

— TRANSCRIPT —

***Tune in!***

***Thom Hartmann discusses his new book & the racist history behind America's ongoing healthcare fiasco***

Welcome to Code WACK!, your podcast on America's broken healthcare system and how Medicare for All could help. I'm your host, Brenda Gazzar.

***Why has Taiwan fared so much better than the U.S. in the COVID pandemic? What are the roots of racism in American health care, and how are they still evident today? Thom Hartmann, America's No. 1 progressive talk radio show host spoke to us about his new book, "[The Hidden History of American Health Care: Why Sickness Bankrupts You and Makes Others Insanely Rich.](#)" Thom's a four-time winner of the Project Censored Award, and a New York Times bestselling author of more than 30 books.***

*(5-second stinger)*

***Welcome to Code WACK!, Thom.***

**Hartmann:** Well, thank you, Brenda, it's great to be here.

***Q: Great to meet you. Your new book just came out, “The Hidden History of American Health Care. Why Sickness Bankrupts You and Makes Others Insanely Rich.” How did you become so passionate about health care, and the need for reform in America?***

**Hartmann:** I have been a human being on planet Earth (laughter) all my life. You know, I’ve been sick. I’ve been healthy. I’ve had people around me get sick. You know, it’s....Our food and our health care, and our housing, and our, you know, clothes, I mean there’s some things that are just fundamental to being able to live on this planet in this country and every other developed country in the world has figured out how to deliver health care to its citizens in a way that is relatively inexpensive, that nobody gets obscenely rich off of, and that serves the public and the single exception to that in the developed world is the United States.

***Q: Yeah. So you mentioned that you’ve been sick. Did you have a personal experience that drove that home for you?***

**Hartmann:** I’ve had a few problems in my life but you know nothing that created this kind of financial crisis... I’ve been very fortunate. I’ve run my own businesses for the better part of the last 50 years and therefore have been, you know, able to make enough money or, you know, to be able to afford getting sick or have my business provide me with good health insurance, and now I’m over 65, so I’m on Medicare, which is spectacular. Real Medicare, a Medicare Advantage would be very, very dangerous but I’m on real Medicare, and you know with a Medigap plan, and even had surgery a couple years ago on my back and not one penny. It works really well. Every American should have access to what I have.

***Q: Yes, I agree. So, this statistic is pretty unbelievable but according to Our World In Data, as of early October 2021 the U.S. had experienced about 131,000 COVID cases per 1 million people, while Taiwan had experienced about 680. How did Taiwan conquer COVID so successfully — with no economic shutdown — while the U.S. is still struggling with it?***

**Hartmann:** Taiwan has what is arguably, in my opinion anyway, the world's best single-payer healthcare system. It's clean, it's efficient, it's relatively new — it got put into place the 1990s, perhaps the 80s —and everybody is enrolled the moment, you know, that you're born, you get your number your card or whatever and boom you're in it and you get a card that you can use to access your health records anywhere you can check into a hospital, you can make an appointment or go visit the doctor or whatever. It completely covers everything and because everybody is in one giant database, which is not unique, by the way, countries much larger than Taiwan have similar things but Taiwan just executed it so elegantly, because everybody's in this one giant database. We got our first case of COVID on January 20 of last year, and they got theirs on January 21, the day after we got ours or diagnosed our first case, and they immediately used you know kind of built into, this was about a month after China had published the genome and tests were already available to determine whether somebody had COVID or not. So they immediately use that national healthcare system database to create the world's in my opinion, fastest, most sophisticated, most efficient testing and contact tracing system, and using that they were able to isolate the people who were infected with COVID, keep them from spreading it — bend that R value all the way down to zero, the reproduction rate for the virus, and you know they spent most of last year, with no problem. I mean you know, everything was fine and the early part of this year ... they ran into some bumps in the road with the Delta variant. They are vaccinating, of course, as fast as they can, and they're doing just fine.

***Q: Right, and Taiwan has a single payer health care system, right?***

**Hartmann:** Absolutely, the world's best.

**Q:** *Yes, it's definitely ranked [among the top](#) in 2021. You've identified the most important factor in the nation's health outcomes, and it's not poverty. What is it?*

**Hartmann:** Well it's, it's whether you have a health care system that delivers health care, you know with equity, it's the system frankly. I mean there are poor countries... Costa Rica has a single-payer health care system. Louise and I were down there last year, no it was more like four or five years ago actually and the taxi driver picked us up at the airport. We were filming for the Leo DiCaprio movie, "Ice on Fire."

And so we had to go to this place way out in the jungle and this taxi driver picked us up at the airport, and was driving us out there, and you know just your average taxi driver, a guy we picked up at the airport and I said, you know, 'what do you like the most about living here?' and he's like 'Well, I don't have any medical bills, and my son went to college, and the government paid for it.' And I'm like, 'Wow, you know, this is freaking Costa Rica. We can't do this in the United States but they do it in Costa Rica?' Yeah, it's the delivery system.

**Q:** *Right. What about wealth inequality? What role does that play in the nation's health outcomes?*

**Hartmann:** In highly unequal nations what you find is that those at the very top of the inequality pyramid are just sucking up all the resources from the bottom and the ability of the working class, essentially to get the things that they need in order to live, which in my opinion includes health care, is diminished, you know, for the sake of private gain for the very, very wealthy. It's almost like a psychopathy.

The analogy I would draw is to “hoarding syndrome.” You know there was this TV show Hoarders. I’ve not seen it but it’s basically about people who, you know, their living room is floor to ceiling newspapers and their kitchen is filled with all kinds of empty tin cans and whatnot. I’m of the opinion, and what we know is that hoarding syndrome is an identifiable clinically identifiable mental illness. And it’s a variation on obsessive compulsive disorder, and I am of the opinion that many of the really morbidly rich people in this country and around the world, the ones who, you know 1 billion wasn’t enough, they had to make two and then they had to make 10 and then they had to make 50 that they are...had they been born into a lower middle-class family, or even a middle-class family, without whatever skills or connections or whatever that got them to their first, you know, million dollars, they would be living in an apartment that’s floor to ceiling newspapers, that they have hoarding syndrome, and what they’re hoarding is money, and it’s extraordinarily destructive to society.

It doesn’t hurt us if you know, every 10th apartment in New York City is floor to ceiling newspapers and there’s lots and lots of hoarders there, it doesn’t hurt us as a society, but if one out of, you know, a few million people in the United States, just start hoovering up all the money, and then stashing it overseas in ways that can’t be taxed and nobody knows... that’s extraordinarily destructive.

***Q: Yes, absolutely. In the 1960s and 70s, the federal government introduced Medicare and Medicaid to help promote racial equity and also forced hospitals to desegregate. Then in the 1980s with Reaganomics, everything changed. What can you tell us about that?***

**Hartmann:** Well, what Reaganomics did. There’s a couple of big things that Reagan did. Probably the biggest was in ’83 when he told the Justice Department and the Federal Trade Commission to stop enforcing the antitrust laws and the consequence of that was that prior to that, we had hundreds of smaller health insurance companies, and

they started consolidating like crazy and acquired massive political power by virtue of their size. That happened.

The other thing that happened was that prior to that, most states, I lived and grew up in Michigan and I ran a business in Michigan right up until '78 when we left the state and moved to New Hampshire, and every hospital in Michigan was required by law, by state law, to be a nonprofit. We had three of them in Lansing. Sparrow's, St Lawrence and Ingram Medical. St Lawrence was run by the Catholic Church, Ingram Medical was run by the county and Sparrow was funded with an endowment from Mr. Sparrow, who was one of the founders of General Motors. He was a very, very wealthy guy back in the 20s. And, you know, they're all now I believe all of them, maybe one of them is not, but they're all for-profit hospitals now. So, you know Reaganomics was, you know, part of the Reagan philosophy was doing away with these requirements with nonprofits. Also the health insurance companies are required to be nonprofits. I, we have a little factory, we had an herbal tea company in Michigan and I had 18 people working for me. And I remember I paid \$35 per month per person for health insurance and BlueCross, BlueShield, and it was comprehensive and there were no co-pays, there were no deductibles, there were no preexisting conditions. There was no BS. It was a nonprofit health insurance company, and therefore their goal was not to make money for investors. Their goal was to provide health care to people and Reaganism blew that up, too.

***Q: Wow, that's different in every way from what we have today.***

**Hartmann:** It's essentially what they have in Switzerland. Out of all the developed countries in the world the only one that doesn't have a national healthcare system is Switzerland. What they've done is they have required everybody in the country to have health insurance, so you get heavily fined, they've required the health insurance companies to be nonprofits, and there's dozens of them, and they compete, and they've

required the hospitals to be nonprofits, and so stripping all the profit motive out of it, it's gotten pretty efficient but that said, Switzerland is still the second most expensive country in the world for health care, behind the United States.

***Q: That's per capita?***

**Hartmann:** Per capita, yeah.

***Q: Oh, interesting. Do you know what the satisfaction rate is with that system in Switzerland?***

**Hartmann:** It's very high. I don't have any specific statistics but basically we're the only country in the developed world, where the majority of the people when you do opinion polling would rather have a different healthcare system than what they have and, but we're also the only country in the world where the Supreme Court has said that our Constitutional first amendment right to free speech, includes the right of billionaires and big corporations to pour unlimited amounts of money down the throats of politicians and with the Citizens United decision, it really started in '76 with the [Buckley vs. Valeo](#) decision, where the Supreme Court for the first time in the history of the world, certainly in the history of the United States said, 'Oh, you know, billionaires owning politicians, big corporations giving politicians money, in exchange for votes that's not corruption that's not bribery, that's free speech,' and thus here we are.

***Q: Yes, indeed but unlike then, racial awareness is more in the foreground today. Do you see the Black Lives Matter movement and greater racial awareness leading to better health policies?***

**Hartmann:** Well, racism is the legacy of America. It's still very much the omnipresent reality of America, but it's also the reason why we don't have a national healthcare system.

**Q: *What do you mean?***

**Hartmann:**...A guy from Germany [Frederick Ludwig Hoffman](#) came to the United States at the age of 17 with five bucks in his pocket

**Q: *Right, this was in 1884.***

**Hartmann:** And he was a math savant, he was brilliant with numbers, and he got a gig with the Prudential Life Insurance Company, which at the time was the largest life insurance company in the world, running numbers on risk factors so that they could figure out how much to charge people for their life insurance.

And he was the guy – Frederick Hoffman was the guy who learned, who proved that there was an association between smoking and lung cancer, between asbestos and mesothelioma, between working in cotton mills and lung fibrosis, and in fact he founded the American Lung Association, he co-founded that, and he also discovered that there was a relationship between eating a diet high in processed foods and high levels of cancer, and his book, “Diet and Cancer,” which he wrote in 1920s, is still in print.

In 2021, you can still buy it online or in bookstores, even though he's been dead since 1946 so he was really well thought of and he was a really smart guy and so he decided in 1896 to apply his mathematical genius to the problem of race again for Prudential, you know. They were starting to write policies for Black people, which they hadn't done before. This was 30 years after the end of slavery.



And so he ran the numbers and he found that Black people were much more likely to get sick than White people, and when they got sick, they were much more likely to die of it than White people, and that they didn't live as long as White people. So Prudential started charging Black people more for life insurance, which by the way they did right up until the 1960s based on Hoffman's research. Hoffman took this research and published a book in 1896, titled "Race Traits and Tendencies of the American Negro," and in this book, he lays out the math, and then he says, therefore, here's the conclusions.

Number 1, Blacks are an inferior race, and you know, have what he termed "inferior vitality. They did fine under slavery because White people took care of them but they can't take care of themselves."

And number two, if you want to solve the race problem in America, just don't let Black people have health care for a couple of generations, and they will all die out.

***Q: Oh My G-d. For real?***

**Hartmann:** Honest to God, this was his pitch. And this book became a major bestseller in America. He traveled around the country. He testified before Congress. He testified before state legislatures. This theory of his became the basis of part of Woodrow Wilson's eugenics program in the 19 teens that Hitler imitated that led to the Final Solution, the sterilization of Native Americans, the Tuskegee experiments. All this stuff came out of Hoffman's work. He was really very, very famous in the United States from the 1890s until the 1930s. Everybody knew who Frederick Hoffman was.

***Q: Wow...***

**Hartmann:** So this is why in 1912, when Teddy Roosevelt was running for reelection with his Square Deal which included a single-payer health care system, the White

Southern racists said ‘Oh no, you can’t do that, Black people will get that. We’re not supposed to give them health care.’ This is why in 1936 when Franklin Roosevelt proposed a single-payer healthcare system, the White racists in the south said “You can’t do that, not down here.” This is why in 1947 when Harry Truman proposed a single-payer health care system. ‘Oh no, not here, no black people getting health care here.’ This is why in 1961 when John Kennedy proposed it. ‘Nope, not gonna happen’.” And in 1965, when Robert Boleyn and Lyndon Johnson were putting together Medicare, the White Southern racist senators came to them and said, ‘If you’re going to send older, yes we get people over 65, but still Black. If you’re going to send those people to all White hospitals, you gotta put some bar in this Medicare law that they generally won’t be able to jump over so we don’t end up with poor black people in our hospital and that’s why there’s a 20% copay. That’s why Medicare only covers 80% of hospital expenses, that 20% was the bar, that Black people, you know – because you had to prepay when you came to the hospital – that black people would not be able to jump over.

***Q: Unbelievable And it’s still happening!***

**Hartmann:** It’s like, to this day, racism is animating this conversation. This is why today, right now as we speak in 2021, there are twelve states in the United States that have not expanded Medicaid. Twelve states that have not extended that to their working poor – all twelve of those states are former slave states.

***Q: Welcome to the 21st century!***

**Hartmann:** Oh yeah, it’s you know, when Obama expanded Medicare or Medicaid rather you know as part of Obamacare, Rick Scott was the governor of Florida. Nope,

not gonna do it, you know, Rick Perry down in Texas. Nope, not gonna happen. I mean, etc, you know, right, right across the former slave state belt.

*(5-second stinger)*

**Thank you, Thom Hartmann. Tune in next week when we'll continue our conversation with Thom about America's broken healthcare system and his new book, "The Hidden History of American Health Care: Why Sickness Bankrupts You and Makes Others Insanely Rich."**

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