

RE-IMAGINE & RE-ENGAGE

Re-imagine & Re-engage: Health care for all

Beth Lincoln

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You have insurance — good insurance — Platinum Health Plus. Yes, you pay a hefty premium, but peace of mind is worth it. In a story recounted to me by a local physician, Bill and Marge (not their real names) thought they had the best insurance. Marge was diagnosed with cancer. Treatment and new experimental surgeries continued for ten years. During that time, insurance did not cover expenses — they had to sell their primary residence to cover the costs. Following Marge’s death, Bill filed for bankruptcy.

Had Universal Health Care been in place, their story would have ended differently. Calls for health care reform have been around since the early 1900s. In 1912 the Progressive Party candidate, Theodore Roosevelt, advocated for a national insurance: “We pledge ourselves to work unceasingly in state and nation for the protection of home life against hazards a sickness he regular employment and old age through the adoption of a system of social insurance adapted to American use.” Unfortunately he lost the election.

In 1915 the American Association for Labor Legislation, a group of academics, submitted a proposal advocating for health insurance that would protect all workers against loss of wages and medical costs. This proposal received support from the public but was defeated by Congress. In 1945 the Wagner-Murray-Dingle bill proposed a National Medical Insurance Program. It was to be financed by Social Security payroll taxes. While supported by President Harry S Truman, it was defeated by Congress. President Richard Nixon, in his address to the Congress in 1971, proposed the National Health Strategy that would address the shortcomings in the healthcare system, including access to care cost and availability of healthcare professionals. No action taken by Congress. In 1993

President Bill Clinton initiated a discussion on healthcare reform. While initially applauded, it was later criticized by congressional members and never got beyond the discussion phase.

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That all changed on March 21, 2010 when the House of Representatives passed the Health Care Reform Bill (HR 3590 and Affordable Care Act) that was submitted to them by the Senate. It was signed into law by President Barack Obama on Tuesday, March 23, 2010. According to the Office of Health Policy, the number of uninsured non-elderly Americans fell from 48 million in 2010 to 28 million in 2016.

Enter the COVID-19 epidemic — loss of jobs resulted in loss of insurance. A Harvard Business Review article entitled U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability stated “the number of uninsured American citizens is 33 million. Furthermore, 43 percent of working-age adults had inadequate health insurance. For those underinsured, deductibles have grown faster than their income, taking up larger shares of their household budgets. One’s inability to pay medical bills has serious health consequences: not going to the doctor when sick, not filling a prescription, skipping a recommended laboratory test. Every decision to forego treatment leads to poor health.

Enter Physicians for a National Health Program (PNHP), an organization that advocates for universal, comprehensive single-payer national health insurance. Formed in 1987, it now has over 30,000 members. PNHP believes that access to high-quality health care is a right of all people and should be provided equitably as a public service rather than bought and sold as a commodity. In a Letter to the Editor dated Aug. 26, 2021, Kathleen Healey, ENT Physician in Napa and Board Member of PNHP shared, “The most cost-

effective way to universal healthcare is with the government as the single-payer, which most of our allies have discovered. Why? 97% of the money goes to healthcare services and we save large sums of money by not sending 25-30% of our health care dollar to our middlemen for-profit insurance companies who use it for advertising, CEO salaries, shareholder profits, lobbyists, and large banks of administrators who deny services to patients, and payments to doctors, in order to increase their own profits.”

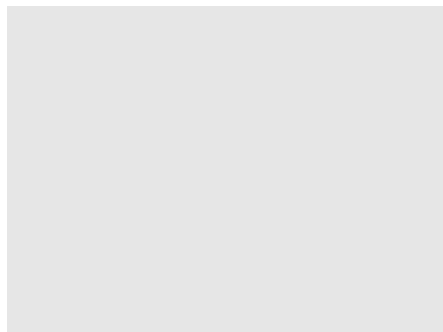
According to the PNHP, “Single-payer national health insurance is a system in which a single public or quasi-public agency organizes health care financing, but the delivery of care remains largely in private hands. Residents of the U.S. would be covered for all medically necessary services, including doctor, hospital, preventive, long-term care, mental health, reproductive health care, dental, vision, prescription drug and medical supply costs. Premiums would disappear. Patients would no longer face financial barriers to care such as co-pays and deductibles, and would regain free choice of doctor and hospital.”

The Medicare for All Act of 2019, H.R. 1384, introduced in the U.S. Congress in March 2020, establishes an American single-payer health insurance system that is efficient and equitable. Everyone is covered ... no one is left out.

It’s time to let our voices be heard ... not only for ourselves, our families and our community, but for the most vulnerable of our population. Health Care for All — Stand Up! Speak Up!

Health Care for All — CA (**healthcareforall.org**)

Physicians for a National Health Program (**pnhp.org**)



Beth Lincoln

Submitted photo

Beth Lincoln is the founder of Women Stand Up St. Helena, and Monday Vigil — Black Lives Matter. She is a national speaker with expertise in cultural awareness and diversity in healthcare, education and law enforcement. Ms Lincoln is a Family Nurse Practitioner and adjunct faculty at Pacific Union College.