

# Health Injustice and Inequality

Margaret Flowers, M.D.

*“Of all the forms of inequality, injustice in health care is the most shocking and inhuman.” - MLK*

# What is Health Injustice?

**Declaration of Human Rights:**

## **Article 25.**

**(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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.**

# Health history

## 1940's:

Europe: Destruction of WWII required the restoration of security through social institutions. Created systems based on human needs as a public good.



The US retained an employment-based system of health care.

# Principles of human rights

Universality

Equity

Transparency

Accountability

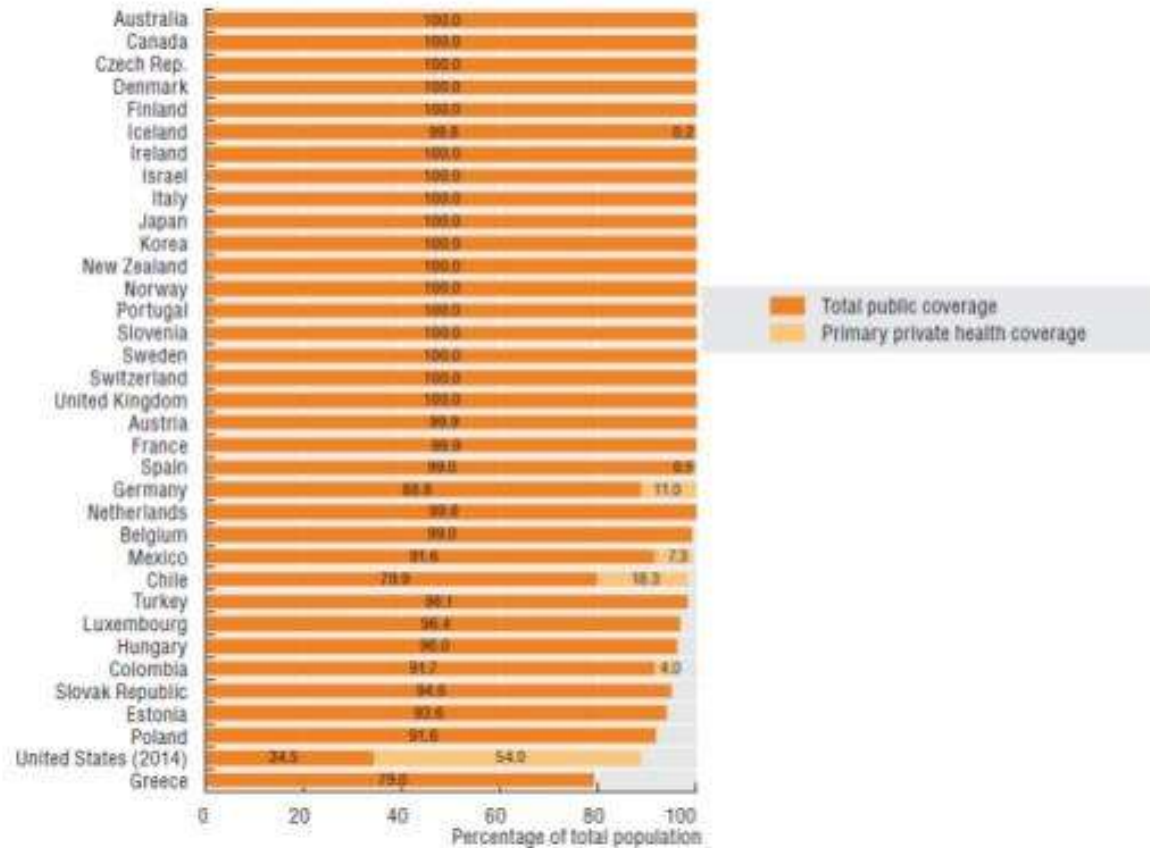
Participatory

# How does the United States compare?

## Coverage

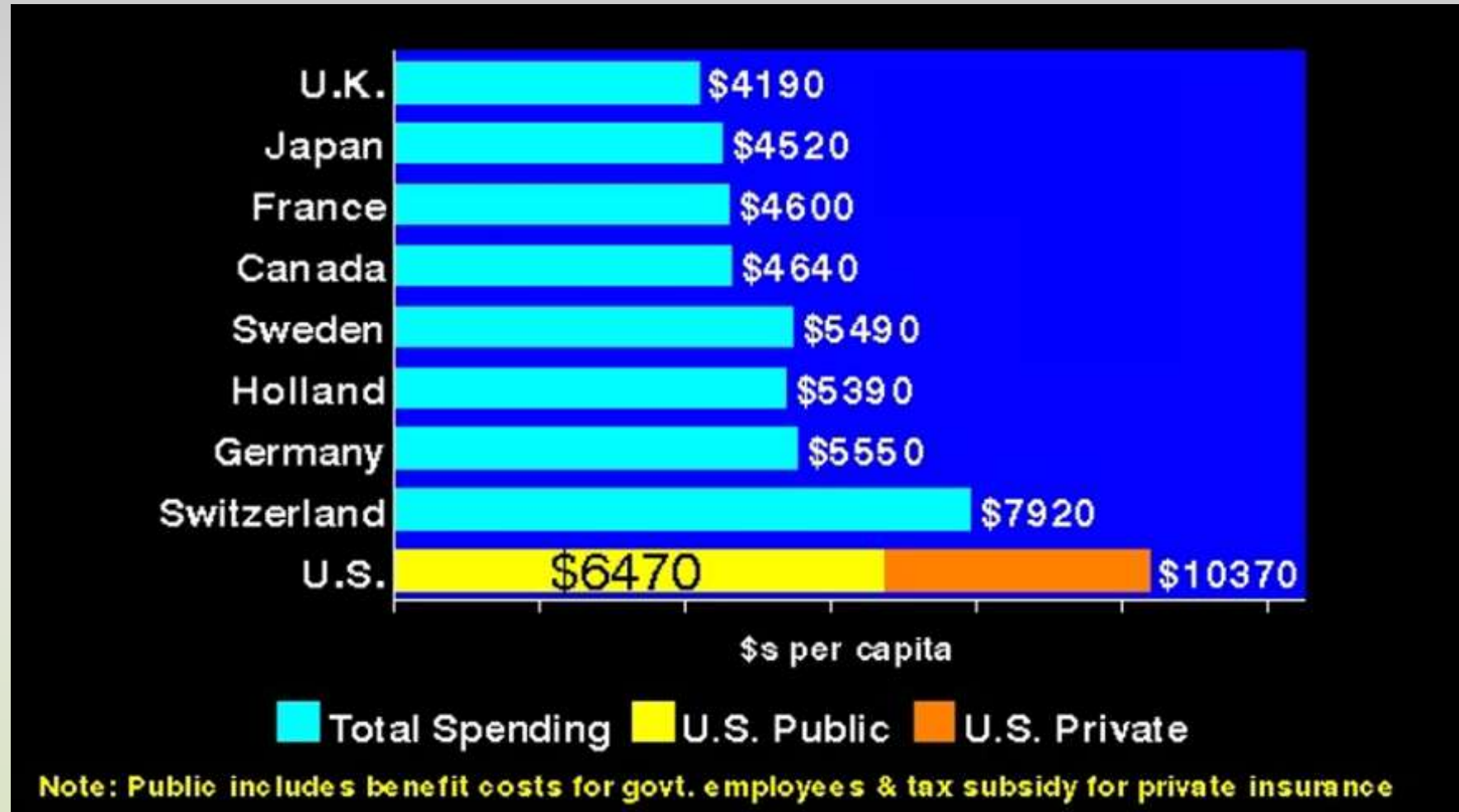
All OECD countries have achieved universal (or almost universal) health coverage, except Greece and the USA

Health insurance coverage for a core set of services, 2013



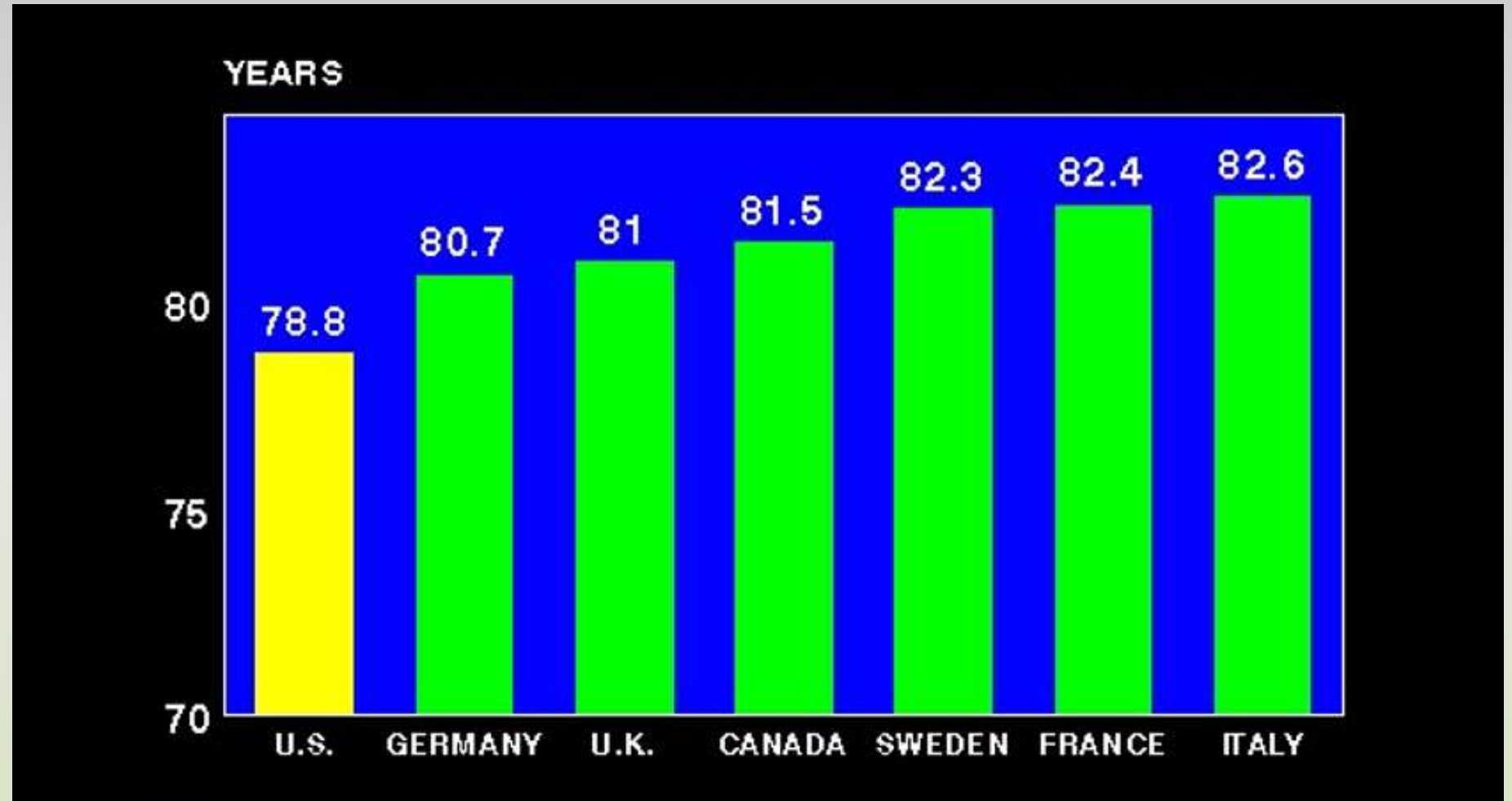
# How does the United States compare?

## Cost



# How does the United States compare?

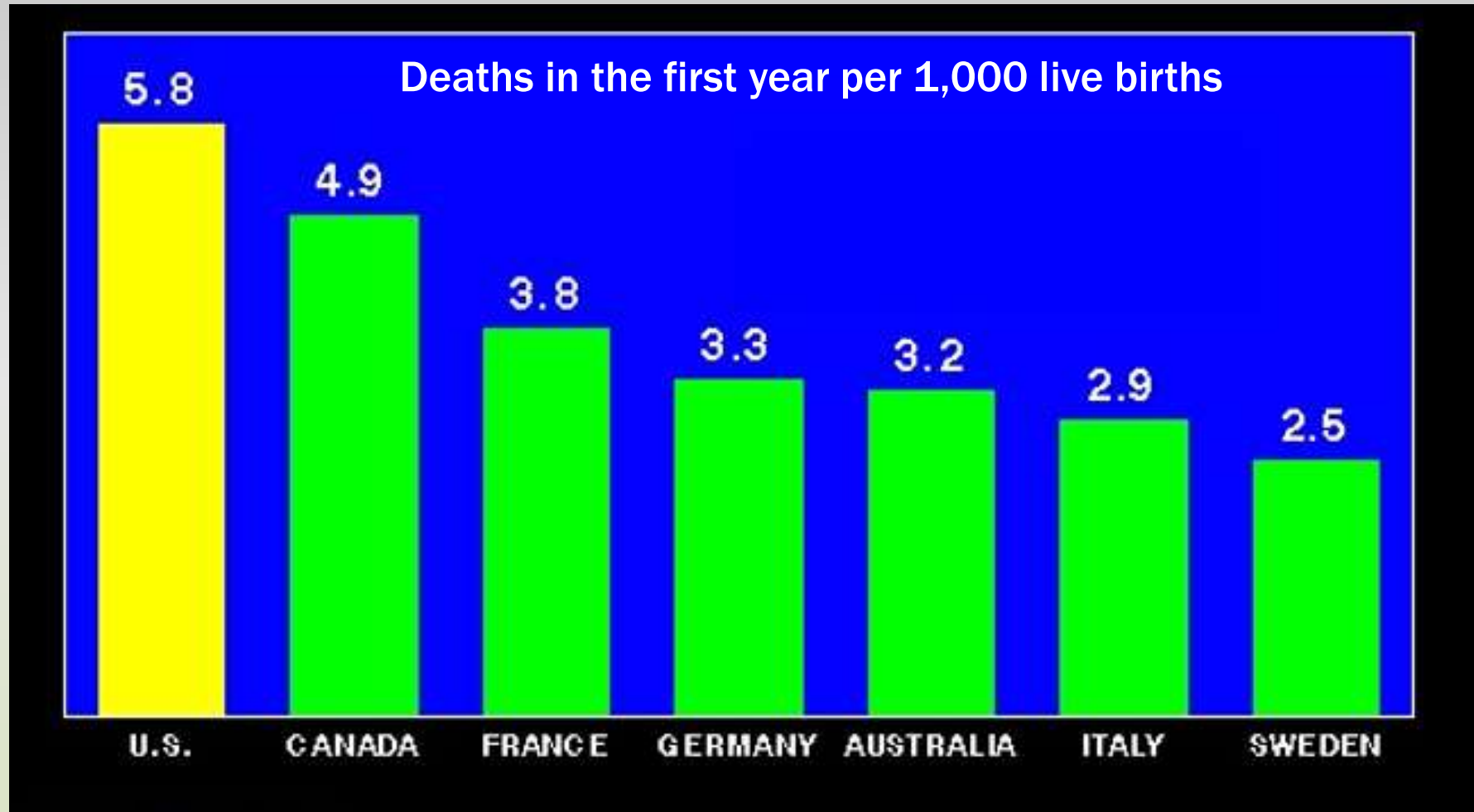
Life  
expectancy





# How does the United States compare?

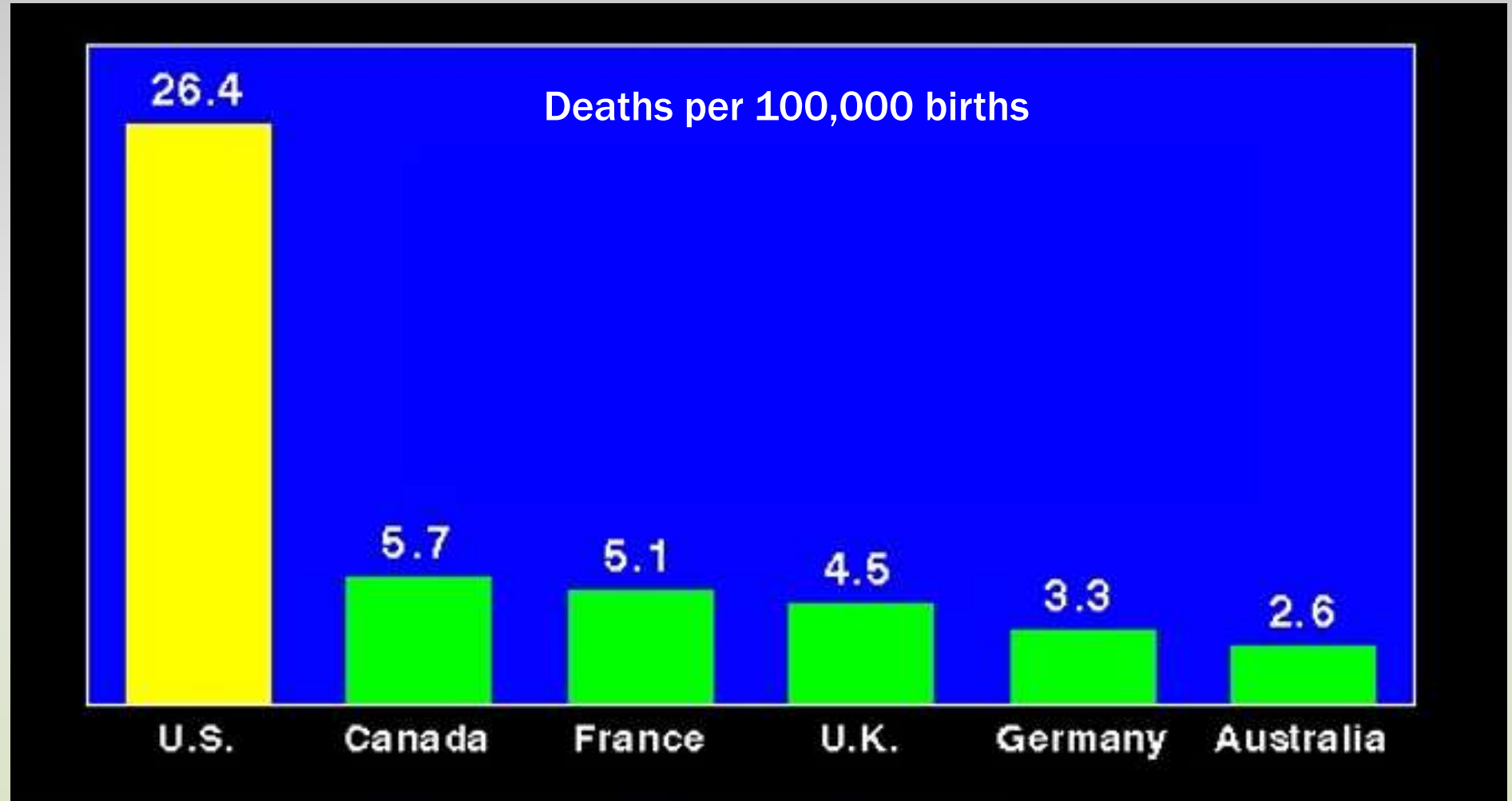
Infant  
mortality





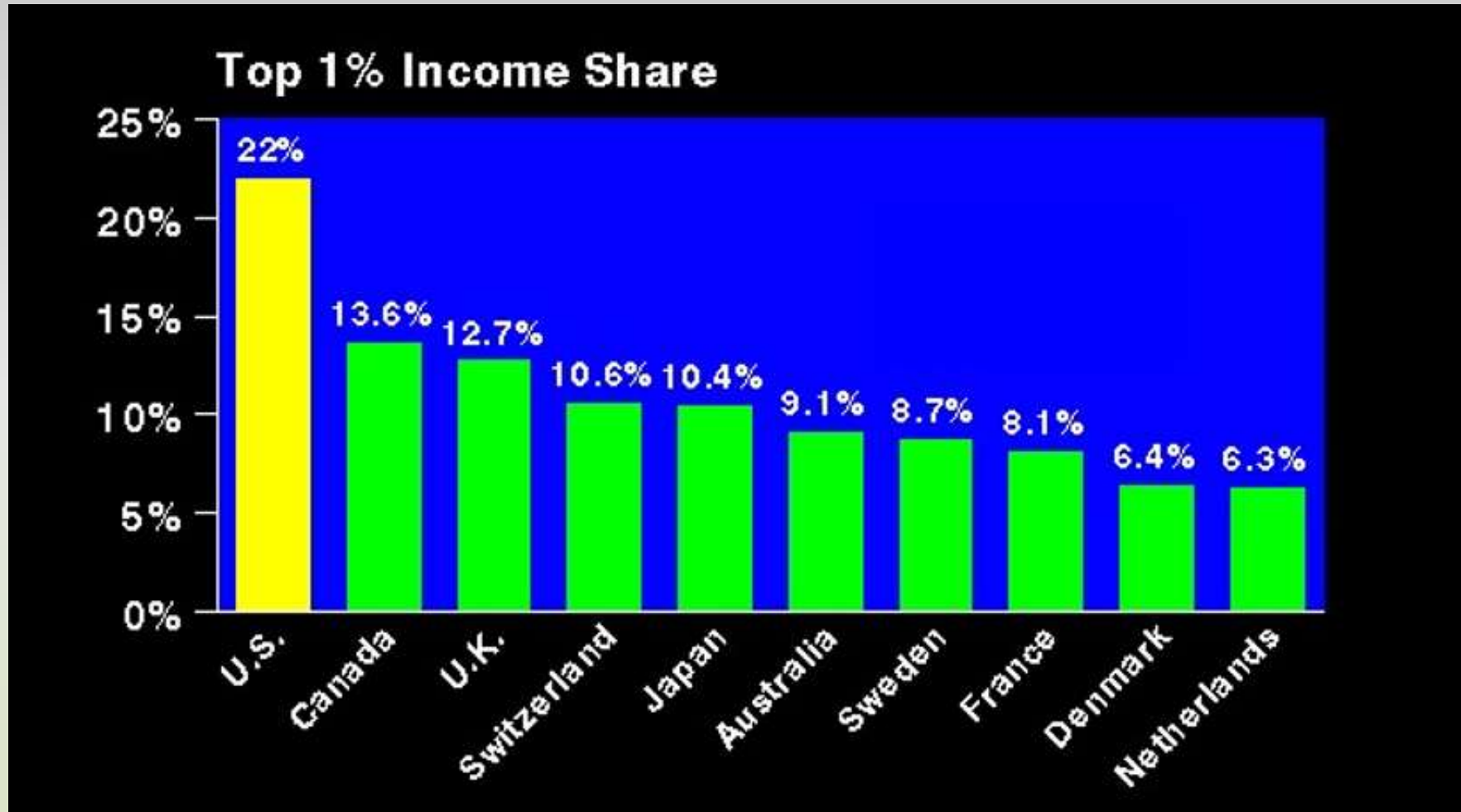
# How does the United States compare?

Maternal  
mortality



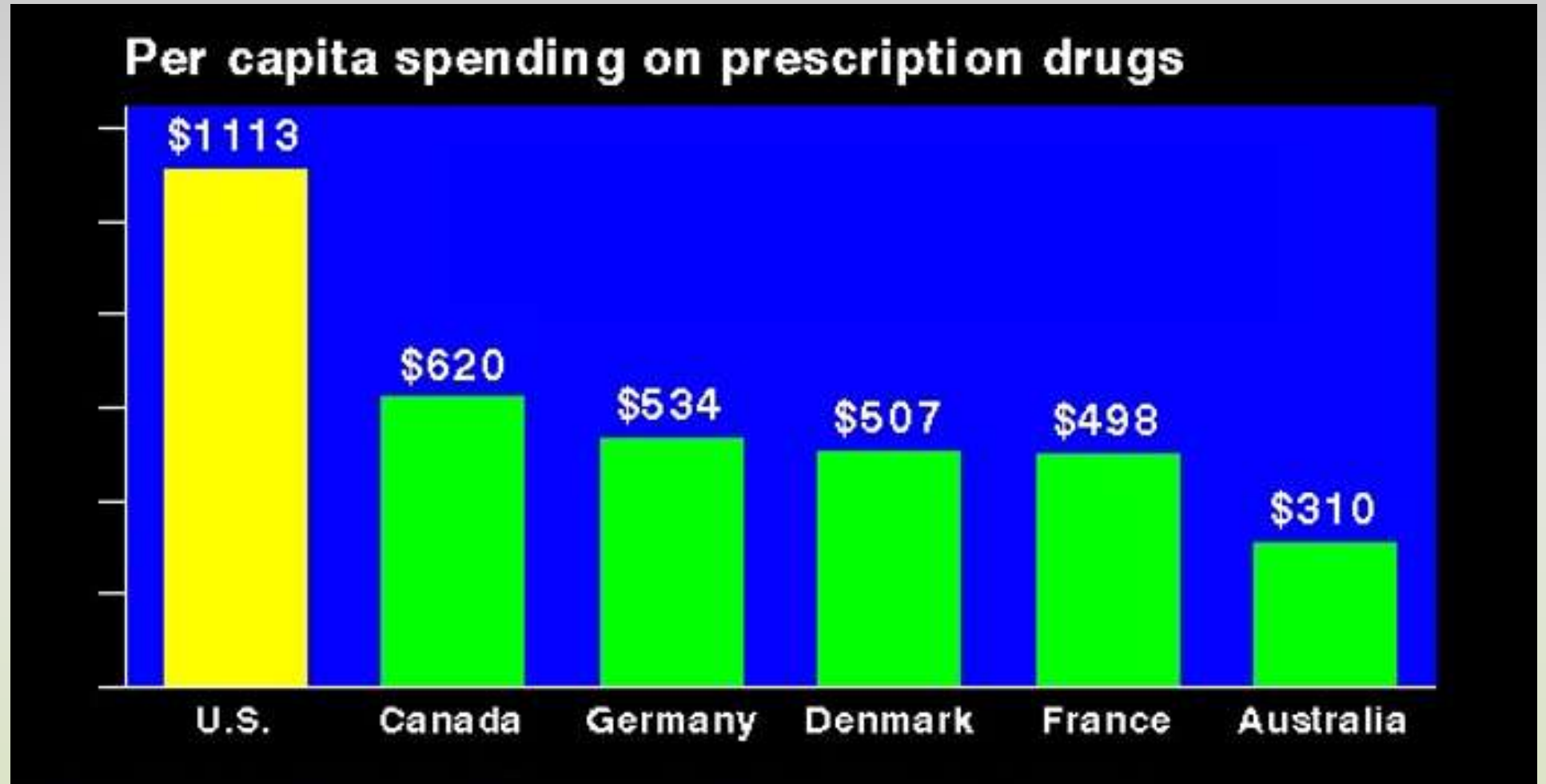
# How does the United States compare?

Wealth  
inequality

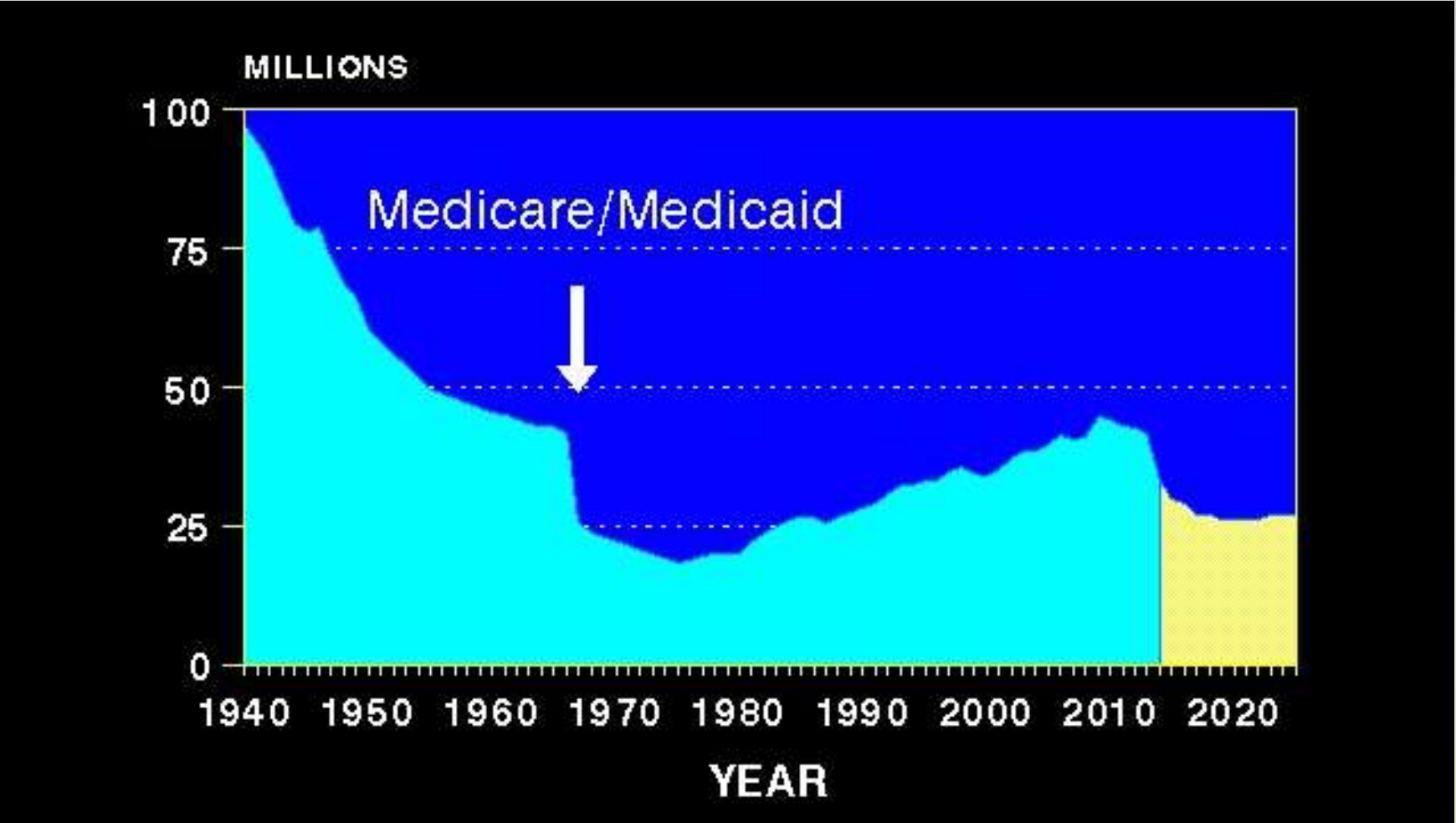


# How does the United States compare?

Drug  
spending



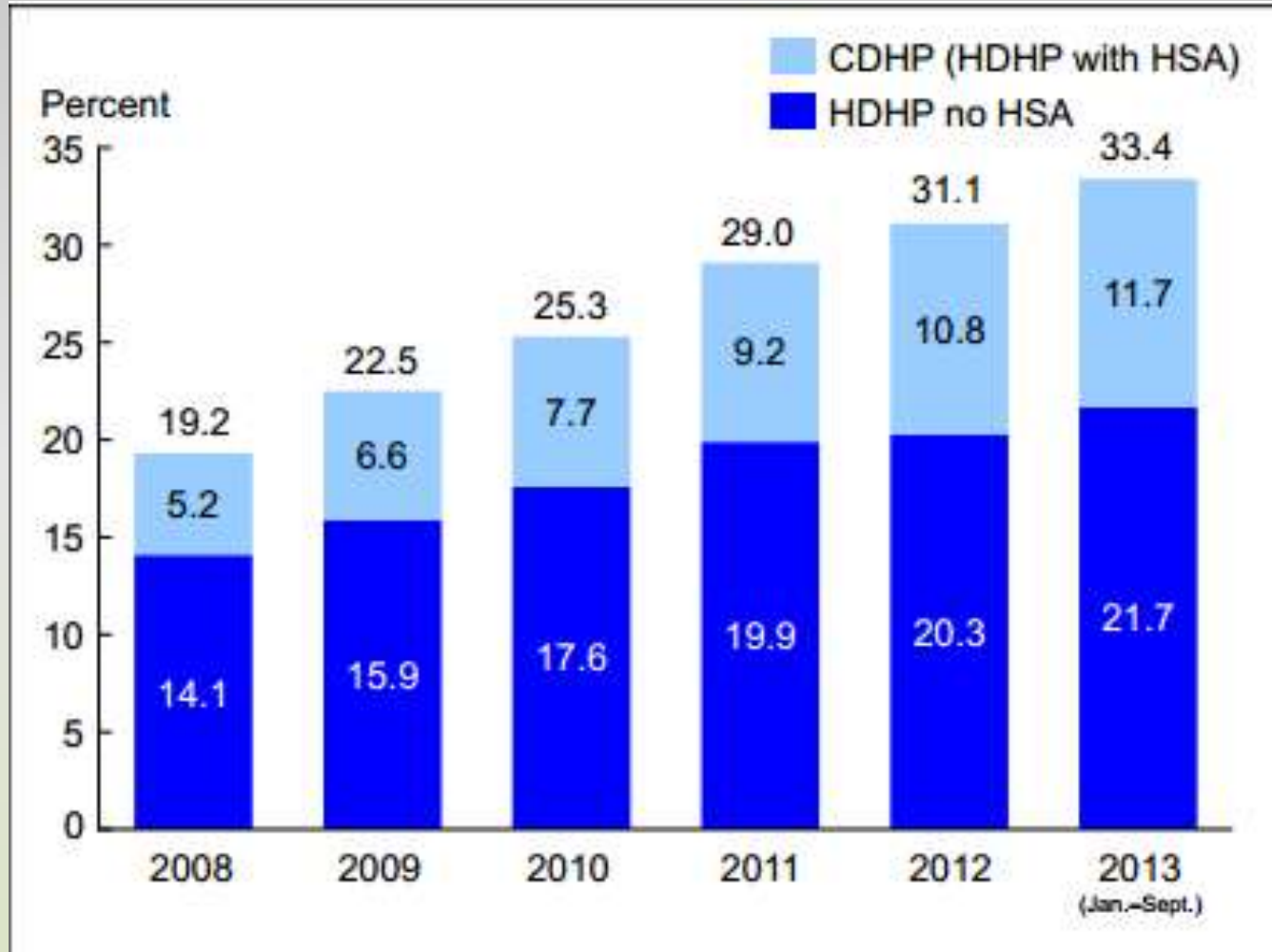
# Number of Uninsured: 32 Million



# Deaths due to uninsurance: 36,530 in 2016

State	% Uninsured	Excess Deaths
Texas	16.6	5,909
California	3.7	3,697
Florida	12.5	3,307
Georgia	12.9	1,703
New York	6.1	1,538
<b>U.S.</b>	<b>8.8%</b>	<b>36,530</b>

# Underinsured

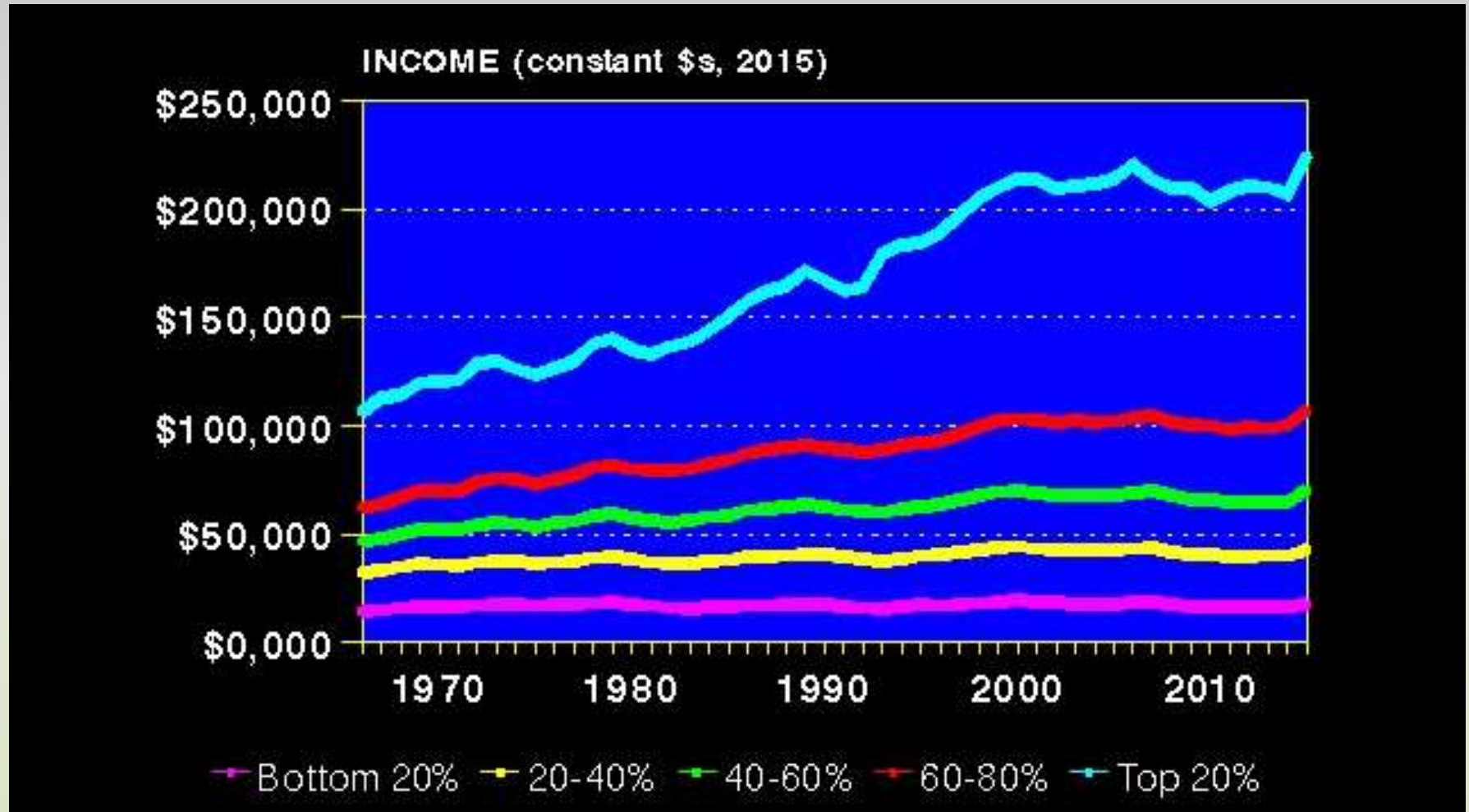


Percentages of persons under age 65 among those with private health insurance coverage: United States, 2008–September 2013



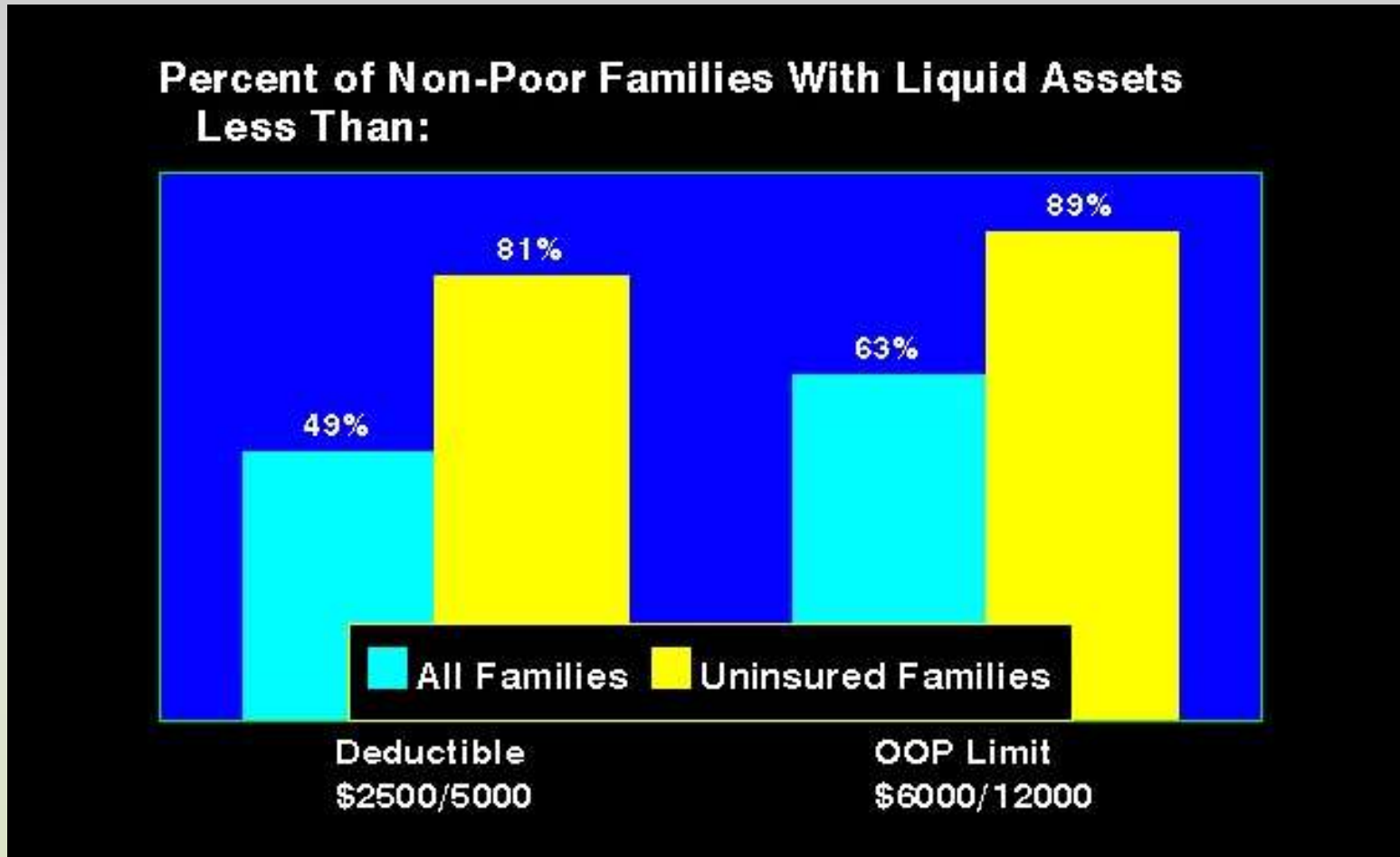
# Stagnant incomes

Mean Family  
Income for  
Each Fifth

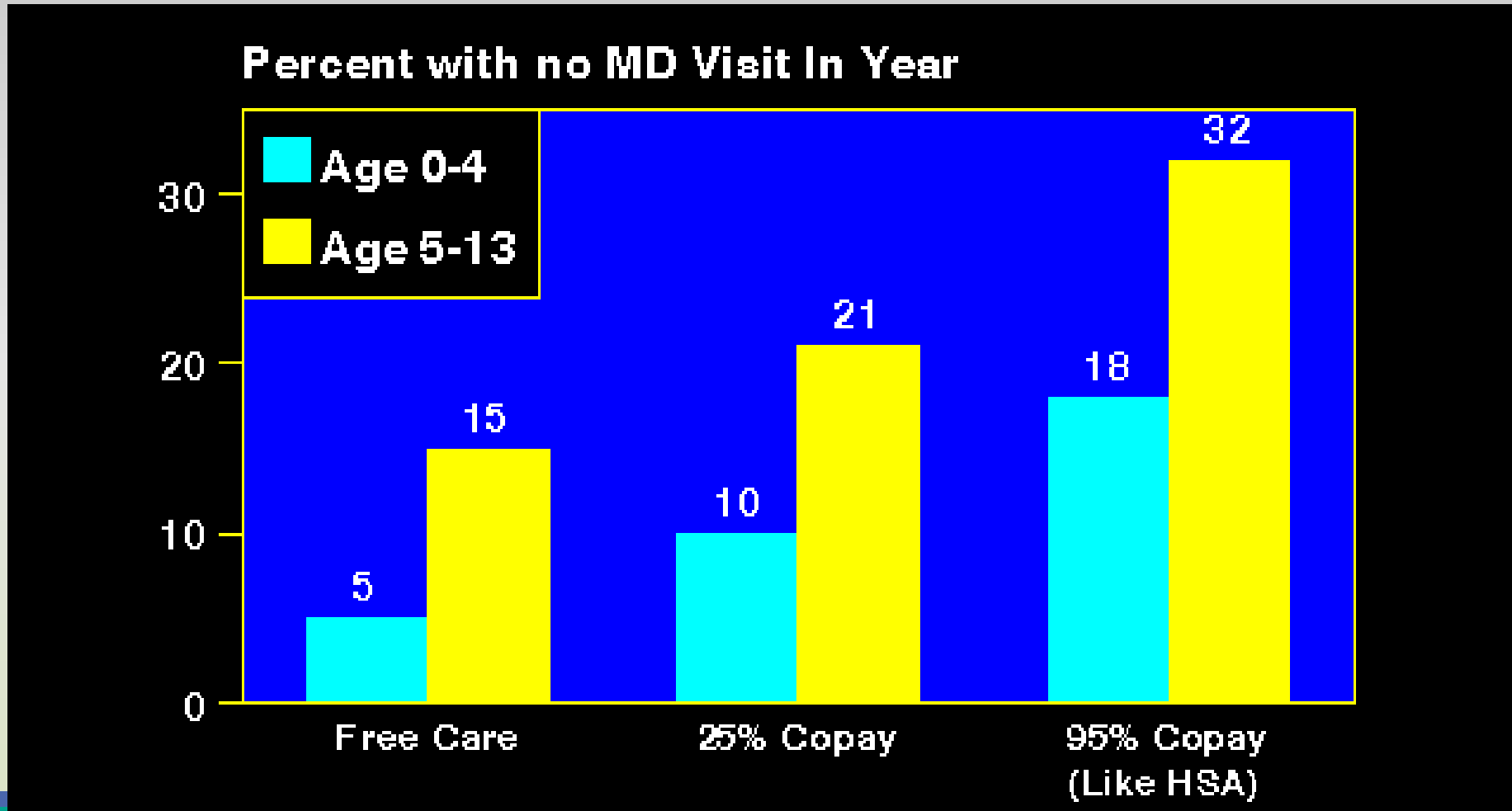




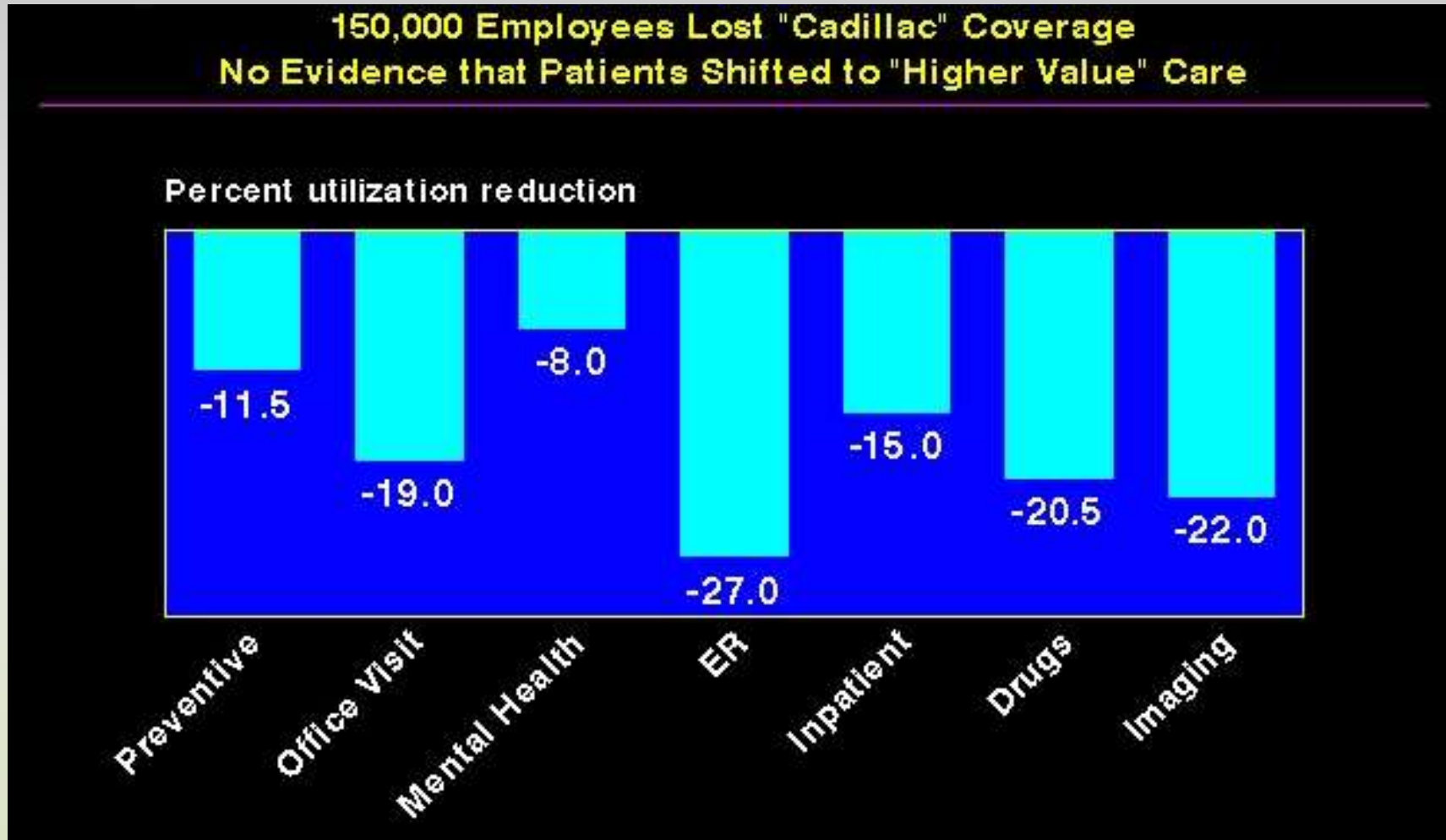
# Families can't afford health care



# Higher copayments = less care

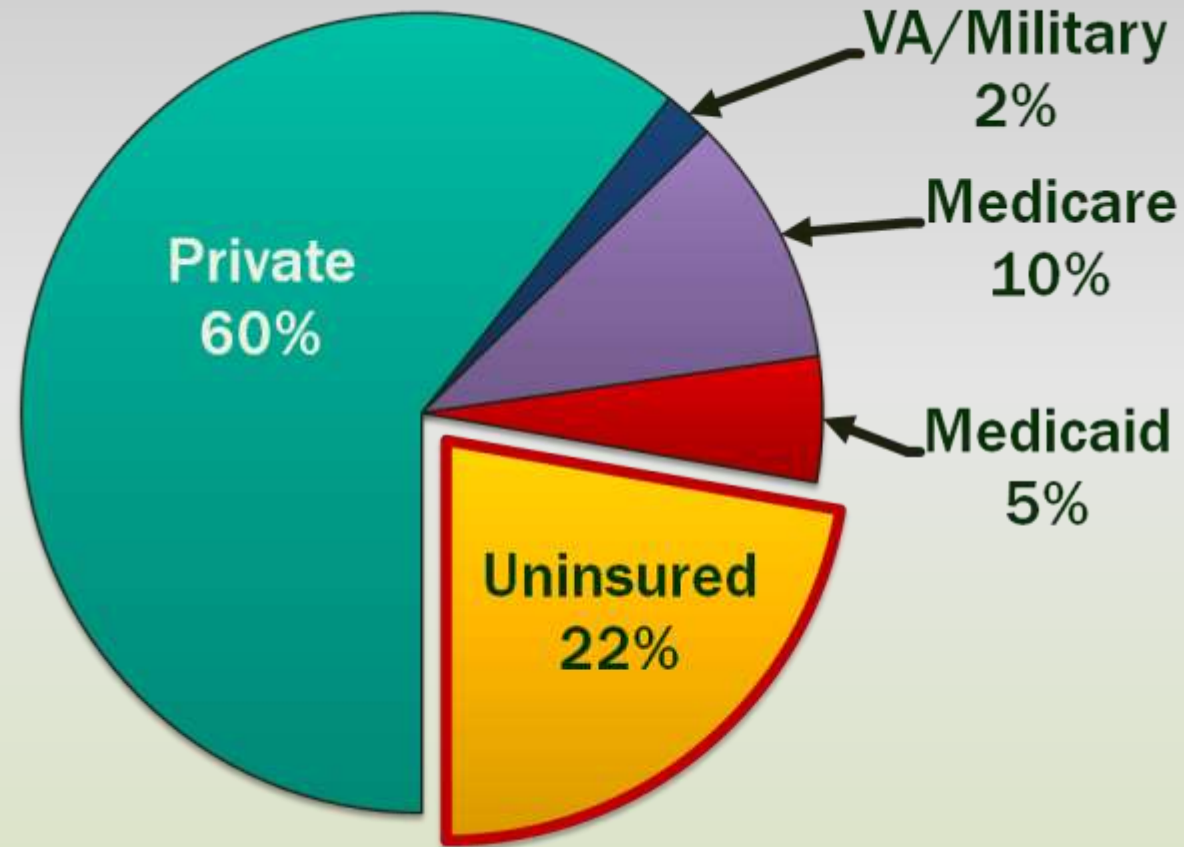


# High deductibles cut all kinds of care

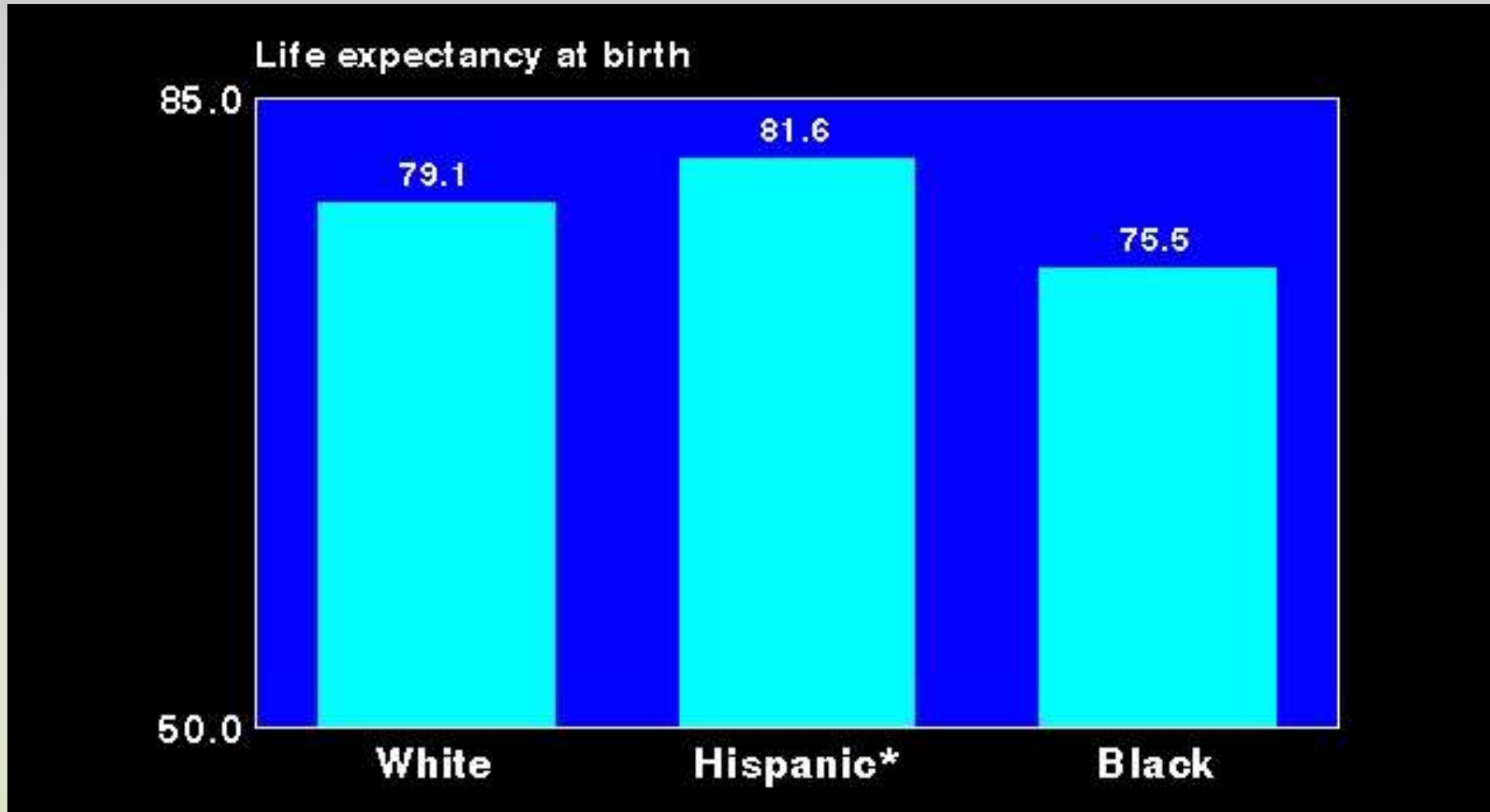


# Medical illness is lead cause of personal bankruptcy

Insurance at  
onset of illness



# Health disparities

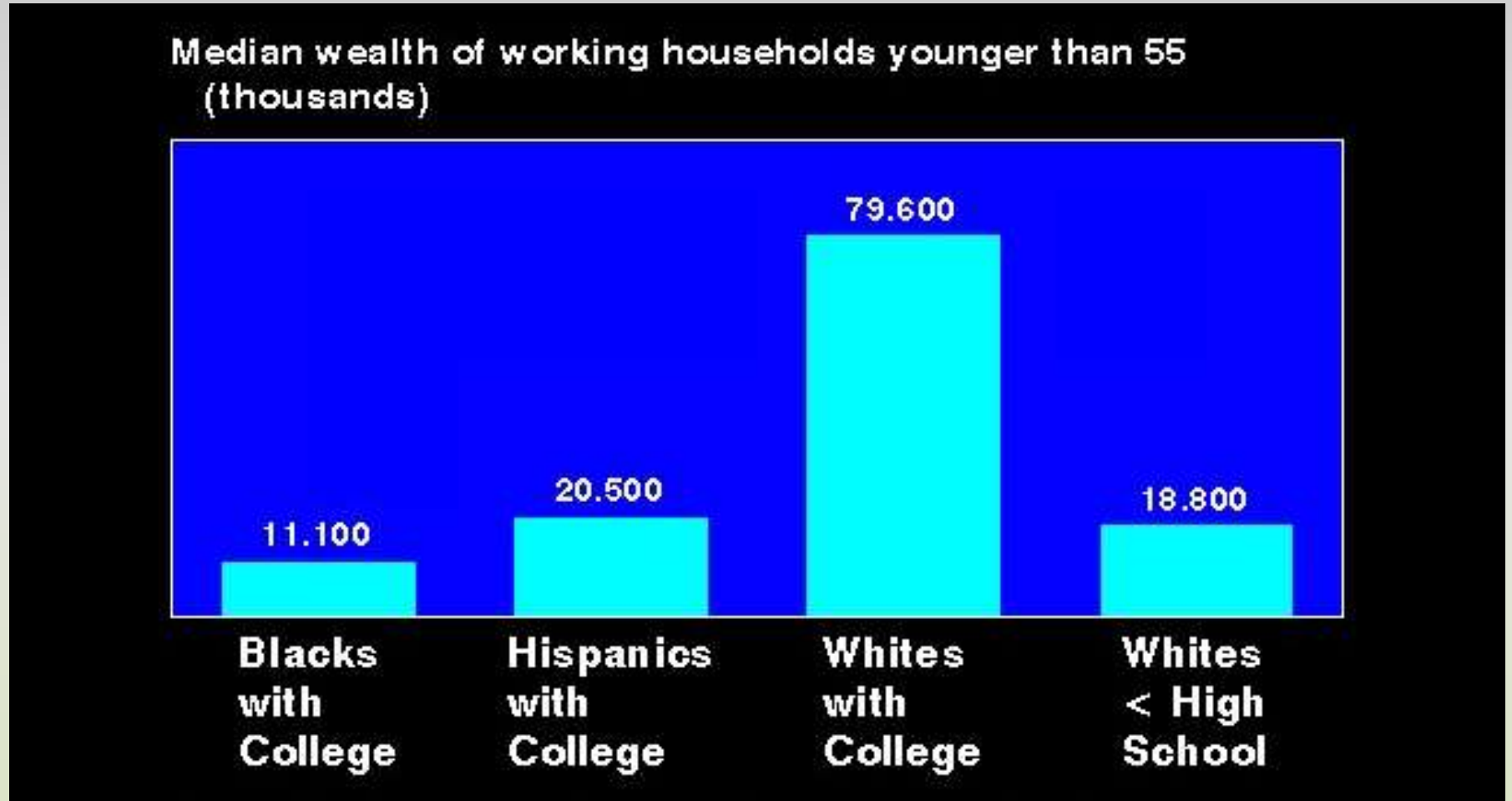


Source: CDC, 2015 – Final Mortality Data for 2013

Note: Hispanics can be of any race, and Blacks and Whites include some Hispanics

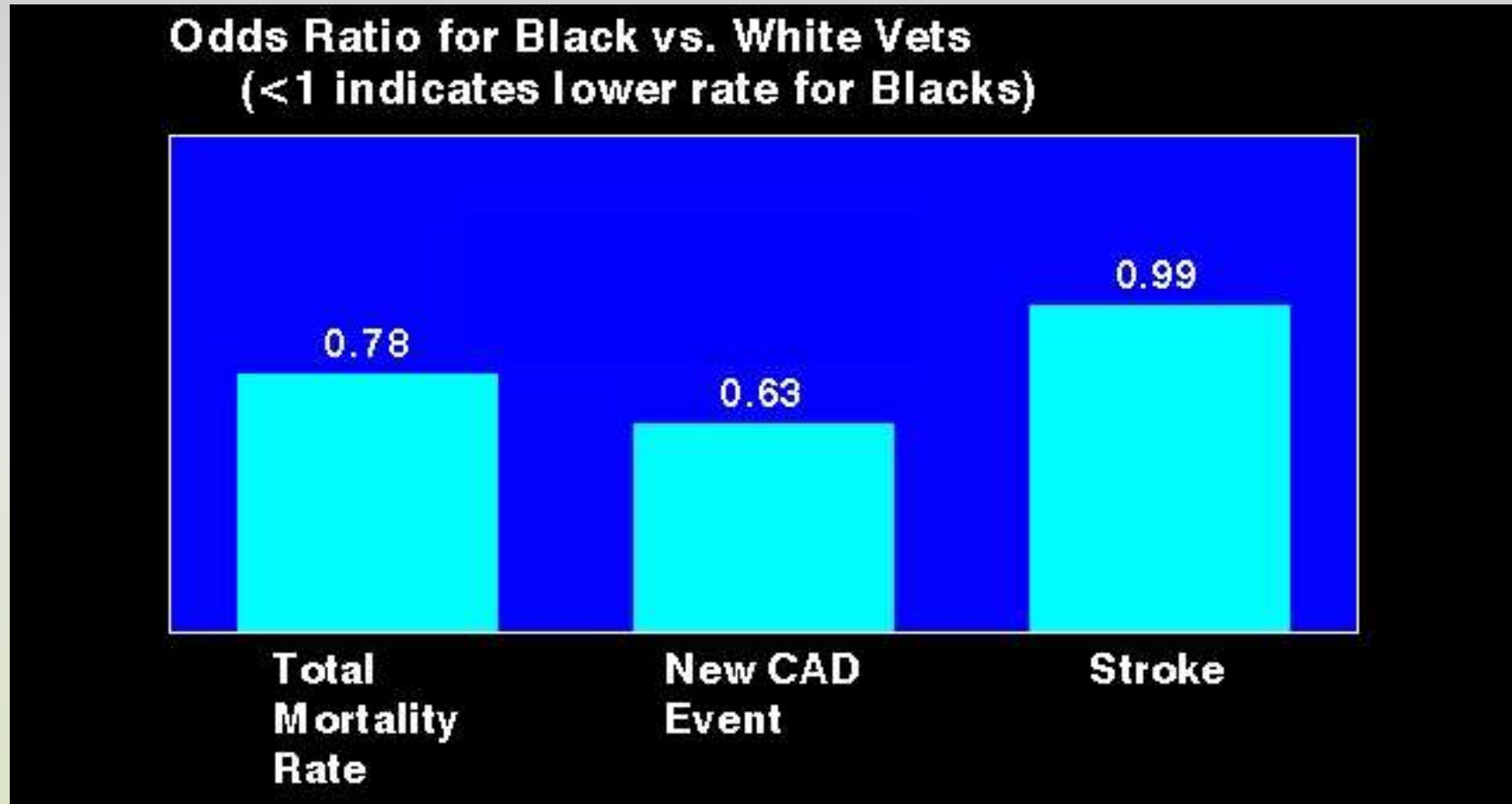
# Inequality factors into health disparities

White high school drop outs have more assets than college educated blacks.



# Health disparities disappear under single payer systems

Longitudinal study of 3,072,966 Vets cared for at VAs





# Current healthcare system

- Highly fragmented – public and private insurances organized at both state and federal levels.
- Growing privatization and consolidation.
- Tiered system (platinum, gold, silver, bronze) codified into law.
- Profit is the bottom line, not health.
- Congress' solutions are to throw more money at the system and cut public insurances without addressing the root causes of the healthcare crisis.

# Unique experiment - market failure

- Expensive
- Poor outcomes
- Increasing disparities
- Preventable deaths
- Losing (esp. primary care) doctors
- Un-insurance/Under-insurance



# How do we get this plane off the ground?

Smallest increments of change needed:

- ✓ a coherent system
- ✓ the money to pay for it

Dr. David Barton Smith – compulsory system and government oversight

Based on the principles in the Physicians Working Group Proposal – [www.PNHP.org](http://www.PNHP.org)

# National Improved Medicare for All

- **Unified risk pool – everybody in, nobody out.**
- **Everybody contributes to fund health care based on ability to pay.**
- **All medically necessary care is covered, comprehensive.**
- **Simplified administration saves money.**
- **Choice of physician and treatment.**
- **Focused on preventative and timely care.**
- **Transparency and Accountability to the public**

# H.R. 676

# THE UNITED STATES NATIONAL HEALTH CARE ACT

(Expanded and Improved Medicare For All)

“We will never be able to control health care costs and provide quality health care to all Americans unless we establish a universal health care system with single payer financing.”

- Dr. Marcia Angell

# Benefits and portability

Patients have unlimited choice of physicians, hospitals, and clinics regardless of location

**USNHC will cover all medically necessary services, including:**

- preventative care
- primary care
- inpatient hospital care
- outpatient care
- emergency care
- prescription drugs
- durable medical equipment
- long term care
- mental health services
- dentistry
- eye care
- substance abuse treatment



# Controls costs and saves money

## Additional costs

Covering the uninsured and poorly-insured	+7.2%
Elimination of cost-sharing and co-pays	+5.1%

## Savings

Bulk purchasing of drugs & equipment	-2.8%
Reduced hospital administrative costs	-1.9%
Reduced physician office costs	-3.6%
Reduced insurance administrative costs	-5.3%
Primary care emphasis & reduce fraud	-2.2%

**Net (Savings)** **-4.3%**

# How do we know it can be done?

- Every other industrialized nation has a healthcare system that assures health care for all
- All spend less than we do; most spend less than half
- Most have lower death rates, more accountability, and higher satisfaction
- No country has ever adopted single payer, found it to be worse, and switched back



**HEALTH JUSTICE**  
HealthOverProfit.org

**MEDICARE for ALL**  
HealthOverProfit.org

Everybody  
IN

Nobody  
OUT

Health  
Justice

Lift  
the  
BURDEN

VOLUNTEER  
HERE!

Lift  
the  
burder

National  
Single-Payer  
Health Security

National  
Single-Payer  
Health Security

Health  
Over  
Profit

Health  
Over  
Profit

Health  
Justice

Health  
Over  
Profit

Health  
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Profit