

Left Behind: The Injustice of Denying 45 Million Americans Access to Medical Care

As Western medicine becomes more advanced in curing and preventing illness, the cost of medicine rises. As health care costs rise, health insurance increasingly becomes necessary to receive this care. However, an estimated 45 million people in America live without any form of health insurance (Fein and Richmond 231). These Americans have limited or no access to medical treatment. As a result, they “receive less preventive care, are diagnosed at more advanced disease states, and, once diagnosed, tend to receive less therapeutic care, and have higher mortality rates” (Fein and Richmond 232-33). While they live in a country that has some of the best medical technologies and practitioners in the world, uninsured Americans do not receive the full benefits of American medicine. Health care is a right, and it is a right that needs to be extended to every American. It is inhumane to allow people’s health to deteriorate, to allow their diseases to progress to the point where lives are endangered, simply because they are too poor to afford insurance and/or are not fortunate enough to work for a company that offers employee insurance. This is a social injustice that must be addressed. It is wrong to allow 45 million citizens to be without health insurance because any industrialized nation has a responsibility to ensure that all of its citizens have access to medical treatment. America must implement a national health insurance program to correct this injustice.

The health insurance system that exists in contemporary America first began to develop and spread

around the year 1929 (Fein and Richmond 235). As medicine became more sophisticated and insurance became more widely embraced, calls for all Americans to be given access to medical care became recurrent in American politics. In 1912, Theodore Roosevelt included a national health care plan as part of his second reelection campaign (Epstein Sec. 2). Again in 1935, a plan for national health insurance was originally included in the Social Security legislation under Franklin Roosevelt's administration, but was rejected (Fein and Richmond 76). Harry Truman sought to resurrect the health insurance plan originally included in the Social Security program after he was elected president in 1945 (Epstein Sec. 6). However, this attempt failed as completely as any that came before it. The most recent failure of national health care occurred in 1993, when President Clinton's plan failed to reach the floor of either section of Congress (Fein and Richmond 228).

For many years, especially during the Cold War, national health insurance failed to receive public support because it was viewed as socialist, something anti-American and to be feared ("Health"). Another deterrent for the program's acceptance was the fear of new taxes, a proposition that garners hatred in American society unparalleled in any other culture ("Health"). However, the greatest factor in the failure of Clinton's plan was a distrust of big government that has evolved since the Watergate scandal (Fein and Richmond 228). Playing off these fears, the private corporations currently providing health insurance have exercised considerable influence over politicians to keep any serious plans for national health care from developing. Calls for national health care are certainly nothing new in American politics. Fears of big government, new taxes, and socialism have been key factors in defeating these recurrent calls.

As the number of employer-provided health insurance programs declines and the rise in private health insurance costs begin to threaten even the middle and upper-middle class "SUV crowd," one might expect a new national health insurance program finally to receive the support it needs to overcome the history of failure behind national health insurance (McVicar). However, the national health insurance proposals

of the past would not have failed without strong opposition, and such opposition remains to this day. While fears of socialism have largely subsided in the post-Cold War era, capitalistic ideals still play a part in opposing socialized medicine. The private health care industry has long maintained that, if the invisible hand of the free market were allowed to operate, they “could and would solve major social policy problems” (Fein and Richmond 228). Also, as health insurance sales representative Benson Porter put it, the doctors themselves “are going to support the private system because [they can make] more money.” These oppositions are not entirely valid, though. Between 2001 and 2002, the number of employers offering employee insurance plans dropped by 13.2% among small businesses and by 6.1% among larger businesses (McVicar). As insurance premium costs continue to rise, it would be ludicrous to suggest that the health insurance industry is fixing its own problems (McVicar). As for the capitalistic ambitions of doctors serving as obstacles, physicians are increasingly becoming as concerned about the insurance issue. Doctors are frustrated over insurance companies’ undue interference in their profession, questioning their judgment, preventing them from treating some sick patients at all, and generally reducing the efficiency of the actual medical treatment process (Boodman). In addition, as much as fifteen cents of every dollar spent on health care in America goes not to doctors, but to the massive bureaucracies of the insurance companies (Pibel and van Gelder). Thus it is possible to discount arguments supporting the existing insurance system from capitalist ideals in the name of efficiency.

There are other arguments against national health insurance. A major deterrent is the fears of big government that have resituated themselves within American society following the Great Society reforms of President Lyndon Johnson. Such fears, in light of the recent failures of other social welfare programs such as Medicaid/Medicare and Social Security, are reasonable and must not be discounted. Matthew Curry, this author’s brother and an uninsured restaurant worker who staunchly supports national health insurance, said he would only sponsor such a program “as long as it’s

implemented properly,” in a tone that suggested he was less than confident in the government’s ability to do so. Aside from a lack of faith in the American government, others look to the waiting lists for treatments and surgical procedures found in Canada’s health care system and fear such a flaw arising if America implemented one like it. Such fears might be alleviated. As Faith Curry stated in a personal interview with the author (her nephew), any national health insurance program “would have to be some kind of blend between nationalized and private insurance in order to work in this country.” By having the government fund such a program and the existing insurance industry play a role in administration, the American people can be assured that such a program would be at least as efficient as the current system, and it would have the added bonus of reducing political opposition from insurance lobbyists (Fein and Richmond 241). Such a system would exclude the big government bureaucracies that these opponents fear.

The last area of opposition is from Americans who fear the impact of new taxes that would be required to fund a national health insurance program. However, these arguments can also be refuted. First, it is important to remember that every insured citizen in the United States is already paying to treat the uninsured through the process called cost shifting. Hospitals and physicians giving charity care to poor and uninsured patients pass the costs along by charging more for patients who do pay for treatment (Butler 22-3). Cost shifting also occurs among private insurance companies. Health industry analyst Kenneth S. Abramowitz explains that “most insurance premiums are inflated by about 12.5 percent to compensate for non-payment or underpayment by others” (qtd. in Epstein sec. 3). Americans are already paying, indirectly and unwillingly, the costs of the uninsured. The creation of a national health care system would eliminate these hidden costs of medical treatment, instead creating a tax that would directly fund insurance. If that argument seems unpersuasive, it should be added that most analysts estimate that the costs of any national health insurance program would be much less than what America currently spends annually on private health

insurance (Pibel and van Gelder). The average medical family insurance policy costs \$11,000 a year, a cost exceeding any estimates of any new taxes required to support a national insurance program ("Health"). In short, none of the traditional obstacles to creating a national insurance program is insurmountable. In light of this fact, it is time for such a program to finally emerge in America.

Several steps can be taken to achieve the goal of national health insurance, the first of which is to provide immediate relief to the uninsured. Allowing doctors to provide charity, or pro bono, treatment in exchange for tax breaks would be one way of doing this. The action makes sense because many physicians and hospitals are already providing charity services compensated for with Medicaid funding. By offering tax incentives, more physicians will be willing to perform such work, providing immediate aid to uninsured people in need of serious, urgent treatment. Hospitals would save money for doing something that many of them already do, and the uninsured would have a better chance of receiving treatment when it is truly and desperately needed. These tax incentives might decrease mortality rates among the uninsured and would be a step towards preparing the health care industry for a national coverage program in which they would become government contractors.

The second step would be to limit the amount of money to be awarded in each malpractice lawsuit. Currently, a malpractice victim can receive punitive damages from multiple parties, and in each trial the jury cannot be informed of the amount of money the victim has already received from other defendants. Changing the system so that one trial will decide how much the victim will receive from each party will limit the costs that these parties then pass on to other consumers. Doing this would slow the increases in health care costs that are making insurance farther out of reach for many Americans.

Other steps would push for a long-term solution, such as the creation of a national health care plan. Legislation already exists that proposes the creation of a national health care system from public funding and private delivery (administration through insurance companies) in the form of

House Bill HR 676. This being the case, it would be necessary to create a national advertising campaign, financed through donations, to inform people about the issue of uninsured Americans and to persuade them to support HR 676. The ad campaign makes sense because many supporters of a national health insurance plan likely are unaware that there is already planned legislation for it. It is much easier to convince people to support a bill that already exists than to convince them to create one via referendum. The advertisements could feature people who suffer from lack of insurance, recite statistics on the rising costs of private insurance as well as the decline in employer-offered coverage. Citizens would be persuaded to know the facts on the uninsured: that 67% of them are full-time workers, that 8.4 million of them are children under the age of 18, that the lack of preventative care makes treatment for them more expensive and less successful (Epstein). The public needs to know that uninsured people are not "freeloaders" and that a national health insurance plan would cost less than what most of individuals pay now for private insurance (Pibel and van Gelder). Such a campaign would put this issue in the minds of Americans and keep it there.

Another simple way to advance the cause would be for people to sign petitions or write their representatives in Congress. Such an action makes sense because it is simple and does not involve drafting a bill from scratch. The representatives exist to do the will of the people they represent. If the campaign were effective, and if it is true that 75% of Americans want universal health insurance, such a campaign would garner enough support to force Congress to pass HR 676.

The result will be that the bill will have a chance to be voted on in the house, which is the first step in having it become law. Aside from writing a letter, citizens might also create petitions showing their support for this bill. Like letters, petitions show Congressional representatives that this is an issue that is important for them, and they will win votes in the next election by paying closer attention to what these constituents express. All of these steps might give national

health insurance the support it needs to finally come into existence in this country.

Correcting the injustice of the 45 million Americans left uninsured is possible, and the opportunity is here. Matthew Curry suffered from a serious staph infection for an entire month before even walking into a doctor's office. The fact that this author has heard a story such as this from such a close relative is a testament to the pervasiveness of individual injustices caused by the current American health care system. Stories like these are common among the uninsured, and this was only a minor disease. Uninsured people with broken limbs, diabetes, and other more serious conditions can often be found endangering their health because they cannot afford medical treatment. The United States of America has one of the most advanced medical industries in the world. Our doctors go overseas to fight epidemics in Africa and Asia with remarkable skill. It is unjust to deny this same medical treatment to American citizens. As Patricia Butler puts it: "If medical care is recognized as a human good, not a market commodity, the nation as a whole is obliged to secure for all citizens access to basic medical services" (75). This nation has the capability and the responsibility to care for the millions of its citizens without health care, and action must be taken now to do so.

Works Cited

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The Bullitzer Prize 2008

Pibel, Doug, and Sarah van Gelder. "Health Care: It's What Ails Us." *Yes! Online* Fall 2006. 24 Mar. 2007. <<http://www.yesmagazine.org/>>.

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Boodman, Sarah G. "National Health Insurance: Is it the Cure for America's Ailing Medical Care System?" *Washington Post* 30 Jan. 1990: Health Z8. *Access World News*. Tampa, USF Library. 25 Mar. 2007. <<http://infoweb.newsbank.com/>>.

An article from 1990, this source outlines some reasons for and opposition to a national health care plan. However, its primary value is to show the timelessness of this argument, a national health care system first being proposed in the early 20th century by progressives and Teddy Roosevelt's Bull Moose Party. The arguments from this will be compared to more recent arguments to examine why last major effort to achieve this goal, championed by Bill Clinton in 1993, failed, and how future attempts might succeed.

Butler, Patricia A. *Too Poor to be Sick: Access to Medical Care for the Uninsured*. Washington: APHA Public Health Policy Series, 1988.

Published by the American Public Health Association, this book abounds in useful, though dated, facts and statistics. Butler argues for health care reform and provides an examination as to what is already being done to help the poor and uninsured, which will be useful in articulating what still needs to be done. The book ends with an incredibly detailed and specific plan on how the United States might go about creating a national health care system.

DeNavas-Walt, Carmen, Robert J. Mills, and Bernadette D. Proctor. "Income, Poverty, and Health Insurance Coverage in the United States: 2003". Aug. 2004. US Census Bureau. 25 Mar. 2007 <<http://www.census.gov/prod/2004pubs/p60226.pdf>>.

Released by the US Census Bureau in 2004 for the year 2003, this report is a primary source of statistics on which and how many Americans are uninsured. The research was compiled by a non-partisan and fairly trustworthy source, and it gives excellent data to be used to argue the reasons for the creation universal health care system in America.

Epstein, Keith. "Covering the Uninsured." *CQ Researcher* 12 (14 June 2002): 521-44. *CQ Researcher Online*. 24 Mar. 2007. <<http://library.cqpress.com/cqresearcher/cqresrre2002061400>>.

Epstein provides an excellent argument for the creation of a universal health care system, including facts about uninsured people in America and a detailed argument on why we need universal health care. It also briefly presents, evaluates, and rebuts some of the opposing arguments.

Fein, Rashi and Julius B. Richmond. *The Health Care Mess: How We Got Into it and What it Will Take to Get Out*. Cambridge: Harvard UP, 2005.

This book provides a history of the American health care conflict and ends with a chapter devoted exclusively to arguing for a universal health care system. The book will mainly be used to present a historical account of attempts to provide universal health care for Americans, including why they have failed and what can be changed to make future attempts more likely to succeed. However, the argument at the end of the book will also be incorporated into the paper, and especially the suggestions as to how health care reform might be accomplished.

“Health of Nations.” *New Republic* 236.12 (2007): 3-4. *Academic Search Premier*. Tampa, USF Library. <<http://metalib.fcla.edu>>.

This short article describes failings of America’s current privatized health care system and supports the plausibility of a national health care system. Several statistics and figures document problems with private health care. The article also provides rebuttals for common opposing arguments, and these rebuttals will be used in the final paper.

McVicar, Nancy. “Health Insurance Crisis Hurting More, Panel Told.” *South Florida Sun-Sentinel* 23 Sept. 2003: Local 1A. *Access World News*. Tampa, USF Library. 25 Mar. 2007. <<http://infoweb.newsbank.com/>>.

McVicar shows an increase in the percentages of the uninsured and how this increase affects more and more people, particularly those in the middle and upper-middle classes. The article will be used to create the argument that reform is needed, and there is a need for immediate efforts for reform.

Pibel, Doug and Sarah van Gelder. “Health Care: It’s What Ails Us.” *Yes! Online* Fall 2006. 24 Mar. 2007. <<http://www.yesmagazine.org/>>.

Phibel and van Gelder argue for the creation of universal health care system, complete with analyses of opposing views. Their point is that universal health care has worked before in other countries, would not cost too much to be plausible, and is needed in this country. This source will primarily be used for facts and arguments made to rebut opponents of a national health care system.