Medicare for All: Healing Racial Health Inequities

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.”
- Dr. Martin Luther King

The U.S. health system is plagued with inequity: Compared to whites, people of color are more likely to be uninsured, face barriers to care, and suffer from preventable health conditions.

Costs and access to care

- People of color account for over half of America’s uninsured. Hispanic and Black Americans have significantly higher uninsured rates (19% and 11%) than whites (8%).
- Insured Black families spend nearly 20% of household income on premiums.
- Nearly one-third of Black Americans aged 18 to 64 have past-due medical bills.
- Majority Black communities are 67% more likely to have a shortage of primary care providers. Hospitals are more likely to close in communities with high levels of segregation and low-income residents.

Health outcomes

- Among today’s 40-year-olds, whites will live nearly six years longer than Blacks.
- Compared to white Americans, Blacks are twice as likely to die from diabetes, seven times more likely to die from HIV/AIDS, 22% more likely to die from heart disease, and 71% more likely to die from cervical cancer, with higher death rates for all cancers combined.
- Black mothers are twice as likely as white mothers to lack prenatal care and 320% more likely to die from pregnancy-related complications. Black babies are more than twice as likely to die than white babies. Most of these deaths are preventable.

Universal comprehensive coverage is proven to reduce or even eliminate health disparities

- In the Veteran’s Health system, Black men are 37% less likely than white men to develop heart disease, and have a 24% lower death rate — a significant improvement compared to the general population.
- Patients with end-stage kidney disease qualify for Medicare coverage. And once on Medicare, Black patients with kidney disease survive longer than whites.
- For women with breast cancer, high-quality health coverage has been proven to erase nearly half the racial disparities in detection, treatment, and survival.

We have a long way to go to eliminate the racial inequities in health care. But a necessary first step is comprehensive coverage for everybody in the U.S., regardless of income, employment, or age. The only way to achieve that is with single-payer Medicare for All, which provides lifelong coverage for all medically necessary care, free choice of doctor and hospital, and funding of hospitals based on community needs, not profit.