

Medicare for All Resolutions Webinar  
Public Citizen  
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Hello everyone. I will spend a few minutes describing how our response to the COVID-19 pandemic in this country is severely hampered by the malfunctioning morass of largely for-profit health insurers and the ways in which a universal single payer system would help us fight the pandemic.

The advantages of single payer are in three areas – data, logistics, and access to care.

Let's start with data.

A unified database of clinical encounters would provide timely data, the foundation to fighting any epidemic:

It gives you information on the number of people infected, attributes of those infected so that we understand who is at highest risk, where and how the disease is spreading, who is dying, and the success of various interventions. Our current data systems are chaotic, and unavailable for this purpose. Excellent clinical data is the only way we can design effective policies regarding testing and deployment of scarce resources. It is key to keeping everyone informed.

-Taiwan is the premier example of how single payer enabled a data driven approach to keeping the epidemic to an absolute minimum. Health officials there married clinical claims data with customs and immigration databases to notify and follow infected individuals and investigate probable cases. South Korea, Singapore, Japan, and Hong Kong have been similarly effective, even in the absence of business, school, and other institutional closures. All these countries have single payer, and, even without widespread testing they were able to aggressively identify, publicize, contact trace, and quarantine. Having gone through previous coronavirus epidemics (SARS and MERS), people there are more accustomed to having fewer liberties when it comes to government rapid response to pandemics.

Second is logistics. The kind of mayhem and competition we experience here among front-line health workers and institutions desperate for scarce tests, gear, and equipment would not happen with Medicare-for-All. Supplies could be systematically and equitably dispensed. Needs would be clear and based on robust data.

Lastly, access to care.

Financial burden on both individuals and providers, whether for testing, transportation or supportive care, would be a non-issue. Testing and care would not be allocated based on ability to pay.

Medicare-for-All is not the whole answer. It would not alleviate all of our challenges with this pandemic. Italy, where there is universal health care insurance, is suffering greatly and has been unable to stem their epidemic. In addition to Medicare-for-All, the government must have emergency public health systems at the ready, both personnel and supplies; as well as chains of command that are alert and primed for

action. Italy, like the U.S., waited, equivocated, failed to act, failed to communicate clearly, and failed to implement a coherent and stringent countrywide strategy for social distancing and isolation before the virus had spread like wildfire. Single payer is necessary but not sufficient.

<https://justcareusa.org/medicare-for-all-would-help-us-combat-covid-19/>

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