ProCon

Universal Health Care

Should the U.S. Government Provide Universal Health Care?

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Some 25.3 million non-elderly Americans did not have health insurance in 2023, a decline from 28.9 million uninsured Americans in 2019. The largest group of Americans, 154 million non-elderly people, were covered by employer-sponsored health insurance. Less than 1% of Americans over 65 were uninsured, thanks to Medicaid, a government provided insurance for people over 65 years old. [162] [163]

According to the Commonwealth Fund's health survey in 2023, the United States has "the lowest life expectancy at birth, the highest death rates for avoidable or treatable conditions, the highest maternal and infant mortality, and among the highest suicide rates." The country also has the highest rate of people with multiple chronic conditions and an obesity rate nearly twice the average of other high-income countries. Given these medical challenges, it is not surprising that health care spending has remained far higher in the U.S. than in other high-income countries. "Yet the U.S. is the only [high-income] country that doesn't have universal health coverage."

What Is Universal Healthcare?

Universal health care is an umbrella term for "a system that provides medical services to all people. The government offers it to everyone regardless of their ability to pay, and largely funds it through taxes," according to economic expert Kimberly Amadeo. [178]

Single-payer health care is one type of universal health care in which the "government provides free health care paid for with revenue from income taxes. Services are government-owned and service providers are government employees. Every citizen has the same access to care." The United Kingdom, Spain, New Zealand, and Cuba have single-payer systems. In the U.S., military personnel and veterans have access to a single-payer system via the armed services and the Department of Veterans Affairs. [178]

Social health insurance is a program in which "everyone [is required] to buy insurance, usually through their employers. Employers deduct taxes from employee payrolls to cover the costs, and the taxes go into a government-run health insurance fund that covers everyone. Private doctors and hospitals provide services. The government controls health insurance prices." Germany, France, Belgium, the Netherlands, Japan, and Switzerland use the social health insurance model. Obamacare was originally modeled on social health insurance, however the program has changed. [178]

A national health insurance "uses public insurance to pay for private-practice care. Every citizen pays into the national insurance plan. Administrative costs are lower because there is one insurance company. The government also has a lot of leverage to force medical costs down." Canada, Taiwan, and South Korea all have national health insurance. In the U.S., Medicare, Medicaid, and TRICARE function similarly. [178]

Countries with universal healthcare include but are not limited to Australia, Brazil, Canada, China, Denmark, England, France, Germany, India, Israel, Italy, Japan, the Netherlands, New Zealand, Norway, Singapore, Sweden, Switzerland, and Taiwan. [178][179]

Health Care Spending

U.S. health care spending rose 2.7% in 2021 to a total of $4.3 trillion nationally and accounted for 18.3% of the U.S. Gross Domestic Product (GDP). Of the $4.3 million, health insurance paid 71% (with private insurance paying 28%, and government programs covering the rest via Medicare, Medicaid, and other programs), patients paid 10% as did other third party payers (such as the Indian Health Service),

investment covered 5%, and government public health activities accounted for 4%. Per person, health care costs averaged $12,914. [164][165] [166]

56% of Americans were worried about "paying medical costs for serious illness or accident" in 2022. As a financial worry, it was only topped by the worry of "not having enough money for retirement." Additionally, 43% were worried about "paying medical costs for normal healthcare," which was the fourth most prevalent financial worry in 2022. Meanwhile, 20% of American adults reported "major, unexpected medical expenses" with an average cost of $1,000 to $1,999 between May 2021 and May 2022. [167][168]

41% of American adults, about100 million people, are in medical debt. Over 50% of American adults reported going into debt because of medical (or dental) bills. 25% of those with medical debt owe more than $5,000 and about 20% don't believe they will ever be able to pay off the debt. [169]

People in medical debt cut spending on basics like food and clothing (63%), exhausted their savings (48%), had to take on extra work (40%), delayed a home purchase or their education (28%), asked for help from a charity (24%), and/or changed their living situation (19%). And, 17% of those in medical debt filed bankruptcy or lost their home as a result. A 2019 study found that of people who file for bankruptcy, about 67% file due to medical debt, with about 530,000 families in the United States filing for bankruptcy annually because of medical debt. [169][170]

Health Care in a Global Context

The World Health Organization ranked the U.S. health care system at 37 out of its 191 member countries, between Costa Rica and Slovenia, in a landmark 2000 report. [108]

In 2005 the United States and the other member states of the World Health Organization signed the World Health Assembly resolution 58.33, which stated that nations should "transition to universal coverage of their citizens… with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care." [16][107]

The Commonwealth Fund ranked the United States last in overall health care among 11 high-income countries based on access to care, care process, administrative efficiency, equity, and health care outcomes. Norway, the Netherlands, and Australia were the top three countries. [172]

The United States spends $11,912 per person on health care, the most of any OECD country. Germany follows the U.S. with $7,382 per person, while South Korea spent the least at $3,914 per person. [173]

A Jan. 31, 2023, Commonwealth Fund report found that the United States "spends nearly 18 percent of GDP on health care, yet Americans die younger and are less healthy than residents of other high-income countries" and "[n]ot only does the U.S. have the lowest life expectancy among high-income countries, but it also has the highest rates of avoidable deaths." According to the report, the U.S. spends much more than the other 37 OECD (Organisation for Economic Co-operation and Development; members are countries generally considered "high-income" or "developed") countries, per person and as a percentage of GDP, and is the only OECD country that does not have universal health care. [171]

Further, the U.S. has the highest maternal and infant mortality rates, among the highest suicide rate, the highest rate of patients with multiple chronic illnesses, and the highest obesity rate. And yet the U.S. also has one of the lowest levels of doctors and hospital beds, and Americans are least likely to visit a doctor. The Commonwealth Fund concluded, "Not only is the U.S. the only country we studied that does not have universal health coverage, but its health system can seem designed to discourage people from using services." [171]

Historic Debate on Universal Health Care

Throughout the 18th and 19th century the US federal government did not finance or otherwise provide health care to the public. In the early 20th century, a debate over universal health care began to emerge. In 1915 the American Association for Labor Legislation drafted a series of bills to provide state medical benefits to low income workers. In 1920 the New York State Commissioner of Health, Hermann Biggs, began promoting public health services at the county level, and Charles-Edward Amory

Winslow, the Chair of the Department of Public Health at Yale University, wrote: "I look to see our health departments in the coming years... enable every citizen to realize his birthright of health and longevity." That same year the American Medical Association's House of Delegates passed a resolution officially opposing compulsory health insurance in the United States, with one group of delegates from Illinois calling it a "dangerous bolshevik" scheme. [5][6][7][38]

Government-funded health insurance was considered by President Franklin D. Roosevelt's Committee on Economic Security, but it was not included as part of the 1935 Social Security Act, in part due to opposition from the American Medical Association. In 1938, health care reform to provide universal coverage was proposed by Roosevelt as an extension of social security, and U.S. Surgeon General Thomas Parran argued that "equal opportunity for health is a basic American right." In Feb. 1939, Senator Robert Wagner (D-NY) introduced the National Health Care Act, which would have implemented a national health care system, however, the bill did not gain the necessary support in Congress and died in committee. [5][6][7][33][41]

In 1945, in another attempt at universal health care, President Harry S. Truman sent a message to Congress asking for a new national health insurance program to be run by the federal government. The voluntary program would have allowed individuals to pay monthly fees in return for coverage of all medical expenses. The program was introduced in Congress as the Social Security Expansion Bill. The bill never passed, in part, due the American Medical Association characterizing it at "socialized medicine." Although a national health program for all US citizens was not achieved, proponents of the plan continued to advocate for government-funded health insurance by shifting focus to providing coverage to Americans over the age of 65 and the economically disadvantaged. [8][106]

By the early 1960s, debate grew over the King-Anderson bill, a precursor to Medicare, that would have extend Social Security to cover the medical bills of Americans over the age of 65. Ronald Reagan, who opposed the bill, warned in a 1961 spoken word record that "one of the traditional methods of imposing statism or socialism on a people has been by way of medicine." Despite some public opposition, Medicare (the Social Security Act Amendments of 1965) was eventually passed by the House (307-116) and the Senate (77-6), and was signed into law by President Lyndon B.

Johnson on July 30, 1965. President Harry Truman (then 81 years old) was enrolled as the first beneficiary, because, in 1945, he was the first president to propose national health insurance. [84][106][161]

In 1971, President Richard Nixon laid out a National Health Strategy to reform the health insurance system and move towards universal health care. In a 1972 message to Congress, President Nixon continued to advocate for universal health care, arguing that "reform of our health care system – so that every citizen will be able to get quality health care at reasonable cost regardless of income and regardless of area of residence – remains an item of highest priority on my unfinished agenda for America in the 1970s." A competing plan by Senator Ted Kennedy, the Health Security Act, sought to implement a universal single-payer federal health insurance plan to be financed through taxes. Despite their efforts, by the end of the Nixon presidency, no health care legislation had reached the President's desk. [9][10][11][12]

President Clinton brought the issue of national health care back to the forefront. On Sep. 22, 1993, he delivered a speech to Congress stating that the "most urgent priority" of the nation was to provide "every American health security, health care that can never be taken away, health care that is always there." Three months later the Health Security Act was introduced to move the United States towards the goal of universal coverage by requiring all individuals to obtain health insurance and instituting an employer mandate to provide insurance. The Association of American Physicians and Surgeons (AAPS) called the act "socialist," and a "forfeiture of our freedom" that would "destroy private insurance." Simultaneously, other legislators introduced a competing act to create a federally run "single-payer" national health insurance plan. As in the 1970s, none of the plans had enough support to the President's desk. [11][13][14][15]

In 2003, Representative John Conyers, Jr. (D-MI) introduced the United States National Health Insurance Act (or the Expanded and Improved Medicare for All Act) that would not pass Congress, but would provide the foundation for later bills and presidential campaign promises. [174]

Obamacare and Medicare for All

During an Oct. 7, 2008 election debate, then-Senator Barack Obama stated that health care should be a "right for every American." In a June 15, 2009 speech as U.S. President delivered to the American Medical Association (AMA), Obama urged Congress to craft legislation that would ensure coverage for all Americans. After intense debate, lawmakers passed the Patient Protection and Affordable Care Act (PPACA), which was signed into law on Mar. 23, 2010. According to a 2013 White House estimate, 27 million previously uninsured people would gain coverage under Obamacare. A separate 2013 study found that despite the expansion in health insurance coverage under Obamacare, 29.8 to 31 million people would still remain without health care coverage by 2016. [22][34][35][36][46]

About 8% of Americans remained uninsured in 2022, about 26 million people, the lowest percentage in decades due largely to changes in policy during the COVID-19 (coronavirus) pandemic. By 2023, more than 16 million Americans had health insurance via Obamacare, the highest number since the PPACA was signed in 2010. The 2023 enrollees included about 3.6 million people who were not previously enrolled in Obamacare. As of January 8, 2025, almost 24 million people had health insurance under the PPACA. More than 300 million Americans were covered by health insurance, or about 92% according to the U.S. Census. [176][177][222]

The PPACA did not institute universal health care, and some members of Congress, including Senator Bernie Sanders (I-VT) and Representative Jim McDermott (D-WA), and organizations, including Physicians for a National Health Program (PNHP) and the American Nurses Association, continued to advocate for the implementation of a "single-payer" health care system in the United States that would guarantee universal health care for all Americans under a federally run health insurance plan. [27][28][39][40]

On Sep. 13, 2017, Senator Sanders introduced a Medicare for All bill that would have created a single-payer health care system in the United States. His bill, which had been introduced previously without any co-sponsors, drew at least 15 Senate co-sponsors. However, the plan did not pass Congress. [116]

Medicare for All became a hot button topic in the 2020 presidential election. Only the Green Party candidate, Howie Hawkins, supported the plan, while Joe Biden (D),

Donald Trump (R), and Libertarian candidate Jo Jorgensen did not.

Public Opinion

Gallup has asked Americans whether the government should ensure health care since 2000. The first year (2000), 59% agreed that the government should ensure health care. Support hit a low in 2013, when 43% agreed, but support rebounded and, by 2022, 57% supported government ensured heath care. 53% were partial to a private insurance based system, while 43% were partial to a government-run system. [175]

The partisan divide is stark, however: 88% of Democrats and 59% of Independents agreed that "it is the responsibility of the federal government to make sure all Americans have healthcare coverage," while only 28% of Republicans agreed. Further, 72% of Democrats, 46% of Independents, and 13% of Republicans support a government-run health care system. [175]

Pros and Cons at a Glance

PROS	CONS
Pro 1: The U.S. already has universal health care for some. The government should expand the system to protect everyone. Read More.	Con 1: Universal health care for everyone in the U.S. promises only government inefficiency and health care that ignores the realities of the country and the free market. Read More.
Pro 2: Universal health care would lower costs and prevent medical bankruptcy. Read More.	Con 2: Universal health care would raise costs for the federal government and taxpayers. Read More.
Pro 3: Universal health care would improve individual and national health outcomes. Read More.	Con 3: Universal health care would increase wait times for basic care and make Americans' health worse. Read More.

Pro Arguments (Go to Con Arguments)

Pro 1: The U.S. already has universal health care for some. The government should expand the system to protect everyone.

A national health insurance is a universal health care that "uses public insurance to pay for private-practice care. Every citizen pays into the national insurance plan. Administrative costs are lower because there is one insurance company. The government also has a lot of leverage to force medical costs down," according to economic expert Kimberly Amadeo. Canada, Taiwan, and South Korea all have national health insurance. In the United States, Medicare, Medicaid, and TRICARE function similarly. [178]

Medicare is the "federal health insurance program for: people who are 65 or older, certain younger people with disabilities, [and] people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)." Patients pay a monthly premium for Medicare Part B (general health coverage). The 2023 standard Part B monthly premium is $164.90. Patients also contribute to drug costs via Medicare Part D. Most people do not pay a premium for Medicare Part A ("inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care"). More than 65.3 million people were enrolled in Medicare according to Feb. 2023 government data. [180][181]

Medicaid "provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government." More than 84.8 million people were enrolled in Medicaid as of Nov. 2022. [181][182][186]

If the government can successfully provide universal health care for 36% to almost 50% of the population, then the government can provide univeral health care for the rest of the population who are just as in need and deserving of leading healthy lives.

Pro 2: Universal health care would lower costs and prevent medical bankruptcy.

A June 2022 study found the United States could have saved $105.6 billion in COVID-19 (coronavirus) hospitalization costs with single-payer universal health care

during the pandemic. That potential savings is on top of the estimated $438 billion the researchers estimated could be saved annually with universal health care in a non-pandemic year. [198]

"Taking into account both the costs of coverage expansion and the savings that would be achieved through the Medicare for All Act, we calculate that a single-payer, universal health-care system is likely to lead to a 13% savings in national health-care expenditure, equivalent to more than US$450 billion annually (based on the value of the US$ in 2017). The entire system could be funded with less financial outlay than is incurred by employers and households paying for health-care premiums combined with existing government allocations. This shift to single-payer health care would provide the greatest relief to lower-income households," conclude researchers from the Yale School of Public Health and colleagues. [201]

According to the National Bankruptcy Forum, medical debt is the number one reason people file for bankruptcy in the United States. In 2017, about 33% of all Americans with medical bills reported that they "were unable to pay for basic necessities like food, heat, or housing." If all Americans were provided health care under a single-payer system medical bankruptcy would no longer exist, because the government, not private citizens, would pay all medical bills. [131]

Further, prescription drug costs would drop between 4% and 31%, according to five cost estimates gathered by *New York Times* reporters. 24% of people taking prescription drugs reported difficulty affording the drugs, according to a Kaiser Family Foundation (KFF) poll. 58% of people whose drugs cost more than $100 a month, 49% of people in fair or poor health, 35% of those with annual incomes of less than $40,000, and 35% of those taking four or more drugs monthly all reported affordability issues. [197][199][200]

Additionally, 30% of people aged 50 to 64 reported cost issues because they generally take more drugs than younger people but are not old enough to qualify for Medicare drug benefits. With 79% of Americans saying prescription drug costs are "unreasonable," and 70% reporting lowering prescription drug costs as their highest

healthcare priority, lowering the cost of prescription drugs would lead to more drug-compliance and lives not only bettered, but saved as a result. [197][199][200]

Pro 3: Universal health care would improve individual and national health outcomes.

Since 2020, the COVID-19 pandemic has underscored the public health, economic and moral repercussions of widespread dependence on employer-sponsored insurance, the most common source of coverage for working-age Americans.... Business closures and restrictions led to unemployment for more than 9 million individuals following the emergence of COVID-19. Consequently, many Americans lost their healthcare precisely at a time when COVID-19 sharply heightened the need for medical services," argue researchers from the Yale School of Public Health and colleagues. The researchers estimated more than 131,000 COVID-19 (coronavirus) deaths and almost 78,000 non-COVID-19 deaths could have been prevented with universal health care in 2020 alone. [198]

Another study finds a change to "single-payer health care would... save more than 68,000 lives and 1.73 million life-years every year compared with the status quo." [201]

Meanwhile, more people would be able to access much-needed health care. A Jan. 2021 study concludes that universal health care would increase outpatient visits by 7% to 10% and hospital visits by 0% to 3%, which are modest increases when compared to saved and lengthened lives. [202]

Other studies find that universal health coverage is linked to longer life expectancy, lower child mortality rates, higher smoking cessation rates, lower depression rates, and a higher general sense of well-being, with more people reporting being in "excellent health." Further, universal health care leads to appropriate use of health care facilities, including lower rates of emergency room visits for non-emergencies and a higher use of preventative doctors' visits to manage chronic conditions. [203][204][205]

An American Hospital Association report argues, the "high rate of uninsured [patients] puts stress on the broader health care system. People without insurance put off needed care and rely more heavily on hospital emergency departments, resulting in scarce resources being directed to treat conditions that often could have been prevented or managed in a lower-cost setting. Being uninsured also has serious financial implications for individuals, communities and the health care system." [205]

Pro Quotes

Alison P. Galvani and colleagues from the Yale School of Public Health and other universities, stated:

> *"The COVID-19 outbreak has underscored the societal vulnerabilities that arise from the fragmented healthcare system in the United States. Universal healthcare coverage decoupled from employment and disconnected from profit motivations would have stood the country in better stead against a pandemic. Emergence of virulent pathogens is becoming more frequent, driven by climate change and other global forces. Universal single-payer healthcare is fundamental to pandemic preparedness. We determined that such a system could have saved 211,897 lives in 2020 alone. Strikingly, it would have done so at lower cost than the current healthcare system, saving the US $459 billion in 2020 at a time of economic tumult. To facilitate recovery from the ongoing crisis and bolster pandemic preparedness, as well as safeguard well-being and prosperity more broadly, now is the time to transition to a healthcare system that can better serve the American people."*
>
> *- Alison P. Galvani, et al., "Universal Healthcare As Pandemic Preparedness: The Lives and Costs That Could Have Been Saved during the COVID-19 Pandemic," pnas.org, June 13, 2022*

Marc S. Ryan, author of *The Healthcare Labyrinth*, stated:

> *"With so much at stake on the healthcare coverage and access front, here is my appeal to Republicans — my own party — to look differently at affordable*

> *universal healthcare coverage. There are many great Republican reasons to do so....*
>
> *If you are wealthy or have good coverage, America is the place to be if you have a health episode. People flock here for the on-demand care, advanced technology, and expertise in our system. But if you are an average American, as the great healthcare economist Uwe Reinhardt titled his seminal healthcare work, you are Priced Out. We spend the most of any developed nation. But, because of high costs, a lack of focus on prevention and wellness, gaps in coverage, and periods of being uninsured, Americans have among the lowest outcomes in the developed world.... The truth is that upfront coverage would help America focus on wellness, prevention, and care management. Care might, in time, move from emergency room and inpatient chaos to relationships with primary care physicians and specialists — where care is relatively cheap and disease and conditions can be caught early."*
>
> *- Marc S. Ryan, "A Republican Argument for Affordable Universal Healthcare," medpagetoday.com, Mar. 13, 2023*

Josh Bivens, Director of Research at the Economic Policy Institute, stated:

> *"A fundamental reform like Medicare for All (M4A) would make coverage universal. Further, by providing a counterweight to (or outright eliminating) the substantial market power that keeps prices high and that is currently wielded by many key players in the health care sector (e.g., insurance companies, drug companies, specialty physicians, and device makers), such a reform could also have great success in containing health care cost growth. This could in turn provide relief from many of the ways that rising health costs squeeze family incomes....*
>
> *Making health insurance universal and delinked from employment widens the range of economic options for workers and leads to better matches between workers' skills and interests and their jobs. The boost to small business creation and self-employment would be particularly useful, as the United States is a laggard in both relative to advanced economy peers."*

> *- Josh Bivens, "Fundamental Health Reform Like 'Medicare for All' Would Help the Labor Market," epi.org, Mar. 5, 2020*

Jeremy C. Kourvelas, Vice President of the Public Health Graduate Student Association and Master's degree candidate at the University of Tennessee, Knoxville, stated:

> *"It is no secret that the costs of healthcare in this country have long been spiraling out of control. Two-thirds of all bankruptcies in the United States are due to medical debt whereas medical bankruptcy is virtually non-existent in the rest of the industrialized world.*
>
> *Americans spend over twice as much for healthcare. Premiums continue to rise with no tangible return on investment. Often critics of socialized medicine laud our quality of care as a reason to support our fractured system, but what good is this argument?*
>
> *Universal healthcare would free small business owners from having to provide coverage while simultaneously enhancing the freedom of the worker. Lifespans could be longer, people could be happier and healthier in systems that are simpler and more affordable."*
>
> *- Jeremy C. Kourvelas, "Universal Healthcare Provides Americans the Security Need in Uncertain Times | Opinion," tennessean.com, July 16, 2021*

Gabriel Zieff, Zachary Y. Kerr, Justin B. Moore, and Lee Stoner, researchers from the University of North Carolina at Chapel Hill and Wake Forest University, stated:

> *"Non-inclusive, inequitable systems limit quality healthcare access to those who can afford it or have employer-sponsored insurance. These policies exacerbate health disparities by failing to prioritize preventive measures at the environmental, policy, and individual level. Low SES segments of the population are particularly vulnerable within a healthcare system that does not prioritize affordable care for all or address important determinants of health. Failing to prioritize comprehensive, affordable health insurance for all members of society and straying further from prevention will harm the health*

> *and economy of the U.S. While there are undoubtedly great economic costs associated with universal healthcare in the U.S., we argue that in the long-run, these costs will be worthwhile, and will eventually be offset by a healthier populace whose health is less economically burdensome. Passing of the Obama-era ACA was a positive step forward as evident by the decline in uninsured U.S. citizens (estimated 7–16.4 million) and Medicare's lower rate of spending following the legislation [43]. The U.S. must resist the current political efforts to dislodge the inclusive tenets of the Affordable Care Act. Again, this is not to suggest that universal healthcare will be a cure-all, as social determinants of health must also be addressed. However, addressing these determinants will take time and universal healthcare for all U.S. citizens is needed now. Only through universal and inclusive healthcare will we be able to pave an economically sustainable path towards true public health."*
>
> *- Gabriel Zieff, et al., "Universal Healthcare in the United States of America: A Healthy Debate," Medicina (Kaunas) , ncbi.nlm.nih.gov, Oct. 30, 2020*

Con Arguments (Go to Pro Arguments)

Con 1: Universal health care for everyone in the U.S. promises only government inefficiency and health care that ignores the realities of the country and the free market.

In addition to providing universal health care for the elderly, low-income individuals, children in need, and military members (and their families), the United States has the Affordable Care Act (the ACA, formerly known as the Patient Protection and Affordable Care Act), or Obamacare, which ensures that Americans can access affordable health care. the ACA allows Americans to chose the coverage appropriate to their health conditions and incomes. [187]

Veterans' Affairs, which serves former military members, is an example of a single-payer health care provider, and one that has repeatedly failed its patients. For example, a computer error at the Spokane VA hospital "failed to deliver more than 11,000 orders for specialty care, lab work and other services – without alerting health care providers the orders had been lost." [188][189]

Elizabeth Hovde, Policy Analyst and Director of the Centers for Health Care and Worker Rights, argues, "The VA system is not only costly with inconsistent medical care results, it's an American example of a single-payer, government-run system. We should run from the attempts in our state to decrease competition in the health care system and increase government dependency, leaving our health care at the mercy of a monopolistic system that does not need to be timely or responsive to patients. Policymakers should give veterans meaningful choices among private providers, clinics and hospitals, so vets can choose their own doctors and directly access quality care that meets their needs. Best of all, when the routine break-downs of a government-run system threaten to harm them again, as happened in Spokane, veterans can take their well-earned health benefit and find help elsewhere." [188] [189]

Further, the challenges of universal health care implementation are vastly different in the U.S. than in other countries, making the current patchwork of health care options the best fit for the country. As researchers summarize, "Though the majority of post-industrial Westernized nations employ a universal healthcare model, few—if any—of these nations are as geographically large, populous, or ethnically/racially diverse as the U.S. Different regions in the U.S. are defined by distinct cultural identities, citizens have unique religious and political values, and the populace spans the socio–economic spectrum. Moreover, heterogenous climates and population densities confer different health needs and challenges across the U.S. Thus, critics of universal healthcare in the U.S. argue that implementation would not be as feasible—organizationally or financially—as other developed nations." [190]

And, such a system in the United States would hinder medical innovation and entrepreneurship. "Government control is a large driver of America's health care problems. Bureaucrats can't revolutionize health care – only entrepreneurs can. By empowering health care entrepreneurs, we can create an American health care system that is more affordable, accessible, and productive for all," explains Wayne Winegarden, Senior Fellow in Business and Economics, and Director of the Center for Medical Economics and Innovation at Pacific Research Institute. [190][191]

Con 2: Universal health care would raise costs for the federal government and taxpayers.

Medicare-for-all, a recent universal health care proposal championed by Senator Bernie Sanders (I-VT), would cost an estimated $30 to $40 trillion over ten years. The cost would be the largest single increase to the federal budget ever. [192]

The Congressional Budget Office (CBO) estimates that by 2030 federal health care subsidies will increase by $1.5 to $3.0 trillion. The CBO concludes, "Because the single-payer options that CBO examined would greatly increase federal subsidies for health care, the government would need to implement new financing mechanisms—such as raising existing taxes or introducing new ones, reducing certain spending, or issuing federal debt. As an example, if the government required employers to make contributions toward the cost of health insurance under a single-payer system that would be similar to their contributions under current law, it would have to impose new taxes." [193]

Despite claims by many, the cost of Medicare for All, or any other universal health care option, could not be financed solely by increased taxes on the wealthy. "[T]axes on the middle class would have to rise in order to pay for it. Those taxes could be imposed directly on workers, indirectly through taxes on employers or consumption, or through a combination of direct or indirect taxes. There is simply not enough available revenue from high earners and businesses to cover the full cost of eliminating premiums, ending all cost-sharing, and expanding coverage to all Americans and for (virtually) all health services," says the Committee for a Responsible Federal Budget. [195]

An analysis of the Sanders plan "estimates that the average annual cost of the plan would be approximately $2.5 trillion per year creating an average of over a $1 trillion per year financing shortfall. To fund the program, payroll and income taxes would have to increase from a combined 8.4 percent in the Sanders plan to 20 percent while also retaining all remaining tax increases on capital gains, increased marginal tax rates, the estate tax and eliminating tax expenditures.... Overall, over 70 percent of working privately insured households would pay more under a fully funded single payer plan than they do for health insurance today." [196]

Con 3: Universal health care would increase wait times for basic care and make Americans' health worse.

The Congressional Budget Office explains, "A single-payer system with little cost sharing for medical services would lead to increased demand for care in the United States because more people would have health insurance and because those already covered would use more services. The extent to which the supply of care would be adequate to meet that increased demand would depend on various factors, such as the payment rates for providers and any measures taken to increase supply. If coverage was nearly universal, cost sharing was very limited, and the payment rates were reduced compared with current law, the demand for medical care would probably exceed the supply of care–with increased wait times for appointments or elective surgeries, greater wait times at doctors' offices and other facilities, or the need to travel greater distances to receive medical care. Some demand for care might be unmet." [207]

As an example of lengthy wait times associated with universal coverage, in 2017 Canadians were on waiting lists for an estimated 1,040,791 procedures, and the median wait time for arthroplastic surgery was 20–52 weeks. Similarly, average waiting time for elective hospital-based care in the United Kingdom is 46 days, while some patients wait over a year. Increased wait times in the U.S. would likely occur—at least in the short term—as a result of a steep rise in the number of primary and emergency care visits (due to eliminating the financial barrier to seek care), as well as general wastefulness, inefficiency, and disorganization that is often associated with bureaucratic, government-run agencies. [17][190]

Joshua W. Axene of Axene Health Partners, LLC "wonder[s] if Americans really could function under a system that is budget based and would likely have increased waiting times. In America we have created a healthcare culture that pays providers predominantly on a Fee for Service basis (FFS) and allows people to get what they want, when they want it and generally from whoever they want. American healthcare culture always wants the best thing available and has a 'more is better' mentality. Under a government sponsored socialized healthcare system, choice would become more limited, timing mandated, and supply and demand would be controlled through the constraints of a healthcare budget…. As much as Americans believe that they are

crockpots and can be patient, we are more like microwaves and want things fast and on our own terms. Extended waiting lines will not work in the American system and would decrease the quality of our system as a whole." [206]

Con Quotes

Sally C. Pipes, President and Thomas W. Smith fellow in health care policy of the Pacific Research Institute, stated:

> *"Sen. Bernie Sanders would do well to look at what's happening across our northern border before he tries to advance legislation that would import Canada's single-payer health care system, where the government is the only insurer. The new chairman of the influential Senate Health, Education, Labor and Pensions Committee, he's made clear that he'll use his position to make the case for universal health care.'*
>
> *The Canadian health care system, which serves just 38 million people, is in crisis. It is no model for the United States (with our 334 million people)....*
>
> *Such [lomg] waits for care are endemic to government-run healthcare systems. The reason comes down to the law of supply and demand.*
>
> *In Canada, health care is 'free' at the point of service. As a result, demand for care is sky-high.*
>
> *But the government does not have unlimited resources. It effectively limits the supply of care by capping what it will spend — and directing providers to make do within those constraints. The result is rationing and agonizing waits for routine treatment."*
>
> *- Sally C. Pipes, "Sally C. Pipes: Bernie Sanders Wants Universal Health Care. Canada Shows Why That's a Bad Idea.," post-gazette.com, Jan. 24, 2023*

Janet Trautwein, CEO of the National Association of Health Underwriters, stated:

> *"Americans like their private plans. In a recent study of people with employer-sponsored coverage, more than two-thirds said they were satisfied with their*

> *insurance. More than three-quarters felt confident it would protect them during a medical emergency.*
>
> *Research by the Kaiser Family Foundation found that what support there is for single-payer declines when people consider its attendant consequences like higher taxes and treatment delays….*
>
> *Further, single-payer will lead to lower quality care. That's because government payers rely on lower payments to hospitals and doctors to keep costs in check. Look no further than Medicare. The American Hospital Association says that hospitals receive just 87 cents for every dollar they spend treating Medicare beneficiaries.*
>
> *That's obviously not sustainable. If a single-payer system — and its low payment rates — were adopted widely, doctors and hospitals would respond by reducing the supply of care they're willing to provide. Some providers would decide to leave the sector."*
>
> *- Janet Trautwein, "Trautwein: Single-Payer Health Care Wrong Prescription for America," bostonherald.com, Apr. 30, 2022*

Justin Haskins, research fellow at The Heartland Institute and the director of Heartland's Stopping Socialism Project, stated:

> *"Government-run health care systems are designed to control and manipulate markets, limit choices and redistribute wealth, and like most government-run systems, government health care systems fall short because bureaucrats are terrible at making decisions for other people. If government cannot effectively run the Postal Service, VA health system and Amtrak without losing boatloads of money, why would anyone think they could run America's vast health care system?*
>
> *The key to fixing the health care system is to provide greater access to all people while making key structural reforms that utilize the power of market economics and personal choice. Rather than impose top-down mandates that restrict consumer freedom, the American Health Care Plan would empower*

> *everyone with more options and encourage health care savings throughout the system."*
>
> *- Justin Haskins, "Finally, a Conservative Plan to Fix America's Broken Health Care System," thehill.com, July 10, 2021*

Robert Moffit, Senior Research Fellow in the Center for Health and Welfare Policy at the Heritage Foundation, stated:

> *"Self-styled 'progressives' in Congress and elsewhere are proposing a government takeover of American health care [Medicare for All]. Such a takeover would destroy Americans' existing coverage and their right to alternatives outside the government program; and it would erect a system of total political control over virtually every aspect of the financing and delivery of medical care. Nor would it ensure delivery of its central premise and promise: care for every American.*
>
> *Beyond closing off individuals' alternatives to coverage outside the government program and restricting their medical care through independent physicians, such a government takeover would also introduce an unprecedented politicization of American health care. Congress, beset by frenzied lobbying by powerful special interest groups, would ultimately determine health care budgets and spending, as well as the rules and regulations that would govern care delivery by doctors, hospitals, and other medical professionals. Patients' personal choices, as well as the professional independence of their doctors and other medical professionals, would be subordinated to the turmoil of congressional politics and the bureaucratic machinations of distant administrators. The machinery of federal control would dwarf the existing federal bureaucratic apparatus that runs today's Medicare, Medicaid, and Obamacare programs."*
>
> *- Robert Moffit, "The Truth about Government-Controlled Health Care," heritage.org, Oct 6, 2020*

Tyler Piteo-Tarpy, essayist, stated:

> *"In a [universal health care] system… the federal government would be in control of the type of care they provide, who they provide it too, the doctors they hire, the amount they pay workers, the taxes they charge to pay for the system, and just about every other aspect of both a government agency and the entire health care industry.*
>
> *My first issue with this scenario is that the government doesn't have the resources or, quite frankly, aptitude to manage a system this large and complex…, nor should it.*
>
> *The American government was initially designed to be a small, supervising entity for protecting human rights and dealing with matters that individual states couldn't, such as foreign policy….*
>
> *[W]hy should the government decide for the people what type of health care they get? A universal health care system would remove people's right to make choices about their own life by saying that the government knows best, and the result would likely be poorer quality healthcare for individuals because it's designed for the average [person]."*
>
> *- Tyler Piteo-Tarpy, "Nationalized Health Care Is a Bad Idea, medium.com, Feb. 17, 2020*

Six U.S.-Signed Treaties and Declarations Recognizing a Right to Health Care

Since 1946 the United States has signed at least six treaties and international declarations recognizing a right to health care, in whole, or in part. Two treaties were signed, ratified, and are considered legally binding; two other treaties were signed but have never been ratified; and two declarations were signed but are not considered legally binding.

Where applicable, the treaties and declarations listed below include the date of adoption, date of signature, and date of ratification. According to the United Nations, adoption "is the formal act by which the form and content of a proposed treaty text are established." After adoption, a treaty or declaration may be signed by individual nations. The signing of a treaty does not legally bind a country; however it does create

"an obligation to refrain, in good faith, from acts that would defeat the object and the purpose of the treaty." The third step in the treaty process is ratification. When a treaty is ratified, it becomes legally binding. In the United States a treaty must be approved by two-thirds of the Senate before it can be ratified. Declarations do not go through the ratification process and are not legally binding.

World Health Organization Constitution

- Date Adopted: July 22, 1946
- Date Signed by United States: July 22, 1946
- Date Ratified by United States: June 14, 1948
- Relevant Section:

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*
>
> *The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition…*
>
> *Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."*

[208][209]

International Convention on the Elimination of All Forms of Racial Discrimination

- Date Adopted: Dec. 21, 1965
- Date Signed by United States: Sep. 28, 1966
- Date Ratified by United States: Oct. 21, 1994
- Relevant Section:

> *"In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate*

> *racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights…*
>
> *The right to public health, medical care, social security and social services."*

[210][211]

International Covenant on Economic, Social, and Cultural Rights

- Date Adopted: Dec. 16, 1966
- Date Signed by United States: Oct. 5, 1977 (signed by President Jimmy Carter)
- Date Ratified by United States: As of 2014, the United States has not ratified this treaty
- Relevant Section:

> *"Article 12*
>
> *1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*
>
> *2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: The right to public health, medical care, social security and social services.*
>
> *(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;*
>
> *(b) The improvement of all aspects of environmental and industrial hygiene;*
>
> *(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;*

> *(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness."*

[212][213][214]

Convention on the Rights of the Child

- Date Adopted: Nov. 20, 1989
- Date Signed by United States: Feb. 16, 1995 (signed by UN Ambassador Madeleine Albright on behalf of President Clinton)
- Date Ratified by United States: As of 2014, the United States has not ratified this treaty
- Relevant Section:

> *"Article 24*
>
> *1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*
>
> *2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:*
>
> *(a) To diminish infant and child mortality;*
>
> *(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care."*

[215][216][217]

Universal Declaration of Human Rights

- Date Adopted: Dec. 10, 1948
- Date Signed by United States: Dec. 10, 1948

- Date Ratified by United States: Not a treaty, no ratification necessary
- Relevant Section:

> *"Article 24 1 "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."*

[218][219]

World Health Assembly Resolution 58.33

- Date Adopted: May 25, 2005
- Date Signed by United States: May 25, 2005
- Date Ratified by United States: Not a treaty, no ratification necessary
- Relevant Section:

> *"Recognizing the important role of State legislative and executive bodies in further reform of health-financing systems with a view to achieving universal coverage,*
>
> *1. URGES Member States:*
>
> *(1) to ensure that health-financing systems include a method for prepayment of financial contributions for health care, with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;*
>
> *(2) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package;*
>
> *(3) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms for the health system as a whole;*

> *(4) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and to achieving health for all;"*

[220][221]

Discussion Questions

1. Should the U.S. government provide universal health care? Why or why not?
2. If you were tasked with creating the best health care coverage possible, what would you include? Consider who or what entity pays for the care, what care is covered and excluded, and who can access the care. Explain your answer.
3. Research health care in another country. Compare and contrast the care to the U.S. What are your opinions of the care? Explain your answer.

Take Action

1. Consider the pro position of the World Health Organization (WHO).
2. Explore universal healthcare at The Balance.
3. Learn how universal healthcare works in other countries with the Commonwealth Fund.
4. Analyze Alex Berezow's argument that universal healthcare can be "universally bad" at the American Council of Science and Health.
5. Consider how you felt about the issue before reading this article. After reading the pros and cons on this topic, has your thinking changed? If so, how? List two to three ways. If your thoughts have not changed, list two to three ways your better understanding of the "other side of the issue" now helps you better argue your position.
6. Push for the position and policies you support by writing US national senators and representatives.

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