President’s Page

Politics and health care share a long history

Since the beginning of time, politics and health care have walked hand in hand. This is true in the United States and in every other nation in the world. So, it should not be a shock to taxpayers that changes in the political leadership in our country will result in changes to the structure and direction of the healthcare system. Although the goal of some of these changes is to improve services, many are solely for political goals. With this, we have lost the essence of why a healthcare system was created.

The History

President Teddy Roosevelt introduced the concept of health care and a national health insurance system when he was running for the presidency in 1912. Not much happened for many years until Harry S. Truman became president and proposed to Congress a national health coverage plan for all individuals. In his message to Congress in November 1945, he said every American should have the right to adequate medical care. In a follow-up message to Congress about health and disability insurance in May 1947, he began with, “Healthy citizens constitute our greatest national resource.” In addition, “The welfare and security of our nation demand that the opportunity for good health be made available to all, regardless of residence, race or economic status.”

But it was not until 1965 that the beginning of our healthcare system became real. On July 30, 1965, President Lyndon B. Johnson signed HR 6675 in Independence, Missouri. At that time, former President Truman was issued the first Medicare card. Medicare and Medicaid were enacted as Title XVIII and Title XIX of the Social Security Act and included healthcare coverage for all Americans who were at least 65 years old. With this act, Medicare became the largest insurance company in the nation.

President Johnson signs the bill establishing Medicare and Medicaid on July 1965.

Since then, Congress has enacted several major changes in the Medicare and Medicaid system, changing the direction and improving coverage of services. These major changes have included coverage for individuals with some long-term disabilities, the addition of Medicare Advantage programs, prescription drug coverage, and the Affordable Care Act of 2010, moving the needle closer to a value-based system.

So, where are we now? Where do we go? It is obvious that we never will be able to separate politics from health care, but we should look at the opportunities this presents. Transformational changes always take time. As physicians, our highest priority should be on patient care. We should not wait for people in Washington to find all the answers. They do not have them — it’s that simple. We can work together to improve our healthcare system. Our leaders need us, whether they acknowledge this or not, and we need them. On Nov. 6 we will elect leaders for our nation. It is our responsibility as physicians to elect leaders who follow some of the same pathways as were blazed back in 1945 — leaders who show they can work across party lines and collaborate with each other. As consumers of this health care, we have many things in common, despite our political preferences. We need politicians who can change their attitudes and support what is necessary. Elect candidates who support improving our healthcare services and making health care affordable for all. Our leaders must understand the issues and be willing to find options. We can do this. Let’s move on.

DMJ

Ruben L. Velez, MD

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