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The Views of Selected Tennesseans on Universal Health Care as a Right.

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> And would it have been worth it, after all,
> After the cups, the marmalade, the tea,
> Among the porcelain, among some talk of you and me,
> Would it have been worthwhile,
> To have bitten off the matter with a smile
> To have squeezed the universe into a ball
> To roll it toward some overwhelming question […]
>
> (T. S. Eliot, from *The Love Song of J. Alfred Prufrock*, 1915)

This is a qualitative interview study regarding the opinion of five participants as to whether health care in the United States is a right. Health care is not a right in the US, either legally or in practice. This causes disparities which correspondingly affect the perception of most of the participants as to the overall legitimacy of the health care system.

This investigation is primarily a qualitative interview study (McCracken, 1988; Spradley, 1980). An important element involved the basic participant responses to the interview question. As Merleau-Ponty said, 'The perceived world is the always presupposed foundation of all rationality, all value and all existence' (1964: 13). C.W. Mills wrote in conclusion to his work *The Sociological Imagination* (1959), 'Be a good craftsman. Avoid a rigid set of procedures. Above all seek to develop and use the sociological imagination' (from Bogden and Taylor 1975: 40).

Chaos mathematics is the most recent development in buttressing the case for qualitative research. In his *Chaos: Making a New Science,* Gleick states:

> The first chaos theorists, the scientists who set the discipline in motion, shared certain sensibilities. They had an eye for pattern, especially pattern that appeared on different scales at the same time. They feel they are turning back a trend in science toward reductionism, the analysis of systems in terms of their constituent parts. They believe they are looking for the whole (1987: 5).

Five selected participants were interviewed in Knoxville Tennessee (USA) regarding their attitudes toward universal health care as a right. All were habitual patrons of a local McDonalds and met there regularly for breakfast. They were from a variety of backgrounds fostering a varied set of responses to the interview question. All were good communicators and were either retired or had been gainfully employed for a period of several years. Their insights provided both an understanding of their view of the health system in the United States and a glimpse into its ingrained lack of legitimacy in their eyes. This study elaborates on their primary answers with details from scholarly literature. Discussions with the participants took place

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inside the restaurant at remote tables as there were no more suitable places found due to covid restrictions.

All participants were given pseudonyms and all sessions were recorded. The individuals featured in the study were Rico, Douglas, Sleepy, Tippi and Candy. Rico is a wealthy retired businessman who did well enough financially to retire over twenty years ago while still in his fifties. He moved from his home in New York to retire in Knoxville. He is a skilled communicator both in the usual company at McDonalds and with strangers. He has reached the age that he receives Medicare, a federal program which covers approximately 80% of individual medical costs. Douglas, born in Miami, Florida, is a retired accountant and money manager who lived in Great Britain for several years in his youth. He is exceptionally succinct and demonstrative in his views. He has health coverage which he pays for privately. Sleepy was born in Poughkeepsie, New York, and moved to Tennessee some years ago. He is a homeless man who spent six years in the U.S. Army but who has drifted in and out of employment since then. He sleeps in a tent behind a nearby church. Sleepy has health coverage which he terms 'adequate' from the temp agency which employs him on an intermittent basis. Tippi is a retired professional who continued to work in a winery and in a telephone bank for Talbot's, a retail store. She received health care insurance through the so-called Obamacare (Affordable Care Act–ACA). Tippi recently underwent chemo and radiation treatment for cancer. Candy is a worker at McDonalds who takes responsibility for cleaning the large customer area in the establishment. She has been notable for the thoroughness of her cleaning, spending considerable extra time disinfecting booths because of the covid epidemic. Candy is a single parent. She has private insurance partially supplied through government agencies, but none through her employer.

Three of the interviewees felt that health care in the United States should be a right. One believed that citizens should have a choice as to whether to have private insurance or universal health care. One believed that health care was not a right and could not become one unless it was enacted as part of the U.S. Constitution. The themes that ran through the interviews were 'a legitimate right', 'not a right at all' and 'any legitimate solutions which would lead to universal health care'.

A Legitimate Right?

All but one of the participants believed adamantly that health care was a right. Their responses to the question as to whether universal health care should be a right were unequivocal. This concept that healthcare is a right has been envisioned for many years. The founding documents of the United States provide support for universal health care. Men possess, according to the Declaration of Independence, 'inalienable Rights, among these are Life, Liberty and the pursuit of Happiness'. The preamble to the U.S. Constitution states that part of its purpose is to 'promote the general welfare' (Cornell University n.d.). In 1944, Franklin D. Roosevelt proposed legislation that included the right to a standard of living adequate for health and wellbeing, The beginning of a worldwide movement for health care was first formally announced worldwide in 1949 by the United Nations in its Universal Declaration of Human Rights. It formally proclaimed that health care was a right, and that all nations were obligated

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to promote the physical well-being of their citizens to the fullest extent possible (United Nations World Health Organization 1949). After this Proclamation, the International Covenant on Economic, Social, and Cultural Rights, containing similar language favouring universal health care, was signed by the U.S. in 1977.

President Bill Clinton attempted to pass a bill during his term in office, but in spite of popular support, it was savaged by negative advertisements paid for by elements of the medical establishment. Midterm elections swept Republicans into office and the bill failed. Another push toward more citizens having access to health care was made by President Barak Obama in 2010 through the ACA. The act substantially increased the ability of uninsured, underinsured, and uninsurable persons to obtain insurance policies. Shaffer states that 'The ACA established universal coverage for health care as a national goal and delineates the disposability of individuals, employers, and the government to contribute to its cost' (2013: 970). It did not provide universal health care but did extend health benefits to many persons who heretofore lacked them. Progress remained incomplete and many millions of the non-elderly population remained without insurance. (Woolhandler and Himmelstein 2017).

The most recent movement toward universal health coverage came during the 2019 Presidential primary campaign. Senator Bernie Sanders gained considerable support for a 'Medicare for All' plank in his platform. Sanders wanted the federal government to take over private health care insurance and replace it with a comprehensive, single-payer program. Under this plan, every U.S. resident would receive access to free medical treatment in almost every category of health care. When Sanders did not receive his party's nomination, the momentum of this movement was considerably diminished (Freedman 2020).

The struggle continues, and proponents of universal health care cite numerous reasons that it should be implemented. McLaughin and Leatherman state that:

> 'In the USA, studies published in leading professional journals consistently report that people with acute and chronic medical conditions receive only about two-thirds of the health care needed, and at the same time, that 20-30% of interventions are either unnecessary or of questionable benefit' (2003: 136).

One major reason for implementation for this circumstance of some form of universal health care is that single-payer care could lower the cost of health in the United States. Health costs continue to rise, approaching one fifth of the economy. Health insurance companies spend well over 10% of premiums on administrative costs vs. only about half that amount spent by public health programs. Canada and the United Kingdom, two countries that provide universal health coverage, spend less than half of what the United States did per capita in 2017. South Korea, also with universal coverage, spent only approximately a quarter of the U.S. spent per capita, yet provided coverage for its entire population. Kreier argues, 'One reason for the higher cost in the U.S. is the fact that 'single-payer' systems, like the one in Canada, and those with multi-payer systems and all payer systems incorporate procedures for setting rates, including countries like Germany and Switzerland which spend much less per capita than the United States' (2019: 210).

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One comment made by most participants in this study was that the United States was one of the wealthiest countries in the world and should be able to afford easily health coverage for its people. Many other countries with a much smaller per capita gross national product provide universal coverage. The medical system in the U.S. even has adverse effects for foreign students studying here (Vakkai et al. 2020: 765). Another problem is that health insurance is a complicated purchase. The purchaser must choose between many policies with different benefits and shortcomings (Persad 2020). Health insurance itself has risen in price in recent years as has its corresponding deductibles. In 2017, 43% of working Americans were living in families which struggles to pay medical bills (Mukherjee 2019). Even asylum seekers have experienced a significantly deficient standard of health care in the U.S. (Rubio 2021). For the uninsured, hospital emergency rooms are providers of last resort, and an extremely expensive remedy for the hospitals. Importantly, universal health care might also obviate the huge number of bankruptcies caused by individuals' inability to pay their medical bills. Estimates are that an astounding 500,000 such bankruptcies are filed each year. Single payer healthcare would eliminate this injurious circumstance.

'It Ain't Necessarily So' (that Health Care is a Right)

Douglas strongly opposed universal healthcare as a right. He felt that, as it was not a right granted in the Constitution, it was not a right at all. His view has considerable support. The Declaration of Independence does not specifically say that there is a right to healthcare. The preamble to the U.S. Constitution, we have seen, states that one of its purposes is 'to promote the general welfare', but does not mandate that it must be provided. The Bill of Rights lists a number of freedoms that the government cannot curtail but does not provide any goods and services that citizens may receive. An argument presented is that although people need health care, food and shelter, this does not necessarily obligate others to make such provisions available. Food, for example, is not considered a right; companies are permitted to sell it, and it can be withheld from those who cannot afford it. Opponents also bring up the matter of increased delays in seeing a medical doctor. They present the prospective argument that in Canada, a country with universal healthcare, the average wait time to see a specialist is almost twice as long as it is in the United States (Canadian Institute for Health Information 2016).

Another argument against universal health care is that it promotes socialism. This argument centres around the belief that socialism exists when large government programs control major areas of society and thus intrusively control the lives of its citizens. According to President Ronald Reagan, '[. . .] one of the traditional methods of imposing statism or socialism on a people has been by way of medicine, behind it will come other federal programs that will invade every area of freedom' (Field 2011). A single-payer system could lower doctors' salaries over the salaries of doctors in single-payer countries like Canada and England (Knowles 2018, Locke and Duqueroy 2018). Finally, one criticism of single-payer health care is that individuals should take personal responsibility for paying for their own health care rather than turning to the government for this service.

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Legitimate Solutions

All the participants in this study noted a tension that there was trouble in their nation, even though they personally had health insurance. 'We are a rich nation', said Tippi, 'and we should have health insurance for everyone'. These thoughts were echoed by Rico and Sleepy.

It should be noted that the United States is not without some forms of government health care. The Social Security program pays about 80% of most medical expenses for those 65 years of age and older. Supplemental insurance can be purchased which covers the remainder and can be deducted from Social Security (retirement) checks. Another program, Medicare, gives support for medical expenses to limited classes of low-income persons. Some states have programs to cover portions of their low-income residents. None of these approaches the concept of universal health care coverage. Linking coverage to employment only raises the possibility of a two-tier system and negatively impacts the possibility of universal coverage (Gorin 1997: 343). There are several plans used in other countries that provide universal coverage. Some countries, like Germany, have plans that require the entire population to purchase insurance. Some countries, such as Switzerland, fund their health programs directly through the government, with funding gained through tax revenues. Australia has a dual public/private system in which higher quality care can be purchased through insurance. There are many iterations of these policies though the world, though none has taken root in the United States.

Conclusions

Sadly, the United States is the only nation among the 37 O.E.C.D. (Organization for Economic Co-operation and Development) nations that does not have universal health care, either in practice or by constitutional right. Gorin and Moniz ask, 'What, then, is the future of universal coverage?' (2004: 43). Oberlander (2003), suggested that without significant change in the political environment, incremental reforms offer the best and perhaps only way of changing our health system. The avenues reform would likely take are:

1. Strengthen the Affordable Care Act. This could ensure all citizens, though through it would be more expensive overall as it would be implemented through private insurance plans.
2. Broaden Medicare. Medicare already exists for those 65 years of age and older. The bureaucracy and government framework already exist. This would be close to a single-payer plan, particularly if the agency is allowed to bid on pharmaceuticals and all medical costs.
3. Establish a National Health Service. This would be similar to the process of broadening Medicare, though would have the advantage of designing an agency prepared to deal with the needs of individuals of all ages.
4. Construct a private system designed for universal coverage with the government reimbursing the medical community for its expenses.
5. Establish a two-tier system, offering basic medical care for all and improved health care for individuals willing to pay for this service.

It is quite possible that great reform with 100% coverage will not materialize for decades in the U.S. political system. As Michael Moore pointed in detail in his film *Sicko,* a staggering

number of the members of the U.S. Congress are receiving contributions for their re-election from the pharmaceutical companies and from organizations representing the interests of medically oriented corporations. These contributions make it nearly impossible to obtain universal health care in the United States. For political reasons the United States has chosen not to do that (Public Broadcasting System 2021).

It is apparent that the United States has been too mired in corporate corruption to make the necessary national reforms. Piecemeal changes have been bitterly opposed by conservatives in Congress and their allies in lobbying organizations. When President George Bush II instituted Part D of Medicare to help lower drug costs, the drug companies lobbied to allow them to establish pharmaceutical prices. Prices naturally remained high.

When will it end? Perhaps when a national crisis arises a progressive political block will be able to make major improvements. A national crisis has proven in the past to foster basic changes—after all Japan and Germany only attained universal health care after the end of World War Two. This is a sad way to look for reform. The United States may have reached a disastrous level of corruption with massive debt and expenditures that it will eventually implode financially. At present 23% of all federal revenue goes to pay interest on the national debt and repayment is further constrained by military expenditures (seen as representing somewhere between 35% and 50% of all federal revenues). It would be a sad thing if the United States went the way of Spain in the 1550s when King Philip declared his country bankrupt. This Spanish bankruptcy was due to massive federal overspending both domestically and in excessive military endeavours. Spain did not recover for centuries. A crisis would probably supply the United States with sufficient bipartisan support to establish a universal care system, but at what cost? The battle for universal healthcare is being continued regardless. The current struggle carries with it the seeds of success in adopting a program which provides for the medical care of all U.S. citizens.

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