



A Sworn Foe of Single-Payer

Why Sanjay Gupta is the Wrong Man for the Top US Health Job

By VICENTE NAVARRO

President Obama has put forward the name of Dr. Sanjay Gupta, the well-known chief medical correspondent for CNN, for the position of surgeon general of the U.S. Public Health Service – the chief public health officer of the federal government. Dr. Gupta has received wide acclaim as the most important voice on medical matters in the U.S. broadcasting industry. And CNN has played an important role in developing and promulgating the U.S. establishment's conventional wisdom on what is happening in the country's medical care. Dr. Gupta has been a major force in the promotion of that wisdom.

It is important that before discussing the appropriateness of President Obama's choice for surgeon general, I make a few points about the role of the mainstream media, including CNN, in the country's affairs, in particular, in its major international and domestic conflicts – that is, conflicts not only in, for example, Iraq and Vietnam, but also at home.

As we know, in the buildup to and conduct of the Iraq war, the mainstream media played a crucial role – supporting the invasion and occupation, and uncritically reproducing the Bush administration's justification for this intervention. The mainstream media considered it their primary role to promote the conventional wisdom on this war, and not to challenge or question it. Not until 4,226 Americans and 654,965 Iraqis had been killed did CNN and the other mainstream media start questioning President Bush's and the establishment's justifications for the Iraq War. And it is important to remember that, before reaching this point, CNN and the other mainstream media had consistently ignored, marginalized, or ridiculed those voices that were explaining how the justifications for war had no credibility.

This series of events was nothing new. The same thing had happened with the Vietnam War. This reality on the role of the mainstream media is well known both in the U.S. and abroad. A primary function of the U.S. broadcasting industry is to reproduce the establishment's position on whatever conflict the country is involved in at the time. But not so well known is the mainstream media's (including CNN's) role in the wars at home.

The silent domestic war: invisible casualties

There are types of war other than invasions and occupations abroad occurring right here, in the U.S.A., with deaths, casualties, and enormous suffering – wars taking place without producing a sound. One of them takes place on a daily basis. It is the war carried out by forces in the U.S. that, in defense of their interests, fight to

prevent the establishment of one of the basic human rights: access to medical care in time of need – a right, found in all other developed countries but still denied to the citizenry of the U.S. sixty years after President Truman tried to establish it. As a consequence of this, many thousands of people die in the U.S. each year – from 18,000 to more than 100,000, depending on how one defines preventable death – due to lack of medical care. Even if we take the lower figure of 18,000 (given by the conservative Institute of Medicine), this is *six times* the number of people killed in the World Trade Center on 9/11. That event outraged the entire nation (as, indeed, it should), but the death toll due to lack of medical care seems to go unnoticed. These deaths are not reported on the front pages (or any other pages) of the mainstream newspapers. These deaths are so much a part of everyday reality for millions of ordinary people in the U.S. that they are not even news. Nor are the facts that 102 million people have insufficient health care coverage, that 44 per cent of terminally ill patients worry about how they or their families are going to pay their medical bills, that the inability to pay medical bills is a primary cause of family bankruptcy in the U.S., and that more than 50 per cent of spending on health care by elderly Americans is still not covered by Medicare – the federal program that was supposed to alleviate the health-care-related worries, concerns and anxieties of our elders. None of these facts are news. Again, they are so much a part of everyday life that they are not considered newsworthy.

And there are many other, closely related facts that rarely appear in the news media. One such fact is that the insurance and pharmaceutical industries, among the most profitable industries in the U.S., are largely responsible for the scandalous situation of the medical care non-system. Besides the “military-industrial complex,” responsible for the Iraq and Vietnam wars, there is an “insurance-pharmaceutical industrial complex,” responsible for the war at home – an industrial complex that is frequently behind the news programs that so rarely report on this war. The insurance and pharmaceutical industries are extremely profitable. In 2007, insurance company profits were \$12 billion and pharmaceutical industry profits \$40 billion, among the highest industry profits in the U.S. and in the world. And this insurance-pharmaceutical complex holds enormous economic, political and media power in our country. For example, the economic power of the pharmaceutical industry is used to create artificially high prices for its products. Just one example: Lanzoprasol, a widely used gastric-secretion-reducing medicine, costs \$329 in Baltimore, Maryland, but (for the same product, same dose) \$9 in Barcelona, Spain (yes, you read correctly: \$9). How can this situation be tolerated? Because, in the U.S., economic power means political power, and political power is facilitated by privatization of the electoral process. These industries buy and influence the political process by donating money to leading politicians whose decisions affect their interests. According to the Center for Responsive Politics, the insurance industry contributed \$2,185,727 and the drug industry \$1,927,159 to the Obama campaign.

The economic and political power of these industries could not be sustained or reproduced, however, without their media power, through their funding of medical and health news and programs in the broadcasting industry (including CNN) that promote their views. All of this leads me to the Obama administration’s choice to head the U.S. Public Health Service (USPHS). First, let me clarify what the USPHS is. This body (with 6,000 health professionals) is the federal agency in charge of the U.S. government institutions and programs responsible for taking care of the population’s public health needs. It is also responsible for the federal research institutes, such as the National Institutes of Health. In addition, the Obama administration has decided that the head of the USPHS will play a leading role on the task force in charge of reforming the nation’s health care.

The person chosen by President Obama to fill this position is Dr. Sanjay Gupta, a neurosurgeon at Emory Medical School in Atlanta and chief health correspondent for CNN. Dr. Gupta hosts a health program on CNN, sponsored by the medical and pharmaceutical industries, that popularizes today's medical "miracles" and medical interventions. The program tends to focus on new technologies in clinical medicine and on preventing disease through changes in individual behavior. You are unlikely to see on this program any reports on the human tragedies caused by the nation's insurance-based health care non-system, or on the economic abuses of the pharmaceutical industry. The program is presented very smoothly and attractively by Dr. Gupta – described by *People* as one of the sexiest men in the U.S.A. Gupta also hosts other medical-industry-sponsored TV programs and writes a column in *Time*. He also co-hosts Turner Private Network's monthly show *Accent Health*, which airs in doctors' offices around the country and is a major conduit for targeted ads from the pharmaceutical industry. And, according to Physicians for a National Health Program, in 2003 he downplayed the concerns of the medical community about Vioxx, which was removed from the market a year later by its manufacturer, Merck. Gupta lent support to John McCain's position that in the U.S., buying private health insurance in the open market is a viable option for most Americans, which is profoundly inaccurate. For the vast majority of people who are without health benefits coverage, it is because they or their employers cannot afford to pay the premiums and costs involved.

On his CNN program, Gupta tried to discredit Michael Moore's documentary film *Sicko*, which is critical of the insurance-based U.S. health care system, by accusing Moore of presenting incorrect facts and manipulating data – strong accusations aimed at challenging Moore's credibility. The problem with Gupta's critique was that, as Paul Krugman noted, it was not Michael Moore but Sanjay Gupta who had his facts wrong and clearly manipulated the data and their presentation. Gupta gave erroneous figures on per capita expenditures and on health indicators in the U.S. and other countries (including Cuba), and he did not correctly identify one of the individuals on his program who was critical of Moore's documentary: Gupta presented him as an academic, but, in fact, he was a Republican consultant to the insurance industry.

Gupta showed a remarkable ignorance about the health care systems in several European countries. He tried to dismiss France's universal health care program (defined by WHO as the best in the world) as nonviable economically. He reproduced the widely held erroneous belief that the universal and extensive welfare states in European countries are making their economies very uncompetitive. He stressed that the cost of universal health care in France is creating a public deficit that is a huge handicap to that country's economic development. In fact, in percentage terms, the U.S. government deficit is larger than the French government deficit and, according to Davos (the Vatican of neoliberal thought), the French economy is as competitive as the U.S. economy, with higher productivity than the U.S. Moreover, the public medical care expenditures per capita are larger in the U.S. than in France. While France provides comprehensive benefits to its population, the U.S. does not. With a smaller amount of public funds, France and the majority of developed countries provide comprehensive coverage that will be a dream for the majority of our people.

I find it highly worrisome that Dr. Sanjay Gupta is likely to be appointed head of the USPHS. He is not an expert on public health and is not sufficiently knowledgeable, or competent, to do the job. Training and experience in neurosurgery do not provide the public health knowledge that the position requires. But, what is far more alarming is that he will most likely be the media spokesperson for the task force on health care reform. And this means that a person hostile to a single-payer system (the type of system that has most support

among people in the U.S.); a person clearly unsympathetic to the principle of the government's guaranteeing universality of health care coverage; a person who is part of the media that have been obfuscating, negating, and avoiding the real problems in health and medical care in this country, will be in control of selling the message of change in U.S. medical care. Is this the change we were promised by candidate Obama?

For the good of the country, I hope President Obama will be a leading force for change in our medical care non-system. The way of funding and organizing medical care in the U.S. is simply wrong. It is not only that 46 million people do not have any form of insurance, but that the majority of health benefits coverage offered by the insurance industry is, besides expensive, insufficient. As it now stands, the system cannot be shifted toward guaranteeing the basic human right of access to health care in time of need without confronting the insurance-pharmaceutical complex. And the extent of commitment to this human right can be measured by the degree to which President Obama is willing to confront this industrial complex.

A final note. I paid special attention to President Obama's call for a sense of patriotism in his eloquent inaugural address. Love of country is something we can measure. And one measure is the degree to which government guarantees that ordinary people have the right to access to health care. Without that right, the U.S. will not be seen as a credible voice for human rights in the world. It is as simple as that. It is an indicator of how far we have to go that, currently, our major credential for being a country that respects human rights is a guarantee by the Obama administration that the U.S. government will not officially torture. Noble though this purpose is, it is a rather limited and unambitious promotion of a nation's image. It would have created a much better image, at home and abroad, if, on his first day in office, President Obama had signed an executive order committing our government to establishing the human right of access to health care in time of need for every person living in the U.S. – complying, at last, with the United Nations declaration on human rights that – at least until now – the U.S. government has never respected.

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