

Universal Healthcare: the Equitable and Sustainable Solution



Mrs. Schultz

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From its inception as a refuge for the persecuted and a land of opportunity for the immigrant, the United States is globally recognized as the chief pioneer in expanding democracy and social mobility for the masses. Whether it be in codifying the principles of freedom, justice, and natural rights through the signing of the Constitution or in spearheading the first successful international peacekeeping organization by way of the United Nations, the United States has championed equity and the defense of the common individual throughout its existence. However, the United States' legacy of supporting equity and public wellbeing has been questioned in recent decades, as the country has fallen behind other industrialized nations whose governments guarantee the availability and affordability of health care for its citizens. It is of particular and poignant irony that a nation as wealthy and medically innovative as the United States of America, despite the progress of most other highly developed nations, has retained a system of healthcare that leaves many uninsured and engenders inequality and inefficiency. Although the implementation of universal healthcare coverage would entail a massive reform of the United States' current system, it is a necessary revision in ensuring economic stability and a basic level of care for all Americans.

Narratio:

The debate over the ideal healthcare system in the United States has persisted for decades without any resolution. Arguments typically center around the role of government in providing healthcare, with some advocating single-payer healthcare, where the federal government ensures basic coverage for all citizens through taxation, while others prefer a free-market approach where individual citizens are responsible for their own coverage and can select, from various plans, one that best suits their needs. Over the past half-century, a gradual passage of several pieces of

legislation has led to a current mixed system where federal agencies heavily subsidize health insurance for many, based on income and age, while still maintaining a private, regulated market of insurances for Americans to decide from.

The United States' first major step away from a purely free market system came in 1965 with the passage of the Medicare and Medicaid programs. Mark Leff details these components of Johnson's 'Great Society' in an entry of the *Dictionary of American History*, noting the historical consequences of these systems. Leff discriminates between the two, defining Medicaid as a "medical assistance program" which works with the states to provide more accessible and affordable care for those in poverty, whereas Medicare is a "federally administered, contributory, social program" where citizens contribute to the program throughout their lives through payroll taxes, and at the age of 65, can access this subsidized care. These programs still function as the central apparatus for government involvement in healthcare, with other initiatives and pieces of legislation largely supplementing this initial foray into healthcare. Jennifer Hansler of *CNN* discusses the history of healthcare in America beyond 1965, summarizing the failed attempts of the Clinton administration to adopt a completely universal form of healthcare, Bush's Medicare expansion for more costly medicine in 2003 through 'Medicare Part D,' and the most recent piece of legislation, the "Patient Protection and Affordable Care Act" of the Obama administration. The *Gale Encyclopedia of U.S. Economic History* further expounds on this law, explaining various aspects of the law, including its individual mandate which requires all citizens to purchase health insurance, the creation of health insurance exchanges, its disincentives for companies with more than 50 employees to not provide insurance, and the requirement for insurance companies to accept patients with pre-existing conditions. The Affordable Care Act has done more to bring the United States closer to universal coverage than any other piece of

legislation, and, consequently, has aroused much controversy over the merits of a universal system of healthcare as opposed to a free market approach. With the election of a Republican-majority Congress and presidency in 2016, the effort to repeal and replace the Affordable Care Act reached new heights; however, the complexity and controversy over healthcare was immediately apparent when, in September 2017, the Senate failed to gather sufficient votes to repeal the act and move towards a more capitalistic, free-market form of healthcare.

The debate over healthcare is particularly divisive as it affects all people, carries immense economic consequences, and epitomizes the divide between conservatism and progressivism in the interpretation in the role of government and individuals' rights to life. Universal healthcare is promoted by many for its protection of poorer individuals, equitable treatment for all, and reduced per-capita cost compared to the United States' current system. By sponsoring a system of universal coverage, either through single-payer financing or heavy subsidization insurance programs, the federal government ensures that all individuals are protected and can access care. Objections to this system include the entitlement culture that it fosters, the potential abuse of financial resources by aging populations, and perceived financial liabilities such a system poses. The free market system, on the other hand, is espoused to champion reduced government bureaucracy and corruption, lower costs for routine procedures through greater healthcare competition and deregulation, provide more transparency in the prices of procedures, and allow increased freedom in electing how to spend personal funds. Routine healthcare becomes an out-of-pocket expense with greater competition due to deregulation and the reduced influence of insurance companies. In the middle of these two vastly different systems are mixed healthcare systems, one example being when healthcare is free for those in poverty, but for all others, health expenses are left largely to individuals. The many propositions for healthcare differ significantly

in both principle and practice, and the potential consequences in selecting one over another exacerbate the controversy of the topic.

Confirmatio:

The United States has a financial obligation to pursue a national, universal healthcare system that ensures coverage for every American, as this streamlined form of insurance would be economically sustainable for both the U.S. government and the individual. The Nobel Prize-winning economist, Kenneth Arrow, countered the traditional “invisible hand” understanding of economics in healthcare, when, in 1963, he wrote a paper entitled “Uncertainty and the Welfare Economics of Medical Care,” detailing the exceptionalism of healthcare from traditional free-market patterns. Arrow contended that, because, unlike other purchases, individuals cannot predict when they need health care, and because it is too expensive at the time they need it, a government-run system or another program of universal coverage must intervene. The accuracy of Arrow’s evaluation is visible in the high rate of medical bankruptcy in the United States, a *CNBC* study reporting that nearly two million Americans declared bankruptcy in 2013 alone and that medical bankruptcy has now outpaced all other forms of bankruptcy to become the number one cause of bankruptcy in the United States (Mangan). Fareed Zakaria, a celebrated journalist and television anchor, in an opinionated editorial in *Time Magazine*, similarly argues the necessity of universal healthcare coverage given the unpredictability of the timing for medical procedures and the significance of medical care far beyond similarly priced luxury items, not to mention the weight medical bills can pose on a family’s budget, and the bankruptcy and stress this can incur upon previously secure individuals. Zakaria contends that under a system where coverage is not extended to all people, health care becomes comparable to the purchase of a BMW, where “anyone who can afford one can buy one.” This entails that procedures like “a triple bypass or a

hip replacement” are considered nonessential purchases, and are restricted only to those wealthy enough to afford them, but healthcare cannot be homogenized with traditional free-market models, as “living within one’s means” is not possible when procedures outside one’s means, or income, are requisite to living.

The current system of healthcare in the United States must be overhauled and replaced with a universal system of coverage, as the present structure of medical care is hugely inefficient and complicated by decades of various legislation and exchanges. The American healthcare system, namely in its hybridization of private and public care without appropriate regulation, exhibited in the abundance of programs ranging from Medicare and Medicaid, to the Veteran’s Administration, to subsidized health insurance exchanges, is a “hodgepodge” of independent programs, resulting in needless excesses in costs and the continued oversight of millions of Americans who lack basic coverage (“The Fix for American Health Care”). Centralization of healthcare through universal coverage would simplify the financing of medical care and greatly expand the federal government’s ability in ensuring all Americans have basic coverage. Dr. Elisabeth Rosenthal, a past medical doctor who has since become a journalist, shares in her book, *An American Sickness*, the myriad systemic problems of healthcare in the United States, each rooted in Americans’ placement of trust in their medical care to for-profit insurance companies and medical providers (Gross). The gradual evolution of health care to big business has led to medical decisions being chiefly motivated by their economic consequences rather than the health of the patient, evidenced in the consolidation of hospitals; the preference of lifetime care over aggressive treatment to cure illnesses; and price wars between insurance companies, pharmaceutical firms, and hospitals, each trying to maximize profit and minimize expenses. The United States is unique in its for-profit healthcare system, and, consequently, possesses

exceptionally high medical costs and inefficiency, enabled by its hodgepodge system and lack of federal control.

The inefficiency of this “hodgepodge” healthcare system is reflected in both the cost and quality of care in the United States compared to other countries. According to The Commonwealth Fund’s 2016 study of eleven industrialized countries’ healthcare systems, the United States spent thousands of more dollars than any other country, averaging \$9,364 spent on healthcare per person in 2016, compared to the United Kingdom’s \$4,094. Despite the clear difference in expenses, the United States ranked last overall in its quality of care and affordability, whereas the United Kingdom ranked first (Commonwealth Fund). Additionally, 44% of low-income and 26% of high-income citizens in the United States have trouble finding coverage, whereas, in the United Kingdom, the percentages are 7% and 4% respectively (Commonwealth Fund). Healthcare spending in the United States also accounts for 17% of the United States’ Gross Domestic Product, where no European country exceeds 12% (“The Fix for American Health Care”). The United States is failing its citizens in providing affordable, quality care because of its insistence on preserving a convoluted, free-market system which does not protect all Americans.

Apart from the clear economic disadvantages of failing to universally insure all Americans, refusing affordable, essential health care entails unethical implications. The United Nations, in its 1948 Universal Declaration of Human Rights, and the American Medical Association, have both issued statements and proclamations that humans are entitled to basic health care service. Still, many Americans lack coverage and fear bankruptcy and financial consequences in caring for themselves. Universal healthcare is essential in preserving the right of every individual to adequate, affordable health care. Presenter Miles Zaremski, in his 2012

UNESCO presentation, offers a modern reassertion of health care's classification as a human right, outlining the reasons for this designation of healthcare access as a right, and the moral obligation for government sponsorship of universal coverage this classification entails (Zaremski). Opposed to the simplification that "rights come from nature and God, not government," as sponsored by politician Paul Ryan, Zaremski details that "a right is to recognize a basic need... that enables one to maintain health and be productive." Denying basic health care service is in violation of people's human rights, as determined by the United Nations decades ago and by the consensus of industrialized nations, and thus, the United States must provide a basic level of medical service for all individuals.

As many Americans refrain from receiving preventative and emergency care as they lack coverage and cannot afford care, or possess pre-existing conditions, the United States inadvertently brings upon thousands of unnecessary deaths in not providing universal coverage. A 2017 report from the *Annals of Internal Medicine* estimated that repealing the Affordable Care Act would add 22 million uninsured Americans to the healthcare system by 2026. Threatened by the current administration in Washington, the Affordable Care Act, as a landmark step forward in expanding coverage, could be repealed without offering coverage to those who have taken advantage of the exchanges available. This influx in uninsured Americans is estimated by the *Los Angeles Times* to cause approximately 29,000 Americans to die prematurely each year due to their lack of coverage and consequent hesitance to receive care (*Los Angeles Times*). In not adopting the measures of other industrialized nations and supplying universal coverage, the United States is quickening the pace of preventable deaths and illnesses, and crippling the health of its citizens.

In addition to the public health ramifications of denying affordable insurance to many based on pre-existing conditions or income, the United States must consider the ethical implications of dually being one of the wealthiest nations on the planet, and one of the only countries to not provide its citizens with a form of basic, guaranteed coverage. Health struggles are inherent to the human race, and it is the obligation of the United States to protect its citizens and ensure all people can lead healthy, productive lives. President Barack Obama, as he ran for President in 2008, made healthcare reform a central promise of his campaign. President Obama credited his dedication to healthcare to the experiences of people he had met, and particularly his own mother, who had passed away at age 53 due to cancer and spent the last months of her life calling insurance companies and arguing her treatment should be paid for, as they argued she had a pre-existing condition which exempted them from paying for treatment (Zaremski). It is the role of government to safeguard the ability of its citizens to experience joy and security, and in permitting for-profit companies to deny citizens' coverage and unjustifiably gouge prices and complicate end-of-life treatment, the federal government is failing its citizens. Jimmy Kimmel, in an impassioned plea for universal coverage, recounted the events of his son's birth, and the health complications he experienced. Born with a heart defect, Jimmy Kimmel's son will live his life with the label of possessing a pre-existing condition, and, without protection or universal coverage from the federal government, will be unable to afford coverage from insurance companies. In reflecting upon his experience and the experiences of other parents in Los Angeles, Kimmel, in tears, affirms, "no parent should ever have to decide whether they can afford to save their child's life, not here." The United States is far too developed and wealthy to continue its sponsorship of a health care system overwhelmingly demonstrated to be economically unsustainable and discriminatory in its protection of Americans of differing health

statuses and income levels and must implement a universal healthcare system to adequately protect the rights of its citizens to affordable, quality care.

Refutatio:

Although universal healthcare has been sponsored across the globe and among the vast majority of industrialized nations, many in the United States still oppose this proven system. These dissenting arguments typically rest upon concerns over diminished earnings of doctors, overreach in the role of government, excessive costs of insuring all people, and, most frequently, the purported rise in wait times for treatment among countries that endorse universal coverage. A 2016 report by the Fraser Institute details the high wait times of Canada, a country with a universal, single-payer health care system. The Institute has studied physicians and medical trends for over two decades, and in 2016, found a 20.0-week median wait time between the prescription of appointment to a specialist by a general practitioner, to the visitation of the patient with the specialist. The Commonwealth Fund corroborates this troubling reality of Canadian care in its 2016 survey, observing, “Canadians report the longest waits of patients in 11 countries.” As shared in the Fraser report, excessively long wait times impose unnecessary pain and discomfort upon patients and can lead to the worsening of conditions and the development of more threatening and costly illnesses. Unreasonably long wait times are contrary to the principles of universal health care and are immensely concerning, however; these unduly long waiting periods are not intrinsic to universal coverage, as seen in the successes of other nations, and have more to do with Canada’s administrative inefficiencies than some fundamental flaw of universal health care.

The notion that wait times are inherent to all countries that adopt systems of universal coverage is unjustified slander and a hasty generalization based upon the Canadian system. In the

same Commonwealth Fund 2016 Report, Germany and Switzerland are reported as having survey percentages of 71.2 and 73.2 percent respectively for respondents who reported having wait times of fewer than four weeks, compared to Canada's 38 percent. Among the eleven industrialized countries, the length of wait times differs significantly depending on each country's particular system and legislation, and countries like Germany and Switzerland that offer universal coverage still enjoy high levels of efficiency. Olga Khazan, in an article by *The Atlantic*, relates this independence between universal healthcare and wait times, stressing how the United States actually falls behind many other industrialized nations in its level of efficiency. Khazan debunks the claim that "cheaper, more universal care...comes with the tradeoff of slower care," citing reports from The Commonwealth Fund. In the construction of a system of universal coverage in the United States, the concern of long wait times must be given serious thought; however, to presume that these wait times are inseparably connected to universal coverage is thoroughly misguided, and upon further evaluation, the successes of universal care are even more readily apparent.

Upon evaluating both the ethical and economic underpinnings of the United States' health care system, the American government is morally and fiscally obligated to revise its current dismal state of medical care in favor of a system of universal coverage. Though universal healthcare is criticized for its perceived wait times and financial liabilities, the methods of implementation and government involvement vary widely, and thus, the supposed symptoms associated with guaranteed affordability in healthcare must be assessed fairly as the individual efforts of particular countries. To promote sustainable spending and ensure the protection of all Americans, the United States must reconsider the fractured skeleton of today's medical industry, and, though the process will not be without difficulty, tailor an equitable and efficient system

guided by the principles of universal coverage. The time is now for Americans to reclaim their place as the international leaders in sponsoring equality, freedom, and life without limitations. The time is now for Americans to again exhibit the best in humanity and forward thinking, as they honor the signing of the Constitution with the signing of universal healthcare legislation.

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