

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we are at the homestretch in the Health Reform Debate and I think there is a renewed spirit of optimism in the air. President Obama is on the campaign trail again talking directly to the American people in town hall settings across the country, laying out his vision and building public support for the final push.

Margaret Flinter: That's right, Mark. And I thought the president has a tone of fearlessness and conviction in his voice when he spoke to a crowd of mostly college students at Arcadia University right outside Philadelphia on Monday. And I am sure it's going to be the same spirit in St. Louis where he is holding another rally. It almost feels like all the anxiety over Republican Scott Brown winning the Massachusetts Senate Seat and even the anxiety over the Bipartisan Summit a few weeks ago are a thing of the past.

Mark Masselli: It's clear in President Obama's mind and he has made it clear this week that it's time for the analyst debating to be over and he is calling on Congress for a straight upper down vote.

Margaret Flinter: And what a lot of confusion over that upper down vote there has been! So, let's try and clarify a little bit. There has been a lot of hoopla about the parliamentary procedure known as Budget Reconciliation and the facts are a little bit different. What the House is working on is passing the current Senate Bill. That bill was passed with 60 votes not through reconciliation. The House now needs to pass it with a simple majority on a straight upper down vote. That's all that's required for any bill to pass the House. And if this happens, it will allow the bill to go on to the President to be signed into law.

Mark Masselli: Margaret, you are right on. The confusion about reconciliation is not on the main bill. That will be passed in the normal way. It will be on the amendment to the main bill after passage which will require reconciliation, and again only in the Senate where they would be required to have 50-plus votes to get that bill passed. But we have to keep our eyes on the House as the Democrats there need to pass the Health Care Reform bill and that's the challenge in front of us.

Margaret Flinter: And I am sure everyone is feeling the pressure. I heard that Representative Joseph Cao of the Louisiana who was a guest here on Conversations back a few months ago is going to vote no. He was the only Republican in the House of Representatives to vote for Health Reform bill back in November. It's probably a measure of how difficult it is for them.

Mark Masselli: Speaking of guest Uwe Reinhardt who spoke with us last week wrote in his blog that he was a little depressed after the Summit. He doesn't think policy-makers or the public are ready for Health Reform because everyone's different visions of the ideal health systems are driven strictly by ideology. He writes "I have seen efforts at Health Reform tumble into this ideological gulf which is only grown wide over time. Health Reform is likely to tumble into this ideological abyss in the future until one or the other ideology clearly triumphs in the political arena".

Margaret Flinter: And we know the professor calls it as he sees it. We will be keeping a close eye on the political arena in Washington to see if Congress can triumph and pass a Health Care Reform bill and do it before the Easter break. We know that Congressional procedures can be _____3:32 for people to understand. So we will stay focused on giving our listeners to take away in this voting process. We hope we have been doing a good job of breaking down the Health Care Reform Debate. We know the truth requires much more explanation and in-depth analysis, and we will do our very best to give you that. So please, if you have feedback, email us at conversations@chc1.com. We would love to hear from you.

Mark Masselli: And speaking of the truth, I think our guest today can help us be through some of this information so we can better understand this important order of business. We are happy to have Congressman John Dingell as our guest today. Congressman Dingell who represents Michigan's 15th District has fought long and hard for Health Reform. He is the longest serving member in the House of Representatives and he is referred to as the Dean of the House. Congressman Dingell is a strong supporter of National Health Insurance.

Margaret Flinter: No matter what the story, you can hear all of our shows at Chcradio.com. We are happy to announce the Public Reality Radio in Grand Rapids, Michigan. We will start broadcasting our show and we will be keeping you posted, and you can subscribe to iTunes to get our show regularly downloaded. If you'd like to hang on to our every word and read a transcript of one of our shows, come visit us at Chcradio.com. Now, before we speak with Congressman Dingell, let's check in with our producer Loren Bonner with the headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. In one final attempt to gain support for a health care overall, President Obama turned up the volume in his plea to the American people. At a rally at Arcadia University just outside of Philadelphia on Monday, President Obama told a crowd of mostly college students that Health Care Reform can't wait in the phase of rising medical costs and plunging coverage. He said that Americans should not have to wait any longer for Health Care Reform.

President Obama: When is the right time for health insurance reform? Is it a year from now or two years from now or five years from now or 10 years from now? I think it's right now and that's why you are here today.

Loren Bonner: President Obama used the insurance industry as his main target citing big rate increases on individual policies and saying his legislation would protect consumers from the worse practices by insurance companies.

President Obama: There is no secret they are telling their investors this, we are in the money, we are going to keep on making big profits even though a lot of folks are going to be put under hardship.

Loren Bonner: President Obama has made it clear that now is the time to act and that another year of negotiations would not help. He rejected repeated calls from Republicans to draft new legislation from scratch. And he made it clear last week that he will move forward on passing the Health Care Bill without Republicans' support.

President Obama: We are close, very close. So I ask Congress to finish its work. I ask them to give the American people an up or down vote.

Loren Bonner: President Obama did say, however, that he would include some Republican ideas in his proposed legislation, like funding state grants on medical malpractice reform and curbing waste, fraud, and abuse in the health care system. But before a final bill can be discussed, the House needs to approve the Senate health care bill passed in December. Obama would then sign it into the law and senators would promise to make changes on issues in the bill that have concerned House Democrats. Those changes would be made under budget reconciliation rules. Language in the senate bill over abortion has proved to be a critical issue in gaining or losing house votes. Socially conservative Democrats don't like the abortion language in the senate bill because it implies that people receiving government subsidized health care can obtain an abortion. This week, Congressman Bart Stupak, a key Michigan Democrat and one of the most outspoken on banning abortion language, said he is willing to talk with House leaders this week to come to some understanding on wording that would impose no new limits on abortion rights, but also would not allow use of federal money for the procedure. Even with a few things still to be worked out, House leaders said they are in the homestretch of drafting the corrections bill which will then be sent along with a Senate-passed health care bill to the Congressional Budget Office for a cost estimate perhaps by the end of this week.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Congressman John Dingell from Michigan's 15th District, the longest serving member in the House of Representatives and a Champion for Universal Health Care. Congressman, you were at the bipartisan televised summit President Obama held at the Blair House a few weeks ago. It clarified the differences

between Republicans and Democrats, and led to the President adding a few ideas offered by Republicans to its plan. Talk to us about the overall mood of the Summit, and did it shift the tone of the National Conversation?

John Dingell: Well, the conversation there was friendly but it wound up with by republican colleague saying that it was very friendly, nice, but it accomplished nothing. Whereas you know the National Conversation is one of the more obnoxious, in fact probably the most obnoxious that I have heard in my career in the Congress. And the tea baggers and the others who opposed the President's Bill engaged in some of the most scandalous misbehavior I have ever seen in terms of their conduct in addressing the Substantive Bill and that goes as far as quite frankly outright lies about what the Bill does. The death panels and the business pulling the plug on grandmother would quite frankly reflect discredit on a scoundrel.

Margaret Flinter: Congressman, after the summit on health care, you said that the last perfect legislation that was presented to mankind was delivered by Moses at the Base of Mt. Sinai and the fingers of God which is a Greek quote. Now, that seems like a precursor to acknowledging that any bill that would be passed is likely to have some shortcomings. What are the short comings in your eyes?

John Dingell: Well, they are more the products of the inadequacies of the Bill than they are in things that in fact are bad. For example, I don't like at all the idea that there is going to be impacts on plans. I think that that is going to be extremely counterproductive. I think that's the absence of a public option, which may occur but which I hope won't, is a calamitous difficulty because it eliminates a meaningful honest competitor in the national insurance market. I think the weaknesses they are putting on the exchanges in some of the proposals are a very serious problem. Way back when I was a small boy, the Democrats came forward with a regulation of the securities industry and the way they did it was to insist that, in that, securities be sold through exchanges which were essentially self regulatory bodies and which regulated then the markets. And they in turn, the markets, NASDAQ _____ 11:09 and the New York Exchange and some of the others, were regulated by the SEC. It worked out well as long as we had honest regulators and people who understood the law and were willing to see to it if it was obeyed. Now, that ended when George Bush appointed Cox to be the Chairman of the SEC at which point everything went to hell in hen basket. And the harsh fact of the matter is without that, a major protection for consumers to see to it the proper behaviors conducted by the insurance companies and that they do in fact comply with the law is going to be extremely hard. Remember, insurance companies make their money in the fine print and the policies are written by a batch of Philadelphia lawyers who care about one thing and they are administered by a bunch of green eye-shaded faint-hearted appraisers who are looking to see how they can exclude the costs and the services that the insurance company should give to their assured, and that's how they make their

money. So, you have to put in people who could do a good job and regretfully the states have never been able to address this question adequately. And I am not satisfied that the Federal Government is going to be able to do so until this happens, because as the old saying goes “the devil is in the details,” and you could bet the devil is going to be having lots of time to write these insurance policies in the future to maximize the profits for insurance companies and quite frankly to skin the insurance buyers.

Mark Masselli: We’re speaking with the Congressman John Dingell from Michigan’s 15th District. We have been hearing a lot about Democrats rushing this Bill through Congress Republicans and the conservative talk shows have been using the phrase “ram it down our throats” quite a bit in the last week. We just passed the one-year anniversary since the Health Reform Debate started and you have been in politics for a long time and know momentum is important to passing the legislation. Do you think the Bill will be voted on before the Easter recess and are you worried if it doesn’t hit that target?

John Dingell: Well, first of all, I am a legislator, not a prophet. And the second of all, people who have been prophesying dates have always wound up with a red face. If you watch me, I have not and I am going to continue that record to avoid a red face. Now, having said these things, that comment by the Republicans ranks with what they have been saying about death panels and pulling the plug on grandma and taking away the choice from people and putting government in charge of health care, that’s just playing raw outright fiction at best, and at worst, it’s just playing lives. The harsh fact of the matter is that they have had about 15 months during which they would have been able to make all manner of trouble. They have slowed down everything around here, not only on health care but on everything else they are doing. And over the Senate, you will find the Republicans repeating movement of everything from the prayer to the motion to adjourn, and to be truthful, which I don’t think I could get the large prayer approved by the Senate without some kind of Republican filibuster.

Margaret Flinter: Congressman, it seems to me that mostly, we are hearing about what the House and the Senate, the Democrats or the Republicans think about Health Reform lately. But there are an awful lot of Americans out there who it seems would benefit in a pretty short time if the Bill passes. I am thinking of the provisions that would make it possible for people with preexisting conditions like cancer to buy coverage at affordable rates, and I think that goes into effect pretty quickly, maybe as soon as 90 days after the Bill is signed into law. So, where do you think the public is on this? Why aren’t we hearing more publicly from people who might benefit from Health Reform?

John Dingell: The public is thoroughly besotted because all you’re getting out of this place is a profound deluge of falsehoods by my Republican colleagues. They are refusing to point out for example that preexisting conditions could no longer bar you, your employer or your family from insurance. That’s something

that is desperately needed by the insured public. Today, they can cancel your insurance policy while you are on the gurney being rolled in the operating room, you can't do this under this Bill. And there are all kinds of other things. You have to have a right of appeal if they deny you benefits. You have to have policies which were written so that they are clear, so that the assured can know what he is getting and understand all those wonderful technical fine print statements that enrich the insurance company so gloriously. And there are a whole array of other things which will save money for the American public and desperately have to. One of the things that's going to be of enormous benefit is the fact that we are paying since this legislation reduced about \$51 billion in charges that the average citizen is paying for those who have no insurance policies, and that's getting the American people. And if you want to look at another thing, which is of the most urgent concern, today the average premium for an ordinary employer, insurance-sponsored family costs about \$1,115 a month, that's \$13,375. That's more than the yearly income of somebody working for minimum wage job. Those numbers are going to expand to about \$25,000, and in the case of employers, it will be about \$26,000 in about 10 years. Now, that means all manner of things are going to happen and it means mostly it's going to be tremendous dropping of these insurance policies by employers who can go longer afford to make them available.

Mark Masselli: Congressman Dingell, all eyes are on the House of Representatives, who are the remaining camps in the House that still need to be corralled and what would you be doing to persuade those wavering Democrats?

John Dingell: I'd like to give you an answer on that. There are lots of them around and if your listeners want to do something, they should write their Congressmen and insist they push this Bill, whatever it is. But I am a single-payer advocate. I believe that's the way that it should be done. It works in Britain, it works in France, it works in Germany, it works in Japan, it works in Canada. The people they love it, the cost of their insurance goes up half as fast as ours. There it's about 8% of the GDP, here it's about 15%, and it's headed for 20% in less than 10 years. We simply have to understand we have to do something about this or it's going to destitute the whole country. And when a guy goes to bed, he hasn't got the vaguest idea whether he is going to have insurance when he wakes up in the morning.

Margaret Flinter: You occupy the seat that was once held by your father who was one of the architects of the New Deal and was famous among other things for introducing the National Health Insurance Bill, The Wagner-Murray-Dingell Bill. We have read a little bit about his personal story. Certainly, he was a passionate believer in universal health care as a social justice issue. So, we have a question for you. If your father were here with us today, what would he say about the Bill in front of us?

John Dingell: I think he would see it through the same prism that I see it, a good bill. It could be a whole heck of a lot better. But he understood that you've got to help people and you can't strive for more perfection. And as President Obama observed the perfect must not be permitted to become the enemy of the necessary. My dad used to say that perfection is always the enemy of the good. But either way, he'd say for the sweet love of God, let's get out, get this bill passed so that we can head off calamity that's coming in this country because of health care cost increases and because we are going to be taking care of the needs of 45 million or more people who have no health insurance. There is a million in Michigan who have not. This is bankrupting state governments, it's bankrupting cities, and cost increases are showing up in the taxes that people pay for real estate because communities are going broke in this, and the cost of medicine is simply going to go up and up and up until we deal with it. The Bill has a lot of things in it that are going to constrain cost such as moving towards health information technology throughout the whole system of health care. We are going to have insurance exchanges, perhaps not as good as I'd like, but they will be there. And it's going to provide the mechanism for curbing excessive prices. In early day, the insurance companies surround and they figure out how they are going to increase prices, how they are going to reduce benefits because that's how they make their money. And one of the interesting things that they are doing is figuring out how it is they are going to serve less and make more money because that's, believe it or not, the way they are doing it. And one of the things we have to confront with regard to our friendly insurance companies is the simple fact that 11 states have got insurance price increases before their regulatory bodies of as much as 59% and there is I know nobody who can look into straight eye including a Republican and say that that is justified by good conscience or economic necessity. And I don't know of anybody who is outside and say to some, say that they want that.

Mark Masselli: Today, we have been speaking with Congressman John Dingell, the longest serving member in the House of Representatives, a champion and a clarion voice on Health Care Reform. Thank you for speaking with us today.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on fighting childhood obesity through community-based interventions. Somerville, Massachusetts, a town northwest of Boston is the best known example to date. Like many ethnically diverse urban cities across the United States, Somerville had a high rate of obesity and diabetes. Somerville also had the infrastructure that with the some small changes could become an ideal urban space for healthy living. The effort began as a community-based research study at Tufts University for overweight 1st through 3rd graders in the Somerville Public Schools. The project called Shape Up Somerville went on to introduce healthy eating in collaboration with the introduction of more physical activity. Shape Up Somerville work with Somerville School Food Service Department to enhance the quality and quantity of healthy foods for students.

Schools now purchase locally grown products for their school lunches and school gardens help familiarize children with the different vegetables. Parents and community members are engaged through a newsletter with updates on the project healthy tips and coupons for healthy foods. The results posted on the Friedman School of Nutrition Science and Policy at Tufts University website found that the project reduced the weight of kids who were overweight or at risk of becoming overweight. The research has since grown into a citywide campaign. Somerville now has two community gardens and a farmers' market. It even launched two community supported agricultural sites where residents can purchase shares of nearby farmers' crops. Changes have also been made in restaurants to offer things like smaller portions and more visible nutritional labeling. The Somerville project has become an example of a community rather than an individual fighting for a healthier society. In a recent campaign to fight obesity, First Lady Michelle Obama identified Somerville as a national leader citing local practices to be used in a national model. Several communities across the country have begun testing whether they can replicate Somerville success, a small community experiment that has now become a national standard for fighting childhood obesity. Now, that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Margaret Flinter: Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at Wesufm.org and brought to you by the Community Health Center.