



Saving the American Economy with Single Payer: A Second Look

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**. This time on **Code WACK!**

This Independence Day we're thinking about freedom to pursue our dreams.

U.S. healthcare spending in 2021 was \$4.3 trillion, or nearly \$13,000 per adult. Today, for a family of 4, it exceeds [\\$31,000 a year](#).

These high costs make it difficult or impossible for Americans to get the care they need, much less afford higher education, or retirement. The impact on business is severe too, as employers [struggle to afford health care](#) for their workers.

Thirteen years after the Affordable Care Act passed, health care in America is still marked by inequity and spiraling costs.

This Independence Day, we're revisiting a podcast on the potential impact of single payer on businesses and their employees. Could single payer free us to pursue our dreams of financial security and independence? Is freedom from the crushing costs of health care within reach?

To find out, we spoke to **Ian Lewis**, political & research director at the **National Union of Healthcare Workers** and a board member of California's Office of Health Care Affordability.

Welcome to Code WACK! Ian!

Lewis: Thanks very much for having me.

Q: Many large businesses purchase group health plans for their employees at considerable expense. In the new plan, they would pay business taxes instead. Can you talk about how the switch might affect businesses?

Lewis: That's a great question and also you know one of those areas that there's going to be a huge amount of discussion and debate. In general, I predict that those businesses who are doing the right thing right now and paying for their employees' and their family's health care are going to come out far ahead. They're going to have a huge competitive advantage against competing businesses in other states, where those businesses are still saddled with the cost of employee health benefits.

Conversely, those businesses that are not pulling their own freight – paying for their workers' health care - are probably going to end up paying more in taxes so it's a mixed bag across different industries. Ultimately, that's a question that the

legislature, perhaps voters, are going to have to grapple with. What are the right tax levels for different kinds of businesses? I think again with the huge savings that we could realize with single-payer health care, the long-term benefits for all businesses are tremendous.

Q: Right. Would you say that's true even for small businesses, many of whom don't currently cover healthcare costs for their employees?

Lewis: Yeah. Well, small businesses are among the worst faring right now. Small business people have to pay for their own family's health care. You think about the convenience store owner or somebody who has just opened a restaurant, a family restaurant, they have to cover themselves and they don't have the economies of scale that a giant corporation might have to lower health costs or spread the risk of insurance over thousands of workers. So a single-payer healthcare system will directly benefit those business owners themselves.

It'll also free up a huge amount of entrepreneurial energy. The number one reason I hear that workers are reluctant to leave the jobs that they have right now and start the small business of their dreams is because they don't know where they're going to get their health care. When I talk to family or friends in Europe or in other countries that do have universal healthcare systems, they have a hard time imagining what it must be like being trapped all your life decisions being bracketed by wondering where your family's health care is going to come from.

Q: Right! I know it's hard for many freelancers to go freelance because of that very reason and speaking of workers, the health insurance industry does employ a lot of people. Obviously, every industry faces business risks from evolving technologies to economic disruptions, but nobody wants workers to take a hit. What would a just transition for workers in the healthcare sector look like?

Lewis: The kind of jobs that will be eliminated - and there will be jobs eliminated in the course of a transition - they are mostly the administrative ones, the paper shuffling, the processing of claims from one provider to an insurer, to the enrollee and back and forth and dealing with the appeals. Now, those job losses will be offset some by the creation of a single administrative system, but the simplification, the elimination of claims and adjustment proceedings and appeals and so forth, those kinds of jobs open up the opportunity to train people in, you know, what I see as the jobs of the future, you know, health care. There's a growing demand for different kinds of health services and there's a huge opportunity in a variety of spaces in health care, a huge need, you know, our own union represents behavioral healthcare workers, for instance, or nurses, for instance. There's a huge, huge need for more professionals in those fields and that is where I would like to see many of those workers go. Those who choose not to go into those fields, the economic stimulus that comes with injecting tens and eventually hundreds of billions of dollars more money into the rest of the economy, which is not health care, will unleash real job creation in other industries.

Q: Yeah, that makes sense. Great point. Did you want to say anything about why your union, NUHW, supports single payer health care in California?

Lewis: Yeah. Our members are frontline healthcare providers. They see every single day the injustice of a healthcare system that dictates who gets what kind of care based on who they are, [or] how much money they have in their pocket. Most of our members chose their profession out of a place of caring for other human beings and there's a lot of talk of burnout in the healthcare industry today – providers who are just exhausted, but it's not just exhausted because they've been working long hours, which they have been.

They're exhausted because there are so many obstacles thrown up in front of them, between them and their patients, them and their ability to get their patients healthy and keep their health and the biggest obstacle is the lack of health insurance coverage, or the underinsurance of so many millions of people. Also, our health system incentivizes corporations to go where there is the most money to be made and that's richer communities. Our members see day in and day out so many people in this state who are denied access. There are no providers near to where they live, or the facilities that are located where they live are full up or they don't have staff who speak the languages that patients need them to speak in order to get good care. Those are all symptoms of a health system that is profit driven rather than a system that is responsive to what people need in their communities.

Q: Uh-huh. Right. Do you happen to know of an anecdote or story that maybe one of your members experienced or that you experienced or heard of that illustrates those points?

Lewis: I think of the community safety-net hospitals as compared...In Northern California, we have some wonderful safety-net hospitals that are desperately starved of funds just a few miles down the road from some of the wealthiest, most profitable hospitals in the country. I think of a worker at a hotel, a luxury hotel in downtown San Francisco. He 10 years ago started getting headaches on a regular basis and he put off going to see the doctor. He works in a hotel where, you know, the average nightly rate is \$300 or \$400 a night but to go see a doctor would've cost him \$50 at the time, having a hard time making ends meet, he put that off and put that off and when he finally went into an emergency room, he discovered that he had a terrible cancer in his brain.

And this gentleman was an immigrant from El Salvador. He had fled El Salvador to escape the war there. He ended up choosing to fly all the way back to San Salvador and pay out of pocket for surgery to remove that cancer. He came back to the U.S. This is somebody who had insurance, but the insurance was not going to cover the full cost. and it was actually cheaper for him to go to El Salvador to get treatment in a private clinic there, including hotel fees and so forth, airfares and so forth than it was to use his own insurance. Now, when working people have to leave the United States to a country that is struggling like El Salvador is in order to get good quality healthcare, it really drives a message about just how broken our system is.

Q: That's unbelievable. How long ago was this and how's he doing today?

Lewis: Thankfully, this was about 10 years ago and thankfully, he made a full recovery. They removed his cancer and he made a full recovery. He got back to the U.S. and one of the first things he did was get together with his coworkers and start fighting for a union in the hopes that one day, that luxury hotel will start paying for his health, for real health insurance.

Q: Wow. Thank you for sharing that very powerful and poignant story with us. And thank you, Ian, for all your insights today. Is there anything else you want us to know?

Lewis: I'd just say I'm more optimistic than I've ever been about the promise of transitioning to a single-payer health system. This is something that I've personally, a campaign I've been personally involved with for two decades and it can be very demoralizing. There are many Pyrrhic victories along the way... That's the biggest obstacle I see to reform is the lack of hope that so many people have about our ability to put one foot in front of the other and we have a clear roadmap now, and I'm very hopeful we can build the kind of organization, the kind of movement that we need to to make that real.

Q: Right. So what I'm hearing from you is that there is cause for optimism, we don't just have a plan, but evidence that says this is going to save a lot of lives and money there's no reason why we can't do this.

Lewis: There's evidence for that. There's no reason we can't do that and there is a moral and fiscal imperative to do this because the consequences of not making this happen are catastrophic.

Thank you, Ian Lewis.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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