

Every month since February 1987 the Olympia Fellowship of Reconciliation has produced one-hour TV programs on issues related to peace, social justice, economics, the environment, and nonviolence. The Olympia FOR's program airs several times every week for the entire month on Thurston Community Television (TCTV), channel 22 for Thurston County's cable TV subscribers. You can see TCTV's schedule at [www.tctv.net](http://www.tctv.net).

You can also watch the program described below (**and many more than 100 of our previous interview programs and special programs**) at the Olympia FOR's website, [www.olympiafor.org](http://www.olympiafor.org). Simply click the **TV programs** link, scroll down, and click the program you want to watch. Many of our website's TV program listings also include links to documents describing the program in Word and/or .pdf format.

## DECEMBER 2015

### “Why Universal Single-Payer Health Care Is the Real Solution – and How to Accomplish It”

**NOTE:** The description below summarizes what the guest and host discussed during the TV program and **also much additional information** about universal single-payer health care. Some of this additional information and quotations come from the two books we recommend at the end of this document. For exact page references, contact Glen Anderson at [glen@olympiafor.org](mailto:glen@olympiafor.org) or (360) 491-9093.

The Olympia Fellowship of Reconciliation's December 2015 TV program examines the continuing problem of Americans' lack of access to affordable, high quality health care.

Congress passed President Obama's Affordable Care Act (“Obamacare”) by slim margins in March 2010. We're taping this program in late 2015 – more than 5 years after the law was passed. Let's find out what it has and has not accomplished – and how we can create a much better health care system.

Our guest is Dr. Sarah K. Weinberg. She knows a lot about the problems, and she has been working for universal single-payer health care as the best solution. She has worked very hard with two non-profit organizations, Health Care for All – Washington and Physicians for a National Health Program. We list websites for these two and several other organizations at the end of this document (and at the end of our TV program).

#### **Compare health outcomes in the U.S. with those of other nations:**

We began our interview by comparing the health care outcomes of the American people compare with those of people in other modern industrial nations.

Among developed nations, the United States stands at or near the bottom of the most important rankings of access to and quality of medical care. A 2000 study rated the US 37<sup>th</sup>, below Dominica and Costa Rica, and just ahead of Slovenia. France was #1 in this study, as it is in many others. One book we appreciate stated, “Japan has the oldest population in the world, and the Japanese go to the doctor more than anybody – about fourteen office visits per year, compared with five for the average American. And yet Japan spends about \$3,000 per person on health care each year; we burn through \$7,000 per person.”

Health care outcomes can be measured in many different ways, but the rankings come out pretty similarly regardless of method. The same countries keep achieving top rankings while the US keeps getting ranked at a

mediocre level. This is despite the huge amount of money Americans spend. The US leads all other nations in per capital dollar amounts and in spending as percentage of GNP, but we get only mediocre results from this.

An interesting and meaningful measure is called “avoidable mortality.” One book stated, “Among nineteen wealthy countries, the United States ranked nineteenth in curing people who could be cured with decent care.” Our death rate was nearly twice as high as in France, Japan and Spain. Also, Americans with chronic diseases (asthma, diabetes, etc.) fared badly compared with other nations, and Americans have a comparatively terrible rate of dying from surgery. One book stated, “More people die young in America than in other rich countries.”

Life expectancy for people who have reached the age of 60 is bad in the US, compared to other rich countries. A 2006 Commonwealth Fund study of 23 nations had the US tied for last. The US ranked last of 23 nations in keeping newborns alive. Other nations offer free prenatal and neonatal care for every mother and every baby.

When the World Health Organization rated the national health care systems of 191 countries in terms of “fairness,” the United States ranked **54th**. That put us **only slightly ahead** of Chad and Rwanda, and **just behind** Bangladesh and the Maldives.

## **Compare access to health care in the U.S. with access in other nations:**

A crucial factor in achieving good health is getting **access** to health care services. However, even after President Obama’s “Affordable Care Act” – “Obamacare” – **many millions** of Americans still do **not** have **adequate access** to health care. Other countries cover **everyone** as a basic human right.

The US’s health care system is deficient in terms of **cost, coverage, and quality**. Other nations achieved universal coverage first because this was necessary for controlling costs and achieving high quality.

The American people really do want everyone to have access. When pollsters ask, “Do you think everybody has a right to medical care when they get sick?” more than 85% of Americans say yes. But our nation does not provide it.

Americans who lack health insurance die at much higher rates. The US has a very serious problem of people lacking this. In 2009 (before Obama’s ACA) about 45 million lacked it for at least some of the year. Each year more than 22,000 Americans have been dying because they can’t afford medical care. Obama’s ACA did not solve the problem, because even after the ACA went into effect, many millions still lack health care, and many people are dying unnecessarily as a result.

An American doctor whose patient Nikki White died had a disease that would have been curable in other countries, but her doctor said she did not die from that disease but rather she “died from complications of the failing American health care system. It was a lack of access to health care that killed Nikki White.” The doctor explained that “she couldn’t pay for the care she needed. If Nikki had not lost her health insurance, she’d be alive today.”

The gap of income inequality among Americans is still widening, and this hurts health care. Despite the ACA’s limited success for some people, the problem grows worse for many millions of people. Lower income people are still receiving much worse health care. Lower income people die younger than richer people. The ACA is not helping this very much, because many millions still lack insurance and costs are rising rapidly, but universal single-payer certainly would. [Other nations have proved this.]

One book stated, “All the developed countries except the United States have decided that every human has a basic right to health care. Many international organizations have reached the same conclusion.”

“President George W. Bush repeatedly assured the American people that they need not worry about their uninsured neighbors. ‘I mean, people have access to health care in America,’ Bush told a business meeting in Cleveland on July 10, 2007. ‘After all, you just go to the emergency room.’” [Footnote 10: page 267 of book cited: George W. Bush, Town Meeting, Cleveland, Ohio, July 10, 2007, at [www.whitehouse.gov/briefing\\_room](http://www.whitehouse.gov/briefing_room) The author explained that Bush was wrong.

People who lack routine health care do not get medical help when problems are small and manageable. Without routine and preventive health care, they wait until their illnesses get serious, and then they end up in hospital emergency rooms. This costs much more than if people had access to health care.

In Camden, New Jersey, somebody discovered that a local hospital's emergency room was treating a great many people from a low-income housing building. Somebody found a way to provide better care to those residents, and their use of the emergency room decreased sharply, saving money.

## **Cost and affordability of health care in the U.S. vs. other nations:**

The mere existence of good health care is irrelevant if a person who needs it can't afford it. While some people worry about a government-financed health care system "rationing" health care, **the U.S. actually rations health care now based on people's finances.** "Government and academic studies report that more than twenty thousand Americans die in the prime of life each year from medical problems that could be treated, because they can't afford to see a doctor."

Various ways of measuring health care results always rank the same countries near the top and the US at a mediocre level. However, the US leads all other nation in per capita dollar amounts and also in spending as percentage of GNP. The US's health care system is about one-sixth of our economy! Inefficiency is dragging us down by consuming economic resources but producing poor health outcomes.

In the US, 700,000 persons per year were going bankrupt because of medical bills, but in Japan, Germany, the Netherlands, Canada and Switzerland, the number is ZERO.

Japan has the oldest and healthiest population in the world, but it spends about half as much per capita as the US.

**The US spends about twice as much on health care as other rich nations do. The real problems underlying high medical costs in the U.S. come from the profit-making insurance system.** "Economists agree that this is about the most expensive possible way to pay for a nation's health care." The sheer complexity of the US's system is unique in the world and significantly drives up the costs without improving health care. "The U.S. Government Accountability Office concluded that if the country could get the administrative costs of its medical system down to the Canadian level, the money saved would be enough to pay for health care for all the Americans who are uninsured."

Also, public health deserves more attention and funding. In every society, poverty leads to shorter life spans. To improve a society's health, eliminate poverty. Also promote walking and biking instead of layout out our communities to require driving automobiles. Do like Europe and allow much more vacation time than the US does. Reduce gun access. Promote healthier eating. Take public health actions to reduce communicable diseases. Protect us from dangerous drinking water and sewage. Urge proper diets and brushing teeth. Educate people to prevent sexually transmitted diseases.

## **How do some other countries' health care systems work?**

All the other rich countries have health care systems that cover everybody with sensible, efficient financing at far lower costs than in the U.S. Details vary from country to country, but all rich countries spend far less money for far better coverage – and cover everyone automatically.

The U.S. is an outlier among modern developed nations. The rest of the world and much of the not-very-developed world has universal single-payer health care as a matter of govt responsibility. For those nations, providing health care for everyone is part of the public infrastructure, like roads, public schools, police and fire departments, etc.

They do it in various ways, but always more efficiently and without domination by “market-based” ideology and profit-making insurance companies. These enlightened nations have created practical ways to provide **high quality** health care for **everybody** at a **reasonable cost**. Most of them rely on doctors and other medical providers who are in business for themselves, but the governments handle the payments in an efficient centralized way without the bureaucratic overhead and adversarial obstructions of American insurance companies.

In 1883 Germany enacted the world’s first national health care system.

## **Canada:**

Canada’s system has an interesting history. In the early 1930s Thomas Douglas was active in a populist party, the Co-operative Commonwealth Federation, which supported socialist remedies. In 1944 while campaigning to be elected premier of his province (Saskatchewan), he campaigned for socialism and single-payer health care. Single-payer won him the election. In 1947 free hospital care for every resident of Saskatchewan went into effect. It worked well. It was so effective and so popular that other provinces also wanted universal single-payer. In 1960 Douglas campaigned for tax-funded medical care for people even if they were not in the hospital. It went into effect in 1962. It was both popular and affordable. In 1964 both houses of Parliament passed a nationwide plan, which is called Medicare. Canada’s government keeps costs down by bargaining nationwide with drug companies, etc.

Other countries, such as Taiwan and South Korea, adopted the basic principles for their own systems. This model (private providers and public financing) was also the basis for Medicare in the US, which started in 1965. The US could move toward single-payer like Canada did: Start in one state and other states will want to copy it and it will spread nationwide.

Canada has better health statistics than the US – and at about half the cost per person. But recently Canada’s right-wing governments have underfunded the system, so that underfunding has caused problems. But the reports of Canadians going to the US are extremely exaggerated. Also, poor people do not have to wait longer than rich people. Actually, a number of doctors from the US move to Canada because they prefer practicing there instead of fighting insurance companies here.

## **Britain – United Kingdom:**

Since 1948 Britain’s National Health Service (NHS) has covered everyone for reasonable health needs without any billing or co-pays. Taxes cover the costs, so the government simply pays for everyone’s health care. Britain’s government pays the doctors directly and owns the hospitals. The US uses this model for the Dept. of Veterans Affairs.

The NHS makes reasonable decisions about what to cover and what is simply not efficient or effective. This keeps the NHS’s costs reasonable. In contrast, when a U.S. health insurance company refuses to pay for something, this merely increases the company’s profit. In Britain such decisions help the NHS be able to serve other people with practical needs.

The UK provides health care without billing patients. The UK’s National Health Service’s founding principle has been, “Free at the point of service.” In the UK, health care is a free public service just like libraries and fire departments. In the US, the Dept of Veterans Affairs is “socialized” with doctors working for the government agency in government-owned facilities. France uses co-pays and promptly reimburses all or part of those. Germany’s health insurance is non-profit with tight cost controls.

Some people have said the US’s failure to adopt a single-payer system stems partly from the US assumption of “American exceptionalism” and the arrogance that says we do not need to learn from other countries.

## How a system can work:

In a single-payer government system with private providers, the insurance plan collects monthly premiums and pays medical bills. Some countries have the government operate the insurance system, others have non-profit insurance companies, and other countries use other methods. In most cases, overhead is low because – unlike the US – there is no marketing, no expensive underwriting offices to deny claims, and no profit. Also, a single-payer system has much market power to negotiate for lower prices from vendors.

Although many Americans assume that the private sector can run things more cheaply than the government, other countries have proven the opposite. A simple streamlined system is much more efficient than multiple redundant bureaucratic profit-making companies.

A better health care system would reduce the costs of products made in the US so they would be more competitive in the world market. Car manufacturers include a few thousand dollars of health care costs in the cost of cars made in the US (\$2,500 per Cadillac or Lincoln). Other countries provide health care for less, so their car manufacturers pay less when they subsidize workers' health care.

In France, the doctors' offices have no filing cabinets and no paper records at all. They have no employees to process billing. Everything – including all patient records – is digitized on a plastic card that patients use at the doctors' offices, pharmacies, etc. The government pays doctors within three days with no quibbling. This vastly streamlined system is hugely popular, and it costs about half of what Americans pay in the U.S.

In the US doctors emerge from medical school heavily in debt, but in France the government pays the cost of medical school, so new French doctors are not in debt.

French doctors – unconstrained by greedy insurance companies – are free to practice medicine correctly, to do what the patients actually need, without having to fight insurance companies for authorizations or payments.

Taiwan looked to other countries to find a good system to adapt and adopt. They chose a single-payer system with private doctors and hospitals paid by a single government-run insurance plan. It's like Canada, except that – unlike Canada – Taiwan's National Health Insurance is not funded by general taxation. People pay premiums, and so do their employers. They deliberately call it a "premium" instead of a "tax." Each person gets a card, like in France, with medical and billing records embedded on a chip on the card. The government sets prices and keeps costs low.

Many countries provide *more* choice than most Americans have. The US uses "provider networks," etc., which actually *limit* our choices.

Other nations do better than the US in several measures of health system performance, including coverage, quality, cost control, and choice.

## What has the Affordable Care Act ("Obamacare") accomplished?

Congress passed Obamacare, the Affordable Care Act (ACA) by slim margins in March 2010. (House 219-212 on March 21, 2010, Senate 56-43 on March 24, and House again 220-207 on March 25).

We taped this TV interview in November 2015 – about 5 ½ years after the ACA was passed. Some parts of the new law went into effect fairly promptly and some were phased in only after a few years.

Obamacare did accomplish a few good things (e.g., protecting people who have "pre-existing conditions" and providing for young adults to stay on their parents' insurance plans until age 26). However, Obamacare's actual track record has revealed some very serious problems.

## How does Obamacare (the Affordable Care Act) fall short of meeting our needs?

Many millions of people still do not have health care. Health care costs continue to rise much faster than the overall rate of inflation. Many people are at serious risk of high costs and severe medical debt. Giant corporations running insurance, pharmaceutical, hospital and medical equipment businesses are “gaming the system” in various ways and reaping huge profits at the expense of ordinary people and our government.

The gap of income inequality among Americans is still widening, and this hurts health care. Despite the ACA’s limited success for some people, the problem grows worse for many millions of people. Lower income people are still receiving much worse health care. Lower income people die younger than richer people. The ACA is not helping this very much, because many millions still lack insurance and costs are rising rapidly, but universal single-payer certainly would. Other nations have proved this.

**The ACA avoided real reform in several ways** as described clearly in the middle third of Dr. Geyman’s book (cited at the end of this document). Several years of actual experience have documented several ways in which the **ACA was designed to avoid real reform**. Chapter 7 specifically explains how the ACA has failed to provide **access**. Chapter 8 provides solid information about how the ACA fails to make health care **affordable** and fails to **control costs**: Chapter 9 documents how the ACA fails to adequately improve **quality** of care.

Pages 166-180 of Dr. Geyman’s book explains “**TEN LESSONS – ALL PREDICTABLE AND REAL**”:

1. Health care “reform” through the ACA was framed and hijacked by corporate stakeholders, themselves in large part responsible for system problems of health care and dedicated to perpetuating their self-interest in an unfettered health-care marketplace.
2. You can’t contain health care costs by leaving for-profit health care industries to pursue their business “ethic” in a deregulated marketplace.
3. You can’t reform the delivery system without reforming the financing system. (The explanation of this lesson includes this wise advice: “[W]e have to change the *financing* system if we are to have any hope of changing the *delivery* system and contain health care costs.”)
4. The private health insurance industry does not offer enough value to be bailed out by government.
5. It is futile to embark on unproven or disproven incremental tweaks to our present system while ignoring health policy and experience around the world.
6. In order to gain the most efficiency of insurance coverage, we need the largest possible risk pool to spread the risk and avoid adverse selection.
7. The ACA is a massive bailout of private interests profiting on the backs of sick or injured Americans.
8. The single-payer alternative was considered “politically unfeasible” by being “too disruptive” to the existing system; instead, look at how disruptive the ACA has been compared to the simplified single-payer alternative.
9. The ACA is unaffordable for many patients and their families, is byzantine in its complexity, and is unsustainable in the long run. Page 179’s part of #9’s explanation includes this: “[M]ost of the ACA’s \$1 trillion in subsidies is going to the insurance industry as an enormous transfer of public wealth to private hands.”
10. We cannot trust many states to assure an adequate safety net for the uninsured and underinsured.

ACA fails to control costs through insurance companies or Big Pharma. A single-payer system would achieve economies of scale in administering the program. It would have the power to require low prices from pharmaceutical companies and hospitals. The Democrats’ legislation fails on all counts.

Remember when Bush was developing his Medicare drug benefit bill? He cut a back-room deal with Big Pharma to prevent the US government from negotiating lower prices for drugs. Obama did the same thing as Bush did! This new law also prevents people from importing from Canada the drugs that are cheaper than -- but

just as safe as -- those produced by US drug companies. It allows a special subsidy for brand name drugs, but not for cheaper generics, which are just as effective.

This bill does not meaningfully control costs or limit insurance rate hikes. If your insurance company treats you badly, you can use its “internal appeals process,” which simply allows the company to review its own decision. After that you’re at the mercy of the state government. There is no funding or regulatory mechanism for federal enforcement. The bill also exempts insurance companies from federal anti-trust laws.

Many members of Congress – especially those empowered to write health care legislation – receive huge campaign contributions from insurance companies and Big Pharma. Senator Max Baucus, Democratic chair of the Senate Finance Committee, actually had a former vice president of the insurance company WellPoint write much of the bill he forced through his committee.

The middle third of Dr. Geyman’s book examines the many ways in which Obamacare falls short of what we need – how it uses “market-based” methods in dysfunctional ways besides the inherently unjust and inefficient strategy of trying to reform the US’s health care system while still being bogged down with using many different profit-making insurance companies. This part of the book shows how Obama’s ACA fails to provide universal access, fails to control costs, and fails to achieve high quality.

## **Why was Obama’s Affordable Care Act designed to be so weak and inefficient?**

Obama’s bold words during his 2008 campaign and January 2009 election night speech were rebuffed by the serious deficiencies in the law he and Congressional Democrats wrote. They designed the ACA to accommodate corporate stakeholders at the expense of serving patients and consumers.

Obama made the same mistake at the outset that Bill and Hillary Clinton did in 1993 – asking the corporate stakeholders to design health care reform. Those corporate stakeholders are responsible for the worst aspects of our health care system, so they could not reform it in truly progressive ways. Obama used a “fox-in-the-henhouse” approach. The big insurance, drug and hospital industries and organized medicine designed the ACA to serve their own interests.

The House and the Senate carried the abuse further. They let these “special interests” write the legislation and prevent the “public option” that the American people wanted. The Senate (which had a Democratic majority then) voted 51-48 to prevent importing cheaper drugs from Canada and some other countries.

Conservative rhetoric about “socialized medicine” further entrenched the ACA legislation solidly in capitalism and without the public controls that would have protected access, affordability, women’s health care, etc.

Contrary to Republican rhetoric, the ACA was **NOT** a “government takeover” but rather a way to funnel people’s own money and our tax dollars into giant capitalistic corporations. We are trapped in a bad system if we think that health care is just another commodity for sale on a market where the profit motive dominates all other considerations.

Indeed, page 163 of Dr. Geyman’s book states boldly, “Despite the relentless claims by the right that the ACA, or Obamacare, is a government takeover, the opposite is true. It was crafted by private interests and enabled by a government seeking to redirect private markets in the public interest.” Page 164 quotes a very high level health official in the George W. Bush administration, who said, “Obamacare is not a government takeover of medicine. It is the privatization of health care.... It’s going to make some people very rich.”

The ACA is far too complex, inefficient and wasteful. Our money is wasted on bureaucracy, advertising, etc., that do NOT provide any health care. The ACA drives up costs, and its attempt to control costs puts patients at risk.

Liberals and progressives who have supported the ACA have tied themselves to a defective and corrupt system. They make themselves vulnerable to Republican and neoliberal Democratic attempts to means-test and privatize

Social Security and Medicare. We must reframe the issues and stand firm on progressive values rather than get sucked into a corporate-dominated system.

Actually, in order to really reform our nation's health care system, we must insist that our nation provide health care as a **basic human right** (see the discussion of this below) and as a **moral issue**. However, because of the many billion dollars of profits at stake, the powerful "special interests" prevented those aspects from guiding the public discussion.

**We must pay attention to a basic principle that directly affects the possibility of improving health care delivery in the US: The way our health care system is financed directly affects how it is delivered. If we want to improve health care delivery (and outcomes), we must change to a single-payer method of financing.**

The ACA does not meaningfully control costs or limit insurance rate hikes. If your insurance company treats you badly, you can use its "internal appeals process," which simply allows the company to review its own decision. After that you're at the mercy of the state government. There is no funding or regulatory mechanism for federal enforcement. The bill also exempts insurance companies from federal anti-trust laws.

Many members of Congress – especially those empowered to write health care legislation – receive huge campaign contributions from insurance companies and Big Pharma. Senator Max Baucus, chair of the Senate Finance Committee, actually had a former vice president of the insurance company WellPoint write much of the bill he forced through his committee.

### **So here is how the game was played:**

- Republicans kept moving to the right. This opened up space in the middle of the road, which the Democratic Party filled, while rebuffing the progressives whom the Democratic Party takes for granted because progressives have no place else to go in an electoral system rigged to serve only two parties.
- Because of this, Democrats wrote a "reform" law that actually mimics Republicans' persistent support for big business, which has been funding both big political parties. (Obamacare was similar to what Republican Gov. Romney had recently passed in Massachusetts.) Insurance and pharmaceutical companies spent hundreds of millions of dollars on campaign contributions, lobbying, and advertising to shape the ACA legislation. The original Senate Finance Committee bill was written by a former vice president of WellPoint, a giant insurance company. The bill that passed on March 21, 2010, was almost identical to the plan written in 2009 by AHIP, the insurance company trade association.
- Then Democrats rigged Congress's voting procedures to pass the bill, and they claimed a victory for doing what Big Business paid them to do. And the insurance and pharmaceutical companies got a 1,000-to-1 return of hundreds of BILLIONS of dollars for the hundreds of MILLIONS they spent on advertising, campaign contributions, and lobbying.
- The ACA became strictly politicized. Republicans opposed it – but with no alternative. Nearly all Democrats defended it – but without thoughtful analysis. Therefore, strict partisan divisiveness prevented thoughtful analysis and conversation.

### **Playing the game by saying one thing and doing something else:**

Many of the people who hold formal positions of great power in government and business are skilled at doing two things at once. **They make public pronouncements that resonate with broadly held public values, while at the same time they are enacting policies that favor special interests over the broad public interest.**

The struggle for Health Care Reform is an excellent case study. A few months ago health insurance companies' stock prices rose sharply the day after the Democrats' plan passed one house of Congress, because they knew big profits would be coming their way. This happened again on Monday March 22 immediately after the U.S. House of Representatives voted for the Democrats' plan. Overall, since Congress released the first of its



health care bills on October 30, 2009, health care stocks have risen more than 28%. The capitalists know a good thing when they see it!

Republicans denounce the Democrats' health insurance legislation as "socialism," but it actually is unbridled capitalism.

**Over the years we have seen governments pull a slick trick. They address a public issue that everybody knows is broken, and they devise a conservative law which they call "reform."** Without studying the specifics, the public allows bad legislation to pass in the name of "reform."

The deeply flawed bill that passed is nothing for Democrats – and certainly not progressives – to cheer. On Monday March 22 Republican tactician David From wrote, "The Obama plan has a broad family resemblance to [Republican Governor] Mitt Romney's Massachusetts plan. It builds on ideas developed at the [very conservative] Heritage Foundation in the early 1990s that formed the basis for Republican counter-proposals to Clintoncare in 1993-1994."

### **No, Obama's ACA is NOT a "bridge" to Single-Payer later:**

Some liberals and progressives admitted that the ACA legislation was weak, but they supported passage with the hope that we could improve the ACA later. However, there is a serious danger that the ACA actually hurts the movement for real reform.

Some people who want stronger reform have not been pushing ahead because several years would pass before most of the ACA would go into effect, and then they'll say we need to wait and see how it actually works in practice.

Also, now that it has gone into effect – with grossly inadequate results and high costs – some people will say, "We tried a government health care system but it didn't work." Many politicians and mainstream media will accept that criticism at face value and impede the movement for universal single-payer.

The ACA's few good parts (*e.g.*, prohibiting insurance companies from denying people with pre-existing conditions and allowing young adults to remain on parents' insurance plans until age 26) are so popular that they would have passed easily as stand-alone bills with overwhelming bi-partisan support without passing the 2,700-page ACA, which further entrenches and subsidizes the current defective system.

One good thing that the ACA produced is to raise public expectations that we can do better. Our job is to build on that desire for really good health care that will cover everyone at affordable cost. We need to show how insurance companies are obstacles and single-payer is the real solution.

### **Insurance companies are obstacles to solving our nation's health care problems:**

Most of the health care payments in the U.S. flow through insurance companies. **The US spends about twice as much on health care as other rich nations do. The real problems underlying high medical costs in the U.S. come from the profit-making insurance system.** T.R. Reid, author of one book cited at the end of this essay, wrote on page 36, "Economists agree that this is about the most expensive possible way to pay for a nation's health care." On page 37 he stated, "The U.S. private insurance industry has the highest administrative costs of any health care payer in the world." Medicare operates with about 3% administrative costs, and Canada's single-payer system is about the same.

U.S. health insurance companies spend a huge amount of time and money figuring out how to avoid paying medical bills – denying about 30% of claims – while in other developed countries, insurers are required to pay every claim.

The sheer complexity of the US's system is unique in the world and significantly drives up the costs without improving health care. On page 43, Reid states, "The U.S. Government Accountability Office concluded that if

the country could get the administrative costs of its medical system down to the Canadian level, the money saved would be enough to pay for health care for all the Americans who are uninsured.”

“America’s for-profit health insurance companies have the highest administrative costs in the world. This is a major reason why we spend more for health care – and get less in return – than any other developed country. ... America’s health insurance industry spends roughly **20 cents** of every dollar for nonmedical costs: paperwork, reviewing claims, marketing, profits, and so on.” (This comes from page 37 of Reid’s book.)

**France** covers everybody but spends about **5%**.

**Canada**’s universal system is run by government bureaucrats, spending **6%** on administration.

**Taiwan**’s government runs their financing system with administrative costs **below 2%**.

**It is very clear that insurance companies are the problem, not the solution:**

- Of course, everybody knows that our health care system is broken. The US’s health care is by far the most expensive in the world, but we lag behind a great many countries in access, outcomes, and other measures of effectiveness. (The World Health Organization ranked us 37<sup>th</sup>.)
- **Our system is bogged down with insurance companies that rip off approximately 25%-30% of our health care dollars without providing any real health care.** Other national governments pay for their health care directly, without insurance companies’ overhead.
- The public, media and politicians all talk about “reforming” our health care system, but they are only tinkering around the edges so long as they ignore this elephant in the room. Republicans and Democrats alike refuse to eliminate this waste because they are funded by the very same big businesses that caused the problem.

**The real solution is to eliminate health insurance companies altogether.** If we had a “single-payer” system, you could choose whatever health care providers you want and simply get your health care services. The providers would bill the government directly. The government would be the “single payer” with tremendous economies of scale. **The “single-payer” solution would protect your choice (which insurance companies don’t allow), streamline the process, and save hundreds of billions of dollars!**

The current system of capitalistically owned insurance companies is terribly wasteful. Each insurance company has its own bureaucracy, its own rules, its own payment rates, its own claim forms, its own overpaid executives, its own advertising, and its own high profits. Patients and medical providers waste terrible amounts of time figuring out how to navigate those many redundant systems. Much of what we pay now is insurance overhead and bureaucracy that does not provide health care.

Insurance companies make profits by collecting more money than they pay out. Their employees devise ways to deny coverage, so sick people can’t get the health care they need. **Our insurance premium dollars pay corporate bureaucrats to work against our own interests!**

In 2009, 1.5 million Americans declared bankruptcy, and 62% of these were at least partly because of medical costs. Three fourths of them had health insurance. The new ACA legislation still leaves 24 million Americans without insurance. Also, it was written so that taxpayers will have to pay much of the cost of health insurance for employees of Wal-Mart and other employers that provide skimpy coverage.

In March 2010 Congress passed the ACA legislation, which was 2,700 pages long. The single-payer bill that Congress refused to consider was only 30 pages long!

The rhetoric from Obama and Democrats talked about helping the American people and holding insurance companies accountable. But they let insurance companies actively participate in writing the legislation – and they deliberately and consistently excluded advocates for the single-payer solution – so the ACA prevents single-payer and supports capitalistic insurance companies. Rhetoric about holding insurance companies accountable is deceptive nonsense.

Running health care as a profit-making sector controlled by big business and “market forces” failed to control costs and priced many people out of access to health care. Corporations owning hospitals, pharmaceuticals and insurance raked in huge profits and grabbed much more control over the nation’s health care.

One medical expert stated: “U.S. health policies have failed to meet national needs during the past four decades because they have been heavily influenced by the delusion that medical care is essentially a business.”

The US’s health care system moved from a **service** ethic to a **greedy business** ethic with only one goal: to **maximize profits**. It is a moral shame to let people suffer because they can’t afford health care. The ACA did not solve that problem for millions of people who did not have health care. The problems with the US’s profit-driven health care system are so horrible that some people within medical professions and the corporate sector are pushing back.

## **Single-Payer: Basic concept and functioning:**

Americans would be much better off if we were to eliminate the huge complexity and bureaucratic overhead of insurance companies and replace it with a streamlined, efficient “single-payer” solution.

The way our health care system is financed directly affects how it is delivered. If we want to improve health care delivery (and outcomes), we must change to a single-payer method of financing.

Chapter 14 of Dr. Geyman’s book describes how universal single-payer would actually work in the US. Pages 202-210 of his book says, “In 1998, the Economic Policy Institute found that universal coverage could be financed with a 7 percent payroll tax, a 2 percent income tax, and current federal payments for Medicare, Medicaid, and other state and federal government insurance programs.” Subsequent studies keep showing that a single-payer National Health Insurance is economically smart. Funding single-payer NHI in progressive ways would save nearly all Americans money. Only the very rich would pay more.

On page 208, Dr. Geyman wrote, “One would think that conservatives, based on their professed dedication to efficiency and minimizing bureaucracy, would support the administrative simplicity of single-payer with reduction of waste, instead of typically railing against the alleged burden of government.”

## **Why should we create a universal single-payer health care system in the U.S.?**

One author of a book listed at the end of this essay cited three compelling arguments for single-payer: **economic, social-political, and moral**. The other book’s author said the US’s current health care system is deficient in three big ways: **cost, coverage, and quality**. Other nations achieved universal coverage first because this was necessary for controlling costs and achieving high quality.

The final third part of Dr. Geyman’s book shows how a single-payer system would solve all of the problems that have plagued us historically and still plague us even with Obamacare. The kinds of improvements we really need for a functional health care system can **NOT** be met while we have many profit-making insurance companies running our system, but these improvements are really possible if we adopt single-payer. This part of the book lays out how single-payer would work and affirms that it is politically possible.

The final third of Dr. Geyman’s book explains that the best solution to this mess is national health insurance (NHI) that would cover everyone and streamline payments through a single payer, the US government, financed by progressive taxation. Dr. Geyman describes the system, explains the most compelling arguments, debunks the myths and memes that interfere with adopting this solution, and assesses political prospects for adopting it. Page 187 of his book states, “[W]e cannot expect to reform the delivery system for U.S. health care without changing the way we finance care.” This page also quotes an economics professor who stated, “The ACA may be the last bad idea that Americans try; after it fails we will finally do the right thing: single-payer health insurance.” Pages 188-189 of Geyman’s book list 8 striking comparisons between the ACA and single-payer, with single-payer clearly better.

A single-payer system would need to provide “universal” coverage for everyone in the nation. Even with the ACA, many millions of Americans are still left without any real health coverage. But a universal system covering everyone would improve the overall health of a nation. Universal health care – including preventive care – would reduce communicable diseases and the other spillover consequences of bad health. It is much cheaper to treat a problem early than to let it get worse and then incur huge costs for heroic medical measures after an illness has become life-threatening.

Healing and recovery are important. But preventive care and “public health” can be even more important for a nation’s overall health. A national health system should cover everyone, and should include preventive “public health” care. However, this costs money and the results (the “pay-back” savings) might not appear for many years or even decades later. We need to build that long-term view into the system. However, the US’s current system penalizes that, because people change employers and insurance plans in shorter numbers of years, so employers and insurance companies don’t want to spend money to achieve these long-term benefits. The author’s visits to other rich countries found that their systems are set up financially for long-term economies. When every person is covered for a lifetime, this makes perfect sense.

Pages 208-210 of Geyman’s book explain how to finance a universal single-payer system. “In 1998, the Economic Policy Institute found that universal coverage could be financed with a 7 percent payroll tax, a 2 percent income tax, and current federal payments for Medicare, Medicaid, and other state and federal government insurance programs.” Subsequent studies keep showing that a single-payer NHI is economically smart. Funding single-payer NHI in progressive ways would save nearly all Americans money. Only the very rich would pay more.

On page 208, Geyman wrote, “One would think that conservatives, based on their professed dedication to efficiency and minimizing bureaucracy, would support the administrative simplicity of single-payer with reduction of waste, instead of typically railing against the alleged burden of government.” He also wrote, “Business will do well with NHI, relieved from the burden of providing employer-sponsored health insurance, paying less than it does now, and gaining a healthier workforce.”

T.R. Reid’s book says this on page 238: “Covering everybody in a unified system creates a powerful political dynamic for managing the cost of health care. ... If everybody is covered, then everybody has an interest in seeing costs controlled.... In a democracy, universal coverage helps create the political will to accept limitations and cost-control measures within the system.”

## **To make progress, we must debunk the myths about American health care:**

In order to move our nation ahead, we need to debunk some myths about health care in the U.S.

Some apologists for our current system say the U.S. has the best health care in the world. But they are measuring **inputs** such as numbers of medical specialists, hospital beds and high tech equipment. It is more meaningful to measure **outcomes and results**. This is where the U.S. scores badly, despite our high costs and because our nation refuses to serve everyone. Our bad outcome and results occur because we let big business and “market forces” manipulate health care.

Actually, when the World Health Organization rated the national health care systems of 191 countries in terms of “fairness,” the United States ranked **54th**. That put us **only slightly ahead** of Chad and Rwanda, and **just behind** Bangladesh and the Maldives.

The first third of Dr. Geyman’s book begins with a century of history, shifting from providing health care as an ethical profession to the business-oriented model that sees it as just another part of capitalism with more “market-based” functioning and malfunctioning. The historical path led to Obama’s Affordable Care Act.

The US’s health care system consumes about one-sixth of our economy! Inefficiency is dragging us down by consuming economic resources but producing poor health outcomes.

When pollsters ask, “Do you think everybody has a right to medical care when they get sick?” more than 85% of Americans say yes. But our nation’s powerful interests (Congress, big business, etc.) do not provide it.

## Debunk myths and misconceptions about single-payer:

Let’s not allow a few problems that exist in some single-payer systems to distract us from pursuing it, because single-payer is the best system overall. No health care system on earth is perfect, and isolated problems exist everywhere. Look at each system carefully, including our own, and the systems that are performing better.

T.R. Reid debunks **five myths** from pages 226 to 232:

- **MYTH 1: “It’s all socialized medicine out there.”**
- **MYTH 2: “They ration care with waiting lists and limited choice.”**
- **MYTH 3: “They are wasteful systems run by bloated bureaucracies.”**
- **MYTH 4: “Health insurance companies have to be cruel.”**
- **MYTH 5: “Those systems are too foreign to work in the USA.”**

Dr. Geyman’s Chapter 13 **debunks some myths and exposes some memes** that have been barriers to significantly reforming our health care system. These include **the mistaken notions that:**

- The “free market” will solve problems
- Private insurance offers choice but a governmental system restricts choice
- The US has the world’s best health care system
- Cost-sharing such as co-pays would control costs
- Our social safety net is adequate.

Geyman also debunks **these myths and memes that attempt to discredit single-payer:** For each of these myths and memes, the author debunks them effectively.

- National Health Insurance (NHI) is socialized medicine
- NHI would be a government takeover
- We can’t afford NHI
- NHI would ration care
- NHI would stifle innovation
- NHI would lead to excessive bureaucracy
- Canada’s experience with single-payer shows it wouldn’t work here.

T.R. Reid debunks **MYTH 4:** “Americans tend to expect nasty treatment from health insurance companies, because that’s what Americans get. ... It’s no wonder Americans are the world’s least-satisfied health insurance customers.”

T.R. Reid debunks **MYTH 5** by saying that the four basic kinds of systems he described in chapter 2 are already in use in different sectors of the US (*e.g.*, socialized medicine at the Dept. of Veterans Affairs, and the Canadian model in our Medicare for people over 65).

**Many countries provide *more* choice than most Americans have. The US uses “provider networks,” etc., which actually *limit* our choices.**

The nations T.R. Reid visited – and other industrial nations – “do better than the United States on basic measures of health system performance: coverage, quality, cost control, choice.” Reports of Canadians coming here are vastly exaggerated.

T.R. Reid’s book debunks the scary myth of “socialized medicine.” “Many developed countries provide universal coverage with private doctors, private hospitals, and private insurance plans – insurers that accept every applicant and never deny a claim.”

Those who control the system denounce the necessary reforms as “socialized medicine” in an attempt to shut down the conversation. A public relations firm working for the American Medical Association (AMA) popularized the term in its campaign to stop President Truman’s proposal for a national health care system. At that early part of the Cold War, it made health care reform sound like treasonous communism. That stigma persists.

--- Flaw #1 in that accusation: “Most national health care systems are not ‘socialized.’” They use private doctors, private hospitals and sometimes private insurance.

--- Flaw #2: Americans like the health care provided by Medicare and the Dept. of Veterans Affairs.

On page 226 of T.R. Reid’s book, he says, “All the other rich countries have found financing mechanism that cover everybody and they still spend much less than we do. We’ve ignored those foreign models, partly because of ‘American exceptionalism’ – the notion that the United States has nothing to learn from the rest of the world.” Also, Americans assume “that the foreign approaches would never work here.” His experience in other countries disproves that.

## Debunk other American political and cultural obstacles to Single-Payer:

Within the U.S., we have some **political and cultural obstacles** that interfere with adopting a single-payer system. We need to address and overcome those if we are to profoundly reform the US’s health care system.

The 1948 United Nations’ Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care.”

In 1966 the UN’s “International Covenant on Economic, Social, and Cultural Rights decreed that every nation is responsible for ‘the creation of conditions which would assure, to all, medical service and medical attention in the event of sickness.’” The US has signed this and most other international pronouncement but has never implemented universal health care within the US.

Most countries affirm that health care really is a human right. But the US has never decided to provide medical care for everybody who needs it. Efforts to solve the problem are drowned out by shouts of “big government” or “free enterprise” or “socialism.”

In 2001 some sociologists researched why Europe but not the U.S. has welfare state. They explored several hypothetical explanations. **One:** In Europe the people do not blame the poor for being poor. They are willing to be taxed in order to help the unfortunate. But in the U.S. we blame the poor as lazy. **Two:** One reason goes back to the era of slavery and looks down on Blacks and Hispanics.

Our dominant market-based economic culture treats health care as just another product, and this leads to injustice. When making money is the dominant concern, everything else suffers. Originally, health care was about helping people, but now it’s just another way to get rich and to elbow aside the human beings who are losers in the marketplace. Even under the ACA, an accident or illness can still make a person dependent on bake sales, “crowd-funding,” and other charity.

Economic inequality also reduces our society’s cohesiveness and undermines public trust that “we are all in this together” and undermines trust in our society’s fairness. All of this undermines our nation’s sustainability. Universal single-payer health care would cover everyone in the same risk pool and would increase social cohesiveness and national sustainability.

The moral argument for community and solidarity was strong in single-payer countries but Bill and Hillary Clinton totally ignored that argument for reform. The Clintons' doomed approach in 1994 was **not** for human values but rather that this would be good for the economy. The Clintons' proposal was far too timid to generate support from labor or progressives.

T.R. Reid says the real problem is that other nations are "foreign." They defy our smug assumption of "American exceptionalism" and that we should not use ideas from other nations. Rather, we should use "comparative policy analysis," which President Eisenhower supported. He used the idea of Germany's Autobahn network as inspiration for the US's interstate freeway system.

Some "conventional wisdom" from our nation's economic elites bad-mouths the notion of making rich people pay their fair share of taxes. This allows them to avoid paying for social goods such as universal health care, but other nations recognize that rich people do have this responsibility.

The main split in our nation is not between Republican and Democrat but rather between those who think the system is rigged and those who are doing the rigging.

Americans spend a lot of money on medical care but do not get our money's worth. And people in other countries are more satisfied than Americans with their treatment.

In 2008 79% of Americans told pollsters they want either "fundamental changes" or "a complete overhaul" of our health care system.

Both of the big political parties are stuck in the politics of the current system, so only a big grassroots movement can move our nation toward single-payer.

This is yet another reason why we need to get big money out of election campaigns. Democrats are every bit as guilty as Republicans in being corrupted by campaign contributions. We must substitute public funding for campaigns instead of funding by the special interests. We must also reach beyond the two big parties for candidates who offer fresh progressive alternatives that address the real underlying problems.

## **Grassroots movements, constituencies and organizations support Single-Payer:**

With political and cultural obstacles – and powerful economic forces – resisting the transition to single-payer health care, we can achieve single-payer only if many people **organize at the grassroots for a movement that is big, broad-based, diverse, and powerful**. What insights, strategies and advice could we generate to build a strong movement for single-payer?

Most countries affirm that health care really is a human right. But the US has never decided to provide medical care for everybody who needs it. Efforts to solve the problem are drowned out by shouts of "big government or "free enterprise" or "socialism."

Public health deserves more attention and funding. In every society, poverty leads to shorter life spans. To improve a society's health, we should eliminate poverty. Also promote walking and biking instead of layout out our communities to require driving automobiles. Do like Europe and allow much more vacation time than the US does. Reduce gun access. Promote healthier eating. Take public health actions to reduce communicable diseases. Protect us from dangerous drinking water and sewage. Urge proper diets and brushing teeth. Educate people to prevent sexually transmitted diseases.

Americans spend a lot of money on medical care but do not get our money's worth. And people in other countries are more satisfied than Americans with the treatment.

In 2008 79% of Americans told pollsters they want either "fundamental changes" or "a complete overhaul" of our health care system.

Many constituencies and non-profit organizations support the kinds of improvements that universal single-payer health care would provide, so we have much potential for grassroots organizing!

## **National legislation for Single-Payer:**

The 1948 United Nations' Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care."

In 1966 the UN's "International Covenant on Economic, Social, and Cultural Rights decreed that every nation is responsible for 'the creation of conditions which would assure, to all, medical service and medical attention in the event of sickness.'" The US has signed this and most other international pronouncement but has never implemented universal health care within the US.

Federal legislation is necessary for serving everybody in the U.S.

We can fix this problem. Medicare is 50 years old. We can create "Medicare for All." In Congress, H.R. 676 would do this. It has been introduced in several years by Representatives John Conyers, Dennis Kucinich (when he was in office), and others. This bill remains viable.

In the early 1990s, U.S. Representative Jim McDermott from Seattle introduced a single-payer bill (H.R. 1200). It had strong grassroots support, but mainstream media ignored or dismissed it. Nearly all attention was focused on the crappy Clinton proposal, which attracted such massively funded opposition from powerful interests that nothing could pass.

This is yet another reason why we need to get big money out of election campaigns. Democrats are every bit as guilty as Republicans in being corrupted by campaign contributions. We must substitute public funding for campaigns instead of funding by the special interests. We must also reach beyond the two big parties for candidates who offer fresh progressive alternatives that address the real underlying problems.

## **Other states' legislation for Single-Payer (Vermont, Colorado, etc.):**

Historically in the U.S., Congress has failed to address nationwide problems until several states have created state-level solutions. Only after these reforms have succeeded on a state-by-state basis has Congress decided to act. Some states have been pushing ahead with single-payer solutions.

Vermont was making good progress, but their governor – who had been a supporter – stopped supporting it.

Colorado is the most exciting opportunity, where a citizen initiative gathered enough signatures to put a single-payer proposal on the ballot for November 2016. Colorado's proposal would use their state income tax, which Washington State does not have.

## **Washington state legislation for Single-Payer:**

Over the years Washingtonians have pushed for statewide single-payer legislation for our own State of Washington. We have not made much progress, but the single-payer movement has been active in Washington State since the late 1980s, with non-profit organizations and a few progressive legislators leading the way.

Years ago when a state legislator was interested in a ballot issue for single-payer, this energetic momentum led to the Basic Health Plan instead. In 1990 Gov. Gardner convened a 17-member commission worked for two years and produced two results that both passed by narrow margins through the commission. One was single-payer but they thought it would not pass the legislature, so they also supported mandatory insurance. In 1993 this latter one passed. Many providers wanted their services to be included in the eligible services. But in 1994 the Clinton federal effort was floundering and Newt Gingrich used that to stifle progress at federal and state levels. When Republicans took power in our state, they repealed the commission's existence but allowed two reforms to continue. Problems ensued.



In 1998 some good folks started writing a statewide initiative to create the Washington Health Security Trust. Labor wanted to bargain for benefits rather than support single-payer. Now labor supports the national H.R. 676 and other single-payer efforts.

Legislation to create the Washington Health Security Trust has been in front of the legislature since at least 2007.

We could have gotten some waivers to create state-level improvements. This is what Colorado is doing. This is what WHST would do. Colorado has funding figured out. Washington would need to figure out financing. We need to get the legislature interested, but the legislature is preoccupied with school funding.

WA legislature did not act meaningfully in 2015. These legislators will still be in office in 2016, so the “Health Care Is a Human Right” lobby wants to tweak an existing bill to move ahead. But WHST is available for legislative action.

Washingtonians interested in organizing should contact Health Care for All – Washington. See the list of organizational resources at the end of this essay.

## **How to inform the public and build more grassroots support for Single-Payer:**

Powerful, entrenched interests have been preventing the single-payer movement from making much progress. Therefore, in order to accomplish single-payer, we need a much bigger grassroots movement. How could we build a big, effective grassroots movement for single-payer?

The decision about providing health care as a human right is really a moral decision. A grassroots movement could lift up this angle and engage people on the (im)morality of competing health care methodologies.

Americans spend a lot of money on medical care but do not get our money’s worth. And people in other countries are more satisfied than Americans with the treatment. In 2008 79% of Americans told pollsters they want either “fundamental changes” or “a complete overhaul” of our health care system. Democracy is really on our side, so we should feel more confident about reaching out to the public to build a grassroots movement for universal single-payer health care statewide and nationwide.

“A broad social movement can, and should, come out of several converging societal challenges, including reducing the widening income and opportunity gap that splits our society, the need for repeal of Citizens United and McCutcheon rulings by the U.S. Supreme Court, recognition of health care as a universal human need and right, raising the minimum wage, ending of corporate welfare, campaign finance reform, and creating jobs in the public sector, especially to rebuild the nation’s eroding infrastructure.” This is what Dr. Geyman wrote on page 280.

We can make more progress toward single-payer by connecting this with other social justice issues. Homeless people need other solutions in addition to single-payer health care. Fix the other parts of our social safety net too.

Each person reading this essay belongs to several non-profit organizations. We should ask them to join the **Health Care Is a Human Right** campaign

In the U.S., liberals timidly ask what is “politically feasible” and ask for small changes that the political parties and giant corporations could be persuaded to grant us. In Latin America, people demand bold reforms and agitate actively. In the U.S., our modest reforms are watered down and deferred. If we want real progress, we must be more like the Latin Americans.

Each of the big problems our nation faces is stuck because extremely rich people and business corporations have corrupted our democracy and prevented majorities of Americans from accomplishing what we need through all three branches of government. The government’s refusal to create universal single-payer health care – despite majority public opinion – is yet one more reason why we need to get big money out of election campaigns. Democrats are every bit as guilty as Republicans in being corrupted by campaign contributions. We must substitute

public funding for campaigns instead of funding by the special interests. We must also reach beyond the two big parties for candidates who offer fresh progressive alternatives that address the real underlying problems.

## Summary and encouragement:

The U.S. health care system falls far short of what other modern countries achieve. Dozens of other nations rank ahead of the U.S. in many indicators of health care, such as life expectancy, infant mortality, deaths from preventable diseases, and easy access.

But Americans spend about twice as much as other nations for health care. A major reason for this is that – **while other nations recognize health care as a basic human right – the U.S. sees health care as just another commodity to exploit for big business profits.** Recognizing health care as a human right is really a moral decision.

Even after passing the Affordable Care Act (Obamacare) in 2010, many millions of Americans still do not have health care, and many people have far less coverage than they really need.

Obamacare has failed to control costs. Millions of Americans cannot afford the health care they need, and hundreds of thousands are going bankrupt.

The U.S. falls short of other nations in terms of access, coverage, affordability, costs, and quality. The U.S. political and economic systems are continuing to fail the American people. Tens of thousands of Americans are still dying every year as a result of these failures.

Many other nations cover every person with comprehensive coverage of high quality for lower cost than in the U.S.

The way our health care system is financed directly affects how it is delivered. If we want to improve health care delivery (and outcomes), we must change to a single-payer method of financing.

Powerful forces in the U.S. value big business profits more than they value human rights. These powerful forces – and the politicians they control – have been preventing real solutions for many decades.

This is yet another reason why we need to get big money out of election campaigns. Democrats are every bit as guilty as Republicans in being corrupted by campaign contributions and in preventing the universal single-payer solution. We must substitute public funding for campaigns instead of funding by the special interests. We must also reach beyond the two big parties for candidates who offer fresh progressive alternatives that address the real underlying problems.

We can change this only through a grassroots movement that is broad-based among many constituencies and sectors of the United States.

Starting at the state level is one good strategy.

**I encourage you to connect with the resources and organizations listed below.**

## Dr. Weinberg and I recommend two books I've cited in this essay:

- *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* by T.R. Reid (2009) This book shows how other nations already provide health care for all of their people and pay for it efficiently through governmental financing.
- *How Obamacare Is Unsustainable: Why We Need a Single-Payer Solution for All Americans* by John Geyman, M.D. (2015, five years after Obama's ACA) This book summarizes: (1) the history of the US's attempts to reform health care and the pitfalls of "market-based" approaches; (2) how and why Obamacare falls short of the real solutions we all need; and (3) how single-payer would solve our problems.

**We recommend one short video:**

Watch “We Can Fix It” through a link at either of two websites of non-profit organizations promoting universal single-payer health care: [www.healthcareforallwa.org](http://www.healthcareforallwa.org) or [www.pnhpwesternwashington.org](http://www.pnhpwesternwashington.org)

**We recommend organizations supporting universal single-payer health care:**

**Health Care for All – Washington**

[www.healthcareforallwa.org](http://www.healthcareforallwa.org)

(707) 742-3292 = 7077-HCFAWA

**Physicians for a National Health Program**

[www.pnhp.org](http://www.pnhp.org)

[www.pnhpwesternwashington.org](http://www.pnhpwesternwashington.org)

**Public Citizen**

[www.citizen.org/singlepayer](http://www.citizen.org/singlepayer)

**Washington Community Action Network = Washington CAN**

[www.washingtoncan.org](http://www.washingtoncan.org)

**“Health Care Is a Human Right” campaign**

(206) 389-0050

They have a Washington State blog, [www.healthcareisarithwa.com](http://www.healthcareisarithwa.com)

**Washington State Labor Council** endorses the “Health Care Is a Human Right” the campaign listed above.

[www.wslc.org](http://www.wslc.org)

(360) 943-0608