Is the US Healthcare System Sick?

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By Heather Schmidt, MPA

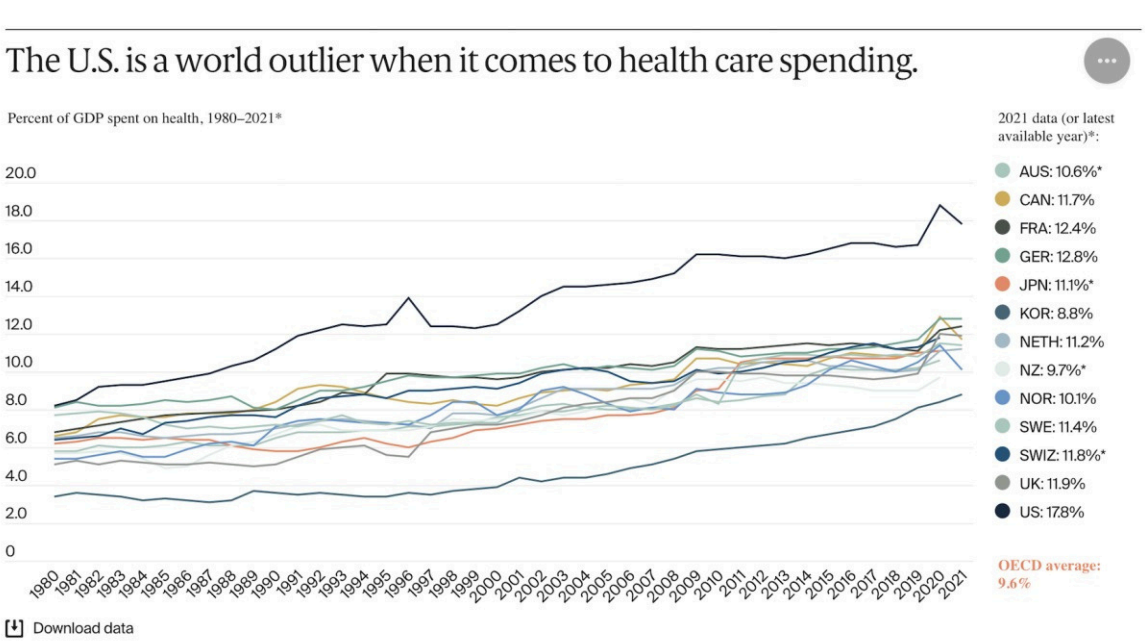
INTRODUCTION

Healthcare in the United States has been on a collision course with total collapse for years. Even before the COVID 19 pandemic put on public display the gross systemic failures and inequities across the country relative to administration and receipt of affordable, quality healthcare, the system was cracking under the weight of its flaws. This paper will outline the U.S. healthcare system, its comparisons to other Western nations, where it must be reformed, viable solutions in single payer systems, and the government's role within it.

HEALTHCARE

U.S. citizens spend (Gunja *et al*., 2023) more on healthcare than any other developed nation. As compared to its Western counterparts in Europe, the United States spends (Gunja *et al*., 2023) twice as much as its closest average OECD country – Germany. Most alarmingly, the U.S. further dwarfs also countries in Asia, such as South Korea, by (Gunja *et al*., 2023) as much as four times in healthcare spending.

Healthcare costs (Gunja *et al*., 2023) constitute 17.8% of the United States' GDP, with other developed nations around the world spending between 8.8% and 12.8%, with many hovering between 10% and 11%. Facilitating this is the fact that (Gunja *et al*., 2023) the United States is the only Western country to have no form of socialized healthcare, outside of (Stiglitz & Rosengard, 2015) Medicare or Medicaid coverage accessible to seniors once they have come of eligibility age or socio-economic condition (e.g., poverty).



METRICS

Numerous metrics are used to evaluate and attempt to quantify the overall health of any nation. Included in those are (Cracknell *et al*., 2019):

1. Self-reported health status;

2. Quantifiable data sets relative to disease burden (e.g., numbers of patients exhibiting common diseases, such as diabetes, high blood pressure, etc.);

3. Fitness levels;

4. Life expectancy, infant and maternal mortality;

5. Excess deaths

6. Communicable and sexually transmitted disease metrics;

7. Mental health outcomes; and,

8. Others.

Since the COVID 19 pandemic's inception, health metrics in the United States have only worsened. The US remains (Achenbach, 2023) the only Western nation to not have recovered life expectancy, with year over year drops exacerbated by increases in chronic illnesses, obesity, and habitual alcohol and substance use. Rises in excess deaths and (Jarvis, 2023) infant mortality continue to be observed. Around (Mental Health America, (n.d.)) one-quarter of Americans is currently experiencing a diagnosed mental health disorder, with (Mental Health America, (n.d.)) suicides rising, and the country experiencing a so-called epidemic of loneliness. Over (Elflein, 2023) 40% of Americans are currently obese, with (PAHO/WHO, 2022) diabetes tripling in the U.S. over the last decade, topping over 1/3rd of the country to date, and projections suggesting (Elfein, 2023) over half of Americans may be obese within the next decade.

In simpler terms: the United States as a people is as sick as its healthcare system.

RATIONALE

There are significant philosophical, political, ethical, and sociological considerations to evaluate when discussing the rationale of government to be involved in healthcare - in large order - in the United States. However, overlaying these is a financial argument that leaves little room for often polarizing debate.

As structural and systemic inequities increase the wealth gap in America, and poverty spreads, American health outcomes worsen, which creates (Stiglitz & Rosengard, 2015) a more disproportionate cost burden to the United States government in the administration of Medicaid

for the poor and disabled, and Medicare for the disabled and seniors. This is to say that it is more fiscally prudent to prevent many of the negative externalities relative to health outcomes by broadening the socialized healthcare net before costs become burdensome. This also (Stiglitz & Rosengard, 2015) improves participation in the workforce and economy, and reduces GDP spending on healthcare for disease burden, in favor of freeing up individual spending for other economic growth.

HEALTH CARE REFORMED

Several strategies to reform healthcare have been implemented across the country, since the early 2000s, with only modest (and in some cases, no) improvement in metrics. Among those have been (Stiglitz & Rosengard, 2015):

1. Mandating healthcare insurance;

2. Eliminating pre-existing conditions;

3. Expanding unemployment healthcare options, and medigap; and,

4. Other, more regional (state-by-state) measures.

Applying principles of competition and supply/demand, an area the United States should consider reforming healthcare is (Stiglitz & Rosengard, 2015) through investments in healthcare centers, managed care, and drug manufacturing and production. Some states have begun to implement this programming at the state level, one example being (UC San Francisco, 2023) the state of California, which has entered a contract to begin producing its own insulin. This measure is estimated to drive the cost for all insulin products down below the national Medicare insulin cap.

SINGLE PAYER SYSTEM

Another widely believed solution to the healthcare and health outcomes crisis in the United States is (Blumberg & Holahan, 2019) to implement a single payer system, such as is used in Canada. This measure would be a marked improvement in (Blumberg & Holahan, 2019) the overall cost burden to both citizens of the U.S., as well as the United States government. Single payer traditionally (Blumberg & Holahan, 2019) drives down administrative costs and tends to improve key health metric outcomes. However, opponents of single payer rightfully argue (Blumberg & Holahan, 2019) the disadvantages, most notably, longer wait times and a decreased quality of care.

CONCLUSION

Irrespective of the polarization of this issue in politics and government in the United States, arguments around public financial burden and health-related harm reduction at the community level outweigh all other arguments surrounding health care reform in the United States. The U.S. healthcare system, and citizenry, is sick. Continuation of any debate over the government's response only stands to complicate the situation and increase the prohibitive costs to a solution before the entire system collapses.

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