**“Glen’s Parallax Perspectives”** is a series of TV programs offering fresh ways for people to see issues such as foreign policy, social and economic justice, governmental functioning, the environment, and so forth. We provide voices and viewpoints that are rarely heard in mainstream media.

**Mainstream media, politicians, and culture see the world in conventional ways. Therefore, in order to solve problems, we need to see things in fresh ways.** Glen Anderson created this TV series to help people see things differently so we can solve problems at all levels from the local to the global.

This series title refers to “***parallax,***“ which is the view you get by looking from a different perspective. For example, put one finger in front of your nose and another finger farther away. Close one eye. Then open that eye and close the other. Your fingers will seem to move. This is called a “parallax” view. **This TV series invites you to look at issues from fresh perspectives.**

Each program airs three times a week (currently every Monday at 1:30 pm, every Wednesday at 5:00 pm, and every Thursday at 9:00 pm) for the entire month on Thurston Community Television (TCTV), channel 22 for cable TV subscribers in Thurston County, Washington. TCTV is part of Thurston County Media. You can see their schedule at [**www.tcmedia.org**](http://www.tcmedia.org)

**You can also watch the program described below through your computer** at [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org). All episodes of “Glen’s Parallax Perspectives” are posted on this blog’s “TV Programs” part and also in one or more of the categories listed in the right side of the computer screen. Also, see information about various issues at the category headings at [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org).

This summary includes some information and insights from various sources that we did not have time to include during that hour. They are added under the relevant topic headings below.

🡪 Please invite other people to watch this video and/or read this thorough summary at the
“TV Programs” part of [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org).

**“Universal Single-Payer Health Care Now!**

**Don’t Let this Good Crisis Go to Waste.”**

by Glen Anderson, the TV series’ producer and host
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**Glen introduced the viewers to this interview topic:**

This month’s interview on “Glen’s Parallax Perspectives” examines our nation’s chronic failure to provide health care for everybody – and chronic failure to control costs – and chronic injustices in paying the bills.

The U.S. spends twice as much per capita compared to other nations, but tens of millions of Americans have no health care at all – and other nations’ people are much healthier than Americans are.

Two guests explain the problems in clear, understandable ways – and they propose a smart, cost-effective way to cover everybody with high quality health care at lower cost than we pay now.

Obama’s ACA is far less than what we need. It fails to cover everyone, fails to provide high quality, fails to control costs, and fails to efficiently manage how to pay the bills.

Our guests explain why Universal Single-Payer is the real solution that our nation needs.

One of our guests – Lynnette Vehrs – is a Registered Nurse from Spokane, and the other – Sarah Weinberg – is a medical doctor from the Seattle area. Both guests (and our host) are active in a statewide organization working for Universal Single-Payer Health Care: Health Care for All – Washington.

• Lynnette Vehrs, MN, RN, is President of Washington State Nurses Association. She is a member of an excellent non-profit organization, Health Care for All – Washington, which works for Universal Single-Payer at the statewide level.

• Dr. Sarah K. Weinberg, M.D., is a long-time leader of Health Care for All – WA. She is a member of their board and currently editor of their newsletter. She used to be the organization’s Vice President. She also is President of the Western Washington Chapter of Physicians for a National Health Program (PNHP). (She is known as “Sherri” to some of her friends, including Lynnette.)

**What problems in the U.S.’s health care system have been lasting a long time?**

Dr. Weinberg identified some problems in our nation’s health care system that have been lasting a long time. She said the biggest problem is that in the U.S. health care is not affordable. For a number of years costs have been rising horribly, and this prevents some people from receiving the health care that they need. Many people who know they cannot afford to pay for medical care they know they need are deterred from even seeking the necessary care.

Glen added that now during the Coronavirus pandemic some people who experience symptoms are not going to get diagnosed because they know that would not be able to afford whatever diagnosis and treatment might be necessary.

Lynnette said many people do not have access to health care. They are afraid of expensive bills that they would not be able to pay, and they also lack trust in the system.

Glen said that as our interview proceeds we will be digging deeper and identifying more problems that are systemic and long-standing.

***We did not have time for Glen to mention these additional facts and insights from various sources:***

* In the U.S. costs such as co-pays and deductibles deter people from taking care of their health, so our nation needs a good health care system that would not charge co-pays or impose deductibles.
* Doctors do care about medical ethics, and all doctors take ethical oaths based on the Hippocratic Oath. This includes putting the patients’ well-being ahead of their own. But nowadays business people in various parts of the health care system put business interests ahead of patients’ interests. We absolutely must solve this problem.
* Many hospitals and clinics try to impose Catholic doctrines upon people and prevent them from receiving information and services related to reproduction. A good health care system would not limit health care in this way.
* Every developed nation except the United States has decided that every human has a basic right to health care. Many international organizations have reached the same conclusion. The U.S. is an “outlier” – a “rogue nation” in denying that health care is a basic human right.”
* Compared to other nations, the US spends much more per person on health care but gets worse results. One source of information reported, “Among the world’s developed nations, the United States stands at or near the bottom in most important rankings of access to and quality of medical care.” A 2000 study rated the US 37th, “just behind Dominica and Costa Rica, and just ahead of Slovenia and Cuba. France came in first.” 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 alieve. Other nations offer free prenatal and neonatal care for every mother and every baby. But the government of the richest nation on earth refuses to do that.
* Many deaths could be avoided if we had better health care. The professional term for this is “avoidable mortality.” One source of information reported, “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. Another source of information reported, “More people die young in America than in other rich countries.”

**In what ways does the Affordable Care Act (ACA, also called “Obamacare”) fall short of what we need?**

Glen said that Dr. Weinberg was his guest for our TV program about this topic for December 2015. People can watch it through his blog and also read a thorough summary of what we said during that interview. This is the link: [**http://parallaxperspectives.org/tv-why-universal-single-payer-health-care-is-the-real-solution**](http://parallaxperspectives.org/tv-why-universal-single-payer-health-care-is-the-real-solution)

He said we devoted much of that interview into explaining the ways in which Obama’s Affordable Care Act (ACA, sometimes called “Obamacare”) falls short of what we really need. He asked Dr. Weinberg to summarize a bit of that information now. She said the ACA tried to require everybody to buy health insurance, but the ACA did not deal well enough with the cost problems, so now nearly 30 million Americans cannot afford to buy health insurance.

Glen added that the ACA did not do much to improve the quality of health care, but it did reinforce the power that insurance companies, privately owned hospitals and big pharmaceutical companies have over health care in the U.S. The ACA locked them into place with controlling power over health care nationwide. Dr. Weinberg agreed and said that during the ten years since the ACA went into effect these big companies consolidated into fewer monopolies with even more power into a “medical-industrial complex” that had not existed until recent decades.

Glen mentioned that much of the money we spend on health care (perhaps up to 30%, according to a figure Dr. Weinberg had told Glen a few days ago) goes to the massive overhead and inefficiencies that these business corporations incur – and that we end up paying for as part of the $3 TRILLION per year that we spend. As a result, a doctor with a private practice must hire employees to deal with a multiplicity of different insurance companies and all of their different forms and rates and exclusions and procedures for billing. A “single-payer” system (like some other smart nations use) would have one publicly funded health care payment system and would significantly streamline the processes and slash the inefficient overhead. Doctors are forced to waste a lot of their time arguing with insurance companies when they would rather spend their time and attention serving their patients. Dr. Weinberg said that before she retired from her private practice 17 years ago she was having to pay 8% of her gross receipts to company that dealt with billing for her medical services. Glen said Medicare is a streamlined system with only 2% or 3% overhead.

***We did not have time to mention these additional facts and insights from various sources:***

* Merely protecting and tweaking the ACA is **not enough** to solve the problems. The ACA wastes too much of everybody’s money on administrative overhead. The ACA keeps trapping the health care system as part of the business system instead of recognizing health care as a legitimate part of our social infrastructure. The Democratic Party is obsessed with keeping the ACA (with only minor tweaks) while the Republican Party is obsessed with abolishing it. We need a stronger solution.
* The US’s health care system is deficient in three ways: **cost, coverage, and quality**. Other nations achieved universal coverage first because this was necessary for controlling costs and achieving high quality.
* The gap of income inequality among Americans is still widening, and this hurts health care too. 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. Even with the ACA, people are at serious risk of high costs and severe medical debt.

***Here are some additional facts and insights from Dr. John Geyman’s book, “How Obamacare Is Unsustainable: Why We Need a Single-Payer Solution for All Americans.” His book says the ACA avoided real reform in several ways:***

* The book was written a few years after the ACA went into effect, and it documents the ACA’s failures.
* Page 87 says, “It is time to ask whether it will effectively address the Big Four challenges of health care reform – restricted access, uncontrolled increases in costs, increasing unaffordability, and variable, often mediocre quality of care.” [NOTE: This use of the term “Big Four” is about the four biggest problems. This is a different use of the same term on page 67, which referred to “the insurance, drug and hospital industries, together with organized medicine.”]
* Pages 87 ff. cite “ten major promises made by the Obama administration and its supporters along the way,” and explains how the ACA actually falls short on each of these ten promises.
* Pages 166-180 of Dr. Geyman’s book lists and 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. [This means covering everybody with one nationwide system.]

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. [This means we need one nationwide system instead of different state-by state systems, even though we might need to start with a few states paving the way for a nationwide system, as the province of Saskatchewan did for Canada.]

**Actual people’s experiences with the U.S.’s current dysfunctional health care system, including the ACA:**

Glen said that real, live people we know – and real, live people that our TV viewers know – have had bad experiences with our nation’s current dysfunctional health care system, including the ACA (“Obamacare”), which falls far short of what we really need.

In 2016 Lynnette ran for state representative. When she door-belled in neighborhoods, many people told her their stories related to health care. Also, she used to work as a home-care nurse. She shared a few experiences from people she met.

* + When she worked as a visiting nurse in Spokane, one of her clients had Type I diabetes all her life, and she had sores on her feet. The insurance company refused to continue helping her, so the sores on her feet kept getting worse, and about six months later her foot had to be amputated. This caused many additional health problems – and expenses. Her insurance company had caused a disaster for this woman’s health.
	+ She met someone whose brother had serious stomach pains that kept getting worse and worse, but he did not have health coverage. Finally the pains go so much worse that he had to go to the Emergency Room. After a lot of medical tests they referred him to a cancer doctor. The doctor refused to treat him without insurance, so the man – still lacking any health insurance – died four weeks later. She said many Americans die every day because they either do not have any health insurance or what they do have is so inadequate.
	+ Glen said in many other nations these kinds of stories would be unimaginable. Those nations recognize health care as a human right, so provide high quality health care for 100% of the people living there.

He said this problem happened in his own family. His cousin’s son Jonathan died because the U.S stupidly makes health care dependent on people’s employment status. Jonathan had a medical condition requiring an expensive prescription. After his employer laid off Jonathan and other co-workers and they lost their health coverage, Jonathan could not afford to re-fill his expensive prescription. We’re a hard-working family, so eventually he did find another job that would begin on a Monday, but – since he could not re-fill his prescription after it had run out – he died on the Saturday two days before his new job would start on Monday. No other civilized nation would allow that to happen.

Dr. Weinberg shared the experience of a young woman close to her family who will be turning 26 in November and therefore will be aging out of her parents’ health insurance plan when she turns 26. Dr. Weinberg said that one good part of the Affordable Care Act (ACA) is that it allows young people to continue benefiting from their parents’ health insurance plans through age 25, with continued payment of the necessary premiums. Dr. Weinberg said this young woman is attending school and working part-time. Now she will have to distract her time and energy from these while she researches and arranges for her own health insurance. Her research on the internet, etc., has been extensive and complicated. Fortunately, Dr. Weinberg referred her to a knowledgeable friend.

Glen asked the viewers to imagine the difficulties for people who are not as smart as this young woman, not connected to knowledgeable people, and/or has difficulty reading and understanding complex things, and/or is not very fluent in the English language. He said many people have serious obstacles in finding the right health insurance if they live in the U.S., but if this young woman lived in a compassionate nation she would not have to deal with that because she’d be automatically covered by her national health plan as a basic human right. People in other countries can’t imagine why the U.S. – the richest country on earth – fails to automatically provide good health care for everyone.

Dr. Weinberg also told us about another young adult she knows who cannot afford to buy health insurance because the deductible costs – besides the monthly premiums – would be more than he could afford.

She knows an older person who is very smart and savvy but who is overwhelmed with the complexity of getting his (supposedly) excellent health insurance to actually pay for what they are supposed to pay for. She has been personally helping this person force the insurance company to meet its obligations. Again, Glen said we can only imagine how difficult this would be for people who were not as smart or could not draw upon Dr. Weinberg’s professional expertise.

**How has Coronavirus made those long-standing systemic problems worse?**

Glen said the Coronavirus pandemic has been causing more and more Americans to recognize how severely broken our nation’s health care system is. Millions of people who had been relying upon their employer-sponsored health care have lost their jobs and lost their health insurance. Also, the pandemic has caused new health problems for many people, including people who recently lost their health insurance.

Lynnette briefly explained the concept of Universal Single-Payer health care, and she explained why Universal Single-Payer is even more timely now with the Coronavirus pandemic. She said the simplest analogy would be like if everybody had Medicare, so people would pay a modest amount but everybody would be covered. This would be a big improvement for people, because everybody would have access, and everybody would have coverage for their necessary treatments and procedures. People would be free to choose any medical providers and any hospitals.

She said that in the 1990s when Bill and Hillary Clinton were proposing a universal health care plan, the insurance companies recognized that they would not make money if Congress were to pass it, so they produced many deceptive ads on TV that succeeded in frightening people away from the Clintons’ universal health care proposal.

She also said that in the 1990s the State of Washington was developing a proposal with support from doctors, nurses, physical therapists, and others. The insurance companies said they would keep their costs down, but they did not keep their costs down.

Glen said that instead of having many different insurance companies, each with their own advertising bills to pay for, their own high-paid executives, their own different rules and exclusions and forms for medical offices to fill out, we would have one efficient streamlined governmental agency paying for our health care. Everybody would be covered. He said, “If you’re in this country, you’re covered.”

He said other countries controlled the Coronavirus much better than the U.S. because they have better health systems. **He brought onto the TV screen this image, which compares the U.S.’s sharply escalating numbers of Coronavirus cases while other nations with competent leaders were sharply reducing their cases.**



Glen said the graph’s upper right corner identifies the U.S.’s health care system as a “for-profit” system, which means its primary goal is for businesses (including insurance companies, hospitals and pharmaceutical companies) to make profits, while other nations regard health care as a basic human right. The graph shows that when all nations experienced a huge spike in new cases, smart nations took prompt, strong, effective actions to reduce the numbers of new cases, while Trump’s U.S. failed – and even refused – to do that, so cases have been increasing in the U.S. This is because our nation’s health care system is designed for making money for big businesses instead of designed to serve people’s health needs.

The graph’s caption for “socialized medicine” somewhat overstates the reality because recently Britain’s conservative governments have seriously weakened their nation’s health care system, and some other nations not on the graph acted effectively do include some private options. Even so, the world has experienced a huge difference between governments that actually care about people’s health and the U.S. government (even before Trump), which does not meet people’s health needs. People in smart countries would not tolerate the U.S.’s system, but here the big business propaganda is designed to frighten people away from “socialized medicine,” even though it would actually save lives.

Lynnette said she finds it both humorous and frustrating that people throw around the fear-mongering term “socialized medicine,” as if that would be the worst thing ever. But she said we do enjoy publicly owned schools, and our fire departments and police departments are publicly owned. She said Universal Single-Payer is actually a “public-private” arrangement where we would still get our care from private sources (doctors, hospitals, etc.), but an efficient governmental agency would negotiate with them for high quality at lower costs, and it would pay the bills.

Glen added to Lynnette’s example of our “socialized” fire departments. He said they are efficient and provide good customer service. He said if your house catches fire, you call 911 and the fire trucks arrive promptly and put it out. You don’t have to look in the phone book’s yellow pages and call several vendors to ask for cost estimates. Also, your “socialized” fire department does not argue with you first by asking whether your house had the “pre-existing condition” of oily rags in the garage or kitchen curtains too near the burners on your stove. And the fire department won’t charge you a co-pay or a deductible if you were negligent in allowing the fire to start.

Dr. Weinberg said that our U.S. government – like other nations’ governments – puts the government in charge of the mail. She said some people now are trying to hurt the U.S. Postal Service in order to interfere with people voting by mail. Glen said that the attack on the USPS started seriously when George W. Bush was president and Republicans dominated Congress. They pushed through a law that requires the USPS to pre-pay the health benefits 75 years ahead of time – many decades before when their future employees would eventually retire. This was designed to be a severe economic burden on the USPS that would make it less competitive with private entities that could deliver mail or packages. No private business could survive this, but Republicans did this in order to sabotage the USPS as a step toward privatizing it.

***We did not have time for Glen to mention these additional facts and insights*** ***from various sources:***

Trump has so incompetently mismanaged the Coronavirus pandemic that many other nations are preventing Americans from visiting. Canada closed its border to Americans effective March 21, and in September they extended the border closure until October 21. Likewise, the U.S. has done so badly that the European Union prohibits Americans from entering Europe even while it welcomes from nations (including poor nations such as Vietnam and Rwanda) that have done well in controlling Coronavirus. Although the U.S. is the richest nation in the world, our per capita rate of infection is one of the very worst of nearly 200 nations.

People in other countries are alarmed about the U.S.’s failure to deal with the pandemic. A powerful 7-minute video exposes Trump’s lies and incompetence, and it shows people from various other countries expressing their amazement and horror about how Trump is utterly failing to protect the American people, when their own experience living in other countries shows it really is possible to solve the problems. They know that under the negligence of Trump and Republican governors and Congress, the U.S. has become extremely stupid and a rogue nation.  The rest of the world knows this! Watch this 7-minute video: [**https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre**](https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre)

Trump made the pandemic much worse by silencing and disempowering medical professionals and scientists. Instead, he turned the problem over to right-wing politicians, including some science deniers. He did everything he could to feed his own ego and to install corruption that would help his political and business cronies instead of taking practical actions to solve the problem.

Racial and economic class biases had already infected the U.S.’s health care system, causing racial minorities and poor people to have significantly worse health outcomes than people who are white and middle class or above. The Coronavirus pandemic has made those disparities much more extreme, with especially high infection rates and death rates for African Americans, Latinos and Native Americans.

You can read an article related to page 5’s graph at this link from Common Dreams, an excellent source of news: [**https://www.commondreams.org/news/2020/06/25/why-socialized-system-medicare-all-beats-profit-healthcare-one-chart-covid-19?cd-origin=rss&utm\_term=AO&utm\_campaign=Daily%20Newsletter&utm\_content=email&utm\_source=Daily%20Newsletter&utm\_medium=email**](https://www.commondreams.org/news/2020/06/25/why-socialized-system-medicare-all-beats-profit-healthcare-one-chart-covid-19?cd-origin=rss&utm_term=AO&utm_campaign=Daily%20Newsletter&utm_content=email&utm_source=Daily%20Newsletter&utm_medium=email)

Lynnette works with a nationwide organization of nurses who have seen that Trump keeps lying and antagonizing people. We did not have time for her to share stories from nurses living and working in various states and congressional districts.

Also, see relevant information at this post on Glen’s blog: [**www.parallaxperspectives.org/category/covid-19**](http://www.parallaxperspectives.org/category/covid-19)

**Why do we need a UNIVERSAL health care system?
A universal system would have “everybody in and nobody out.”**

Now our interview progressed even further from examining the problems to proposing practical solutions.

Glen said that first we need a “universal” system that will make sure EVERY person has health care. The U.S. – even with Obama’s ACA – fails to cover tens of millions of people. Even worse, Trump and the Republicans have been pushing hard to repeal and abolish even this modest health care from tens of millions of people who have it now.

He said our Coronavirus pandemic tragically exposes this failure even worse. The U.S. fails to provide health care for many people who might actually have Coronavirus, but – because they lack health care – they don’t know and don’t get tested or treatment, so they end up spreading the disease to even more people. He said this is a stupid thing for a nation to do during a pandemic.

Dr. Weinberg began her discussion of why we need “universal” health care for EVERY person by saying we need a “paradigm shift.” She said, “We need to shift our thinking from health care as a business” where people sell health care to consumers. She said that instead we need to see health care as “part of our social infrastructure, like fire, police, and schools.” We need to see health care as a responsibility of all of us collectively to make sure it happens,” so – when we see it as a collective responsibility – “we choose to have our government do it, and we support the government with our taxes so they can do it.” She emphasized that this requires “a shift in our thinking” away from thinking of health care as a business and replacing that with the understanding that “this is something that we all own and take pride in and pay our taxes to support.”

Glen affirmed Dr. Weinberg’s concept as “more congruent with democracy” than the existing business model. He said that when she and he were on the phone preparing for this interview, she had told him that we need to “bring everybody into the tent” first – all ages, races, income levels, and other kinds of diversity – and then together we can build an improved tent for everyone. She emphasized that the “together” aspect is crucial for dealing with the disparities (race, economic class, etc.) that exist within our society. A truly universal health care system is part of the solution we need for social problems. We all need to collaborate to design and build a better tent rather than have anyone impose their tent upon us.

***We did not have time to discuss these additional insights*** ***from various sources:***

* Providing good health care for every person would help people who – because they do not want to be burdens to their families – actually forego care or do not ask for rides to distant medical clinics. Universal health care would help them.
* We could market universal coverage as “patriotic.” The military does not leave soldiers in the battlefield, but our health care system does abandon people to die without care. We need to not abandon any Americans to suffer and die without health care.
* Instead of just lamenting the problems with an “ain’t-it-awful” fatalism, let’s promote real solutions such as Universal Single-Payer Health Care.

**Why do we need SINGLE-PAYER instead of health insurance companies owned and operated by big business?**

Glen advanced our discussion of solutions beyond the “universal” aspect to the “single-payer” aspect. He said it would be sensible and practical to eliminate privately owned health insurance companies that are owned by giant corporations and replace them with streamlined public funding from one efficient government agency to pay the bills.

Dr. Weinberg said that once we recognize that the government should do this, then we will not need privately owned health insurance companies. She said many other nations have solved their health care problems in this way.

Glen said that hundreds of years ago people – even within the same city – would start multiple “fire companies” as small businesses that contracted with people who owned homes and businesses. After a while people figured out that it was redundant, inefficient, and a waste of money to have multiple “fire companies” in the same city, so they changed to having one publicly owned – publicly funded – fire department that served the entire city. We need to recognize this regarding health care too.

**How might a Universal Single-Payer health care system actually work?**

Dr. Weinberg said we could imagine how Universal Single-Payer could work if we would cover everybody with a stronger version of Medicare. She said when Medicare was created in 1965 it did not include vision, hearing or prescription drugs, so we should include those in Medicare. Then we could create a Medicare Division within the U.S. Department of Health and Human Services, and that agency could pay the bills without being bogged down by any privately owned insurance companies. Since the U.S. has a huge population of more than 300 million people, that agency could have regional offices to administer the payments, but there could be one consistent nationwide set of standards.

Glen added that another advantage of Universal Single-Payer would be that if someone moves from one state to another they would still be covered with the same health benefits instead of being now “out of the network” and having to start from scratch by researching new insurance and shopping around in their new location.

***We did not have time to discuss these additional facts and insights*** ***from various sources:***

Glen often points out that the term “Medicare for All” is less bold than what we really need, because Medicare itself falls short. We need a stronger Medicare, as Dr. Weinberg said, and we need it to cover everything so people will not need to supplement it with optional insurance coverage.

Much of what we pay now is insurance overhead and bureaucracy that does not provide health care. The notes below are summaries of points made by a very well researched and readable book supporting Universal Single-Payer:

* **The U.S.’s for-profit health insurance companies have the highest administrative costs in the world.** Americans spend more for health care – but achieve lower health outcomes – than any other developed country. Corporate-owned health insurance companies spend 20% or more of our health expenditures for **non**-medical costs such as excessive paperwork, reviewing claims, marketing, and profits. Taiwan’s government pays for excellent health care with less than 2% administrative costs.
* **Insurance companies are the problem, not the solution:** The US’s health care is by far the most expensive in the world, but the World Health Organization ranked the U.S. only 37th in important health indicators.
* **The U.S.’s elected officials in BOTH big political parties refuse to eliminate the wasteful profiteering because health-related corporations donate big bucks to their election campaigns.** We could make much more progress toward better, more efficient health care if we would get Big Money out of politics. This anti-corruption reform also would allow us to make better progress on a great many issues we care about
* **Our current system limits our choices to those “in the network,” but “single-payer” would let you choose the healthcare providers you want.**
* **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!**
* **Many Americans currently go bankrupt because of high medical expenses.** One book reported that in 2009, 1.5 million Americans declared bankruptcy, and 62% of these were at least partly because of medical costs. Three fourths of those people had health insurance. Obama’s ACA still leaves 24 million Americans without insurance. Employers whose low-wage employees get only crappy health benefits are actually subsidized by taxpayers when employees with skimpy health coverage apply for Medicaid.
* **A decade ago the ACA legislation was thousands of pages long, but Congress refused to consider the single-payer legislation that was only 30 pages long.**

**How would Universal Single-Payer solve problems? What would it accomplish?**

During the first half of this interview we identified problems in our health care system. Then we moved more explicitly into helping our TV viewers understand how Universal Single-Payer would actually solve the problems and produce better results. We expanded on the benefits now.

Dr. Weinberg repeated the important point that each person would have complete choice of selecting any licensed providers within the providers’ scope of practice, and Medicare already has arrangements for making the payments at the rates already established. Medicare would sign people up for Universal Single-Payer health care and arranging for the fee schedules.

She said the new system could put hospitals on a “global budget” based on the previous year’s actual costs plus a few percentage points, and the budget data would be reviewed annually based on how much care the hospital has actually been providing. Also, she said, the system would examine the actual need for hospitals’ new construction and expensive new equipment, so we would not waste taxpayers’ money on prestigious new stuff that is not really needed.

Glen said decades ago he knew someone doing this kind of work professionally in Washington State’s government. His job was to determine whether hospitals and clinics that wanted to buy expensive new equipment really needed it, in order to avoid having unnecessary equipment that would not pay for itself and would become redundant overhead that burdened patients unnecessarily. Glen said he’s glad Dr. Weinberg wants our new system to require those kinds of precautions for efficient control of costs.

Lynnette added that she encountered this kind of rational system when she was working as a Registered Nurse in Norway. She was impressed that Norway covered everybody with very good health care.

Norway’s system includes carefully figuring out whether a hospital needed another MRI, for example, and issuing a “Certificate of Need” if it was really practical and cost-effective. Also, she said, Norway’s system knew which local medical facilities in which cities were providing the best care for what a patient needed, and their system would transport patients to where they could get the best care for their actual situation. She said it was very well mapped out and she felt very well taken care of.

Glen said it really is possible to solve the problems well. We don’t need to worry that solutions are too complicated so we need to just settle for a crappy status quo. He said the status quo is actually killing Americans. The U.S. has very bad outcomes regarding life expectancy, infant mortality, deaths from treatable diseases, and lack of preventive care that left people vulnerable to future health problems. He said that for these kinds of indicators the U.S. is 20th or 30th or 40th down the list compared to other countries, including countries far less rich than the U.S.

***We did not have time to discuss these additional facts and insights*** ***from various sources:***

* A national health system would coordinate nationwide responses to health crises such as our current pandemic, instead of the state-by-state confusion that the Trump administration has forced upon us.
* We could eliminate the deductibles, co-pays and other costs that deter people from taking care of their health.
* Currently, even if someone’s COVID test is paid for, they still might have to pay for an office visit, treatment, etc. A nationwide Universal Single-Payer system would automatically pay for what’s needed.
* Nowadays, some surgeries are profitable but not necessary. They consume resources (medical staff, hospital facilities, etc.).
* Long-term care is important, so we need our nationwide system to cover that too.
* All doctors take oaths for medical ethics based on the Hippocratic Oath. This includes putting the patients’ well-being ahead of their own. However, nowadays business people in profit-making businesses and hospitals put business interests ahead of patients’ interests. We absolutely must eliminate that problem.
* Catholic hospitals tend to restrict women’s rights and impose Catholic doctrines upon patients.
* Let’s market Universal Single-Payer as a “patriotic” virtue. The military does not leave injured soldiers in the battlefield, but our health care system does abandon people to die without care. We need to provide high quality care for every person.

**We answered some questions that skeptics ask about Universal Single-Payer:**

Some people are skeptical about some aspects of Universal Single-Payer. All of us have heard people express concerns. We spent a bit of time answering some of the hard questions people have asked about Universal Single-Payer. Glen said that a few minutes ago we debunked the fear-mongering accusation of “socialism.” Both of our guests are prepared with good answers to other concerns that people have expressed about Universal Single-Payer.

Lynnette said some people ask, “Why should I pay for other people’s health care?” She said that instead we should recognize health care as a human right. She said “it’s a moral situation – an ethical situation.”

She added that people who are conservative should recognize that this solution would actually save money.

Glen followed up on Lynnette’s additional point by saying that in other countries that have the government pay for health care, businesses have an economic advantage over U.S. businesses. Here in the U.S. businesses have to pay part of the health care costs of their employees, so businesses need to charge higher prices for their products in order to retrieve some of that expense from customers who buy their products. But businesses in other countries do not have that burden, so products manufactured in the U.S. are less competitive in the world market because the U.S.’s failure to provide Universal Single-Payer health care puts U.S. business at a disadvantage. He said the price of a car made in the U.S. is quite a few hundred dollars more than a foreign-made car for this reason.

Dr. Weinberg added that the U.S.’s car manufacturers figured this out and moved some of their plants from Detroit to nearby locations in Ontario, Canada, where the Canadian workers’ health care is provided by the government, so moving manufacturing plants from the U.S. to Canada saved these big American companies a lot of money. This has hurt American workers and weakened Detroit’s economy. Glen said Detroit used to be very prosperous, but now it suffers from poverty.

Some people wonder how we would pay for single-payer. Glen said we’ve already explained how single-payer would save money compared to our current inefficient system. Also, we would save money be practicing better preventive health care, which would save money in the long run. We could take other smart steps, in addition to cutting out the insurance companies’ overhead costs, as we had discussed earlier.

Dr. Weinberg said we could actually save money by converting to Universal Single-Payer. At first it might cost a bit more while we get it up and running, but then this new system would effectively control costs, which have been rising horribly under our current system without adequate cost controls.

Glen said that when President Obama and Congress were developing his Affordable Care Act (ACA), they wrote into that law an actually **prohibition** against negotiating with pharmaceutical companies to control drug prices. He said the pharmaceutical companies “have been making out like bandits,” and political corruption is the only reason Congress allows them to overcharge us. Dr. Weinberg agreed that political campaign donations have been preventing Congress from passing Universal Single-Payer.

***We did not have time to discuss these additional facts and insights*** ***from various sources:***

* Glen recommends T.R. Reid’s 2009 book titled, ***The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care***. The author debunks five myths that opponents of Universal Single-Payer keep promoting. He debunks myths about “socialized medicine,” myths about waiting lists and limited choice, myths about bureaucracy, and so forth.
* For example, the author says, “Most national health care systems are not ‘socialized.’” They use private doctors and private hospitals. He says Americans DO LIKE the health care provided by Medicare and the Dept. of Veterans Affairs.

**Many doctors and nurses want Universal Single-Payer.**

Glen said that public opinion polls show that a big majority of Americans want a health care system that would cover everybody with high quality health care. Polls also show that Americans want a system that is more efficient than the mess we have now, so we could stop bogging down fighting with insurance companies. Public opinion polls show these feelings are widespread among ordinary Americans across the political spectrum.

He said that a great many nurses and doctors – and some organizations of nurses and organizations of doctors – strongly support Universal Single-Payer. Both of our guests here belong to such organizations. National Nurses United and other big organizations of nurses support Universal Single-Payer.

Lynnette is the President of Washington State Nurses Association. She said that in 2017 their members voted YES in favor of a resolution calling for universal health care.

Dr. Weinberg is the President of the Western Washington Chapter of Physicians for a National Health Program (PNHP, [**www.pnhp.org**](http://www.pnhp.org) and [**www.pnhpwesternwashington.org**](http://www.pnhpwesternwashington.org)). This nationwide organization of doctors supports Universal Single-Payer. She said that – when polled – most doctors say we need a nationwide single-payer system. She said asking about “socialized” health care does not poll as well, but most doctors do agree that it is the government’s responsibility to provide health care for everybody.

She said, “It’s hard to get organized medicine to do it,” so she also is a member of – and a delegate in – the Washington State Medical Association. Fewer than half of WSMA’s members support this currently, she said. Because most doctors are focused on caring for their patients, it’s hard to get them to come to grips with this need, she said, but some progress is being made.

Glen said that a few years ago when he was visiting the State Capitol with other supporters of Universal Single-Payer he met a young woman who was the wife of a young doctor who was enthusiastic about starting to practice medicine, but he was dreading the problem of having to deal with insurance companies. Both he and his wife were supporting Single-Payer because he wanted to practice medicine well without being distracted by having to fight with insurance companies.

All three of us are active members of a statewide organization working for Universal Single-Payer. People can connect with Health Care for All – Washington through its website, [**www.healthcareforallwa.org**](http://www.healthcareforallwa.org) or by phoning (707) 742-3292.

I have learned a lot from books written by Doctor John Geyman, M.D., so I encourage people to read his books and see interesting, practical information at his website, [**www.johngeymanmd.org**](http://www.johngeymanmd.org)

**Progress is occurring on a state-by-state level, including Washington State:**

Glen said that throughout U.S. history, it is a well-known fact that the federal government has avoided making bold progress in solving nationwide problems until a number of states have acted first at the state level. Only after states have succeeded first with remedies at the state level has the federal government followed along with nationwide solutions. Canada created its excellent nationwide system of health care only after one province – Saskatchewan – created a system for its own province first.

Dr. Weinberg said Canada’s nationwide system is the total of all of the provincial level plans, and those plans differ somewhat from each other, although they share some things in common, along with some federal level standards and federal funding. The federal government makes sure everyone is covered, so no provincial plan could leave anyone out. Different provinces have devised different methods for taxation to fund their health care. Also, she said, the provinces are figuring out how to deal with pharmaceuticals that had not originally been included in their systems.

Glen said we need to figure out which of the 50 U.S. states will be **our** nation’s Saskatchewan – the first state to create a good system that other states will emulate. “Oh, Washington State did this, so we can do this too in our state!” He said one state could start a movement that could sweep the nation. Several states – including Washington – are working hard on this. For example, Oregon, California, Colorado and Vermont have made significant progress.

He said all three of us are active members of **Health Care for All – Washington**, which has been working for a long time. Both of our guests have held leadership roles in this organization. Visit [**www.healthcareforallwa.org**](http://www.healthcareforallwa.org) or phone the organization at (707) 742-3292.

Also, a Washington State government entity, the **Universal Health Care Work Group**, is doing good work, and both guests are very active members of that. Glen will post information about this on his blog. Their website is [**www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group**](http://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group). I’m listing it again near the end of this document, along with other sources of information.

***We did not have time to discuss these additional facts and insights*** ***from various sources:***

* 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.
* In 2008 79% of Americans told pollsters they want either “fundamental changes” or “a complete overhaul” of our health care system. Now with the Coronavirus pandemic and millions of people losing their job-related health care, that percentage is probably higher.
* For a number of years, national legislation has been introduced by Senator Bernie Sanders and by long-time U.S. Representative Jim McDermott from Seattle. Now the House legislation is sponsored by McDermott’s successor, Rep. Pramila Jayapal.
* In addition to the important work that Washington State’s Universal Health Care Work Group is doing, we need to support federal efforts. These are not mutually exclusive. States can do pioneering work to pave the way for stronger nationwide solutions.
* Our public health infrastructure is very poor – even in Washington State. The pandemic made this even more obvious. We need dedicated revenue. Tim Eyman fooled voters into cutting taxes, which cut public health care for many Washingtonians. The public – the voters – need to understand what public health programs cover (and should cover).
* Washington’s 2020 state legislative session passed “Cascade Care” as a minor tweak to the ACA. Gov. Inslee mistakenly called it a “public option,” but it is not really public. It is still private insurance and is still dominated by insurance companies. It aims at people with incomes above the subsidized plans, but there is no public money. It is not yet finalized, and very likely the premiums will be higher than they should be.
* Washington’s 2020 State Legislature passed a good bill that will provide state funding for insulin.

**We must overcome obstacles, including corruption of campaign financing:**

Glen said a major obstacle to solving our health care crisis is the hard fact that big businesses and other rich financial entities have corrupted our politics. He said powerful business entities give money to politicians in order to prevent progress on solving our health care crisis – and they also prevent progress on all of the other important issues we care about (environment, food safety, military weapons, etc.).

In order to make progress on health care and other issues, we absolutely must pass and enforce strong laws to stop the corruption in how politicians finance their campaigns and how lobbying is done.

Every year our nation spends – and misspends – trillions of dollars for health care. Some very powerful entities control much of that, and they do not want us up upset their very lucrative apple cart.

He said that several years ago one of his TV interviews focused on how our government is corrupted by big businesses and other very rich financial entities. One TV guest said that – regardless of what your primary issue goal is – we will not make progress on achieving that goal unless we get big money out of politics, so really we need TWO main goals: one is working on the issue itself, and the other is stopping big money’s corrupting power to prevent progress on our main issue.

***We did not have time to discuss these additional facts and insights*** ***from various sources:***

* One very important obstacle is that – unlike most modern countries – the U.S. has never recognized health care as a human right. The U.S. fails to provide medical care for everybody who needs it. We must overcome the loud shouting about “big government” or “free enterprise” or “socialism.”
* Nationwide, we should pay more attention to public health and fund it more generously. Poverty shortens people’s life spans and weakens our nation overall. If we want the U.S. to be healthier, stronger, and more secure, we must eliminate poverty.
* Let’s improve public health in many, many ways. Let’s redesign our cities and towns to promote walking and biking instead of requiring people to drive automobiles everywhere. Europe’s workers enjoy much more vacation time than American workers have. We should reduce access to guns, promote healthier eating, take smart public health actions to reduce communicable diseases, and invest in clean drinking water, better sewage treatment, and less toxic waste. Better public health must include proper diets, dental care, and prevention of sexually transmitted diseases.
* 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. We need a nonviolent grassroots movement to take back the federal government and state governments from the “special interests” that promote their greed and oppose the public well-being.
* Many thousands of years ago people banded together into local groups with strong leaders protecting them, but that “top-down” model has become abusive. We need to foster a culture in which people share power from the grassroots and create governments that actually serve the broad public interest.
* Recently the good health care systems in Canada and Europe have been weakened by conservative governments that cut funding, so we must be alert to make sure that when we create a better health care system in the U.S. we will empower the public to demand adequate funding.

**How could our TV viewers help create Universal Single-Payer?**

Glen affirmed that here in Washington State we have a lot of expertise and an excellent statewide organization working to create a Universal Single-Payer solution. He said he and both guests are active members of the statewide organization **Health Care for All – Washington,** [**www.healthcareforallwa.org**](http://www.healthcareforallwa.org) (707) 742-3292. This really is a statewide organization with members all over the state. Lynnette is from Spokane, Dr. Weinberg is from the Seattle area, and Glen lives near Olympia.

He said we need this bold solution – and we need to overcome the political and cultural obstacles that are 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.

Lynnette said we are pushing hard in Washington State, and we might be the first state to create a universal health care program. She said people in other states (Oregon, California and others) also are building grassroots movements and making progress. Glen added that Colorado and Vermont have made significant progress too.

Lynnette expressed support for a nationwide organization that helps the states communicate and coordinate, “so we all don’t have to reinvent the wheel.” Contact **Health Care – Now** at [**www.healthcare-now.org**](http://www.healthcare-now.org) (215) 732-2131

She said she and Dr. Weinberg are active members of Washington State government’s new **Universal Health Care Work Group**, which the State Legislature created. See its website at [**www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group**](http://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group)

**Glen recommends some sources of information:**

Many excellent sources of information exist. Some links are sprinkled throughout the twelve pages above. Glen recommends a number of books, articles, videos, and non-profit organizations. See these listed below and also on his blog, [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org):

* The document you are reading – a thorough summary of what we said during the interview – and these sources of information – are posted to the blog’s “Health Care Reform” category and the “TV Programs” category.
* The blog post includes a link so you can watch the video of this TV interview – and share it with your friends.

Also, Glen encourages you to watch – and invite your friends to watch – the December 2015 TV interview with Dr. Sarah Weinberg – and/or read a thorough summary of what we said – at [**http://parallaxperspectives.org/tv-why-universal-single-payer-health-care-is-the-real-solution**](http://parallaxperspectives.org/tv-why-universal-single-payer-health-care-is-the-real-solution)

**Glen recommends these non-profit organizations:**

* **Health Care for All – Washington**: [**www.healthcareforallwa.org**](http://www.healthcareforallwa.org) (707) 742-3292 Their website is very informative. It helps anyone in Washington State connect with our statewide movement for Universal Single-Payer.
* **Health Care – Now** is a nationwide organization with statewide affiliates: [**www.healthcare-now.org**](http://www.healthcare-now.org) (215) 732-2131
* **Physicians for a National Health Program**: [**www.pnhp.org**](http://www.pnhp.org) offers much information. At the top of their website’s home page, see the tab “ABOUT SINGLE PAYER” for basic information and federal legislation. I also recommend other parts of their website.
* **PNHP’s Western Washington State level**: [**www.pnhpwesternwashington.org**](http://www.pnhpwesternwashington.org) Their website includes many excellent information resources!
* **Ralph Nader founded Public Citizen about half a century ago.** They work on many issues, including health care reform. See [**www.citizen.org/topic/health-care**](http://www.citizen.org/topic/health-care)
* **Single Payer Action:** [**www.SinglePayerAction.org**](http://www.SinglePayerAction.org)provides a wealth of information.
* The **“Health Care Is a Human Right”** campaign has a Washington State blog, [**www.healthcareisarightwa.com**](http://www.healthcareisarightwa.com) (206) 389-0050

**Glen recommends these informative, insightful videos:**

* Lynnette Vehrs is deeply concerned that health insurance companies sometimes interfere with the treatments that patients need, in violation of the wishes of patients, doctors and nurses. She makes that point and a few more points in this short video, which runs less than two minutes: [**https://stateofreform.com/commentary/what-theyre-watching/2020/06/what-theyre-watching-lynnette-vehrs-rn-washington-state-nurses-association/?utm\_source=State+of+Reform+5+Things&utm\_campaign=a3d3a04497-5+Things+WA+July+2\_COPY\_01&utm\_medium=email&utm\_term=0\_37897a186e-a3d3a04497-272834469**](https://stateofreform.com/commentary/what-theyre-watching/2020/06/what-theyre-watching-lynnette-vehrs-rn-washington-state-nurses-association/?utm_source=State+of+Reform+5+Things&utm_campaign=a3d3a04497-5+Things+WA+July+2_COPY_01&utm_medium=email&utm_term=0_37897a186e-a3d3a04497-272834469)
* The excellent 11 ½-minute video titled “We Can Fix It” is watchable at [**https://www.healthcareforallwa.org/videos**](https://www.healthcareforallwa.org/videos), where you can watch many other videos too.
* People around the world are astounded at how Trump has incompetently mismanaged the U.S.’s dealing with the pandemic. I encourage people to watch the 7-minute video at this link -- [**https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre**](https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre) -- which exposes Trump’s lies and incompetence. The video shows people from various other countries expressing their amazement and horror for how Trump is utterly failing to protect the American people, when their own experience in other countries shows it really is possible to solve the problems.  They know that Under Trump and Republican governors and Congress’s negligence, the U.S. has become extremely stupid and a rogue nation.  The rest of the world knows this! Again, this powerful 7-minute video is at this link: [**https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre**](https://www.dailykos.com/stories/2020/8/2/1966003/-People-from-around-the-world-watched-a-video-on-COVID-in-America-They-could-not-believe-their-eyes?detail=emaildkre)

**Many, many articles have been published in print and online:**

* This article from July 2020 is insightful because it points out that Democrats along with Republicans have been obstacles for decades: [**https://readersupportednews.org/opinion2/277-75/64260-focus-democratic-leaders-have-blocked-real-healthcare-reform-for-decades-time-to-give-em-hell**](https://readersupportednews.org/opinion2/277-75/64260-focus-democratic-leaders-have-blocked-real-healthcare-reform-for-decades-time-to-give-em-hell)
* In February 2020 this article reported that a recent study at Yale found that Medicare for All would save Americans $450 billion and prevent nearly 70,000 deaths each year: [**www.democracynow.org/2020/2/19/lancet\_report\_medicare\_for\_all?utm\_source=Democracy+Now%21&utm\_campaign=b23ea75bd6-Daily\_Digest\_COPY\_01&utm\_medium=email&utm\_term=0\_fa2346a853-b23ea75bd6-191704661**](http://www.democracynow.org/2020/2/19/lancet_report_medicare_for_all?utm_source=Democracy+Now%21&utm_campaign=b23ea75bd6-Daily_Digest_COPY_01&utm_medium=email&utm_term=0_fa2346a853-b23ea75bd6-191704661)
* A June 2020 article was titled “Why a Socialized System Like Medicare for All Beats For-Profit Healthcare in One Chart of Covid-19 Infection Rates.” See: [**www.commondreams.org/news/2020/06/25/why-socialized-system-medicare-all-beats-profit-healthcare-one-chart-covid-19?cd-origin=rss&utm\_term=AO&utm\_campaign=Daily%20Newsletter&utm\_content=email&utm\_source=Daily%20Newsletter&utm\_medium=email**](http://www.commondreams.org/news/2020/06/25/why-socialized-system-medicare-all-beats-profit-healthcare-one-chart-covid-19?cd-origin=rss&utm_term=AO&utm_campaign=Daily%20Newsletter&utm_content=email&utm_source=Daily%20Newsletter&utm_medium=email)
* This article lays out a case for universal health care. Start on the article’s page 1 and keep clicking to read the subsequent pages, all the way through page 11. [**www.opednews.com/articles/The-Case-for-Universal-Hea-by-Marcelo-Brazzi-Health\_Health\_Health-Canada\_Health-Care-200704-984.html**](http://www.opednews.com/articles/The-Case-for-Universal-Hea-by-Marcelo-Brazzi-Health_Health_Health-Canada_Health-Care-200704-984.html)
* Comedian John Oliver championed Medicare for All with an expert takedown of right-wing talking points: [**www.alternet.org/2020/02/comedian-john-oliver-makes-case-for-medicare-for-all-with-expert-takedown-of-right-wing-talking-points/?utm\_source=&utm\_medium=email&utm\_campaign=3758**](http://www.alternet.org/2020/02/comedian-john-oliver-makes-case-for-medicare-for-all-with-expert-takedown-of-right-wing-talking-points/?utm_source=&utm_medium=email&utm_campaign=3758)
* “Medicare for All: A Prescription Against Deadly COVID Capitalism” – Amy Goodman’s weekly “Democracy Now!” column for August 6, 2020, includes Denis Moynihan: [**https://www.democracynow.org/2020/8/6/medicare\_for\_all\_a\_prescription\_against**](https://www.democracynow.org/2020/8/6/medicare_for_all_a_prescription_against)
* **Many more articles are out there!** Search the archives for news sources such as [**www.commondreams.org**](http://www.commondreams.org), [**www.truthout.org**](http://www.truthout.org)**,** [**www.readersupportednews.org**](http://www.readersupportednews.org), [**www.progressive.org**](http://www.progressive.org),[**www.inthesetimes.org**](http://www.inthesetimes.org), [**www.alternet.org**](http://www.alternet.org), and elsewhere.

**A smart effort through Washington State’s government:**

**Washington State created a Universal Health Care Work Group**, and both of our TV guests are members of that Work Group. See [**www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group**](http://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group)

**Some good books have been written about this.
Glen especially recommends these two informative, well-written books:**

* ***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. See the author’s website, [**www.johngeymanmd.org**](http://www.johngeymanmd.org)
* ***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.

**Glen’s closing encouragement:**

Glen thanked **Lynnette Vehrs, MN and RN,** and **Dr. Sarah Weinberg, MD,** for sharing their extensive knowledge and their smart insights during this interview.

He also thanked the people who have been watching this interview.

The U.S. has had our current health care system for so long – and so many powerful business and political entities are so deeply entrenched in it – that many Americans have difficulty imagining a better system. But we can indeed replace what we have now with a system that would actually COVER EVERYONE with HIGH QUALITY health care and SAVE MONEY and SAVE LIVES.

This interview explained why our current system is so horribly inadequate that it is actually stupid and immoral. The problems are big and serious, but instead of merely bemoaning “ain’t-it-awful,” we are enthusiastic about promoting **the real solution -- Universal Single-Payer Health Care**. Other countries have successfully been covering everybody in their nations with efficient publicly funded systems for many years. The U.S. is an outlier – a rogue nation – that refuses to solve the problems with a smart solution.

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 for everyone.

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.

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

Obama’s ACA has failed to control costs. Millions of Americans cannot afford the health care they need, and hundreds of thousands are going bankrupt because of medical costs. In fact, medical debt is the most common reason why Americans go bankrupt.

Recognizing health care as a human right is really a moral decision! Most of the public wants the government to provide health care for everyone, but powerful business forces in the U.S. value big 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.

The Coronavirus pandemic makes it much more important for us to solve this problem now.

Starting at the state level is one good strategy. I urge you to connect with our statewide Single-Payer organization, **Health Care for All – Washington**, [**www.healthcareforallwa.org**](http://www.healthcareforallwa.org)

My blog, [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org), has a category for “Health Care Reform” that includes much more information. See [**www.parallaxperspectives.org/category/health-care-reform**](http://www.parallaxperspectives.org/category/health-care-reform).

Please invite your friends to watch this video and/or read the thorough summary you are reading now. Please urge your friends to visit my blog, [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org), and click the link for “TV Programs” or the link for “Health Care Reform” and look for this program’s title.

You can get information about a wide variety of issues related to peace, social justice and nonviolence through my blog, [**www.parallaxperspectives.org**](http://www.parallaxperspectives.org)or by phoning me at
(360) 491-9093 or e-mailing me at **glenanderson@integra.net**

I end each TV program with this encouragement:

**We're all one human family, and we all share one planet.**

**We can create a better world, but we all have to work at it.**

**The world needs whatever you can do to help!**