

Medicare for All: An Idea Whose Time Has Come

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Marketplace medicine prioritizes profits over human health. In America, it leaves growing millions uninsured.

Most others are way underinsured because exponentially rising costs of coverage are unaffordable for most US households, double the cost in other developed nations, things worsening, not improving.

Long ago, insurance providing good coverage was affordable, polar opposite how things are today.

When I finished school in 1960, healthcare as a percent of GDP was 5.1%. In 2002, it was 15%, in 2017, 18%. By 2020, it'll likely exceed 20%.

In inflation-adjusted 2010 dollars, average annual per capita US healthcare spending rose from \$1,082 in 1960 to \$10,348 in 2016, increasing more annually, average incomes failing to keep pace.

Prescription drugs were once cheap. Many now are exorbitant. Overall high healthcare costs force countless US households to adopt practices detrimental to good health.

At times they have to choose between paying rent or serving mortgages and high medical expenses – an intolerable choice in the world's richest country or anywhere else.

Along with food, shelter and clothing, healthcare is a fundamental human right, not a commodity for sale to individuals able to afford it.

Article 22 of the Universal Declaration of Human Rights says every "(e)veryone, as a member of society, has a right to social security..." Every nation is obligated to provide it.

Article 25 states "(e)veryone 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 and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

Article 30 says "(n)othing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein."

Social justice is fundamental. Yet it's fast eroding in America and the West, heading toward disappearing altogether. Neoliberal harshness supersedes it.

So does spending countless trillions of dollars on endless wars of aggression – making the world safe for Wall Street, Big Oil, America’s military/industrial/security complex, and other corporate interests – at the expense of ordinary people struggling to get by.

Time and again since the early 20th century, healthcare reform the way it should be fell woefully short, Obamacare the latest example, the program rife with inequities.

It made a dysfunctional system worse for countless millions, rationing healthcare, making it unaffordable for many households to enrich insurers, drug companies, and large hospital chains.

Universal single-payer coverage is a long overdue idea in the US. Most Americans and doctors support it.

It could save around \$500 billion annually, according to Physicians for a National Health Program (PNHP) – by eliminating insurer middlemen and the bureaucratic nightmare it creates for physicians and hospitals.

A PNHP working group of 39 physicians drafted a single-payer plan it calls “[Beyond the Affordable Care Act](#),” far superior to the current system, providing coverage for all Americans – everyone in, no one left out, the way it should be.

Removing financial barriers to healthcare is its most important feature, PNHP saying:

“The plan would save enough on administrative overhead to provide comprehensive coverage to the uninsured and to upgrade coverage for everyone else, thus requiring no increase in total health spending.”

It includes “effective mechanisms to control costs, lowering the rate of medical inflation and making the health system sustainable for future generations. Significantly, it would restore free choice of clinician and hospital to all Americans.”

When ill, everyone wants and needs the best care possible to restore their health and vigor, to be able to live normal productive lives.

“Coverage would include outpatient and inpatient medical care as well as rehabilitation, mental health care, long-term care, dental services, and prescription drugs,” said PNHP, adding:

“(T)he plan improves on traditional Medicare’s benefits and expands coverage to all Americans. It would eliminate premiums, co-pays, deductibles, and co-insurance” – along with bureaucratic headaches for providers, freeing up time to be productively devoted to providing care for patients.

The program would be federally financed like Medicare – administered at the federal, state and local levels, eliminating private insurance no longer needed, replacing it with “a streamlined single-payer system.”

According to Government Accountability Office and Congressional Budget Office estimates, administrative/bureaucratic savings would free up enough funds to provide world-class

healthcare for all Americans – without increasing total spending.

“The program would be paid for by combining current sources of government health spending into a single fund with modest new taxes that would be fully offset by reductions in premiums and out-of-pocket spending,” PNHP explained.

Universal single-payer coverage is an idea whose time has come, the only system working the way healthcare is supposed to be – providing high-quality care for everyone.

A Final Comment

Bloomberg News explained the dilemma countless US households face, relating the story of one family, typical of many others, forced to choose between paying for healthcare coverage, or other major expenses.

The husband in the family in question has an annual income of about \$113,000, almost double the 2017 median US household income. Yet he’s struggling to get by financially because of exponentially rising healthcare costs.

He kept his good-paying job but lost healthcare coverage. He used to pay \$260 monthly for insurance provided by his company.

It rose to \$1,375 monthly. Along with servicing his mortgage, covering other household expenses, and facing high college tuition costs for his son, he’s faced with taking on debt or opting out of health insurance for some or all family members, hoping for the best.

Bloomberg said the family in question is “rocked by escalating health insurance costs,” seeing no hope for improvement.

The husband took on debt to try covering rising expenses. In 2016, his health insurer announced a 38% increase in premiums for 2017, escalating his monthly expense to nearly \$1,900 – a near \$23,000 after tax burden, increasing annually much faster than annual household income gains nationwide.

His daughter is about to start college. Despite his high income, he can’t cover expenses. He dropped family healthcare insurance, taking a big risk, leaving two of four members alone covered.

His monthly debt is increasing, along with maxing out credit-card debt to cover rising expenses. Millions of US families face the same dilemma. “If something happens to me, who’s going to pay the bills, he asked?”

The nation I grew up in no longer exists. Healthcare, higher education, and other major expenses were affordable unlike today.

I paid for nearly all my college and graduate work expenses myself with minimal family help, and without the burden of debt bondage from today’s student loan racket.

For a year before beginning my formal working life and receiving company insurance, I bought healthcare coverage in 1959 for \$100 and change. It included what today would be

called catastrophic coverage.

Those days are long gone. What was affordable long ago, no longer is for most US households.

The world's richest country serves its privileged class exclusively – at the expense of most others.

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