**Headline:** Americans Want Government-Run Health Care—What’s Standing in the Way?

**Teaser:** It’s true that the number of uninsured Americans has dropped to an all-time low. But that fact obscures the failures of our patchwork, profit-driven health care system.

By Sonali Kolhatkar

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**[Article Body:]**

Here’s one of many indicators about how broken the United States health care system is: Guns seem to be easier and cheaper to access than treatment for the wounds they cause. A survivor of the recent mass shooting in Half Moon Bay, California, [reportedly said to Gov. Gavin Newsom](https://www.commondreams.org/news/mass-shooting-victims-medical-bills) that he needed to keep his hospital stay as short as possible in order to avoid a massive medical bill. Meanwhile, the suspected perpetrator seemed to have had few obstacles in his quest to legally obtain [a semi-automatic weapon](https://www.cnn.com/2023/01/25/us/half-moon-bay-shooting-suspect-chunli-zhao-what-we-know/index.html) to commit deadly violence.

Americans are at the whim of a bewildering patchwork of employer-based private insurance plans, individual health plans via a government-run online marketplace, or government-run health care (for those lucky enough to be eligible). The coverage and costs of plans vary dramatically so that even if one has health insurance there is rarely a guarantee that there will be no out-of-pocket costs associated with accessing care.

It’s hardly surprising then that the latest [Gallup poll](https://news.gallup.com/poll/468401/majority-say-gov-ensure-healthcare.aspx) about health care affirms what earlier polls have said: that a majority of Americans want their government to ensure health coverage for all. In fact, nearly three-quarters of all Democrats want a government-run system.

[Gallup also found](https://news.gallup.com/poll/468053/record-high-put-off-medical-care-due-cost-2022.aspx) that a record high number of people put off addressing health concerns because of the cost of care. Thirty-eight percent of Americans said they delayed getting treatment in 2022—that’s 12 percentage points higher than the year before. Unsurprisingly, lower-income Americans were disproportionately affected.

Women are especially impacted, with more women than men delaying treatment as per the same Gallup poll. The findings were consistent with [results](https://www.nyu.edu/about/news-publications/news/2022/december/JAMA-employer-sponsored-health-insurance.html) published by researchers at New York University’s School of Global Public Health—that women’s health care was increasingly unaffordable, compared to men’s—in a study that solely focused on people *with* employer-based health coverage. Imagine how out-of-reach health care is for uninsured women.

Added to that, [Republican-led abortion bans](https://thehill.com/policy/healthcare/3832210-red-state-americans-see-abortion-access-slipping-away/) have made it even harder for American women to obtain reproductive health care. On the 50th anniversary of the recently overturned Supreme Court decision *Roe v. Wade*, [abortion providers in Massachusetts](https://www.wbur.org/news/2023/01/25/roe-v-wade-50-abortion-care-massachusetts), for example, reported a steady stream of people driving to their state—one where abortion remains legal—to access care.

President Joe Biden and the Democratic Party appear to think that this grim status quo is perfectly acceptable. Democrats’ reliance on the Obama-era Affordable Care Act (ACA) as a bulwark against Republican opposition to any government intervention in health care seems to be resoundingly successful—on paper. In December 2022, Biden touted the fact that 11.5 million Americans, a [record high number](https://www.whitehouse.gov/briefing-room/statements-releases/2022/12/27/statement-from-president-joe-biden-on-record-2022-healthcare-gov-enrollment/), had signed up for ACA plans during the last enrollment period. He said, “Gains like these helped us drive down the uninsured rate to eight percent earlier this year, its lowest level in history.”

His administration, rather than working to fulfill what a majority of his party’s constituents want—a government-run health care system—has continued instead to tweak the ACA by extending a period of discounted monthly premiums for private insurance plans. Such tweaks are not permanent. Neither are they a panacea for accessing adequate care. If anything, they are a façade protecting profit-based private insurance companies.

A [survey](https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/10/07/many-patients-cant-afford-health-costs-even-with-insurance) by the Commonwealth Fund found that although the number of insured Americans is now at an all-time high, more than 40 percent of those who bought ACA plans and nearly 30 percent of those with employer-based plans were underinsured—that is, the plans were inadequate to cover their health care needs.

By focusing solely on the number of people who had health plans as a measure of success, the White House is participating in a great coverup of the ongoing American health care tragedy.

Meanwhile, just over the horizon from Biden’s celebration of record numbers of ACA signups is the fact that millions of people currently enrolled in the Medicaid government health plan could lose access because of the [end of an emergency provision](https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/) that allowed for “continuous enrollment.” That provision expires at the end of March 2023. If all Americans were automatically enrolled in government-provided health care regardless of eligibility, this would not be a concern.

Right-wing sources, so terrified that too many Americans want a government-run health system, are busy shaping public opinion against it. The Pacific Research Institute’s [Sally Pipes published an op-ed](https://www.post-gazette.com/opinion/Op-Ed/2023/01/24/sanders-universal-health-care/stories/202301240010) about how Canada’s national health system was a good reason why the U.S. should not have a similar program. Using the deadly logic of a free marketeer, she wrote, “In Canada, health care is ‘free’ at the point of service. As a result, demand for care is sky-high.”

The implication is that charging people for service would reduce the demand, just as it would for, say, an electric vehicle. In Pipes’ world, people are accessing health care just for fun, and if they were charged money for it, their ailments might resolve themselves without treatment.

The [Heritage Foundation](https://www.heritage.org/health-care-reform/commentary/british-single-payer-health-care-program-cratering-should-be-wake) also published an attack on Britain’s National Health Service (NHS), gleefully claiming that it is “cratering,” and warning that it is a lesson for American liberals who might support a similar “single-payer” system in the United States.

The Wall Street Journal’s editorial board [published a similar warning](https://www.wsj.com/articles/britains-healthcare-meltdown-national-health-service-single-payer-medicare-for-all-rishi-sunak-jeremy-hunt-11673648911), claiming that the NHS was “failing patients, with deadly consequences.”

It’s puzzling why the Pacific Research Institute, Heritage Foundation, and Wall Street Journal appear unconcerned about the [330,000 Americans who lost their lives](https://www.scientificamerican.com/article/universal-health-care-could-have-saved-more-than-330-000-u-s-lives-during-covid/) during the COVID-19 pandemic simply because they don’t live in a nation with a universal health care program.

The U.S. [spends nearly twice as much](https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries-2/#Health%20consumption%20expenditures%20per%20capita,%20U.S.%20dollars,%20PPP%20adjusted,%202020%20or%20nearest%20year) per capita on health care than other comparable high-income nations. According to [Health Affairs](https://www.healthaffairs.org/do/10.1377/hpb20220909.830296/), excessive administrative costs are the main reason for this discrepancy—these are nonmedical costs associated with delivering health care in a patchwork system of employer-based private health and publicly subsidized plans. In fact, “administrative spending accounts for 15–30 percent of health care spending.”

Again, right-wing media outlets and think tanks appear unconcerned by this disturbing fact. They only want to convince Americans that a government-run health plan is a bad idea. And, sadly, the Democratic Party leaders like Biden seem to agree implicitly.

The National Union of Healthcare Workers together with Healthy California Now [created an online calculator](https://nuhw.org/find-out-how-much-youd-save-with-medicare-for-all/) for individuals to determine how much money they would save if the U.S. had a single-payer system.

I have an employer-based health care plan that is considered very good. Using the calculator, I determined that I would save more than $16,000 if California, the state where I live, had a single-payer system. That’s money I could be saving for my children’s higher education or for my retirement.

The victims of mass shootings, like the Half Moon Bay survivor, are saddled with high costs of care on top of the trauma of having been shot. Every year, there are more than [80,000 survivors of injuries](https://www.aamc.org/news-insights/cost-surviving-gun-violence-who-pays) from firearms in the United States. Having a single-payer health care system would not fix our epidemic of gun violence. But it would certainly make it easier to bear.

Canada and Britain’s state-run systems of health care may be imperfect, but they are a vast improvement on the survival-of-the-fittest approach that the U.S. takes.