Murder, Money & Medicine: The United Healthcare CEO Tragedy and America's Insurance Crisis

"... every year we have deaths which appear to be attributable to health insurance problems that are a thousand times greater than the deaths in the L.A. Fires." – *Dr. James G. Kahn*

911. What's your emergency?

America's healthcare system is broken and people are dying.

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

(music)

This time on **Code WACK!** How does our complex, costly, and callous for-profit healthcare system contribute to America's high mortality rate and how many people are believed to die each year as a result? To find out, we interviewed Dr. James G. Kahn, an expert in health policy and economics, and advisor to Code WACK! and editor and primary blogger of Health Justice Monitor, a health policy blog.

Welcome back to Code WACK! Dr. Kahn.

Kahn: Thanks. Happy to be here.

The strong reactions to the tragic murder of United Healthcare CEO Brian Thompson by alleged killer Luigi Mangione is bringing renewed attention to the abuses of our private for-profit insurance system. These abuses range from time consuming hassles like pre-authorization requirements to the denial of coverage altogether, which for people who can't afford to pay out of pocket, is tantamount to the denial of care. Thank you for joining us today, Dr. Kahn, to discuss how this affects the US mortality rate. How does the United States mortality rate compare to that of other wealthy nations?

Kahn: Yes, sadly, our mortality rate is much higher than other wealthy nations. Another way to think about it is our longevity or lifespan is substantially lower than other wealthy nations. This is a trend which has been growing over time – this difference between the US and other countries. It got even bigger during COVID because our management of the epidemic was not as effective, but remains, very large. And the best estimate is that if the U.S. had mortality rates similar to other wealthy countries, we would have 620,000 fewer deaths each year.

Q: That's a shocking number. Is this related at least in part to how hard it is for Americans to access and afford health care?

Kahn: For sure. A part of the difference is related to our fragmented health insurance. We've known for quite some time that the mortality rate among people who are uninsured is higher than among people who are insured, and that probably accounts for a difference of about 50,000 deaths per year, perhaps a bit more. That's for people who are completely uninsured.

Unfortunately, that's only part of the problem. The other part of the problem is people who are underinsured as well as the care denials that you mentioned. Underinsured, means that they may have very high deductibles, maybe $5,000 or more, and that poses a significant financial barrier to care. So the question is how do you translate these barriers to care into an estimate of how many deaths are

due to our flawed, fragmented insurance? And I just made an estimate of that, which I will briefly summarize for you. 620,000 extra deaths per year in the United States compared with other wealthy nations.

Some of that has to do with some higher risk factors that we have in the United States for significant disease and associated mortality. For example, obesity is far more prevalent in the United States and partly through diabetes leads to increased risk. That is estimated to account for about 220,000 of the 620,000 excess deaths, a higher use of opioids and higher overdose risks. That's estimated, by other researchers at 60,000 per year. Poverty itself, independent of obesity and opioids probably contributes to mortality estimated 75,000. Firearm deaths. Of course, a big issue in the United States with our lax gun laws, it's 45,000 more. Many of those are suicide. Plus you have a few non firearm suicides. And then finally, with our much more extensive road system and less effective safety in the traffic area, about 21,000. So if you add those all up, we get an estimate of 420,000 extra deaths per year due to these specific causes, which arguably are not due to insurance.

Arguably?

Kahn: I say arguably because with all of the suicides that we're talking about, how many of those are due to the financial problems, the medical debt and bankruptcy that people face because of insurance issues? But setting that aside about 420,000 can be accounted for by higher risk factors and higher disease prevalence.

That leaves nearly 200,000 deaths per year, not explained by higher disease rates.

Wow, 200,000 deaths caused by health insurance and access to care issues? That's another shocking number.

Kahn: As mentioned, some of those are due to complete lack of insurance, but some of them are due to financial barriers among people who do have insurance,

under insurance like high deductibles and as you mentioned earlier, denials of care when requesting care that needs prior authorization. So the estimate is about 200,000 deaths per year attributable to insurance problems.

First of all, 200,000 deaths a year is another stunning number considering that the U.S. mortality from gun related violence in 2023 was less than a quarter of that number at 43,000 deaths. What are your thoughts on this?

Kahn: It is a big number and to try to get a handle on it, the fires that have been devastating parts of Los Angeles and which are still going as we speak, have resulted so far in 25 deaths, a tragedy for sure, but 25 is less than a thousandth one one thousandth of 200,000. So every year we have deaths which appear to be attributable to health insurance problems that are a thousand times greater than the deaths in the LA fires.

Another way to think about it is to try to get a sense for how many people this is, it's equivalent to the entire population of Rochester, New York or Reno, Nevada. This is a lot of people and I think we lose track. What struck me about the unfortunate assassination of the CEO of United Healthcare is that was one unnecessary, sad, devastating death, and yet the amount of deaths attributable to the way we do insurance is literally 200,000 times greater per year. I'm not the only one who noticed this contrast.

There was a widespread social media reaction from both sides of the political aisle about just how horrendous the insurance situation is and just how responsible private insurers are for denying care and for other issues and how our insurance functions or fails to function properly.

Yes, and of course we don't condone the murder of Brian Thompson in any way and that's a good point that this is an annual number, the roughly 200,000. I guess my question for you is how confident are you that this number is a reasonable estimate and why is the number of deaths associated with health insurance issues hampered access to care so difficult to estimate.

Kahn: It's not a precise number. I can't say it's 200,000 exactly. Or 195,032, which is the precise number that I estimated when I did this. That's common in my line of work. We have reasonable approximations. My feeling is if it's not 200,000, it's actually 150,000 or a hundred thousand or even if it were as low as 75,000 extra deaths per year, is that acceptable? I maintain that it isn't. It may be a hard number to wrap our heads around, but it's a big number whether it's 200,000 or a bit less. And it's really important that we recognize that the number of deaths attributable to health insurance is very large just because we can't be sure if it's 200,000 or 150,000 or 250,000 isn't a reason to ignore the problem.

A hundred percent agree. How does your latest estimate differ from previous estimates that have been done?

Kahn: I am unaware of previous estimates in the academic literature of the number of deaths attributable to the entire health insurance system. As I mentioned, there have been published estimates that say maybe 50,000 deaths per year due to lack of insurance, and that was greatly increased during COVID. I was part of a team that estimated the excess COVID deaths due to lack of insurance. It turns out that parts of the country with higher rates of uninsurance had higher covid mortality, presumably because people who got sick were less able to seek care. We estimated several years ago still during the pandemic, about 350,000 excess deaths associated again, with the combination of the COVID pandemic and lack of insurance, that number was still rising when we published. So it's probably close to 500,000. That's on top of the ongoing excess mortality. I think it's really important not to get bogged down on debates about the precise number of excess deaths... I'm not sure I totally answered your question there.

Q: Yeah, my question was how does this latest estimate differ from previous estimates?

Kahn: Ah, yes. Thank you for reminding me. As I mentioned earlier, it's easier to study the association between mortality, lack of insurance. It's harder to study the association between mortality and being underinsured or having care denied. I'm unaware of any published estimates. I did once previously estimate based on the

observed differences in mortality in the 18 to 64 age range – adults, not seniors, and that I estimated about 190,000. That estimate was not as technically detailed and explicit as this estimate. The estimate that I discuss and which is published in Health Justice Monitor, people can find it there, go to health justice monitor.org and search for excess death.

You can also find a link to the blog in Helpful Links section of this episode's Show Notes.

Kahn: That estimate that I've published is the most developed estimate that I've seen, and we are in the process of refining that and documenting it fully and putting it in the academic literature.

So we're looking at the number of deaths, which is very final. But I also imagine that we're dealing with people who just get sicker and sicker because they're afraid to go to the doctor and what that might mean for their pocketbook.

Kahn: It's important to correlate this quantitative estimate of excess mortality or deaths linked to insurance with what we know very well from survey data about the difficulties that people have access to care for financial reasons and in particular, the Commonwealth Fund and others have surveyed the U.S. population and currently in the most recent surveys, fully half of US adults report that they skipped or delayed some portion of medical care in the past year for financial reasons due to cost barriers. That's not half of the uninsured or even half of the underinsured. That's half overall skipped a doctor visit or delayed or skipped getting medication – some aspect of their care was put off of its normal track because of concerns about finances. That's extraordinarily high and speaks to the gaps in our coverage due to these high deductibles and cost sharing care denials and so on.

Wow. So half of U.S. adults are skipping or delaying care due to cost. That's disheartening.

Kahn: Of the people whose care was delayed or skipped because of financial reasons, half of them reported that this worsened their medical condition. *So people are not only skipping and delaying care, but many are getting sicker as a result. So what's the point of health care then if people can't access it?*

Kahn: So we don't have a report that someone says, 'oh, it was ultimately fatal.' It would be pretty hard to find the people who reported that they died because they couldn't get care. You'd have to find family members and that would be extremely difficult to figure out by talking to people. But it's clear that the evidence regarding access to care problems and the evidence regarding excess mortality go hand in hand and tell a story, which is true, which is that health insurance problems are putting people at substantially increased risk of death. So I've been talking about the estimated excess mortality in my field, which is health economics. We have a way of looking at the consequences of illness short of death, and we look at something called health state utility or call it "quality of life."

It's really hard to come up with estimates of the effect of insurance problems on quality of life. We know that people are very anxious when they can't get the care that they need and it makes them nervous, which is not a good state to be in.

Totally.

Kahn: And we also know that they report that there are health consequences to their barriers to care. But we have, as far as I know, no attempt to quantify that in terms of our formal metrics that health economists use.

I focus on mortality because it's a little bit easier to figure out. And of course more importantly death is worse than feeling less healthy. And so someday we will maybe figure it out. But I hope that before we have the chance to figure it out technically, we will simply fix the problem [of our] fragmented and fractured and hole-ridden health insurance system and switch to single payer, improved Medicare for All. Your listeners I'm sure are very familiar with that system and we

should act to get rid of these major gaps in health insurance and the associated health consequences.

Thank you Dr. James G. Kahn. Stay tuned for next time when Dr. Kahn reveals what can be done to combat the high rate of deaths due to health insurance issues and lack of access.

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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