

The
Medicare-for-All
and
Single Payer
Handbook, 2019

Prepared for free distribution by Diane Lucas, MD, PhD, with the assistance of colleagues at the Portland, Oregon Chapter of Physicians for a National Health Program. We can be found at www.pnhporegon.org, and on Facebook.

IN A NUTSHELL: MEDICARE-FOR-ALL AND SINGLE PAYER

Let's face it: America's healthcare system is broken. We pay the highest prices in the world, but we have more people left out, more people unable to see a doctor or buy their medications. We have people going bankrupt, even dying for lack of care. But our healthcare and drug companies are some of the most profitable businesses in the world.

We are also the only country in the developed world with a so-called free market, for-profit system. This is absurd! When profits matter first, patient care takes a back seat. How can companies who have to make profits deal with your healthcare needs fairly? They can't, and they don't.

All other wealthy countries have a national healthcare system. Everyone is included from birth. These countries understand that it is in their national interest to keep their citizens healthy. They *guarantee* healthcare to their citizens. They provide better healthcare than we do. And they spend a whole lot less.

This is what Medicare-for-All and single payer are all about, a “fair share” payment system for healthcare. These programs redirect all money now being spent, publicly and privately, into a single public fund that covers everyone. The fund must cover everyone and include all medical providers (doctors, nurse practitioners, physical therapists, mental health counselors, etc.) and all hospitals. It must cover all necessary medical care, with no bills or out of pocket expenses for you. It must run efficiently, using large-scale measures to keep down costs. It must do all this without private insurance. Single payer and Medicare-for-All are very much the same.

Our government will not run Medicare-for-All or single payer. The program will see that our health care gets paid for. You and your doctor will make your own medical decisions.

MEDICARE-FOR-ALL AND SINGLE PAYER ARE NOT “GOVERNMENT TAKEOVERS” OF HEALTH CARE. THEY ARE NOT “ONE SIZE FITS ALL” MEDICINE.

Private, for-profit health insurance will be eliminated, because it is a very expensive middleman. This will save a half trillion dollars a year. Drug prices will be negotiated, saving another one hundred and thirteen billion dollars. Hospitals will be given an overall budget for the year, instead of billing for every expense for every patient. Your doctor’s fees will be negotiated in advance. Together these savings will be more than enough to pay for 100% of care for everybody.

You will not ever have to buy health insurance again. You will not pay any deductibles (the amount you have to pay before your insurance pays anything). You will pay nothing to visit the doctor, hospital, or pharmacy. In return, you will pay an annual healthcare premium, based on your income, not your age or how sick you are.

EXCEPT FOR THE TOP 5% OF EARNERS, WE WILL ALL PAY LESS FOR OUR HEALTHCARE THAN WE DO NOW.

You will have free choice of doctors and hospitals, because no insurance company will tell you which network you belong to. Everyone will be in the same network.

Businesses won't have to sweat over the cost of health insurance for their workers, so our businesses will be better able to compete around the world. Business is a huge winner in Canada's Medicare-for-All system. Because of that savings to your employer, your wages could actually finally go up. Because you won't be dependent on a job for health insurance, you could change jobs, start a business, or retire early.

If you want to make this happen, learn the facts in this booklet, so you won't be fooled by fake Medicare-for-All plans, public options and other plans that depend on for-profit insurance. Don't believe the scare tactics about losing our doctors, long waits, rationing, or low quality care.

MEDICARE-FOR-ALL OR SINGLE PAYER WILL PROVIDE BETTER CARE FOR LESS MONEY, SO WE WON'T EVER HAVE TO FEAR THAT WE CAN'T AFFORD THE CARE WE NEED.

Let's get started....

Healthcare is America's largest industry and employer.¹ It costs us nearly \$4,000,000,000,000 a year, nearly one out of every five dollars that we spend. It's more expensive here than in any other country.^{2,3} Pharmaceutical (drug) manufacturers in the US in 2018 made a profit of \$75,000,000,000 on sales of \$482,000,000,000. We spent almost half as much as the entire world does on drugs, even though we are only 4 or 5% of the world's people.^{4,5,6} You would think that we must have the best, most effective health care system in the world. You would be wrong.^{7,8,9}

Our American healthcare system ranks 37th in the world in terms of outcome – how healthy we are. In terms of fairness, we rank 53rd.¹⁰ 45,000 Americans die every year because they cannot get care.¹¹

Medical costs are the largest cause of personal bankruptcy, even though most people had insurance when they became ill.^{12,13} More women die due to childbirth here than in any other industrialized country.¹⁴ Our life expectancy, unlike in other countries, is actually going down.¹⁵

No other major country has a healthcare system like ours. Ours was an accident of World War II, when employers needed workers, and raising wages wasn't allowed. But employers could compete for workers by offering benefits, such as health insurance, and so our system was born.¹⁶

Since 1798, Americans have tried to develop a rational plan to deliver healthcare. Many countries in Europe did this successfully a century ago. But our attempts have always been stymied by groups of doctors and insurance companies, wanting to continue to collect their excessive profits, fear-mongering, and misleading us.¹⁶

Now we have the Partnership for America's Health Care Future, a pact of for-profit health care corporations, hospitals, and drug makers, which shamelessly "spins" the facts to make us fear healthcare reform.¹⁷ But we don't have to be scared by them. Knowledge is power. When you know the truth, you don't have to believe their spin, and you can act boldly in your own, and your country's, best interests.

What is Medicare-for-All?

Medicare-for-All is a payment system for health care. One agency of the government collects the money and pays the bills for health care for everyone. It is called **Medicare-for-All** because our current Medicare has one agency that collects the money and pays for medical bills for everyone over age 65 and some people who are disabled. Medicare-for-All would simply expand this payment system to everyone.

Medicare-for-All does NOT mean that the government runs health care or makes decisions about your individual medical care. You and your doctor will make your health care decisions, not an insurance industry employee, as now happens. Private insurance companies will NOT be involved.

Medicare-for-All can have different meanings, depending on who is speaking. But, basically, it is the idea that everybody is included in the same national health care system without having to wait until they turn 65 or become disabled, to join Medicare, as they do now.

What is Single Payer?

It's just about the same as Medicare-for-All, a payment system in which all public and private funds are pooled into a single public fund that covers everyone.

If you ask, more people will say they want "Medicare-for-All", than want "single payer." This is probably because people are familiar with "Medicare", as a good thing, which helps Grandma, while "single payer" has been falsely labeled as "socialism."^{11,16,17,18}

Actually, neither single payer nor Medicare-for-All are "socialism" or "socialized medicine". Socialized medicine exists in the UK, Israel, Finland, Spain, our Veterans Administration and our military and Indian health services.¹⁹ Socialized medicine means that the government owns the hospitals and clinics and employs the doctors and nurses.

What we are talking about here is actually "social insurance", meaning that everyone is included, without having to be part of a special group, such as people over 65 (as in the Medicare we have now) or low income earners (as in Medicaid). Single payer works more like your local fire department,

looking out for everyone, and is no more “socialism” than the Social Security and Medicare we rely on now.

MEDICARE-FOR-ALL AND SINGLE PAYER ARE **NOT** “GOVERNMENT TAKEOVERS” OF HEALTH CARE. THE GOVERNMENT WILL MANAGE THE FUNDS, NOT RUN THE HEALTH CARE SYSTEM.

Why do we need Medicare-for-All or Single Payer?

In spite of what we have often been led to believe, we don’t have the best health care system in the world. As we’ve said, we don’t live as long or as healthy lives as people in other leading countries.^{3,15,20}

We have by far the most expensive health care system in the world^{3,21} We have the only for profit health care system in the world, and we pay some of its top executives tens of millions of dollars a year²² while we may have to go without care. We have built a \$10,000,000,000 industry out of denying Americans the health care they need.⁹ In 2018, we Americans borrowed \$88,000,000 to pay our medical bills, and, still, a quarter of us put off needed care.²³ More than 250,000 Americans ask GoFundMe.com for help paying medical bills each year.²⁴ Some of us have to rely on free clinics or even traveling clinics, such as Remote Area Medical.¹⁶

We pay twice as much as people in other leading countries pay, sometimes more.²¹ We spend \$9,403 per person each year; Canada **has a Medicare-for-All system and** spends \$4,641,³ and Canadians live longer and healthier lives.²⁵ We spend \$1443 per person on medications; Canadians spend

\$613.²⁶ Other leading countries, such as England, France, Germany, Italy, Japan, spend amounts similar to Canada's, or less.³

29,000,000 Americans don't have health insurance,²⁷ and more than 40,000,000 have such limited insurance, (are "underinsured") that it doesn't help them enough when they need it.²⁸ We are the only developed country in the world where families can go bankrupt when someone gets sick, as many thousands do each year, even though most of them had health insurance when they got sick.^{12,29}

So it should come as no surprise to learn that 45,000 Americans die every year because they can't afford the medical care they need.¹¹ That happens nowhere else in the industrialized world, but we are so entrenched in the idea that free market competition will provide us better and cheaper care. It doesn't. In fact, it does just the opposite. There is no free market in health care.³⁰

We waste almost one third of every healthcare dollar pushing paper, because we have such a disjointed system with over a thousand different insurance companies. Our current Medicare has an overhead cost of about 2%; so does Canada's Medicare-for-All system.^{18,29,31} But for our private insurance companies, the overhead is about 20%, plus an additional 10% that it costs doctors to bill the insurance companies.³¹ With Medicare-for-All, we could save an estimated \$504,000,000,000 (\$504 billion!) on payer pushing!³² That's a savings of \$1,575 for every person in this country, every year.

We also have one of the least fair systems in the world, and our healthcare system is making the inequality worse.^{10,33} We all know that your health depends, in part, on your zip code and your income. A rich 40-year-old man can expect to live 15 years longer than a poor 40-year-old man. For women, that difference is 10 years.^{34,35,36} So it's no surprise that the lower your income, the less help you will get preventing illness.³⁷

Out of pocket ("OOP") expenses are supposed to make us "behave responsibly" as consumers of health care.³⁸ If that were true, we should have the most cost-effective system, not the wreck we now have. The truth is that we don't "decide" to purchase health care! We can't "choose" the cheapest ambulance in an emergency! OOP expense is just a way for the insurance companies to shift more of the cost to us.

OOP expenses just make us sicker, because they keep us from getting the care we need.⁸ And they hurt us financially: about 2,000,000 low-income families paid more than 40% of their total income for health care in 2018.³⁹ Low income families are the least able to afford large out of pocket expenses, but our deductibles, the amount we have to pay before our insurance pays anything, keep rising.⁴⁰ And the rapid increase in the number of plans with high deductibles – as high as \$20,000 for a family– is making it harder for people to actually get care.⁴¹ A friend of mine had a deductible so high that she had to wait for her son to finish college before she could get the surgery she needed!

Right now, if you need an expensive treatment, an insurance company

employee makes the decision about whether you can get it. If it is not covered by your plan (let's say, maternity care), or if the insurance company needs to increase its quarterly profits, your doctor can't convince your insurance company to pay for it. Under Medicare-for-All, these decisions are already made: if it is necessary, you will get it.

Many people have difficulty paying for their medications. It's no secret that we pay by far the highest drug prices in the world. 20% of us don't fill new prescriptions for chronic diseases, 50% of us if it costs us more than \$50.⁴² Medicare-for-all will be large enough to negotiate good prices for drugs, and it will also pay for them, so we don't have to. This will save everybody money in the long run, since we won't keep getting sicker.

Medicare-for-All could force drug companies to work for the public good, as well as for profit. It could put pressure on drug makers so that develop new antibiotics for some of the infections that are now untreatable. It could also do something about the drug company abuses that contributed to the opioid crisis.

American doctors spend many hours every week jumping through hoops created by insurance companies, but doctors in other countries don't. Each year, our primary care doctors spend about \$99,000 dealing with insurance companies, Canadian doctors \$20,000.^{18,26,43} Our doctors are burning out.⁴⁴ They are sometimes cheated out of payment. As one recently said, "I feel like I'm practicing medicine with one hand tied behind my back."²⁶

The high cost of malpractice insurance is a serious burden to many doctors and adds to the cost of your visit. Under Medicare-for-All, compensation boards can be set up to settle with injured patients, eliminating the need for wasteful lawsuits. And these settlements don't have to include the huge cost of future medical care, since future medical care is already guaranteed. Having to sue to get your medical bills covered after an accident is unbelievably stressful and wasteful.

We are also starting to see a shortage of primary care doctors, such as family doctors, because of the high cost of medical education. When doctors graduate hundreds of thousands of dollars in debt, they don't choose to become family doctors, who are paid less. They become specialists, who earn several times more. Medicare-for-All evens the playing field somewhat, so that doctors don't have to choose their field based on income. Canadian family doctors earn more than ours do, but their specialists earn less than ours do. And in many single payer countries, the government pays the cost of medical education.

In single payer countries, medical records are simpler and easier to find in an emergency, because they are all in the same system. That system also makes it easier for public health doctors to study health data, so that they can improve our medical treatments.

What is Congress doing about our broken health care system?

The good news is the Medicare for All Act of 2019, H.B. 1384, has been introduced into the House of Representatives.⁴⁵ H.B. 1384 covers all

medically necessary care, with no out of pocket expenses for you. This includes the cost of doctors; hospitals; dental, vision, hearing, mental health, reproductive, and long-term care; medical equipment; workman's compensation; and prescription drugs. It ends the administrative waste of private insurance. It negotiates doctors' fees in advance, and drug prices to stop the out of control spiral of drug costs. It pays hospitals global budgets, doing away with the wasteful expense of assigning a cost, patient, and insurance carrier to every pill and procedure they provide. Together, these savings are more than enough to pay for full care for everyone.²⁸

There is also a bill in the Senate, Bernie Sander's S.B.1129 Medicare for all bill.⁴⁶ While certainly better than our current system, it would not save as much money as the House bill. This is because the Senate bill would still allow hospitals to bill for each individual pill and procedure, as Medicare does now. It would not negotiate drug prices. It would allow a lot of private investment in our care to continue. But, it would cover everyone, at a lower cost than we now pay, and more fairly share the cost of care.⁴⁷

Won't our health care system just collapse if we get rid of private health insurance?

Absolutely not! Private insurance companies are middlemen; they do not provide healthcare. They just sell access to it. They are responsible to their investors, not to you. If your needs threaten their profits, you lose.¹⁶

They're constantly on the lookout for the least expensive doctors, drugs and hospitals, so you can get a new but worse deal with each new plan.

On top of that, each year many of us lose our private insurance for some reason or other, known as “churning”, leaving us vulnerable and making us feel like we’ve really been through the washer.^{44,49,50,51}

It’s said that people “like” their private insurance. If you know someone who really “likes” his private health insurance, ask him if he has ever been really sick and had to rely on it. Chances are, he hasn’t, or he wouldn’t “like” it.

Private health insurance, such as you might get at work, covers about half of us.⁵² In 2018, the total cost of employer sponsored health insurance, (employer plus employee shares), averaged \$28,166 for a family of four, not exactly cheap.⁵³ But private health insurance actually pays only about 20% of our national medical bill.⁵⁴ That’s because it receives huge government subsidies (\$685,000,000,000 in 2018)⁵⁵ and because it “cherry picks” the healthiest, people, leaving the rest of us to pay for the sicker people, whose care is much more expensive.

This 20% is probably not much different from what we individuals pay out of pocket. This figure is hard to track down, since our government does a poor job keeping track of our OOP expenses. A reasonable estimate of our actual OOP expenses is about 20%, and rising.^{8,9,56}

So, the bottom line is: the part played by private insurance is not as much of a game changer as they would like you to believe. We don’t need overpriced, underperforming private health insurance. Redesigning health care will put a lot of billing clerks out of work. But they will get help

retraining for new jobs. Should we have kept driving horse drawn buggies so that we didn't put buggy makers out of work?

Can we afford Medicare-for-All?

The truth is, we can't afford not to make the switch. If we continue under the current broken system, we will spend more every year, and fewer people will be able to afford care. Our national debt will continue to skyrocket (think taxes). Healthcare spending could bankrupt America. If we make the switch, we can roll back costs, save part of what we now pay, and cover everyone.²⁸

WHATEVER THE ACTUAL COST OF MEDICARE-FOR-ALL, IT WILL BE **LOWER** THAN THE COST OF THE CURRENT BROKEN SYSTEM.

How can we pay for Medicare-for-All?

THE SIMPLE TRUTH IS, THERE IS ALREADY MORE THAN ENOUGH MONEY IN THE CURRENT SYSTEM TO PAY FOR A BETTER SYSTEM THAT WILL COVER EVERYONE.

The government already pays about 65% of all medical bills. (Think Medicare, Medicaid, Veterans Administration, Tricare, Indian Health Service, insurance for government workers, tax subsidies to employers to buy health insurance for workers, Obamacare subsidies, and so on.) Stated otherwise, we taxpayers already pay that 65%²⁸

About 20% of the cost of health care comes directly out of our pockets: policy premiums, deductibles, copayments, doctor's bills, hospital bills, prescription costs, etc.⁵⁵ So we pay that, too.

And, remember there's that roughly 20% paid by private insurance (which we, too, have already paid them).

Now, to create a new system, let's take that huge chunk of money, the 65% government (taxpayers) already pays, and put it in a new pot. Throw in the 20% the industry actually pays. Then let's add our 20%, all of the money which we pay "out of pocket" for deductibles, copayments, doctors' bills, hospital bills, and prescriptions, and add it to the pot.

But how do we do that? Simple: instead of paying premiums and out of pocket costs, we come up with a fair healthcare tax. Such a tax takes the burden off of those least able to pay, and places it on those who have done so well in our economy. So yes, a tax which is highest on those most able to pay, and lowest on those least able to pay.

And by cutting out the huge number of for profit insurance middlemen and all the paper pushing they create, remember that \$504,000,000,000 savings? And the savings from negotiating drug prices, estimated at \$113,000,000,000?¹⁸ And the savings from global budgeting of hospitals? Put together, these savings are enough to really reduce the cost of our health care while covering everyone. Medicare-for-All will save the average family thousands of dollars, and give us better care.^{58,59}

IN SPITE OF A NEW TAX, UNLESS YOU ARE AMONG THE TOP 5% OF WAGE EARNERS, YOU WILL PAY **LESS** THAN YOU DO NOW FOR YOUR HEALTHCARE.²⁸

Couldn't we just improve on Obamacare, the Affordable Care Act (ACA)?

Obamacare has been a big improvement, moving the ball forward, protecting those with pre-existing conditions and young adult children under age 26. It set up a more competitive marketplace, with subsidies to help pay. It required insurance companies to spend a greater percentage of their intake on actually providing care. But, while it's a start, Obamacare's a long way from perfect.

Obamacare's problem is that it relies on private insurance. It actually *adds* to the cost of healthcare. It preserves our willy nilly system of payment, which will never control costs. It does not prevent insurance companies from whittling down your coverage, or increasing the amount you have to pay, or increasing your price so much you can't afford it. It does not prevent drug companies, profiteers, and crooks from exploiting the system.

Obamacare does not guarantee you free choice of doctors and hospitals. It has not decreased the number of families forced into bankruptcy by medical bills. And it continues the unfair system by which middle and lower income Americans pay proportionately more for their care than richer ones do. We can do better.^{60,61,62}

I'm confused about all the different Medicare-for-All plans...

You're certainly not alone. Our opponents create and thrive on confusion, but we can be smarter about it. The idea of "Medicare-for-all" has become so popular that quite a few phony plans have sprung up, trying to take advantage of the popularity of Medicare-for-All.

Medicare Part X, Medicare Part E, Medicare for America, Medicare at 50, Medicare Extra for All, and others are NOT true Medicare-for-All plans. They do not cover everyone. They do not provide all necessary medical care. They do not cover 100% of the cost of care. They may be profit-driven. And they do not control costs by negotiating drug prices, negotiating doctors' fee schedules, and global budgeting of hospitals.^{26, 63}

Similarly, Medicare for All Who Want It and Medicare-for-All with private insurance on the side cannot cover everyone or control costs. These are just wishful thinking on the part of politicians, who should know better by now.

Is Medicare-for-All or single payer the same as the public option?

Not at all! Public option means the government sets up an insurance company to compete with the private companies, so that you have a choice of public vs private insurance. And it is supposed to keep down the cost of insurance by competing with private companies.

BUT...public option does NOT provide all necessary care or cover 100%

of the cost. It does not control costs through global hospital budgeting, or negotiate drug prices and fee schedules. It would likely attract many of the sicker patients insurance companies love to dump, because their care is so expensive, so it wouldn't be able to control costs in the long run. It's just another insurance company, increasing the paper pushing, and, again, wishful thinking.^{63,64}

Won't the quality of care suffer under Medicare-for-All?

No, it will improve. You can get care when you needed it, not when your diabetes is completely out of control or your cancer so far advanced that you can't wait any longer. You won't have to wait for a "preapproval" from an insurance company, or delay because you fear the cost. Most of our "barriers to care," chiefly cost, will be gone.

OPPONENTS OF MEDICARE-FOR-ALL CLAIM THAT IT WOULD LEAD TO POOR QUALITY OF CARE, BUT THERE IS **NO** EVIDENCE TO SUPPORT THAT.

One great way to make sure we get good quality care is to make sure that *everyone* is included in the system, as the British do. Could you imagine members of Congress putting up with a bad system that included *them and their families*? As long as there is enough money to pay for it, there is no reason for care to suffer.

ALL OF THE DEVELOPED COUNTRIES THAT HAVE SINGLE PAYER PROVIDE BETTER QUALITY HEALTHCARE THAN WE DO.

Won't we have to ration care?

No. The truth is that, in America, right now we ration care more than any other developed country does.⁸ If you don't have the right insurance, or qualify for the right program, or aren't very rich, you don't get care, whether you need it or not.

When I was working in a large general hospital, there was a 90-something year old man with heart disease up on the 5th floor. Because he had good insurance, he was able to get very expensive coronary artery by-pass surgery. The trouble was, he still couldn't get out of bed afterwards. On the first floor, a young construction worker with a wife and two young children had gone into liver failure, not due to drugs or alcohol. Because he had no insurance, he was denied a liver transplant and allowed to die. Then we supported his wife and young children on Social Security survivors' benefits for many years.

Do you still really believe we don't ration health care in America?

But won't we have to wait much longer for care?

There is no reason to believe this. Canadians in some provinces wait longer for some elective procedures, just as Americans in some states wait longer than others. At least in Canada, no one has to die because he has to wait forever. They get the care Americans too often don't get.^{65,66}

I love my doctor. I don't want to lose her...

Under Medicare-for-All or single payer, there will be free choice of doctors, and all doctors will be in the system, so you can keep your doctor. You can choose your medical center and hospital, because there will be no insurance company network rules to follow. Every doctor and medical facility will be in “your” network.

And I don’t want to make my doctor’s life harder...

Single payer will make her life easier. Most doctors already want single payer healthcare^{48,68} as do most Americans^{67,68,69} It will relieve her of the enormous burden of medical billing, which now involves more than a thousand different insurance companies, rebilling, and refusals to pay, without any guarantee she will ever be paid. Instead, there will be one place to bill.

Your doctor will know in advance how much she is going to be paid to treat you, because this will be negotiated in advance. She will receive the same amount for treating you as she will get for treating a baby in foster care or a millionaire businessman. She will also know in advance what is covered (and all necessary treatments will be). She won’t have to spend hours on the phone trying to convince insurance company employees of your need for specialized care or an expensive drug.

And the myth of the 40% pay cut for doctors is just that...a myth.⁷⁰

I don’t want the government coming between me and my doctor...

No, that's the job of insurance companies, to come between you and your doctor. Remember, the primary obligation of insurance companies is to their investors, not to you. If push comes to shove, insurance companies will ignore their promises to you in order to make a profit. Legally, they are required to make that profit, not to help you. So, do we really even want them?

In contrast, the role of the government in Medicare-for-All or single payer is to see that your care is paid for, not to decide whether it wants to pay for your care or make a bigger profit. Covered services are decided in advance, and doctors are free to provide the care their patients need. Medicare-for-All or single payer is the system we need now.

As Winston Churchill said, "You can always count on the Americans to do the right thing...after they have tried everything else."

References and Websites:

Many of these references, and much more useful information, can be found on the website www.pnhp.org.

www.Healthcare-NOW.org is also a good source of information, with connections to Medicare-for-All and single payer groups all around the country. You can also tell *your* insurance horror story there.

1. Thompson, The Atlantic, January 9, 2018.
2. National Health Expenditures Fact Sheet 2017, US Centers for Medicare and Medicaid Services, December 2018.
3. Martin, et al, The Lancet 2018: 391: 1718-33.

4. Belk and Belk, http://truecostofhealthcare.org/the_pharmaceutical_industry/
5. <https://www.statista.com/topics/1719/pharmaceutical-industry/>
6. <https://www.statista.com/statistics/272720/top-global-biotech-and-pharmaceutical-companies-based-on-net-income/>
7. See www.pnhp.org Newsletter ongoing data update articles by Himmelstein and Woolhandler, "Health Care Crisis by the Numbers."
8. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, Penguin Press, 2009.
9. Geyman, *Do Not Resuscitate: Why the Health Industry is Dying, and How We Must Replace It*, Common Courage Press, 2008.
10. World Health Organization data, www.who.int
11. J. Geyman, *Hijacked: The Road to Single Payer in the Aftermath of Stolen Health Care Reform*, Common Courage Press, 2010.
12. Himmelstein et al, *American Journal of Medicine*, August 2009.
13. Himmelstein and Woolhandler, *American Journal of Public Health Editorials*, March, 2019.
14. Fingar et al, *The Health Care Cost and Utilization Project*, September 2018.
15. Ahma and Bastian, *National Center for Health Statistics*, 2018.
16. Potter, *Deadly Spin: An Insurance Company Insider Speaks Out on How Corporate PR is Killing Health Care and Deceiving Americans*, Bloomsbury Press, 2010.
17. Fang and Surgey, *The Intercept*, November 20, 2018.
18. Woolhandler and Himmelstein, *CNN*, October 13, 2018.
19. www.OCED.org
20. Stephenson et al, *Annals of Internal Medicine*, April 18, 2017.
21. Sawyer and Cox, *Kaiser Family Foundation*, December 7, 2018.
22. Lazonick and Hopkins, *The Atlantic*, September 2016.
23. "The US Health Care Cost Crisis," *Westhealth-Gallup*, Jan 14 – Feb 20, 2019.
24. Bluth, *Kaiser Health News*, January 16, 2019.
25. Krell, *Post Register*, May 17, 2017.
26. Gaffney, *Summer Newsletter 2019*, www.pnhp.org.
27. "Health Insurance Coverage in the US," *US Census Bureau*, September 13, 2016.
28. www.pnhp.org, *Improved Medicare for All: Quick Facts*
29. Himmelstein et al, *New England Journal of Medicine*, June 7, 2018.
30. Boozary et al, *Health Affairs*, April, 2019.
31. *National Health Expenditure Trends: 1975-2017: Data Tables-Series A*

32. Woolhandler and Himmelstein, *Annals of internal Medicine*, April 2017.
33. Newkirk, *The Atlantic*, January 19, 2018.
34. Ansell, *Washington Post*, September 13, 2017.
35. Ansell, *The Death Gap: How Inequality Kills*, University of Chicago Press, 2019.
36. Chetty et al, *American Journal of Public Health*, December 2016.
37. Sherman et al, *Health Affairs*, February 2017.
38. Fein, *The Cost of National Health Insurance: An Economist's View*, reprinted in Summer 2019 Newsletter, www.PNHP.org.
39. Khera et al, *JAMA Cardiology*, August 2018.
40. Cohen et al, National Center for Health Statistics, August 2018.
41. Cohen and Zammitti, National Center for Health Statistics, January 2017.
42. Franklin et al, *Journal of General Internal Medicine*, November 2018.
43. Lee and Blanchfield, *JAMA*, February 20, 2018.
44. Desai, *The Conversation*, November 5, 2017 and at <http://theconversation.com/how-burnout-is-plaguing-doctors-and-harming-patients-86445>.
45. www.congress.gov/bill/116th-congress/house-bill/1384
46. www.congress.gov/bill/116th-congress/senate-bill/1129
47. Woolhandler and Himmelstein, *Health Affairs*, November 19, 2018.
48. Cotton, *Circleville Herald*, March 13, 2019.
49. Frisch with Andrew Coates, *The Sun*, March 2018.
50. Bruenig, *People's Policy Project*, April 4, 2019.
51. Sommers et al, *Health Affairs* October 2016.
52. Buchmueller and Valletta, *Health Affairs*, February 2017.
53. Girod et al, *Milliman Index* May 21, 2018.
54. Keehan, *Health Affairs* online February 15, 2017.
55. "Federal Subsidies for health insurance coverage for people under age 65: 2018-2028," Congressional Budget Office May, 2018.
56. Hartman et al, *Health Affairs*, December 2017.
57. *Financing single-payer national health insurance: Myths and Facts*, www.PNHP.org
58. Sachs, *CNN* March 1, 2019, reprinted in Summer 2019 Newsletter, www.pnhp.org.
59. Woolhandler and Himmelstein, *The Nation*, August 10, 2018.
60. Torres et al, *Annals of Internal Medicine*, June 23, 2017
61. Walsh, *Counter Punch*, April 6, 2017 and <http://bit.ly/2v0b2xm>.
62. Woolhandler and Himmelstein, *American Journal of Public Health* January 2017.

63. Himmelstein and Woolhandler, The Nation, October 21, 2019.
64. Gaffney, Jacobin July 19, 2017.
65. Katz et al, Health Affairs, May 2002
66. Canadian Institute of Health Information, http://www.cihi.ca/cihi-ext-portal/internet/en/document/health+system+performance/access+and+wait+times/release_21mar11
67. Kaiser Family Foundation, "Public Opinion on single-payer..." March 2018.
68. Associated Press-NORC Center for Public Affairs research, 7/13-17/2017.
69. AP-NORC/MTV poll 10/24/2018.
70. Paris, Common Dreams, September 11, 2018.

My Story, or Why I Wrote This...

At 16, I was badly injured in a car accident, and my father had to borrow money to pay for my month in the hospital. Still a child, I can remember fearfully testifying in court about my injuries, so we could claim our two-thirds of the \$10,000 in liability insurance from the auto insurance company. That was my introduction to American health care.

During my second pregnancy, 35 years ago, I had cancer. Then the health insurance company asked us for an annual premium of \$22,000. Our annual household income at the time was \$42,000.

I went into medicine because I wanted to help change the system. But while I toiled there, the system only got worse. I was a pediatrician serving uninsured and poorly insured kids. I loved those kids.

Soon after I retired, my husband and I were in a car stopped at a red light. We were rear-ended by a much larger car. We had just switched from employee insurance to a retirement plan, but with the same insurance

company. This switch was complicated by the fact that the open enrollment window around my birthday did not jibe with my husband's retirement date. But it did go through. However, this little hitch was enough for the insurance company to inform the hospital that I was "not their insured."

In the middle of the night I was informed that I was classified as a "medical indigent," (an uninsured person who doesn't qualify for help), and at 6 the next morning, with 10 broken ribs and a host of other injuries which hadn't yet been explored, I was awakened and informed of my discharge. I was not allowed to speak to my doctors again. A whole series of billing mistakes led to a six month long billing and collection agency nightmare. My health insurance company never paid all of the bills from that day, even though I paid my hospital copayment. Those bills became my problem.

Diagnosis of my injuries was also greatly delayed. This was the perfect opportunity for the auto insurance company of the driver at fault (who had accepted full responsibility for the accident) to claim that almost all of my injuries weren't from the accident! And my surgeon's office was all too concerned with avoiding the inconvenience of a lawsuit. Added to that was a so-called lawyer afraid to challenge anything the auto insurance company dictated. About as much money was spent arguing over who was going to pay the bills, as was actually paid on my bills. The winners, of course, were the lawyers and insurance companies. That is how I wound up financing much of my accident related medical care from my retirement savings. Some months, my out of pocket costs were greater than my Social Security check.

When I finally received a meager settlement, more than five years after the accident, it amounted to \$2 and some cents a day, for the rest of my expected lifetime, to cover my pain and suffering and accident related care medical care. My injuries are probably not ever going to resolve.

I needed shoulder replacement surgery as a result of the accident, but I hadn't been compensated for it, as my surgeon was too afraid to get involved in a legal claim, and my "lawyer" couldn't be bothered. As soon as I scheduled the surgery, my health insurer's agent threatened to take my entire settlement if I had the surgery. So I cancelled the surgery and waited another year, until medical-legal bugs could be worked out. By the time I finally had the surgery, my arm bones had weakened so much from disuse that the bone crumbled on the operating table. The new surgeon did a heroic job, but I will never have normal use of my shoulder. And, now, my doctor wants me to take a \$40,000 a year drug to strengthen my bones!

The aftermath of the accident profoundly changed my life. I had to give up many of my dreams for retirement. I live with an unresolved head injury, PTSD, broken teeth, and several painful injuries.

And I live with a deep sense of loss, that something is profoundly wrong with the way the medical industry in this country treats some of the most vulnerable among us. If this could happen to a doctor, what could happen to others who don't know much about our health care system? We can do better than this! Medicare-for-All or single payer can put an end to abuses like these. That's why I am working to change this system. Join me.