Book Review — Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States

By Carl R. Ameringer

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Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States by Richard Kirsch. Albany, NY, The Rockefeller Institute Press, 2012. 418 pp. Paper, $19.95.

Nothing highlights the long-standing political, philosophical, and ideological divisions in the United States more manifestly than the century-long battle for health care reform. Passed in 1965, the Medicare and Medicaid programs were the first major steps along the path toward government-financed universal health care. But it was not until the second year of Barack Obama's presidency that Congress enacted legislation intended to cover almost all U.S. citizens, no matter their age, employment status, or income level. Considering the intense political divide and concerns that many raised over the legislation's potential costs, the enactment of the Patient Protection and Affordable Care Act (PPACA) was a monumental result.

Richard Kirsch's bruising account of his involvement in the PPACA's passage is lively, informative, and entertaining. As the national campaign manager for Health Care for America Now (HCAN), Kirsh is uniquely situated to relate the grassroots organizing and lobbying for reform that took place. Kirsch recounts, albeit from his own perspective, several notable events along the way, from the failure to include a public option in the 50 state insurance exchanges to the legisla-tive compromises over the "wedge" issues of abortion and immigration (p. 165).

Make no mistake; Kirsch is passionate about his role in the law's passage. The reader should not expect, and does not receive, a nuanced and introspective examination of the pivotal confrontations that occurred. Rather, the book centers on the power struggle, as Kirsch frames it, between grassroots organizations such as HCAN "that have a mission of winning economic justice" (p. 358), and the "big corporations and wealthy elites" (p. 358), that sought to preserve the status quo. "In writing this book," Kirsch says, "I'm trying to give the reader a feeling of what it was like to live through the campaign to win health care reform" (p. 161). That he does! If Kirsch has any regrets, it is that HCAN failed to bring more pressure to bear on the Obama administration to retain a public option. We were too "timid," he admits (p. 363).

Proponents of universal health care, such as Kirsch, will find relief in the Supreme Court's decision to uphold the PPACA. In effect, however, the Court delivered a Trojan Horse. The Court's ruling will galvanize the PPACA's opponents during an election year and will trigger calls for the law's repeal. This has happened before, in the late 1980s, when well-to-do seniors rose up against an effort to have them pay a supplemental premium for expanded coverage under Medicare. In that instance, the law known as the Medicare Catastrophic Coverage Act of 1988, was repealed.

HCAN and Kirsch may well return to the front lines of the battle in a much different role. Keeping the legislation intact will be a difficult task. By grounding the law's constitutionality in the taxing power of Congress, the court largely dictated the terms of the forthcoming debate. Treating the individual mandate as a tax highlights growing concerns over how much taxpayers can afford and are willing to pay.

In addition, the entire context for the debate over universal health care has changed fundamentally since its inception, a matter that Kirsch does not address. People live longer today than when the debate over universal health care began, and their medical conditions (cancer, heart disease, diabetes, etc.) are much more complex and expensive to treat. The issue at hand is not so much right to health care, as Kirsch would have us believe. Rather, the more-salient issue is how much insurance coverage and how many services each individual should be able to receive from public funds.

CARL R. AMERINGER
Virginia Commonwealth University