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Why America Should Adopt a Universal Health Care Plan

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The United States is the only industrialized country in the world without a universal health insurance system. In 2006, the U.S. census reported that 46 million Americans (recently revised downward to 45 million) have no health insurance. Over a third (36%) of families living below the poverty line are uninsured. More than 9 million children lack health insurance in America. In fact, the National Academy of Science's Institute of Medicine estimates that 18,000 Americans die each year because they have no health insurance.

According to the UN Human Development Report, the uninsured are less likely to have regular outpatient care, so they are more likely to be hospitalized for avoidable health problems. Once in hospital, they receive fewer services and are more likely to die in the hospital than are insured patients. They also receive less preventive care. Over 40% of the uninsured do not have a regular place to go when they are sick and over a third of the uninsured say that they or someone in their family went without needed care, including recommended treatments or prescription drugs in the last year, because of cost.

Half of all bankruptcies are caused by medical bills. Three-quarters of those filings are people with health insurance. Administrative costs account for 31 percent of all health care expenditures in the United States. According to the UN Human Development Report,

while the United States leads the world in spending on health care, “countries spending substantially less than the US have healthier populations.

The percentage and the number of children under 18 years old without health insurance increased to 11.7 percent and 8.7 million in 2006 (from 10.9 percent and 8.0 million, respectively, in 2005) . With an uninsured rate in 2006 at 19.3 percent, children in poverty were more likely to be uninsured than all children. The infant mortality rate for the U.S. is now higher than for many other industrial countries. A baby born in El Salvador has a better chance of surviving than a baby in Detroit. The infant mortality rate in Detroit is 15.5, compared to El Salvador's rate of 9.7

There are four times as many health care lobbyists in Washington as there are members of Congress. Ninety percent of Americans believe the American health care system needs fundamental changes or needs to be completely rebuilt. Two-thirds of Americans believe the federal government should guarantee universal health care for all citizens.

(Retrieved from http://www.michaelmoore.com/sicko/ media/SiCKO_sickofactoids.pdf on October 17, 2007).

When Bill Clinton tried to establish a universal health care policy during his presidency, the drug companies were up in arms. The drug companies established groups that hyped themselves as citizen’s advocacy groups with large established bases of members. This ostensibly served as a facade so that the citizens listened to propaganda these groups, whom they believed were advocating for the best interest of American citizens like themselves.

Unfortunately, this technique proved enormously effective in persuading public opinion. Through these groups, the drug companies flooded the media with ads designed to change individuals' views of a universal healthcare plan. Since citizens believed these ads were sponsored by the supposed citizen's advocacy groups, they trusted the message more than they would have if they knew it was coming from profit driven drug companies that stood to lose millions if the universal health care plan came to be.

These companies played upon consumer's fears of change and uncertainty, ingeniously using commercials in which people that were readily identifiable to most American citizens expressed skepticism towards Clinton's health care proposal. These components of marketing in the media, combined with the fact that most people thought groups of other hard working citizens were responsible for the ads, were highly effective in swaying public opinion about a universal health care plan. And with the millions of people without any health insurance whatsoever, that is no small feat.

Insurance companies represent probably the largest player in opposition to a universal healthcare plan. They are against any form of regulation or plan that would limit or restrict their abilities to make income. If enacted, universal healthcare would most likely put all health insurance providers out of business. This fact alone accounts for the reason that insurance companies have donated millions of dollars in opposition to any such measure.

Many health care providers are also opposed to a bill approving universal healthcare. They feel that they are entitled to the market value for the services they provide and should not be restricted by government intervention via a unified single-payer system. Another group that is adamant in opposition to universal healthcare is the wealthiest taxpayers in the country. In their opinions, they should not be responsible for shouldering the burden of paying for healthcare for the poor through their tax dollars.

Due to reasons such as these, many Congressmen are very reluctant to give support to a universal healthcare plan because they do not want to alienate supporters and they do not want to be responsible for raising taxes. Congressmen also rely heavily on support from large corporations such as insurance companies to fund their campaigns.

One way Congressmen have sidestepped the issue is by introducing initiatives onto state ballots and letting the constituents decide directly. This allows state and national Congressmen not to feel culpable if something goes horribly wrong with the system or the decision making process to bring about universal healthcare. National Congressmen are content because they have pushed the issue to the state level and state Congressmen are happy because they have placed the burden of deciding on a universal healthcare plan on the voters. States that have had such initiatives include Oregon and Washington. In both scenarios, the universal healthcare plan proposed was overwhelmingly rejected.

Groups in favor of a universal healthcare plan include many non-profit activist groups. Activists emphasize that universal healthcare would lower the overall cost of

healthcare and would be much more efficient to the everyday citizen. Trans-national organizations such as the World Health Organization (WHO) are also advocates of a universal healthcare system and point out that the United States is ranked the lowest of all industrial nations for availability of healthcare. Probably the most supportive of the universal healthcare system are the people that stand to benefit most. These citizens that are currently uninsured and not guaranteed healthcare have a lot at stake with the passage of this legislation. (Retrieved from <http://www.duke.edu/web/pps114/project/02/m.html> on June October 17, 2007).

Universal health care is a health care system in which all residents of a geographic or political entity have their health care paid for by the government, regardless of medical condition. Health care is a right, and a universal health care plan would:

- A. Provide coverage to all citizens regardless of ability to pay.
- B. Provide relief for businesses and individuals for which health care is becoming increasingly unaffordable
- C. Would provide for uninsured adults who may forgo treatment needed for chronic health conditions
- D. Reduce wastefulness and inefficiencies in the delivery of health care.
- E. Create a centralized national database which would make diagnosis and treatment easier for doctors.
- F. Enable medical professionals to concentrate on treating patients rather than on administrative duties.

- G. Would provide a humane alternative to profit driven care which leads to more deaths and is more expensive.
- H. Encourage patients to seek preventive care enabling problems to be detected and treated earlier.
- I. Offset the adverse effects engendered by profit driven motives to both the cost and quality of health care.

The Conyers-Kucinich bill is an example of one comprehensive solution to the problem. It is also the system endorsed by more than 14,000 physicians from Physicians for a National Health Program. Introduced in February of 2005, this bill, also referred to as the United States National Health Insurance Act (or the Expanded and Improved Medicare for All Act), establishes the United States National Health Insurance Program to provide all individuals residing in the United States and in U.S. territories with free health care that includes all medically necessary care, such as primary care and prevention, prescription drugs, emergency care, and mental health services. Again, this bill is used to serve as an example only within this context and a model for a starting point to the implementation of a universal health care plan. This bill:

- A. Prohibits an institution from participating in the Program unless it is a public or nonprofit institution.
- B. Allows nonprofit health maintenance organizations (HMOs) that actually deliver care in their own facilities to participate in the Program.
- C. Gives patients the freedom to choose from participating physicians and institutions.

- D. Prohibits a private health insurer from selling health insurance coverage that duplicates the benefits provided under this Act. Allows such insurers to sell benefits that are not medically necessary, such as cosmetic surgery benefits.
- E. Sets forth methods to pay hospitals and health professionals for services. Prohibits financial incentives between HMOs and physicians based on utilization.
- F. Authorizes appropriations and provides for appropriated sums to be paid for:
 - 1. By vastly reducing paperwork
 - 2. By requiring a national bulk procurement of medications
 - 3. By using existing sources of Government revenues for health care
 - 4. By increasing personal income taxes on the top five percent income earners
 - 5. By instituting a modest payroll tax,
 - 6. By instituting a small tax on stock and bond transactions.
- G. Requires the Program to give first priority in retraining and job placement to individuals whose jobs are eliminated due to reduced administration.
- H. Establishes a National Board of Universal Quality and Access to advise the Secretary and the Director to ensure quality, access, and affordability. (Retrieved from http://cthealth.server101.com/the_case_for_universal_health_care_in_the_united_states.htm on October 17, 2007).

If the United States were to adopt a universal health care plan, every American would be covered by the insurance plan in their state or region, which would pay

hospitals and doctors – who would remain private – directly. This unified system would foster universal high quality, because quality of care would have to be kept high enough to be acceptable to all citizens.

- A. Single payer programs would allow patients to choose their own physicians and continue to see them if they change jobs or financial status. This continuity of care is critical to quality.
- B. According to the Congressional Budget Office, single payer health care insurance would save over \$100 billion annually by saving administrative waste.
- C. Single payer reform enhances preventative health care. In our current market-oriented health care system, many of these preventative efforts fall by the wayside (teen-smoking prevention, early screenings for progressive diseases such as cancer or diabetes).
- D. Single payer makes it possible to develop a unified, confidential, computerized medical database that can track patient care and provider behavior. Not only would quality of care improve, but it will be extremely cost effective because it would enhance record keeping and simplify billing.
- E. Single payer improves the ability to monitor the quality of care delivered by physicians without intrusion into the privacy of the doctor-patient relationship, and reduces the potential for financial conflicts in medical decisions.

(Retrieved from <http://www.pnhp.org/facts/quality.pdf> on October 17, 2007)

As citizens, there are some ways in which we can take action in order to support a universal health care initiative for all American citizens.

- A. Refuse to be taken in by the rhetoric of big businesses that only care about profits, not the improvement of the quality of life for American citizens.
- B. Work to pass a single payer, universal health care bill or referendum in your state. State level bills and referenda will be particularly effective because they can be implemented more quickly and easily than a federal health care system would. Bills or referendum must be written by and supported by health care providers for the legislature to take them seriously. It is thus imperative to form an alliance with provider groups. The most effective provider group to go through is Physicians for a National Health Program (PNHP) which has chapters in every state. A number of states already have organized single payer efforts: Massachusetts, California, Washington, Oregon, New Mexico, and Maryland. Join with them.
- C. A first step is to contact state representatives from Physicians for a National Health Program (PNHP) and offer to join with them to write and support a bill bringing single payer, universal health care to your state if this has not already been done. The Connecticut and Massachusetts Bills can be used as models to make this task easier. A referendum is another way to go, in which case the California referendum can be used as a model.

- D. A second step is to contact state legislators and find a group who are willing to sponsor such a bill.
- E. A third step is to create a coalition of groups to work together to support and publicize this work, or to try to bring together existing groups to work together on this project. Labor unions, progressive democratic groups, Medicare/Senior Advocacy groups, existing health care advocacy groups, and state health care provider groups are all important to work with and get to join such a coalition. The state medical society and state hospital association are critical to work with in order to get any legislation passed. Try to get them to work with you to design a new model for health care delivery. They will be particularly concerned about who will control the system, and be very mistrustful of government. A public trust model with participation by providers, hospitals, business, the public and government is like to be much more acceptable to them than a pure government system. Emphasize doing away with managed care, and get them to try and work with you to find other ways to control costs (necessary to convince politicians) such as quality assurance standards, which will also protect them from malpractice
- F. A fourth step is to give talks in support of your bill or referendum where ever possible. Senior groups, medical staffs, church groups, high school assemblies, and labor unions are particularly good sources.

G. A fifth step is to raise money through fund raisers, contributions and benefits held by entertainers. Benefits are particularly useful in bringing out people who you can inform about single payer, universal health care and your efforts.

H. A sixth step is to develop media access. The creation of videos that can be shown on local cable access TV stations is very effective. Newspaper articles, letters to the editor, and articles by the press are critical. Radio interviews and radio talk shows are important.

Getting the public to write and call their state representatives in support of a proposed bill is critical, as is coordinating testimony at a public hearing. (Retrieved from http://cthealth.server101.com/the_case_for_universal_health_care_in_the_united_states.htm on October 17, 2007).

Working together, we can ensure that human suffering will be minimized, and the quality of life for all American citizens will improve in a plethora of ways with the implementation of a universal health care policy.

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