September 30, 2010



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Independent U.S. Senator from Vermont

Posted: June 8, 2009 04:08 PM

Health Care Is a Right, Not a Privilege

Let's be clear. Our health care system is disintegrating. Today, 46 million people have no health insurance and even more are underinsured with high deductibles and co-payments. At a time when 60 million people, including many with insurance, do not have access to a medical home, more than 18,000 Americans die every year from preventable illnesses because they do not get to the doctor when they should. This is six times the number who died at the tragedy of 9/11 - but this occurs every year.

In the midst of this horrendous lack of coverage, the U.S. spends far more per capita on health care than any other nation - and health care costs continue to soar. At \$2.4 trillion dollars, and 18 percent of our GDP, the skyrocketing cost of health care in this country is unsustainable both from a personal and macro-economic perspective.

At the individual level, the average American spends about \$7,900 per year on health care. Despite that huge outlay, a recent study found that medical problems contributed to 62 percent of all bankruptcies in 2007. From a business perspective, General Motors spends more on health care per automobile than on steel while small business owners are forced to divert hard-earned profits into health coverage for their employees - rather than new business investments. And, because of rising costs, many businesses are cutting back drastically on their level of health care coverage or are doing away with it entirely.

Further, despite the fact that we spend almost twice as much per person on health care as any other country, our health care outcomes lag behind many other nations. We get poor value for what we spend. According to the World Health Organization the United States ranks 37th in

terms of health system performance and we are far behind many other countries in terms of such important indices as infant mortality, life expectancy and preventable deaths.

As the health care debate heats up in Washington, we as a nation have to answer two very fundamental questions. First, should all Americans be entitled to health care as a right and not a privilege - which is the way every other major country treats health care and the way we respond to such other basic needs as education, police and fire protection? Second, if we are to provide quality health care to all, how do we accomplish that in the most cost-effective way possible?

I think the answer to the first question is pretty clear, and one of the reasons that Barack Obama was elected president. Most Americans do believe that all of us should have health care coverage, and that nobody should be left out of the system. The real debate is how we accomplish that goal in an affordable and sustainable way. In that regard, I think the evidence is overwhelming that we must end the private insurance company domination of health care in our country and move toward a publicly-funded, single-payer Medicare for All approach.

Our current private health insurance system is the most costly, wasteful, complicated and bureaucratic in the world. Its function is not to provide quality health care for all, but to make huge profits for those who own the companies. With thousands of different health benefit programs designed to maximize profits, private health insurance companies spend an incredible (30 percent) of each health care dollar on administration and billing, exorbitant CEO compensation packages, advertising, lobbying and campaign contributions. Public programs like Medicare, Medicaid and the VA are administered for far less.

In recent years, while we have experienced an acute shortage of primary health care doctors as well as nurses and dentists, we are paying for a huge increase in health care bureaucrats and bill collectors. Over the last three decades, the number of administrative personnel has grown by 25 times the numbers of physicians. Not surprisingly, while health care costs are soaring, so are the profits of private health insurance companies. From 2003 to 2007, the combined profits of the nation's major health insurance companies increased by 170 percent. And, while more and more Americans are losing their jobs and health insurance, the top executives in the industry are receiving lavish compensation packages. It's not just William McGuire, the former head of United Health, who several years ago accumulated stock options worth an estimated \$1.6 billion or Cigna CEO Edward Hanway who made more than \$120 million in the last five years. The reality is that CEO compensation for the top seven health insurance companies now averages \$14.2 million.

Moving toward a national health insurance program which provides cost-effective universal, comprehensive and quality health care for all will not be easy. The powerful special interests the insurance companies, drug companies and medical equipment suppliers - will wage an allout fight to make sure that we maintain the current system which enables them to make billions of dollars. In recent years they have spent hundreds of millions on lobbying, campaign contributions and advertising and, with unlimited resources, they will continue spending as much as they need.

But, at the end of the day, as difficult as it may be, the fight for a national health care program will prevail. Like the civil rights movement, the struggle for women's rights and other grass-roots efforts, justice in this country is often delayed - but it will not be denied. We shall overcome!

To keep up to date on the health care debate in the Senate, sign up for the Bernie Buzz newsletter here.