

# The road to universal healthcare

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Every day in the United States, people die because they either can't afford or don't have access to the medical care and prescription drugs they need. People like Josh Wilkerson, who could no longer pay for the insulin that managed his diabetes when he aged out of his parents' health insurance. Josh and his fiancée were saving for their wedding, so he switched to a cheaper but less effective insulin that caused a series of strokes that led to the 27-year-old's death. Such tragedies are heartbreakingly common in the United States: An estimated 34 million people have at least one family member or friend who died in the last five years after not receiving needed medical treatment because they couldn't pay for it.

While other industrialized countries recognize healthcare as a basic human right, in the United States it's treated as a commodity. Last year, the top 85 publicly traded health insurance companies raked in a record \$47 billion in profits—in a single quarter alone. Pharmaceutical companies account for half the healthcare industry's profits.

Nearly 87 million Americans are under- or uninsured. Access to care is an acute crisis in many rural communities—more than 100 rural hospitals have closed in the United States since 2010. AFT healthcare members witness the effects of this broken system daily, often caring for patients who are forced to delay treatment until they are very ill, making their ailments both more complicated and more expensive to treat.

The human toll of this crisis is staggering. Medical debt plunges more than 530,000 people into bankruptcy every year. Medical bills are an increasing cause of homelessness and leave many Americans on the edge of it—like the hospital housekeeper in Memphis, Tenn., whose employer is suing her for medical debt that exceeds what she earns from her \$12.25 an hour job.

It shouldn't surprise anyone that healthcare is a vitally important issue for American voters. And the contrast between the parties couldn't be starker: Republicans are trying to dismantle the Affordable Care Act, strip coverage from people with pre-existing conditions, and slash funding for Medicare and Medicaid, while Democratic presidential candidates are directly addressing this crisis, only differing in how, not whether, to achieve universal coverage.

The AFT, like a majority of Americans, supports universal and guaranteed access to affordable, high-quality healthcare as part of the basic social contract.

As with Social Security, only the federal government can provide coverage on that scale, which is the underpinning of "Medicare for All" plans.

I support Medicare for All. It is one way to get to universal coverage, but it is not the only way. A hybrid plan that offers a strong public option—comprehensive, expanded Medicare, and the option of private insurance—would compel private

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companies to compete, equalizing and expanding access to healthcare. As long as Medicare sets the floor and not the ceiling, job-based plans can exist to the extent that they meet or exceed the standards set up by Medicare. This also requires stopping the price-gouging by pharmaceutical companies and breaking the stranglehold they have, so we can negotiate lower prescription drug prices to ensure that people like Josh Wilkerson can afford the medications they need.

Every time Americans have tried to expand healthcare to make it a right for all, not a privilege for only those who can afford it, opponents have

exploited fears of what will be lost, particularly in the transition. Scaremongers claim we must choose between the current broken system and publicly provided health coverage. They create the fear that people will lose what is now covered by insurance or, in the case of collectively bargained healthcare plans, that workers will never recover what they sacrificed in wages to maintain decent healthcare. These are cynical attempts to make Americans think that high-quality universal coverage is out of reach, even in the wealthiest nation on the planet. Still, the questions raised about how this will work are legitimate and must be addressed.

Ensuring healthcare as a right will only happen if we elect a president and members of Congress who are willing not just to champion universal access to healthcare but to take on pharmaceutical and insurance corporations and change the rules to achieve it. We must elect leaders who are willing to deal with, not dismiss, the fears of working people. Reducing this debate to a zero-sum trade-off between maintaining private health insurance and a single-payer public plan only gives critics a win before we even start.

Healthcare is a basic human right. It must never be denied on the basis of a person's ability to pay. We must demand that elected leaders work toward a comprehensive system in which all Americans—without exception—have access to the healthcare they need.



Weingarten at a Protect Our Care rally in Columbus, Ohio, protesting attempts to gut protections for people with pre-existing health conditions.

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