Achieving Universal Health Care in the United States

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Abstract

Health care has been a concern of many Americans for a very long time, whether it has been worrying about losing their job and health care coverage or trying to navigate through the complex U.S. health care system. This paper's purpose is to determine whether the barriers for Universal Health Coverage (UHC) in the U.S. are valid. It focuses on analyzing the validity of barriers to UHC in terms of financial costs, government failure to invest in U.S. citizens' futures, U.S. failure to make it an ethical issue, lack of support from the medical field, and opposition from American citizens. The conclusion reached after writing this paper is that the U.S. has some barriers to implementing UHC but overall the barriers that I looked into were not valid ones. However, these barriers should not prevent millions from having health care and a sense of security. Universal Health Care (UHC) refers to a program where there is health care for all. Other terms essentially mean the same thing and will be explained using the term UHC.

The current health care system in the United States is an intricate and very complex one. It is not shocking that so many people get "lost" in the system, the same one that the average American feels is a good one because a lot of money goes into it. But in reality the system isn't so great. As a matter of fact it ranks very poorly when compared to systems of other industrialized nations, so that not only makes it a low ranking system but a low ranking expensive system. Peace of mind is something millions around the world have when thinking about their health. Those millions are the citizens of nations that have universal health care. Those millions aren't Americans. Regardless of the amount of money placed into the system ("health care-related spending constitutes one sixth of the US economy, a whopping $1 trillion" Tooker, 2003) there are still millions of Americans, an estimated 40 million, without health care coverage. Additionally, millions of Americans have health insurance, but it is only for the duration of their employment or conditional

depending on their employment, student, or income status. Universal health care is something that the U.S. desperately needs for numerous reasons, including saving millions each year, saving lives each year, eliminating health disparities, and acknowledging that it is a necessity for Americans. However it has been argued that there are barriers to universal health care. Are the barriers to universal health care in the U.S. valid ones? In this paper I will examine the barriers to universal health care and analyze whether they are valid. The validity is determined on whether the examination and analysis of sources has proved that this is a real issue that prevents the establishment of such a program in the United States.

One of the barriers to universal health care is financial cost. Many argue that the increased spending that the U.S. would encounter if adopting a national health insurance or health care program is one of the major reasons why the U.S. hasn't implemented such a program. It is difficult to explain how prices are placed on the lives of millions of Americans. Furthermore, these arguments of cost being a barrier to universal health care are seen as a myth by some (Lebow, 2003; Battista and McCabe, 1999). "Single payer universal health care costs would be lower than the current US system due to lower administrative costs" (Battista and McCabe, 1999). Other nations spend less money on covering all of their citizens because they save money on the administrative costs, which are extremely high in the U.S. The complexity of our current health care system leads to this increased spending because of billing issues, the public, and approximately 1,500 private health care providers. This complexity accounts for increased expenses since there are so many providers. It also makes it difficult for patients to navigate through the system and creates unnecessary paperwork for physicians and nurses. Yet many Americans think we have a pretty good health care system. "Most Americans do not realize that (a) every other industrialized developed country assures coverage for everyone and (b) despite covering everyone, they spend considerably less than we do for health care" (Lebow, 2003, p. 26). Although it is true that the quality of our care is the best in the world, because of technological advances and availability of expensive equipment, millions of Americans are sill uninsured. "Some contend that the poor performance of the… system is due to the funding… in the private sector, and that all would be well if the government would just take over funding [,but] the greater part of health care… is already funded by the tax system" (McCanne, 2004). Taxpayers' money is already going into the system. It goes into the system for years even if a person doesn't use the programs that the taxes go towards. Therefore the blame can't be

passed on the private sector since a great portion of the system is run by the government with public funds. "Those who would pay the added taxes for [UHC] would benefit indirectly from it… because they would be spared the so-called cost shift by which part of the cost of the health care the uninsured do receives is said to be billed by the providers of health care to insured patients" (Reinhardt, 2003). Taxpayers, including the uninsured taxpayers, pay for the health care of the ill uninsured. Since it is common that the uninsured wait until their diseases and conditions are dire to seek health care it is more expensive to treat them (Reinhardt, 2003). So more of the taxes we pay are going to treat the advanced stages of diseases that are relatively inexpensive if treated at an earlier stage. Tax payer money is currently used for health care so it would just be a shift from tax money used to treat the uninsured in an emergency setting to tax money being used for a UHC program where tax money can be saved by treating people before conditions get worse. So it is an issue of whether we want to pay more later on or if we want to pay now and save a lot of money in the long run. It is clear that this is not a valid barrier to universal health care in the U.S., especially since the estimated savings on administrative costs are around 200 million dollars. It is also far more expensive to treat an advanced stage of illness than an earlier stage, so taxpayers would be saving and there would be savings on administration. These savings would be more than enough to cover health care for all Americans. Implementing UHC may require some additional money upfront, but those expenses would only be temporary and may even be non-existent after calculating the savings on advanced disease treatment and administration. The message that has always resounded is that it is not economically feasible in the U.S. But these sources have proven differently. Therefore this is an invalid barrier to UHC because money is not an impediment for implementing this kind of program.

Another barrier is the failure of the U.S. government to invest in the future of millions of its citizens by implementing UHC. This is not the case in other nations. These countries give value to their citizens' rights to health care and have created cost efficient programs to cover health care for them. "Comparing the costs and benefits shows that extending insurance coverage to the uninsured would be a good social investment. For every dollar spent, the benefits would be about $1.50" (Cutler, 2004, pp. 65-6). This social investment would affect the lives of millions of uninsured individuals. It would also affect the average-income Americans who are poorly insured and are suffering financially because of this coverage (McCanne, 2004). "In addition to providing access to needed care and equal economic opportunity…health insurance

also provides families with protection from financial distress" (Reinhardt, 2003). People shouldn't have to suffer financially because of health care expenses. We need to make changes because our system is unjust and undeserved. This is a serious matter putting in danger the "middle class" (LeBow, 2003). If the middle class is becoming poorer because of money spent on health coverage and health care debts then the U.S. is at risk for having a "bipolar" population, very few rich people and many very poor people. That would really be a big problem where the majority of the population is too poor to afford health care and the only care sought is emergency care. So implementing UHC is investing in the future of the middle class and the poor Americans, an investment in those people who need help. These are the same people that make up the workforce that this country relies on for its survival. The money saved through this investment can be put towards other areas that may need additional funding. Opponents of UHC say that we are not taking into consideration the differences between the nations with such programs and the U.S. (Harris, Ripperger, & Horn, 2000). "These traditional measures [that are being used to compare nation's health systems]… do not adjust for the enormous demographic, socioeconomic, and value differences between the United States and other developed countries" (Harris, et al., 2000). Are our values twisted? It is not like other countries do not have diversity and socioeconomic differences, but they have found ways to make everyone be accounted for at least regarding health care. There has been a lot of motion lately regarding eliminating health disparities. Not implementing a universal health care program affects Hispanics and African Americans disproportionately (Democracy Now!, 2003). Those differences should be taken into consideration by the U.S. government in its attempt to successfully decrease the disparities when looking at access to health care and not only in articles critiquing managed care. Implementing a UHC program will affect the lives of African Americans and Hispanics by decreasing exacerbated conditions and deaths due to lack of health insurance. If reducing health disparities is a real issue there must be a program that will help these subsets of the population to have the same opportunity to receive health care. The exploration of these sources indicates that this is a valid barrier to UHC, as the U.S. continues to turn the other cheek when it comes to investing in the future of Americans. This barrier is impeding the implementation of UHC which has to be implemented by the U.S. government.

Another barrier that has prevented UHC in the U.S. is the failure to make it an ethical issue. "Health care services in the United States have never been considered a basic American right. Instead health care

is considered to be a commodity" (Ayres, 1996, p. 171). Health care should be treated as a right, unless the government wants to be held accountable for all the deaths that occur each year due to lack of proper care because of insurance and money problems. There is no acceptable reason for Americans to be dying because of lack of money for health care. If not treating a person known to have syphilis (as was the case in the Tuskegee experiments done by the U.S. Public Health Service [Amdur, 2003]) is classified unethical, what classification is appropriate for allowing thousands to die because they cannot afford treatment? According to Article 25 of the United Nations' Universal Declaration of Human Rights, "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 and necessary social services" (Universal Declaration of Human Rights, 1948). It is unethical of the U.S. health care system to allow millions of people to be susceptible to death because they couldn't get health care for a treatable condition. It is a human right to health and medical care. Although a non-insured person is not denied medical care when seeking it, not having insurance leaves them vulnerable to not seek it because of the debts they will incur consequently. The Universal Declaration of Human Rights states that everyone has a right to medical care, yet in the U.S. this right exists only for those who can somehow pay for it. Nevertheless, there is always another view on the ethicalness of our health care system. Harris et al. notes that in the cases of patients that have a very small chance of survival the treatment provided in the U.S. cannot be compared to other countries and that the efforts made to save a life are not equivalent to the efforts other nations make. "In many other countries… the expense of a heroic procedure would be avoided. In the United States we don't let people die if there is even a remote chance of survival" (Harris et al., 2000). I agree that doing everything possible to save a person's life is ethical, and in many cases expensive as well, but it should simultaneously be unethical to place a financial burden on millions that seek emergency medical care because they could not afford health care when their conditions developed. So we continue to see that this is a truly complex issue because many factors are involved in the lack of UHC. The government health organizations should identify this as an ethical issue and work on addressing it accordingly. Until it is made clear that health care is a human right and not a privilege of the insured this is a barrier to UHC.

Another barrier to universal health care is the lack of support from the medical field. "The dominant physicians' organization in the United States, the American Medical Association (AMA), has opposed

most reform measures that would result in an equitable, affordable system for everyone" (McCanne, 2004). Although there is widespread acceptance and support for universal care the lack of support from influential organizations such as the AMA have hurt the efforts being made to implement UHC. "The AMA has supported an agenda that promotes physicians' freedom to maximize their personal financial reward, even though these policies may deprive tens of millions of Americans access to affordable care" (McCanne, 2004). This makes it unclear whether the field of medicine is truly one of treating patients and improving their health or a field of making profit. If, as was mentioned before, the Universal Declaration of Human Rights states that every one is entitled to medical care, why has the AMA opposed UHC? This is not the case for all physicians however. There are physicians that are in favor of health care reform. "Many American physicians… believe that the funding infrastructure should be redesigned to maximize health care resource allocation for the primary benefit of patients" (McCanne, 2004). So there is support for UHC among physicians and there are physicians out there looking for the best interest of patients and not merely the best interest of their pockets. And this has resulted in the establishment of the organization, Physicians for a National Health Program (PNHP) (McCanne, 2004). There have also been publications in journals stating that "nearly 8,000 physicians including two former U.S. surgeon generals are calling for a government-run universal health insurance system" (Democracy Now!, 2003). There is support among physicians for UHC and it can no longer be said that physicians do not support it. In the past the AMA may have been confused as to whether it should support or oppose UHC, but this is no longer the only physician organization in the U.S. I think the sources have shown that there are physicians for and against UHC. I think the sources prove that there is increasing support for UHC within the physician community. I believe that the sources have determined that this is an invalid barrier to UHC in the U.S. Support from the medical field is not rare, therefore this barrier is non-existent in terms of UHC.

Another barrier to UHC has been opposition from the American people. In order to implement a UHC program it is understood that government has to play a major role and implement and regulate such a program. This is where a lot of the opposition comes from. "Although people believe in universal coverage, they question the ability of government to achieve it" (Gorin, 1997). People doubt whether the government will step in and actually follow through. "The American people are reluctant to depend on large, government-run enterprises for vital services" (Tooker, 2003). Are these people really to blame? When

you think about it the government has not done anything to this point to assure the 40 million Americans without health coverage that their health is not in danger, so what would make Americans quick to trust the government? However, many people aren't cognizant that "the greater part of health care in the United States - 59% - is already funded by the tax system" (McCanne, 2004). In reality most of the health care system is run by the government, yet people still say that government is incompetent in regards of covering the health of millions. What Americans really fear is "that a new 'national' system may dilute out their benefits" (LeBow, 2003, p. 73). Americans are worried that they may have to give up some of their insurance benefits in order for a UHC program to work. Yet so many polls have shown that a majority of Americans support such a program (Battista and McCabe, 1999). The underlying issue here is that Americans are not educated on the details of UHC and how it would affect insured Americans. If an effort was made to educate the public support would increase and the number of doubtful Americans would decrease. This is an invalid barrier since many Americans are unaware of what a UHC program entails and how they would be affected. Once Americans are educated, this opposition would greatly diminish.

Health care is a right. There is no acceptable reason for millions of Americans to be uninsured. The United States is one of the richest nations in the world. We have seen nations with less resources than the ones we have available making it a priority that their citizens be medically covered. To make matters worse, these nations are doing so with a fraction of the money we spend to cover just a portion of our population. Adopting a Universal Health Care system may not have immediate rewards and may take a lot of work to implement, but in the long run we would save not only millions of dollars but thousands of priceless lives. I think it is evident that these barriers to UHC can be overcome and that many of the so-called barriers are just myths and not reality. America needs to reincorporate health care as a human right and work towards granting health coverage for the millions of Americans that face illness and death each year due to lack of health care coverage. We can no longer hide behind some of these so-called barriers when they are not what is preventing UHC. The government must take action and implement UHC or the future of millions of Americans looks dismal, and the future of many millions more becomes questionable.

References

Amdur, R. (2003). *Institutional review board member handbook*. Sudbury: Jones and Bartlett Publishers, Inc.

Ayres, S. M. (1996). *Health care in the United States the facts and the choices*.Chicago: American Library Association.

Battista, J.R., & McCabe, J. (1999, June 4). The case for universal health care in the United States. Retrieved March 11, 2005, from http://cthealth.server101.com/the_case_for_universal_health_care_in_the_united_states.htm

Cutler, D. M. (2004). *Your money of your life: Strong medicine for America's health care system*. New York: Oxford University Press.

Goodman, A. & Democracy Now!. (2003, August 13). Ex-Surgeon General David Satcher & nearly 8,000 doctors call for universal health care. Retrieved April 8, 2005 from http://www.dissidentvoice.org/Articles7/DN_Single-Payer.htm

Gorin, S. (1997). Universal health care coverage in the United States: Barriers, prospects, and implications. *Health and Social Work 22*(3), 223+. Retrieved on March 12, 2005 from http://www.questia.com/PM.qst?a=o&d=5000504647

Harris, G. E., Ripperger, M. J., & Horn, H. G. S. (2000, January/February). Managed care at a Crossroads. *Health Affairs 19*(1), 157-163. Retrieved March 13, 2005 from http://content.healthaffairs.org/cgi/reprint/19/1/157?

Lebow, R. H. (2003) *Health care meltdown confronting the myths and fixing our failing system*. Chambersburg: Alan C. Hood & Co., Inc.

McCanne, D. R. (2004, November). A national health insurance program for the United States the country must abandon its fragmented system. *PLoS Medicine 1*(2), 115-118. Retrieved March 5, 2005 from www.plosmedicine.org

Reinhardt, U. E. (2003, August 27). Is there hope for the uninsured? *Health Affairs* Web Exclusive. Retrieved on March 18, 2005 from http://content.healthaffairs.org/cgi/reprint/hlthaff.w3.376v1.pdf.

Tooker, J. (2003, January). Affordable health insurance for all is possible by means of a pragmatic approach. *American Journal of Public Health 93*(1), 106-109.

United Nations (1948). *Universal Declaration of Human Rights*.