**Why our healthcare system is broken**

*Part III - Finding an AMERICAN solution*

In this, the final article on why our healthcare system is broken, it's important we review the possible ways we can actually FIX it. But before we do that, let's take a look at a few developed countries' healthcare systems. Let's start with one of the smallest, Denmark's. First, some context…the population of the country is only 5.5 million. Of that number, 20% of the population is over the age of 65 while nearly 63% is between the ages of 15-64 (the principal financial contributors to the nationally-run system). The system is financed through the Danish income tax. Beyond taxes paid, there is no charge to citizens for hospital stays or doctors' visits. There are patient co-pays for medicine, however. It is estimated that the average Danish taxpayer pays around 18-20% of his/her yearly salary to fund the system. Those wishing more information are encouraged to read *https://borgenproject.org/healthcare-in-denmark/*

Now take the oldest system, Germany's, which dates back to the late 1800s. It's a 'universal multi-payer healthcare system' where the average person funds the system with 7.5% of his/her salary with a similar employer matching amount. Like Denmark, around 18-19% of Germany's population is over the age of 65, but unlike Denmark, Germany's total population exceeds 83 million. (Many U.S. healthcare experts believe that the German model is one that could work here.) Another government-run and publicly-funded national healthcare system is that of Singapore's. Singapore is a small country of only 720 square miles (Rhode Island has 1,214 by comparison). Its population is roughly the same as Denmark's with about 17% over the age of 64. The country has an ingenious system of personal, tax-exempt/interest-bearing accounts and personal/employer contributions to fund the system.

The American Enterprise Institute (a conservative-leaning think tank) is taken with the Singapore model: "What's the reason for Singapore's success? It's not government spending. The state, using taxes, funds only about one-fourth of Singapore's total health costs. Individuals and their employers pay for the rest. In fact, the latest figures show that Singapore's government spends only $381 USD per capita on health—or one-seventh what the U.S. government spends. Singapore's system requires individuals to take responsibility for their own health, and for much of their own spending on medical care."

With those three examples of well-functioning national healthcare systems in highly-developed industrialized countries to look at, it begs the question: "What's keeping us from figuring out a way to transition from our own broken healthcare system to one that works for everybody?" No solution can be found until we in the U.S. answer THE most basic question: "Is healthcare a right or a privilege?" Once we've decided that it is a <u>right</u> we can move towards solving a thornier problem. That is, how to create a system of national coverage that won't impinge on our freedom to choose our treatments and our doctors or that will crush all financial incentives for the pharmaceutical industry to develop new drugs or treatments for the diseases that plague us OR that will destroy the private sector insurance industry, our privately-run hospitals or our clinics.

To me, the only reasonable answer is to create a system that will be THE best and boldest public-private sector partnership (PPP) ever attempted in our history, one that puts <u>everybody</u> first, starting with the patient and includes all medical practitioners and all related industries. The new PPP must <u>not</u> be totally government or totally private sector-driven or managed. The assets, whether they be physical or human must <u>not</u> be government-owned in order to function properly. Government's role must be that of oversight, but not exclusive rule-making. Everyone must have a seat at the table. That includes representatives from the medical community, patients' rights groups and industry representatives. Each must pledge to make the country's patients' health and well-being their FIRST priority.

Ever since the emergence of *Obamacare* in 2009 (and the heavy-handed way it was passed by the Democrat Party) both political parties have been at loggerheads over a "government takeover" of

healthcare. The Presidential campaign of 2019-2020 highlighted the country's sharp division over whether a 'one size fits all/Medicare for all' option was in the nation's best interest. The political split over this particular proposal did have one positive outcome, however. It brought a renewed and intense focus on America's healthcare crisis. The specter of 'socialized medicine' (where the physical and human assets are either owned or managed by government) was hotly debated during that campaign and while it helped to illuminate the situation it also drove a wedge between those wanting a total government-run system and those who don't.

Regardless of the system we choose, it will have to focus on several key areas, simultaneously. First, we must differentiate between *health care and health insurance* and look at each separately and together to see how they influence, relate and interact with each other. Both must work hand-in-hand and in tandem. We must always preserve the patients' right to choose their doctors and their treatments. Any insurance coverage must be portable and that coverage must not be affected by where they work…or don't work. Then there is the challenge of insuring the high-risk patient that has a pre-existing condition or is on a lower rung of the economic ladder. These individuals must be given access to affordable insurance coverage in a public-private high-risk pool where acceptance is guaranteed and underwritten by the Federal government. A workable risk pool can be government's greatest contribution to a national solution.

As stated, America's new system must be based on personal choice, but bad personal choices as they relate to unhealthy lifestyles should be discouraged and preventative 'holistic' medical practices must be an integral part of the new PPP. Good health habits aren't developed in a vacuum. They are created through education and awareness of the choices available to us and can contribute mightily to building a healthier society.

Finally, there is the cost. Any new system that will cover all Americans will be expensive at least in the short term, but we must think of the future and what an equitable system will do for our collective health. By educating our population on healthy lifestyle choices we will reduce the incidence of heart disease and diabetes-related illnesses, to name just two. By opening up our doctors' offices and clinics to all patients of all financial means we will relieve the pressure on our emergency rooms. By removing the fear of personal bankruptcy we will improve our collective mental and emotional well-being and positively affect our economy. Perhaps most of all, by creating a system of healthcare that is based on an age-old American value of equality and fairness for all, we will have fulfilled a promise made by our founders, to create a more perfect (and healthier) union.

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