody would be required to pay. But do you foresee deductibles or co-pays or any other sort of cost sharing issue?

I see your shaking your head so I'll ask then do you think that individuals have any responsibility beyond paying taxes to contribute to the cost of their healthcare? And also—

CONGRESSMAN DENNIS KUCINICH: Well they will they'll be paying taxes.

LAURA MECKLER: Right.

CONGRESSMAN DENNIS KUCINICH: Right now people are paying two point nine percent out of their Medicare. The

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employers are contributing well that system continues. At some point in order to meet the financial demands of this system it may be possible or it may be required to pay a little more. That's possible OK?

But and so people are paying. It's not like their just being given it they're paying for it. And that's why I said at the beginning that we are already paying for a universal system of healthcare it's just that we're not getting it because one out of every three dollars according to a Harvard University study goes for the activities of the for profit system.

Corporate profits, stock options, Executive salaries, advertising, marketing, the cost of paperwork, fifteen to thirty percent in the private sector as compared to Medicare's two to three percent. People are already paying this isn't like free.

Now if you don't have a job you're covered that's the good news. If you happen to be poor you're still going to get vision care, dental care, mental health care, long-term care, prescription drugs, hearing care. You're covered.

See, this is a way that we lift up the country. This is a way that we really take people out of poverty. When you look at what's happening, the intensification of poverty in America as measured by the following indexes, job and wages, housing, education, access to healthcare the American people

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particularly people of color are finding an enormous difficulty being able to make ends meet.

And having access to the basic necessities of life. I'm not talking about something extra here. I'm talking about people's practical aspirations are being ignored. Because it's all about money. It's all about a for profit system.

So, I'm saying that there is—that we're already paying for this we just aren't getting it.

LAURA MECKLER: Right. Well there seems to be a couple of potential problems with that. One is a lot of health economists would say that it's good in terms of keeping control of costs for people to have to pay a little bit out of pocket in order to see a doctor to make sure that they don't just go if they don't really need it.

I understand you want people to go when they do need it. But there is—a lot of people would say there needs to be a balance. And there also seems to be a risk that people would just sort of view healthcare as a free lunch and they could just and while they have a right to it but is it also something that they share a responsibility for?

CONGRESSMAN DENNIS KUCINICH: Well, right now there is forty seven million people who don't have a lunch. Years ago when I was a City Councilman in Cleveland I had a proposal that I thought would do a lot to protect the

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environment and help move people around our community freely. I proposed free transit. And the people who attacked the idea through up their arms and said, "My God if we have free transit everyone's going to be riding the bus." Exactly.

That's what we want. You want people to use the healthcare system so that they're healthy. Let's take it in terms of productivity which I know is something that Wall Street Journal is always concerned about. If you have a healthy workforce you have a more productive economy.

See, no one's taking a look at this. If you look at the number of days that people have off that are sick days and you look at that as contributing to what's not productive in an economy. Then I think if you studied that you'd find that a healthier workforce is a workforce that has a better morale. Is a workforce that can assure a more productive economy. And in the end greater profits.

As a matter of a fact if you look at businesses in this country, let's take the auto industry for example, the auto industry according to Wall Street Journal has had billions of dollars in healthcare costs they just can't meet. So, what happens they either tell their workers through contract that they've got to accept a smaller deal or they start to move their costs around, close plants. I mean this—our American manufacturing base is being undermined because

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we can't compete with countries which provide health insurance for their employees.

Now, this isn't a WTO issue, by the way, which is very interesting.

SUSAN DENTZER: Congressman, that's a terrific point. We will get back to that but we want to dig just a little bit more deeply into the financing of your plan and Julie Rovner has that.

JULIE ROVNER: Thank you. You mentioned before a little bit about how you were going to pay for it. I know you've proposed to pay for it one way is by raising the Medicare portion of the payroll tax from its current one point four five percent for employees and employees to four point seven five percent. You've also got a stock transfer tax and income tax surcharge for very wealthy earners.

Staying with the payroll tax hike why do you think that's a good idea since payroll taxes are the most regressive tax and that would lowest income people the hardest?

CONGRESSMAN DENNIS KUCINICH: Well, actually lowest income people are the people who are feeling the pinch today in that they can't afford healthcare. I mean we have the working poor. Half of the bankruptcies in America are connected to people not being able to pay hospital bills.

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Seventy five percent of those involve people who had health insurance when they were connected with their job.

So, when you look at this concept of the working poor today which is worth looking at. One of the major things that happens is that under this for profit system people are working that can't afford insurance. Under my plan they're able to—they get the insurance because the cost is covered in a payroll contribution. Now this is immeasurably lower than what would happen if they went out and bought health insurance on the market.

They just can't—forty seven million Americans can't do it. So, if you look at the numbers the numbers prove the point and that is those forty seven million American's many of them are working, most of them are working. They just can't afford it.

So, I'm talking about affordability and that really is one of the basic concepts here. It's affordability. All of these other plans that these other Presidential candidates are talking about people still aren't going to be able to afford them.

If you look at Massachusetts there were still costs that people couldn't absorb. So, what are we talking about here?

I think, by the way, this whole debate about healthcare in this election ends up being a hoax. And the

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media is part of the problem because they really don't analyze what these candidates are offering. That it's really not going to disturb the system. That it's really not going to provide the care that they need. That there is no difference between Senator Clinton, Senator Edwards and Mit Romney, for example. So what kind of choice do the American people have? None.

And people are told well we just can't do it. Look FDR was talking about this Harry Truman was talking about it. Ted Kennedy was talking about this thirty five years ago. Why is it that these insurance companies have such a hold?

I am running for President to rally the American people on this issue. And I'll tell you it is the number one domestic issue.

JULIE ROVNER: Could I come back to the question though just for a second? On the payroll tax though aren't you worried that by increasing a payroll tax so much you could end up dampening job growth in that low wage sector and you could end up with some of these forty seven million people being without health insurance and without a job.

CONGRESSMAN DENNIS KUCINICH: Well, actually no because we are—I will maintain that we've had a serious undermining of our manufacturing capability because American manufacturers have found that they cannot bear the cost of

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health insurance. That our—that businesses are being undermined by this.

So, the approach that I'm taking is actually good for business. I mean look at the advantage that Canada has had for many years over the United States because they provide healthcare for their people and that basically translates into a profit for the manufacturers. And in a sense it's a subsidy per car but that's the advantage that Canada has.

If we're able to have a National Healthcare Plan in this country our auto industry is going to be more stable. Now, that doesn't mean we don't look at some of the other things affecting our auto industry. There are many factors but the cost of healthcare is a major one.

So, I'm saying that this is good for American business. American business is getting undermined by this system. And there is a paradox here because when you want to get the government involved in reorganizing healthcare in America people are going to say well we don't want government to do that. well, you know what, the private sector isn't going to do it because the track that we're on right now we're really choosing right now it's—between a public and private healthcare system and the truth of the matter is that we're moving at this very moment towards a totally private healthcare system.

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This administration with its Medicare Part D aimed at collapsing Medicare by taking the cost controls off of pharmaceutical companies and driving up the cost of Medicare. That's what's happening.

There is an active effort right now to kill Medicare. And so I'm presenting the other possibility for the American people. And that is that everyone can be covered instead of a system that covers a few at the expense and the health of many.

SUSAN DENTZER: Congressman, to move to a somewhat different area. The budgets of the National Institutes of Health has not grown since 2003 and, in fact, when you adjust for biomedical price inflation it looks like it's back to the level of the late 1990's at best. What would you do if you were elected about the Federal budget for biomedical research? Especially since it sounds like you anticipate that the government is going to be spending a lot of money on a new health system?

CONGRESSMAN DENNIS KUCINICH: Well, you have to medical research is an important part. Although it's not specifically covered by this bill. Medical research is something that we have to take not and because we want to have the progress of medicine continue in this country so we want to make sure that the National Institutes of Health and

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all the other programs that are going on around the country receive the research money they need.

Now this then becomes a question of what are your priorities? Let's look at what the budget priorities of the United States are right now. Five hundred billion dollars in this budget will go for the activities of the Pentagon. Yesterday a government report, I think it was a CBO report, was released that shows that we will spend in Iraq \$1.9 trillion through 2017 based on current spending trajectories. As we speak here with this very important discussion about healthcare in America, essential and we have our different ideas about how it can work, as we speak here our government is planning to attack Iran.

They're planning to use thirty thousand pound bombs. They're retro-fitting, in this budget they have funds to retro-fit B52s, to carry thirty thousand pound bombs to drop on Iran.

SUSAN DENTZER: Congressman, if I may war is beyond peg rate here.

CONGRESSMAN DENNIS KUCINICH: Excuse me, can I tell you something. I'm your guest here but I'm going to tell you something. You cannot take this issue away from war. You just can't' because you're asking how are you going to fund the NIH. A President has to make budget decisions. We're

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spending hundreds of billions of dollars on war. We go into another war it will be trillions more.

Our education budgets are getting slashed. Our healthcare budgets are getting slashes. Our housing budgets are getting slashed for war. So, with all due respect Ms. Dentzer, please don't tell me that there is no connection between the money that we spend for war,

SUSAN DENTZER: Oh I certainly didn't say that but I'm assuming that if you're elected you won't take us to war against Iran. What do you do with the NIH budget?

CONGRESSMAN DENNIS KUCINICH: You stop spending money on the Pentagon for war build up and you put the money into the NIH. You put the money not only into healthcare you put it into education, you put it into housing.

You put it into job creation. You put it into rebuilding the infrastructure. I mean these are choices we make. We can't act as though when we talk about healthcare and I so appreciate being here. Healthcare spending does not occur in a vacuum and there isn't—people need to be aware. It's time to wake up and frankly it's time for people in the media to wake up about the impact that this war spending is having on our overall budget. How can we be borrowing money from China with whom we have about a \$240 billion trade deficit to fund a war in Iraq.

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We're going to go back to China and borrow money from China, or Korea, or Japan to fund an attack against Iran. What's happening? We can talk about healthcare. Let's talk about mental healthcare. Let's talk about how our country is being so controlled by fear these days that people don't know the choices they have anymore. They're just put in a protective reactive mode.

SUSAN DENTZER: I will just note you didn't answer my question about the NIH budget rate- [Interposing]

CONGRESSMAN DENNIS KUCINICH: I did say I'd fund the NIH budget by cutting spending in other areas. I thought that was understood but thank you if it wasn't.

SUSAN DENTZER: Right, whatever. Okay. We'll move on now to a question from Rick Klein.

RICK KLEIN: As you know there is some twelve million undocumented immigrants in the United States, many or most of them don't have health insurance at this time how does your plan for national health coverage cover them and if they're not covered under this plan how would you propose paying for their healthcare? Inevitably they're going to have to interact with the system at some point.

CONGRESSMAN DENNIS KUCINICH: This covers everyone in the United States.

RICK KLEIN: Legal, illegal?

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CONGRESSMAN DENNIS KUCINICH: It covers everyone. Now you're the doctor in the emergency room a child gets brought in an emergency. Do you ask to see the child's Green card or do you treat them?

These are the questions that people are faced with. I'm talking about practical questions here. Here is where this immigration debate has gone. And here's why it's so pernicious. Recently the Congress, the Democratic Congress took out a provision it had in an earlier bill that would have provided healthcare coverage for six hundred thousand children of legal, documented immigrants so we're at the point where we're divided against ourselves that even the children of legal immigrants aren't being protected by the Democrats.

This country, let's talk about health, needs a healing hand where we stop the divisions between ourselves. Everyone is covered under this plan. And we're certainly not going to deny three hundred million Americans total healthcare coverage because you have a few million people who are here undocumented.

The concern that we have here is you fix the immigration problem. How do you fix the immigration problem? Start with canceling NAFTA? And our relationship to the WTO. I know when I talk about this some are going to say well, you're going out of the topic of healthcare. Oh no I'm not.

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We need leaders who are holistic thinkers, who are integrative thinkers, who see the connections.

RICK KLEIN: Let me ask you though about holistically and the connections on this. I mean any kind of immigration bill is going to interact with this healthcare bill if you're offering not just emergency care to people who are going to the emergency room but preventive care to everyone. Wouldn't that make the problem with the borders even worse? Wouldn't it encourage people to get here if they know that they can now get free dental care, free mental health care, free preventive care for anything that comes up?

CONGRESSMAN DENNIS KUCINICH: Look common sense says that we need to have a policy to control the border. But I would urge you Mr. Klein to go into the beginning of the rise of this immigration difficulty in America you will see that when NAFTA passed wages collapsed in Mexico and people began a rapid migration across the border. Because I see the connections cancel NAFTA, renegotiate a trade agreement with Mexico that's based on workers' rights, human rights, and environment quality principals. When you do that you lessen the flow, OK, that's number one.

We need control at the borders. No question about that. No one disputes that but we have to understand one of the major factors driving immigration and its wages. So, we

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have to make sure that Mexico is empowered to be able to take a stand for the wages of their workers.

What the United States did under a Democratic administration championing NAFTA was to drive down hopes for workers in this country and in other countries. So, I'm talking about changing what is a major factor. Everyone is going to be covered. We want to make sure that we begin to be able to regularize the flow of immigrants across our borders.

But I'm with Ronald Reagan when he said take down that wall. If we can take down a wall in Berlin we should be able to take down a wall separating Mexico and the United States.

RICK KLEIN: Thank you, Congressman.

SUSAN DENTZER: And to Laura Meckler.

LAURA MECKLER: Recently when the conference report came back on the State Children's Health Insurance program which was compromised with the Senate you voted against it. If you're President and Congress produces some sort of health reform that is similarly not to your liking, that doesn't call for a government financed system would you similarly torpedo that bill and tell them to start again?

CONGRESSMAN DENNIS KUCINICH: Well, I've been in politics for forty years. I've spent a lot of time, actually I think I might be one of the few people running for

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President who has served in a Legislative Branch, City Council, State Senate, U.S. Congress, Executive Branch, Mayor of Cleveland, and Judicial Branch Clerk of Courts in the city of Cleveland.

I understand a political process. You have to try to work with people but I also know that when you rally people—the American people sometimes you have to go over the heads of Congress and go right to the people that you can get the people to tell their members how they should vote.

Now, I believe that I'll be able to work with Congress because I understand politics. But Congress will also understand that they have a President who is an activist. Who is pushing healthcare as the number domestic concern was said in my introduction. I mean that's the answer in short and if you have a follow up question I'd like to hear it.

LAURA MECKLER: Well, I guess the follow up I would have is if taking another scenario if you're not elected President but you're in Congress and let's say there is a Democratic President who is proposing something along the lines of what Senator Edwards or Clinton have proposed what would be your reaction as leader of the single payer group within the House to a Democratic President's proposal along those lines?

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CONGRESSMAN DENNIS KUCINICH: Well, let me tell you I mean we don't have to say Democratic or Republican because frankly I'm not the most partisan person on Capitol Hill.

LAURA MECKLER: [Inaudible]

CONGRESSMAN DENNIS KUCINICH: Well, let's just say we already had a bill a couple of years ago it was called Medicare Part D and we were told that if you pass Medicare Part D more people are going to have prescription drugs. Well what the American people didn't know is that they were taking the cost controls off so the pharmaceutical companies could make a windfall, okay?

I look at each bill as to its implications. I actually read the Legislation, unlike some people, I read the legislation. And when I read the Medicare Part D bill I said this is a disaster being sold as an advance in healthcare.

And it was AARP, if you excuse me, that was leading the way and so what do they end up doing? Selling insurance, what a surprise.

LAURA MECKLER: So, should I take from that response that if Congress or the President or both were to produce—try to produce a bill that was along these lines that built on the private for profit insurance model that—

CONGRESSMAN DENNIS KUCINICH: Veto. Veto.

LAURA MECKLER: And—

CONGRESSMAN DENNIS KUCINICH: Give me the pen.

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LAURA MECKLER: Do you try to stop it as a member of Congress, as well?

CONGRESSMAN DENNIS KUCINICH: Here, give me the pen, that will be my first veto, OK?

[Laughter]

CONGRESSMAN DENNIS KUCINICH: Dennis Kucinich, veto, okay.

SUSAN DENTZER: Congressman, we're going to move—

CONGRESSMAN DENNIS KUCINICH: I used that a few times when I was Mayor. I know about a veto.

SUSAN DENTZER: We're getting close to the end of our hour so we're going to move quickly to a question from Julie Rovner.

JULIE ROVNER: Thank you, Congressman. According to a number of reports America's public health system is woefully underprepared for another emergency such as a bio-terrorism or pandemic flu or another natural disaster like a devastating series of hurricanes.

CONGRESSMAN DENNIS KUCINICH: Or people getting sick.

JULIE ROVNER: Or people getting sick. What would you do to improve preparedness?

CONGRESSMAN DENNIS KUCINICH: Because one out of every three dollars goes for the for profit system that money that goes for healthcare or for improvement of the infrastructure is scarce. Our healthcare system is already

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pretty much stressed so once you free up about \$700 billion a year you have a little bit more breathing room. A little bit more flexibility to be able to meet the needs.

Now, instead of our model being fear driven let's drive it through hope. Hope that families can meet their healthcare needs and have children that are cared for, have parents that are cared for, have mothers that have access to prenatal care, post-natal care. In addition to childcare and universal healthcare.

See we really are at a point right now where we have to decide what kind of country we want. Do we want a country that's dedicated to profit for a few at the expense of the many? Do we want a country that's connected to war at the expense of the domestic needs of the people? Or do we want a country that truly stands for the practical aspirations of the people? I mean that's really, that's how my answer would be framed to you.

JULIE ROVNER: But I'm specifically talking about public health emergencies.

CONGRESSMAN DENNIS KUCINICH: Well, you know what, public health emergencies we have a healthcare infrastructure that is weakened already. We really don't have the capacity right now to be able to meet the needs. I mean you can start spreading them out but look what's happened. Look at how many inner-city hospitals are being closed.

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If you go from 1995 to about 2001 you had maybe three or four hundred inner-city hospitals closed. I know because I helped—I saved a couple of them for a moment. And one was inevitably lost.

SUSAN DENTZER: And Congressman, we need to move to our final question now because we are at a time emergency, if you will. As I mentioned earlier we gave each of the candidates the same last question and as you know it is this. If you're elected President where will healthcare stand on your list of priorities? Please be as specific as possible in telling us how and when you would proceed with health reform once taking office?

CONGRESSMAN DENNIS KUCINICH: In the first week in office I will introduce to Congress a bill that is identical to HR676, the bill that I'm the co-author of; unlike other candidates for President I wrote my own legislation in this case with the cooperation of Congressman Conyers and of Physicians for National Healthcare.

It wasn't written by the insurance industry. This bill will be brought before Congress immediately. And I'll push to pass it. I'll ask for help from the Democrats and I'll go to the Republicans too because the fact of the matter is poverty doesn't know the province of just a particular party. Bankruptcies aren't related to just a particular—a

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member of a particular political party. So, people across the board need this help.

So, I'm prepared to make healthcare the number one domestic priority and I will pursue that healthcare needs of the American people not just with-in the Congress but going out to the people and rallying the people on this.

So, do you have a follow up question?

SUSAN DENTZER: No, that is really it.

CONGRESSMAN DENNIS KUCINICH: Well then since I have another minute and fifty I'm going to use it.

[Laughter]

CONGRESSMAN DENNIS KUCINICH: Let's ask what kind of a country do we want? And start with asking-recognizing the country that we have. The country we have right now is a country where we're at war against innocent people in Iraq- over a million innocent people, civilian non-combatants have lost their lives in this war in Iraq. In a war based on lies. This war is going to cost trillions of dollars.

We're borrowing money from China to pay for the war in Iraq while the healthcare needs, the education needs, the housing needs, the job creation needs, the infrastructure needs of our country are being ignored.

We're preparing for a war against Iran, a nation of seventy million people, as we speak. It's like wake up America. We're getting ready for a war against Iran. The

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money is put into the next budget request. And so I'm talking about a different kind of America one where healthcare becomes the top domestic priority because you have a President who understands how important it is to American families.

Where peace is seen as part of the way a path too health. We have so much fear in this country. That's not healthy, by the way. We have leaders we have to ask questions about their own stability when the only thing that they can see everywhere is terror and fear and I'm thinking about the health of our own people.

SUSAN DENTZER: Congressman, we have—

CONGRESSMAN DENNIS KUCINICH: Ten seconds. And I want to thank everyone for this opportunity to be here. I thank each of the panelists for their questions but I stand ready to lead this country to a new era in healthcare for all. Universal, single payer, not-for-profit.

SUSAN DENTZER: And we thank you for a very lively discussion today, Congressman Kucinich. And I want to say thank you also to my colleagues, Laura Meckler, Julie Rover, and Rick Klein. This concludes our Presidential Forum on Healthcare with Congressman Dennis Kucinich, Democratic Candidate for President. We'll be back here again at the Kaiser Family Foundation in Washington, D.C. for the next Presidential Health Forum. For the schedule on that please

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10/25/07

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go to www.health08.org. I'm Susan Dentzer, thank you, and
good day.

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