

## 1. *Why should legitimate tax payers buy health care for those who don't contribute?*

**Answer:** The question assumes that many undeserving people would benefit from the sacrifice of the few. In fact, nearly everyone living in this country bears a reasonable share or pain of taxes (sales, income, or property) needed to achieve the common good (roads, fire protection, public safety, education, public health planning). The number of non-contributors who therefore might be termed undeserving is minuscule. Furthermore, the administrative process required to exclude the “underserving” is very costly. Paying for other people’s health care with single payer can reduce everyone’s costs, improve access, and preserve quality of care. <http://www.drforamerica.org/blog/the-deserving-poor-and-the-undeserving-poor--750>

## 2. *Isn't any tax to support health care for all unfair to businesses?*

**Answer:** For most businesses already providing coverage, a payroll tax that supports health care for all would be less costly than what businesses now pay for employee health care. Under a publicly funded health care for all system, businesses would no longer have to face being underbid by competitors who do not provide health care coverage for their employees. A payroll tax *would* mean a cost increase for businesses that are not currently insuring their workers, but it would be much less than they would pay for adequate coverage for themselves and their workers. The fairest, most equitable source of funding for health care is a tax on all sources of income, including investments, so that the burden of support is not just on employers and employees.

## 3. *Wouldn't Socialized Medicine destroy the “free enterprise System?”*

**Answer:** The free enterprise system is alive and well in Switzerland, Germany, France, Japan and other nations providing Universal Health Care for its people. All modern countries including our own, employ a mix of free enterprise and government institutions to serve their people. Our national highway system, Medicare and postal service have not threatened free enterprise. “Free-market” competition among American health insurance companies does not increase access, reduce prices, or improve benefits. It produces the opposite: Insurance companies compete by avoiding anyone who might get sick. They shift costs to patients with deductibles, co-pays, and restricted networks that avoid providers that provide care for expensive conditions. [www.therichest.com/expensive-lifestyle/lifestyle/top-10-best-health-care-systems-in-the-world/](http://www.therichest.com/expensive-lifestyle/lifestyle/top-10-best-health-care-systems-in-the-world/)

## 4. *Wouldn't Universal Health Care result in excessive wait time for services?*

**Answer:** In the U.S. more than 45,000 patients die of treatable conditions each year before they can accumulate enough money to get a physician to treat them. In all other national systems, waiting times for essential services tend to be shorter than in the U.S. There is little or no difference in waiting time for treatment of emergency or life threatening conditions. It is true that in England and Canada, waiting times for elective or non-essential services might be longer than in the USA, but these wait times have improved dramatically in recent years. In the USA, for the non- and under-insured, waiting time is a moot issue if you get no care at all. [Commonwealthfund.org](http://Commonwealthfund.org), international profiles of health Care systems, 2013, Table 3

## 5. *Why should we entrust health care to costly and inefficient government bureaucracies?*

**Answer:** Medicare uses 2% of its money for administration and does a much better job allowing access to health care for seniors than private insurance does for the rest of us. Private insurance does well to limit overhead to 15% (as required by the ACA) and can be as high as 35%. Administrative costs in American private insurance companies are at least twice as high as any of the universal systems in the rest of the world. In Switzerland, for example, with cradle to grave coverage for all citizens, administrative costs are just over 8%. In the USA, private insurance administrative costs are over 19% with some estimates running as high as 30%. These high costs are passed on to the American consumer in higher premiums, co-pays and deductibles.

**6. *Without the profit motive, who pays for medical research and development?***

**Answer:** In fact, the pharmaceutical industry spends much more on marketing than on research and development (R&D). AND funding for most R&D is in the form of government grants to research institutions. There is no evidence of decline in R&D in countries that have adopted universal health care.

**7. *Why can't the Emergency clinics take care of the uninsured?***

**Answer:** Emergency rooms do not provide free care to anyone. Patients who come a hospital admission desk must show they can pay or they are not treated. Patients who come to the ER are treated first, and then must pay. Health care, whether via hospital admission or in the ER, can be bankrupting with or without expensive insurance. And no ER provides any care unless the condition is emergent. If your condition is not life-threatening, you are turned away until it turns life-threatening.

**8. *Why should the majority of people who are employed and covered by health insurance be in favor of a universal system?***

**Answer:** Employer-based insurance means excessive co-pays and deductibles, loss of insurance at retirement, and loss of family coverage at the decision of the employer or at retirement. A pink slip or insurance-related actions by your boss, usually means loss or reduction of coverage.

**9. *Who determines benefits and coverage in a universal system?***

**Answer:** Systems that are called "single payer" provide services that reflect what the people need and are willing to pay for through their taxes, not what the insurance companies want to earn through your premiums. There is the security of knowing that health care management is no longer determined by legislators or insurance executives, but by an appointed panel of patients and providers whose only goal is to provide better care to more people at less cost.

**10. *Wouldn't a universal system limit my choice of physician or other providers?***

**Answer:** Currently no American has freedom of choice of provider unless they pay entirely out of pocket. Every current health system restricts which provider their clients can choose.

A universal system will enhance individual control of options. Availability of services and providers will be determined by public through public discussion of evidence-based options and the funding that will be required to make those services and providers available.

**11. *With no financial impediment, won't there be a lot of "free loaders" abusing the system?***

**Answer:** In single payer systems everywhere, patients see their physicians two to four times as often as we do. They spend more days in the hospital than we do. They are clearly consuming more care. Yet in these same systems, health care costs are half of ours and citizens are healthier than Americans. The "moral hazard" argument is that patients with no financial barrier will seek and consume more health care and incur more cost. This is a false assumption. Encouraging patients to consume more primary and preventative care reduces costs and improves health.

**12. *How can a universal system possibly be affordable for the country?***

**Answer:** We already spend enough money per capita to support comprehensive health care for every American. We simply need to use that money more wisely. Our current system of financing health care with employer-based private health insurance costs us \$350 billion in unnecessary administrative costs that could otherwise be used to provide health care. A universal health care system is made affordable by empowering the public to choose how best to use its money and to negotiate price with providers and vendors.

**13. *What is meant by "Health Care is a Human Right?"***

**Answer:** The United States helped to author the United Nations Declaration of Human Rights in December 1948. In Article 25, access to medical care was included as a basic human right. Simply put, it means that if you are human, you have basic rights that are essential to well-being. In this country we have included police protection, fire protection, education and universal suffrage as basic human rights.

**14. *How can we have Universal Health Care without raising taxes?***

**Answer:** Universal Health Care would be publicly funded, and those funds would come from a new tax program. For the vast majority of taxpayers, individuals as well as businesses, the overall cost of universal health care to society would be less or no more than we are all paying now for our health care. A good single-payer plan would prevent the great cost of human suffering and death that we experience under our current health care system, and would provide considerable savings that would more than compensate for any new tax.

**15. *Wouldn't providers make much less money in a system of universal health care?***

**Answer:** No. In Saskatchewan, Canada, physician income increased by 35% in the first year following passage of the Canadian National Health Insurance Act (1963). Many U.S. physicians would have less gross income, but their net income would remain the same or increase because their costs would be less. Billing, claim documentation and other administrative costs would be nearly eliminated, and payments to physicians would be guaranteed. Fifty-nine percent of the nation's physicians are on record in favor of universal health care. [pnhp.org/news/2008/march/most\\_doctors\\_support](http://pnhp.org/news/2008/march/most_doctors_support).

**16. *Doesn't America have the best health care system in the world?***

**Answer:** Technologically, yes. In terms of health outcomes, no. The US ranks 19 out of 19 nations in being able to prevent avoidable deaths from illness. Americans also live fewer years than people in other industrialized countries, and have higher infant mortality rates (more babies under the age of one die per year). According to the Institute of Medicine, 18,000 babies die each year from having no health insurance. We have 45 million people without health insurance and the most expensive system on earth. Yes, the US probably has the best and most abundant medical technology, but our technology is over-used for many reasons other than generating health and is largely unavailable to the under- and un-insured. [www.therichest.com/expensive-lifestyle/lifestyle/top-10-best-health-care-systems-in-the-world/](http://www.therichest.com/expensive-lifestyle/lifestyle/top-10-best-health-care-systems-in-the-world/)

**17. *How would a universal health care system work?***

**Answer:** The features of an eventual plan will need to be worked out by the people, but we know what we want it to do, and we have many successful models to guide our process. No two systems are alike. Germany is different from France, which is different from Canada, which is different from Taiwan. They are the same in that they all provide health care to everyone in their country, and each system was designed to suit their own situation. Ours will be crafted in collaboration with providers, legislators, and concerned civic organizations. The proposed criteria are based on the principles of Universality, Transparency, Equity, Accountability, and Participation. The specifics will be unique to the United States.

Single payer applies the principle of simplicity. Everyone is in one risk pool - all human beings. Everyone receives the same benefits - treatable conditions are treated. Every provider is in network. Every provider encounter uses one set of paperwork. Every provider is paid from one agency.

**18. *Weren't most of the problems alleviated by the Affordable Health Care Act of 2011?***

**Answer:** ACA dealt with many issues but did not resolve the central problem of finance. The over-arching issues remain of unacceptable administrative costs and the demand for profitability resulting in unsustainable inflation of cost. The ACA made some things worse. It increased our financing of health care

through private insurance companies who are not accountable to patients or taxpayers. The ACA provided many benefits to many people, but it did not provide better care to more people for less money.

**19. A single-payer universal system may work in smaller countries with more uniform populations but how can it work in the United States with its much larger and diverse population?**

**Answer:** Our population is indeed bigger than most countries which have a successful universal healthcare system. But Brazil with nearly as large and diverse population and geography as the US does guarantee healthcare for all residents and protects its people from healthcare-induced bankruptcies.

**20. How can we ever match the power of the health industry and their lobbyists?**

**Answer:** Those who in the past benefitted from slavery, child labor, and who suppressed voter and civil rights were defeated by groups of determined and passionate Americans. It is an issue of national security and self-interest that we have a healthy population and unfettered access to health care.

**21. Are you kidding me, provide health care for undocumented immigrants?**

**Answer:** Despite popular beliefs, undocumented workers in the U.S. use very little in the way of medical services and studies have shown that they are generally healthier than U.S.-born residents. Additionally, helping to maintain their health is administratively much simpler and less expensive than excluding them. Maintaining their health protects food handlers and therefore, protects all of us, as consumers.

The argument against including the undocumented in our health care system rests on incorrect assumptions. In fact (1) immigrants consume fewer health care dollars per capita than native born Americans, (2) the cost of their health care is less than what they pay in taxes; (3) pre-paid health care is not a major attraction for illegal immigration and (4) excluding them will not reduce health care costs for the rest of us.

Of the 25 million immigrants in the US (8% of the population), [12 million are undocumented](#). A 2005 study estimated these 25 million immigrants consume [\\$39 billion](#) annually in health care, (less than 2% of the \$2.6 trillion spent by all Americans). The Pew Hispanic Center found [40% of the undocumented already own private insurance policies](#), and thus pay their own way.

The remaining seven million immigrants who are both undocumented and uninsured consume miniscule amounts of health care, about [\\$4.3 billion annually](#). Per capita, they consume less than one-tenth of what native-born [Americans](#) spend. This is not statistical flim-flam: multiple [studies corroborate that immigrants consume fewer health care dollars per person than native-born Americans](#). No evidence refutes this.

Even so, does this small amount of health care exceed what undocumented immigrants pay in taxes? No. Immigrants subsidize the rest of us. A recent [study published in Health Affairs](#) found that Medicare receives \$16 billion more in taxes from undocumented immigrants than is spent on their care. The Social Security administration discovered immigrants generated [\\$12 billion in payroll taxes](#) for benefits they will never receive.

In sum, immigrants inject \$30 billion in taxes each year without receiving any services in return.