11-10-2016

How Will We Heal?

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Lane, William H. “How Will We Heal?” Gettysburg Times (November 10, 2016), A4.

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How Will We Heal?

Abstract
How will we ever heal from our recent election? Isn't that what many Americans are asking at this point in time? Deadlines being what they have to be in order to keep a lively small town paper on track. I pose these questions while writing on Halloween Eve--appropriately enough given the current state of our politics--without knowing the results of the election. I don't know who won what exactly, but I do know our country lost, having been seriously damaged over the last year and a half by a presidential campaign without precedent in American history, and I do know what almost certainly faces us in the near future: more gridlock in Congress and in the state legislature, and the persistent failure of government as a whole to act effectively on our behalf to solve the many problems we face. [excerpt]

Keywords
presidential election, health insurance, affordable care act, health care costs

Disciplines
American Politics | Health Policy

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How will we heal?

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Deadlines being what they have to be in order to keep a lively small town paper on track, I pose these questions while writing on Halloween Eve—appropriately enough given the current state of our politics—without knowing the results of the election. I don’t know who won what exactly, but I do know our country lost, having been seriously damaged over the last year and a half by a presidential campaign without precedent in American history, and I do know what almost certainly faces us in the near future: more gridlock in Congress and in the state legislature, and the persistent failure of government as a whole to act effectively on our behalf to solve the many problems we face.

The consequences are especially clear in the area of healthcare and health insurance. Costs are rising dramatically this year on the health insurance exchanges of the Affordable Care Act but not only there. They are rising for businesses and nonprofits like colleges and universities as well. We are all feeling the heat to some extent—with the possible exception of those on Medicare, and even they have to log some significant time squinting at the fine print every year when they try to choose a plan for Part D, which covers the drugs many depend upon.

Market fundamentalists—those who believe that unregulated, profit-driven markets can solve almost any problem—would have us abolish the Affordable Care Act and, I guess, let the market decide what comes next. How many times have they voted in Congress to get rid of what they love to call “ObamaCare”? But what happened the last time markets “decided”?

More than forty million Americans had no coverage whatsoever. Those who had it could lose it in the midst of a serious illness, and those already sick need not even bother to apply. Those who lost or simply changed jobs often faced the loss of coverage. In short, back then the market failed to deliver affordable insurance to all and left many exposed to a significant risk of bankruptcy when medical bills quickly outran their ability to pay.

ObamaCare has not fully addressed these problems. Twenty million Americans have insurance for the first time, but insurance companies are fleeing the sick who disproportionately sign up on the exchanges, and companies that remain are charging more for less coverage with essentially no choice in terms of plans. Ironically, the very things that were necessary to get the Affordable Care Act through an obstructionist Congress and past an army of lobbyists from the health insurance, hospital and pharmaceutical industries are the very things that are causing the program to falter now.

Specifically, the law lacks adequate means to control capricious pricing of drugs and procedures. It forces every American to purchase coverage while delivering tens of millions of new customers to inadequately-regulated, for-profit insurance companies who may or may not participate, depending on the whim of a CEO with one eye on the quarterly bottom line and the other on a bunch of itchy Wall Street investors. Most importantly, the law lacks a so-called “public option,” or even a chance to buy into the existing—and very popular—Medicare program. It short, it strengthens the already powerful and leaves the ordinary American squinting at bad prose in prospective insurance policies and at opaque, unaccountable accounting in his hospital and other medical bills.

Has any American actually and fully understood a medical bill in the last twenty years? If so, I’m sure there is a prize waiting for you somewhere. But given that we all, sooner or later, get seriously ill or roll our pickups or fall down the basement stairs, the question arises: where do we go from here in terms of health insurance coverage?

To help answer that question, we may want to take a look at how other countries have managed the difficult problem of providing affordable coverage to all their people. Other industrialized democracies have actually taken a variety of approaches, but all seem to have been guided by three basic principles.

First, they have accepted the fact that access to healthcare is a profoundly moral issue. Making care available to all is just the right thing to do. Our troubles has been that healthcare breakdowns tend to strike us one by one, when we are sick or injured and pretty much alone, or have a child with a serious illness. It’s hard for those who are still healthy to understand, and all too easy for the politicians to look the other way. But let’s face it, we will all have to take our turn with illness or serious injury. Why not give everybody—including you and me—access to the care we’ll need.

Secondly, by including everybody, other countries have created the largest possible pool of both payers and beneficiaries. It’s the way insurance has always worked. The young and healthy pay just a little bit over a very long time—a lifetime in fact. When they are old and more vulnerable to becoming sick, they can get the care they need. In the meantime, they support those who need care. With everybody in, and nobody left out, the whole thing becomes affordable and everybody—not only individuals but businesses and the private sector in general—can save a significant amount of money. But a fragmented system like ours sends costs through the roof.

Thirdly, and most importantly, these countries have managed to move beyond fixed, doggedly maintained positions on the healthcare issue and become problem solvers once again. To accomplish this, they have often set up nonpartisan commissions to study the options in use around the world. Taiwan and Switzerland, two countries with very different cultures and traditions, went through this process in the early 1990s. Taiwan chose a system rather like the Canadian Medicare-for-All approach. Switzerland adopted the German model, which works through carefully regulated, nonprofit insurance providers. But both achieve the common goal: universal coverage, access to care for all!

Every industrial democracy besides the United States has provided access to healthcare for all its residents for decades now. They have taken different paths to the goal, but they have all gotten it done, and we can too! In fact, there’s a bill waiting in the Pennsylvania state legislature—The PA Healthcare Plan, House Bill 1688—that would cover all Pennsylvanians. Why not give your representative a call today and see if he’s read it yet?

Will Lane teaches at Gettysburg College and directs the college’s student-staffed writing center. He is a longtime member of Gettysburg Area Democracy for America and serves as secretary of its healthcare task force.