

John Enrico Douglas
jed805@gmail.com

October 14, 2020

Healthy California for All Commission
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814
HealthyCAforAll@chhs.ca.gov

Re: Environmental Analysis Comments

Dear Commissioners:

I have been active in the struggle for single payer healthcare in California since volunteering in 1994 in the campaign for Prop 186.

“Proposition 186 was an initiative on the November 1994 California ballot which proposed to establish a state single-payer health care program. Although Prop 186 was overwhelmingly defeated in the November 1994 election (73% No, 27% Yes), it accomplished many things. **Model legislation was developed showing the feasibility of a specific single-payer program for California. It was placed on the ballot by an unprecedented volunteer signature-gathering effort and was the largest grassroots political campaign fund-raising effort in California history.** A novel strategy for the discussion of complex issues through 1500 house parties was launched. Prop 186 was defeated by an insurance industry-led coalition with an anti-government message. Lessons for future efforts include increasing the size and duration of the grassroots organizing and educational effort, and decreasing reliance on conventional political campaign tactics and the mainstream media.” [*emphasis added*] K. Farey & V.R. Lingappa: “California’s Proposition 186: lessons from a single-payer health care reform ballot initiative campaign” (abstract) J. Public Health Policy, 1996. NIH, National Library of Medicine, National Center for Biotechnology Information, PubMed.gov. <https://pubmed.ncbi.nlm.nih.gov/8764388/>

Study after study has shown that single payer healthcare is more efficient and cost-effective than our present complex system of private, for-profit insurance. The evidence that single payer works infinitely better in virtually every category of analysis is plain and simple, and right before our eyes: virtually all western democracies have some form of universal healthcare, and compared to the United States, all cover more residents, provide higher quality healthcare – with better health outcomes – are more efficient and cost substantially less than we pay for healthcare in the U.S.

“The United States is the only high-income nation without universal, government-funded or -mandated health insurance employing a unified payment system. The US multi-payer system leaves residents uninsured or underinsured, despite overall healthcare costs far

above other nations. Single-payer (often referred to as Medicare for All), a proposed policy solution since 1990, is receiving renewed press attention and popular support. Our review seeks to assess the projected cost impact of a single-payer approach . . .

In this systematic review, we found a high degree of analytic consensus for the fiscal feasibility of a single-payer approach in the US. Actual costs will depend on plan features and implementation. Future research should refine estimates of the effects of coverage expansion on utilization, evaluate provider administrative costs in varied existing single-payer systems, analyze implementation options, and evaluate US-based single-payer programs, as available.” [*emphasis added*] Cai, Runte, et al: “Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses” (abstract) PLoS Med, 2020. NIH, National Library of Medicine, National Center for Biotechnology Information.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6961869/>

I believe that high-quality, affordable healthcare is a fundamental human right. But you don’t have to hold that belief in order to be a single payer champion: by calling for a modest increase in income taxes while at the same time eliminating costly insurance premiums, co-pays, deductibles and monopoly-powered, astronomical drug prices, single payer will save all taxpayers in healthcare costs.

In addition to the billions of dollars saved in reduced administrative costs, when the uninsured residents – who in the current system put off seeing the doctor until a medical condition becomes so severe that they require emergency room treatment at taxpayer expense – instead see the doctor for publicly financed preventative care, taxpayers will again be the winners.

The way ahead is clear, and the proof is in the studies and in the systems in place around the world: we must transition from for-profit, multi-payer private insurance to government-funded single payer healthcare in order to reduce costs and achieve universal high-quality healthcare.

Now, in the midst of a world-wide pandemic in which the U.S. is suffering the world’s worst rates of transmission and deaths, particularly in poor and marginalized communities, we need bold action and courageous leadership. In the new era of novel communicable diseases emerging in a warming planet and rapidly changing global environment, universal access to healthcare is more important than ever: everyone must be healthy, or no one will be.

Be the Tommy Douglasses of the U.S.A. Make California the Saskatchewan of the U.S.A. – the state that leads. Now is the time for single payer healthcare in California.

Thank you for considering my views.

Sincerely,

John E. Douglas