

# It's Time for National Health Insurance

by Jae-Hoon Kim

**W**hat if a single mother of a five-year-old son could not get proper medical treatment for her son's fever? What if the cause of the fever is meningitis that could kill her son? It would be inhumane if he could not receive the treatment that was needed and available because his mother did not have health insurance. It would be a violation of human dignity if the lack or delay of the proper treatment and medicine had anything to do with poverty or the race of the mother. This, however, could be a possible scenario for the nearly 48 million Americans without health insurance in 2005.<sup>1</sup>

Is the boy entitled to medical care? Does he have a "right" to receive health care? Answering this question is important because, after South Africa passed the National Health Act in 2003, the United States has become the only industrialized country in the world that fails to guarantee its citizens access to medical services.<sup>2</sup> Even with insurance, the insured person's health plan has to preauthorize patients for the plan-designated emergency room (ER), and quite often the preauthorization comes in too late to save the patient. Investor-owned, for-profit Health Maintenance Organizations (HMOs) deny 8% to 12% of ER visits. Authorization for ER is delayed 20 to 150 minutes. Of those delayed, 47% have unstable vital signs or other high-risk indicators.<sup>3</sup>

Furthermore, a study on views about equal distribution of wealth shows that many European coun-

tries support the right to equal access to health care.<sup>4</sup> In these countries, access to health care depends on need rather than on ability to pay.

So we must ask: can treating health care as a basic human right prevent these problems? The answer to this question will greatly influence our nation's public policy about universal health care. It is time for the United States to stop seeing health care as a commodity and start treating it as a human right. I believe that adopting a single-payer National Health Insurance (SPNHI) plan would be the best solution to our nation's health-care "non-system." It would guarantee access to medical care for the uninsured. At the same time, it would help to correct the competitive disadvantage for American corporate business in the international marketplace. Physically and mentally healthy people contribute to increased productivity, as well as the well-being of the whole society. SPNHI will reduce the health insurance overhead to keep good employees. A good, affordable health plan for all, therefore, is the backbone and the main artery of a nation, securing a sound economy and supplying life-saving balm to its citizens.

Under SPNHI, all citizens have access to basic medical services. In this new paradigm, health care would be redefined as an essential social good, not primarily a commodity for sale on the private market. A single payer, the federal government, would pay doctors and hospitals. The cost- and time-savings from the simplification of the health-care system would be enormous. Health care, as a right, would

join other essential services, such as public education and police and fire protection. This would establish a safety net that the current system does not provide.

For a long time, free clinics all over the United States have served many homeless people and the medically underserved; they have tried to be a safety net for the poor. Many of these free clinics are based on religious motivation for social justice and compassion. Some of the clinics operate with enough donations and grants, but most have been running under a constant financial burden and lack of recognition. With fewer than 500 free clinics in the United States, only a very small number of the nation's uninsured are receiving adequate care. Faith-based initiatives by the current administration through grants and awards could help these clinics, but this support would never touch the fundamental problems inherent in our health-care system, which requires a radical change.

Why do we really need this radical change? Can't we just improve the current system? The answer is in the pitfalls of the current system, which deals with health care as a commodity. When health care is a commodity, not a right, the uncontrolled profit system extracts as much profit as possible. For-profit HMOs have to work hard to meet the interest of their shareholders. Their primary interest is profit and rising share price. To meet this demand, the private HMOs control health-care cost, payment to doctors and hospitals, and most importantly, the practice rule of the health care providers. Pharmaceutical companies, which control the price of medicine, operate in much the same way as for-profit HMOs. In either case, another name for the "desire for profits" that serve the needs of shareholders might be "greed" or "control". Regardless, unchecked profit-taking occurs at the expense of the poor and "the least of these"; and the poor, who have few or no resources,

remain on the periphery of a society that does not embrace health care as a right.

Drs. Steffie Woolhandler and David Himmelstein eloquently state the need for an alternative health plan: "The most serious problem with investor-owned care is that it embodies a new value system that severs the communal roots and Samaritan traditions of hospitals, makes doctors and nurses the instruments of investors, and views patients as commodities. Like blood, health care is too precious, intimate, and corruptible to entrust to the market."<sup>5</sup>

The only solution to the problem is to cut the connection between health care and the limitless profit-taking. So, what would happen if Wall Street were completely out of the picture in regards to for-profit HMOs? The savings would be enormous. The United States currently spends 14% of its gross domestic product on health care — the largest percentage and amount of resources spent on the health sector in the world. However, the U.S. is rated by World Health Organization as only the 37<sup>th</sup> most healthy nation in the world.<sup>6</sup> Where does the money go? Much of it goes to administrative costs. Steffie Woolhandler et

al. calculated the administrative costs of health insurers, employers' health benefit programs, hospitals, practitioners' offices, nursing homes, and home-care agencies in 1999. The result was then compared with similar administrative costs of Canada. Health administration costs totaled at least \$294.3 billion in the United States, or \$1,059 per capita (31.0% of health-care expenditures), as compared with \$307 per capita (16.7%) in Canada. Their conclusion was that reducing U.S. administrative costs to the Canadian levels would save at least \$209 billion annually — enough to fund universal coverage. Such savings would benefit all, and the uninsured would have access to basic medical care.<sup>7</sup>

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	number of Americans without health insurance in 2005
14%	
	where WHO ranks US in health among nations
\$1,059	
	amount Canada spends per capita on health administrative costs

**L**et us remind ourselves of the situation of the uninsured. According to Physicians for a National Health Program, about 18,000 people in the U.S. die every year from a lack of health insurance — that's two people every hour.<sup>8</sup> The United States has a higher infant mortality rate than any other industrialized democratic country. The black to white infant mortality ratio is about 2.3 to 1. The poor pay proportionately more of their income for health care than the middle and upper classes. Canada, in comparison, taxes people with sliding-scale tax rates, so the richer get taxed more in absolute dollars for SPNHI. About half of all U.S. bankruptcies involve a medical reason, or large medical debt.<sup>9</sup>

Even with these apparent health-care disparities, U.S. special-interest groups have been voicing strong objections to a National Health Plan. A common economic objection to SPNHI is the unaffordability of the increased costs, as suggested by Richard Lamm, three-time former governor of Colorado and the director of the Center for Public Policy and Contemporary Issues at the University of Denver.<sup>10</sup> John Geyman, professor of Family Medicine at the University of Washington School of Medicine in Seattle, provides the counterpoint to Lamm's objection in his recent book, *Falling Through the Safety Net*. Geyman disagrees with Lamm's basic assumption that expanding health coverage to the entire population will necessarily increase health-care costs. Geyman claims that government insurance would save costs by enlarging the risk pool to the entire population, as well as by eliminating the overhead and profits generated by the for-profit insurance industry. Geyman

explains that balance between effective care and affordability would be important.<sup>11</sup>

A recent study showed that a national health-insurance program would save \$280 billion each year.<sup>12</sup> A universal health-care program would limit unnecessary and clinically ineffective services, thereby saving money. The saved resources could be distributed to other needy patients for clinically effective care. Of course one of the crucial questions is: Who would make these delicate decisions, and how? The answers would determine the fate of tens of millions of uninsured Americans, now and in the near future.

A moral objection to SPNHI could be that a right to health care is undeserved by individuals practicing high-risk behaviors. People would abuse their rights without assuming responsibility. This objection, Geyman argues, leads to a "blame the victim" attitude toward the sick and injured, linking individual behavioral failures to their health problems.<sup>13</sup> David Hilfiker, who practiced medicine in the inner-city of Washington, D.C., for many years, addresses this concern in his book *Urban Injustice: How Ghettos Happen*. He says that judgments of "deservingness" would be marred by the fact that so many inner-city poor are mentally and emotionally incapable of performing any useful work. Hilfiker argues that if society tries to separate the "deserving" from the "undeserving", prejudices would make it very difficult for the process to be just and accurate.<sup>14</sup> Hilfiker develops a detailed historical analysis that shows how various factors — slavery, the development of urban ghettos, poverty, New Deal programs, the Federal Housing Administration, the Veterans' Administra-

tion, segregation, commuter freeways, and others — resulted in the systematic isolation of lower-class African Americans, thus creating ghettos in many northern cities and perpetuating and deepening the level of poverty. Can we blame the victims?

**T**he battle between proponents and opponents of the SPNHI has already begun. Senator Ted Kennedy, in his National Press Club speech in early 2005, proposed to expand, in phases, the current Medicare system to all citizens. He called this plan “Medicare for All”, because it will free all Americans from the fear of crippling medical expenses and enable them to seek the best possible care when illness strikes.<sup>15</sup> Use of the Internet has been instrumental in starting a grassroots movement in support of SPNHI.<sup>16</sup>

The fight for SPNHI will not be easy. Winning against the special-interest groups will be like the battle between David and Goliath. But if the next health care reform fails, as *New York Times* reporter Paul Krugman warns, the inequality in our society will be beyond comprehension, ruining lives of all but the richest Americans in both finance and health because of their medical bills.<sup>17</sup> The key might be in the middle class. Middle-class citizens who think they are safe will have to be educated before the private HMOs suddenly lead them into financial and moral bankruptcies. Regarding “moral bankruptcies”, Geyman quotes Larry Churchill: “A health care system which neglects the poor and disenfranchised impoverishes the social order of which we are constituted. In a real sense, a health care system is no better than the least well-served of its members.”<sup>18</sup>

In summary, the market-based health care system has treated individual health care as a commodity. The linkage between health care and the unlimited profit-taking by for-profit HMOs has played a role in exploiting patients’ rights as well as the conscience of health care providers. The vehicles of capitalism and its profit motivation discriminate against any socioeconomic class that cannot afford the high cost of health care.

Now is the time to stop this unlimited profit-taking from health care. A single-payer National Health Insurance program can end the social injustice that is prevalent in the name of a free-market economy. SPNHI can stop the abuse of for-profit HMOs and pharmaceutical companies. This can be done through educating citizens all across America. As U.S. citizens eventually won the right to vote, health care as a human right can be won, brick by brick, by the efforts of common individuals, until all Americans have the right to be medically treated when they get sick. This will save not only Americans’ health but also our economy. And it will draw us closer to the Year of Jubilee, as Isaiah 61 chastens all Christians to proclaim.

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## ENDNOTES

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- <sup>2</sup> D. W. Light, “Health Care for All: A Conservative Case,” *Commonwealth Magazine*, February 22, 2002.
- <sup>3</sup> “Physicians for a National Health Plan,” November 2003, p. 16. [www.pnhp.org/slideshow/pnhp2003/PNHPNovember2003.ppt](http://www.pnhp.org/slideshow/pnhp2003/PNHPNovember2003.ppt).
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<sup>9</sup> *Ibid.* p. 13.

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<sup>13</sup> Geyman, p. 103.

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<sup>18</sup> Geyman, p. 104.