

National Health Insurance

*How America
can have the best
healthcare in the world.*

William Ulrich &
Dennis Paulaha, PhD



NATIONAL HEALTH INSURANCE

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Paulaha.

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DENNIS PAULAHA

Dedicated to my children.

WILLIAM J. ULRICH

For my granddaughter,

Marlowe.

Introduction

William Ulrich, who was inspired by a miracle to do do good in the world, and Dennis Paulaha, a PhD economist who was inspired by facts, joined forces to come up with what they say is a solution to America's healthcare problem that should appeal to Democrats, Republicans, and Independents.

They say their solution, which matches the coverage and administrative excellence of Medicare, but is not Medicare for all, will increase the health, wealth, happiness, and well-being of Americans, increase incomes, profits, and economic growth, and, according to their research, not add to government spending or taxes. Some might call that a miracle. They say it is just common sense.

Prologue

How can America afford to have the best healthcare system in the world? By finding a better, more efficient way to spend the money we are already spending.

- Dennis Paulaha, PhD & William Ulrich

The Problem

“Millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection.”

That is not a quote from a current politician. It was Harry Truman in 1945, which means he knew, seventy-five years ago, how the health and financial well-being of Americans was being hurt by a healthcare system that needed to be fixed.

But he couldn't fix it. He couldn't get Congress to act.

And because special interests spent the next seventy-five years misdirecting the blame, instead of solving the problems, the problems Truman saw in 1945 not only remain unsolved, many are worse today than they were back then.

More than 45,000 people die each year because they do not have access to adequate healthcare.

More than half a million families are being forced into bankruptcy each year because of healthcare costs not covered by corporate insurance companies.

More than 26 million people are still uninsured, despite the promises of the Affordable Care Act (Obamacare).

So when we talk about a healthcare problem in America, and the damage being done to people, business, and the economy, we are not talking about a new problem. We are talking about a long-standing problem that still needs to be fixed, and if we are going to fix it, we have to understand what caused it.

Of course, the solution cannot overlook the fact that millions of Americans do not see a problem; they are happy with the healthcare they now have, which means they have no reason to even listen to us unless we can offer them something better.

The Solution

We know the solution is not to leave the people's health and lives, and the health of American businesses and the American economy, in the hands of corporate health insurance companies who, when it comes to deciding what to pay for and which doctors we can see, get to choose what is best for their profits.

We also know the solution is not to risk damaging Medicare, one of our most successful and most trusted government programs, by expanding it to include everyone.

And we do not want a government takeover of healthcare.

The solution we believe will let Americans live longer and healthier lives, increase incomes, business profits, and wealth, and add to economic growth is to have a better insurance company.

The plan is simple:

*The federal government establishes a health insurance company that offers better coverage and lower premiums to everyone who is not on Medicaid or Medicare.

*By eliminating waste, inefficiency, and fraud, we predict the premiums paid by employers and individuals will be half what corporate insurance companies are charging.

*Corporations and individuals will have the freedom to choose either a private or government health insurance plan, and because the government plan will have better coverage and lower premiums, we predict almost everyone will choose National Health Insurance.

*Employers and individuals who are currently buying insurance from corporate insurance companies can now buy less expensive policies from the government, which lowers their costs, increases their profits, and does not add anything to government spending.

*Medicare and Medicaid are left as they are to avoid the risk of being destroyed by a failed

expansion. Medicare and Medicaid work, and we do not want to disrupt either program or risk the well-being of older Americans simply because some sort of Medicare for all program seems like an easy solution. We want to keep the problems and solutions separate.

*Government subsidies for low-income Individuals and families with health insurance continue, but because National Health Insurance premiums are expected to cost half as much as corporate premiums, government subsidy spending falls from about \$800 billion to about \$400 billion a year.

*The savings can be used to subsidize part or all of the premiums for everyone who is currently uninsured, which is estimated to be \$70 billion a year.

*If, for some unforeseen reason, there is a need for additional funds, the money can come from anywhere and does not have to be tied to those covered by National Health Insurance. Our recommendation, in the event of a temporary

emergency, is to raise the necessary funds with a small tax on stock trades, or an increase in marginal tax rates for the very wealthy, or with a .5 percent national sales tax on \$14 trillion of consumer spending.

*It is not socialized medicine.

*It does not copy European plans.

*It keeps America's private healthcare industry, which has the best doctors, the best hospitals, and the best pharmaceutical companies in the world, private, although it will be necessary to control some monopoly drug prices.

*Everyone can choose his or her own doctors, which is not the case with many corporate health insurance plans.

*To reduce the risk and huge reemployment costs of a major economic change, begin by making it available only to 64-year-olds, and then reduce the age of eligibility one year at a time. Of course, after two or three years, the success of the policy is expected to lead businesses and

individuals to demand everyone be included as quickly as possible.

That's it. That is our National Health Insurance plan. Not only will it increase the health and well-being of the American people, it will lower business costs, increase incomes and profits, increase America's competitiveness in the world, and increase economic growth; and as the economy grows, more and more people will be able to pay their own National Health Insurance premiums, thereby reducing the need for government to fund those who cannot initially pay for their own coverage.

Why Not Merge Everyone into an Expanded Medicare Program?

Medicaid and Medicare are successful programs with overwhelming support, so we do not want to change either one, other than to protect and improve each of them.

National Health Insurance would be a new government agency that expands the Medicare model for coverage and uses the management expertise developed by Medicare, which has administrative costs of about two percent, compared to the eighteen to twenty percent administrative costs of corporate insurance companies.

Most important, however, is that a plan that moves everyone onto Medicare comes with huge risks. We don't know if there will be problems that could end up destroying Medicare as it is. So we want to keep it separate and protect it.

Wouldn't People Prefer Medicare Anyway, Because Medicare is Free?

Medicare is not free. Medicare is prepaid insurance; kind of like Social Security. You and your employer pay premiums or contribute to a fund while you are working, and when you retire, or reach a certain age, you receive the benefits.

That's one of the reasons we are against trying to move everyone onto Medicare. It would mean mixing up people who are still working and still paying into the fund with people who are receiving the benefits and no longer making contributions, although most are probably paying premiums for supplemental coverage.

We believe it's better to separate problems and deal with each one independently. Medicare is not a problem. It is a great success.

Why Not Copy the European Systems?

Too many people are focusing on the fact that the United States is spending two to three times as much on healthcare as every other industrialized country in the world and getting worse outcomes; for example, life expectancy in countries with national health care systems are three to five years longer than ours.

That's all true. But it is virtually impossible for the United States to duplicate or copy any of the European healthcare systems that cost less than half of what we are spending while getting better healthcare outcomes. Those systems were implemented years ago, and it is impossible to go back in time and redo our entire healthcare system to copy what they now have.

What we can do, however, is eliminate the waste, fraud, inefficiency, and excessive profits in

the corporate health insurance industry and regulate monopoly drug prices.

The economic foundation for National Health Insurance is the simple fact that there are some things the private sector cannot do well enough, on its own, to meet the needs or economic efficiency of the nation. Health care is one of those things.

Which is why we believe it is time to stop making the same mistakes we have been making for years, the most important of which is to keep assuming the private sector can do a good enough job of providing healthcare and health insurance in a free-production and exchange economy.

That is the problem National Health Insurance will solve.

Are There Risks with a National Health Insurance Plan?

There are risks with everything.

But given the problems with our current system, it doesn't make sense to continue sacrificing the health of the American people and American business by not looking for something better than what we have.

In blunt terms, one of the best, and easiest, ways to improve the American economy, increase incomes and profits, make American businesses more competitive in the world economy, and help the American people live longer, healthier, happier, and more productive lives is to improve America's healthcare system.

And the way to improve America's healthcare system is to find solutions to problems that actually exist, not to try solving problems that are not real, because trying to solve problems that are not real

is virtually guaranteed to make the real problems worse.

Medicaid, which covers low income individuals and families, is not a problem, so it should not be touched, although we believe it should be protected and expanded.

Medicare, which covers those 65 and older, is not a problem; it is one of the most successful and most popular government programs ever, and we believe it should be supported and protected against all political schemes and attacks, including attempts to bankrupt it with defunding. Which is why we are opposed to Medicare for all proposals.

The healthcare problems we want to solve are America's real healthcare problems, which include economic waste, high business costs, unnecessary sickness and death, bankruptcies caused by medical bills affecting more than half-a-million people annually, and lower-than-we-should-have economic growth.

We also want to do something about the very real problem of poverty, which we believe

National Health Insurance will do by offering better health insurance coverage, lower deductibles, lower co-pays, lower premiums for everyone not on Medicaid or Medicare, and by eliminating bankruptcies and increasing economic growth.

In other words, National Health Insurance will give us what both President Kennedy and Jack Kemp asked for, which is a rising tide that will lift all boats.

How are you Addressing the Risk of Implementing your Plan?

We thought about the potential risks a long time. We did a lot of research. We talked with a lot of people. And what we came up with is what we think is an efficient and methodical move to National Health Insurance.

Begin by making it available to only 64 year olds.

Then add one lower age group each year. Year two adds those who are 63. Then 62. And so on, until everyone is covered.

National Health Insurance is a big change, which is why we want to view the beginning as a test, to see if there is anything that might have to be adjusted or changed as one age group is added at a time.

So It Will Take 65 Years to Have the Plan Fully in Place?

The absolute worst case scenario is maybe 45 years, because we want to keep one of the truly good parts of the Affordable Care Act, which is to allow children to remain on their parents' plan until they are 24.

But we don't think it will take close to that long. What we expect this plan to do, after it is implemented, is to show, year-by-year, that it was a good decision. If there are problems that have to be addressed, fine, do it. If, by chance, there are problems that can't be solved, and the plan has to be discarded, it will not have caused much damage, and will not bring down Medicare in the process.

What we predict, however, is that the data and facts that will come to light will lead to a decision to start adding more than one age group at a time.

We actually envision a time a few years from now when the facts will support a total implementation in a single year.

It's like the idea, or reality, that a thousand mile journey begins with a single step, and that once the journey begins, we might want to run instead of walk.

How Will National Health Insurance Benefit Me, as an Individual?

Assume you turn 64 in the plan's first year.

By eliminating waste, bureaucracy, fraud, and paperwork costs imposed on healthcare providers by private insurance companies, the National Health Insurance premium your employer pays could be almost half what they are paying a corporate health insurance company, and the coverage is much better.

If you pay part of the premium yourself, that falls as well, possibly in half.

You are now a less expensive and just as productive employee for your employer. And because of the savings from the more efficient National Health Insurance plan, your deductible goes down, as low as \$100-\$200 a year, your co-pays go down, and your coverage limits are

eliminated so you no longer risk bankruptcy, no matter what happens.

You come out ahead; so does your employer.

The same thing happens to everyone when his or her age group is added to National Health Insurance, which means employers will want the age dropped as quickly as possible, because every age group added to National Health Insurance adds to their profits, unless they want to pass some or all of the savings on to employees by increasing wages or salaries.

For someone who is self employed, his or her premiums will also fall while their coverage increases.

For the 26 million who are uninsured, it is up to government, not to for-profit companies, to solve the problem, which, of course, is a problem only in a country that cares not just about its citizens, but about the negative impact the uninsured have on the economy.

Is There Anything Else You Would Keep From the Affordable Care Act?

We would keep the ACA's requirement that no one is denied coverage for what corporate health insurance companies call pre-existing conditions.

They should not be called pre-existing conditions anyway.

It is information that should be called a medical history.

Everyone has a medical history, and the information should be used to provide better medical care, not to deny coverage.

How Is It Paid For?

There are about 330 million people in the United States, and all but 26 million have health insurance through Medicaid, Medicare, an employer, or that they pay for themselves.

With National Health Insurance, Medicare is not touched, Medicaid is not touched, and every employer and individual who chooses to move to National Health Insurance will pay premiums to the National Health Insurance plan instead of to a corporate health insurance company, which means it does not add anything to government spending, or require any new taxes.

And because the most legitimate studies we have seen conclude that if the inefficiencies and waste in the current system are removed, such as the huge bureaucratic costs private health insurance companies impose on doctors and hospitals, the premiums paid for National Health Insurance are predicted to be half as much as the

premiums currently paid by businesses and individuals to corporate health insurance companies.

To be as clear as possible, *there is no additional government spending and no additional taxes to cover more than 300 million people.*

The only “new” government spending is to cover all or part (with subsidies) of the National Health Insurance premiums for the currently uninsured, which, given the cost savings for National Health Insurance, could be as low as \$70 billion. And because some or all of those costs can be covered by the savings on those who are currently being subsidized under the Affordable Care Act, it also requires no new government spending or taxes.

Meanwhile, a more efficient health insurance plan will lower business costs and make American businesses more competitive, not only here but in the world economy. This will lead to an increase in exports and a decrease in imports, which is good for the American economy.

In other words, from an economic or political-economic standpoint, National Health Insurance will increase incomes, profits, America's competitiveness in the world economy, and economic growth, because businesses and individuals will be spending less than they are now on health insurance, and government spending to subsidize those who cannot pay any or all of their National Health Insurance premiums is almost certain to be less than the increase in tax revenues generated by faster economic growth due to a better, more efficient healthcare system.

That is the magic of economic growth we are missing.

Who Are the 26 Million People Who Do Not Currently Have Health Insurance?

A large majority of the currently uninsured are white adults, between 18 and 65, with jobs that do not pay for health insurance. They make too much to qualify for Medicaid and too little to afford corporate health insurance premiums. They represent a failure of both the for-profit health insurance industry and the Affordable Care Act that was supposed to insure everyone.

So society has to make a choice. Our recommendation is to include the currently uninsured in National Health Insurance and to use the savings on the subsidies now being paid to those with ACA policies to pay for part or all of their premiums. If that falls short, we recommend, as we said before, a small increase in marginal tax rates for the very wealthy, a small tax on stock trades, or a small, around .5 percent, national sales

tax to cover the gap. The research we trust concluded it would only cost about \$70 billion, which is a small number for government.

Of course, if the plan is implemented by allowing only one additional age group per year to have access to National Health Insurance, the total savings from reducing waste will not occur immediately, which means it may be necessary to use a small increase in marginal tax rates for the very wealthy to cover the premiums for the currently uninsured during the transition period.

Such taxes would be required only during the transition, which, if we are correct, could be only a few years, and other savings are likely to come immediately as corporate insurance companies are forced into competing with National Health Insurance. In other words, in order to stay competitive and remain in business, corporate health insurance companies will be forced by consumers into increasing their efficiency and reducing waste, not only in their own companies, but the waste and efficiency they impose on

hospitals and doctors. Competition will also force them into reducing their premiums, which will reduce the cost government currently incurs to subsidize premiums under the Affordable Care Act.

How Are You Going to Cut Health Insurance Premiums in Half?

It is important to get the facts straight when talking about healthcare, because our plan is based on facts, not political dogma.

First are the obvious problems with the various Medicare for all solutions, one of the most important being, who will pay for it and how? I think a lot of people initially thought Medicare for all was going to be free, and when they found out it would require increases in various taxes, they then wanted to be convinced it would be better than what they have, and a lot of people like what they have.

Secondly, Medicare for all is a prepaid insurance plan, which means those currently on Medicare are not paying any premiums; they paid in when they were working and now they are receiving the benefits (although most are also

paying premiums to corporate insurance companies for supplemental benefits not covered by Medicare). So if we add millions of people to Medicare—meaning those currently paying monthly premiums to corporate health insurance companies—we have a mixture of people with pre-paid coverage and people with pay-as-you-go Medicare, where the pay-as-you-go payments are tax increases.

That is far too complicated, especially when we can simply have individuals and businesses pay premiums for National Health Insurance instead of corporate health insurance, and have a solution with no additional government spending or taxes.

The other facts that matter are costs.

As we explained earlier, the economic argument is that healthcare cannot be left entirely in the hands of private, for-profit companies. That is why we are where we are today. Every other industrialized country in the world accepted that fact years ago, and acted to correct the problem. In every case, the decision was made to create some

form of national healthcare, in some cases, totally under government control, and in others with a mixture of government and private care.

And because we cannot change the past, or go back in time, we need a solution that makes sense in today's world and today's United States.

In an excellent YouTube video, Richard Master, CEO of MCS Industries, teamed up with Dr. Gerald Friedman, economics professor at the University of Massachusetts, to show how premiums can be cut almost in half with a Medicare for all plan.

Although we do not want Medicare for all, the numbers and the savings they identified apply directly to our National Health Insurance plan.

Richard Master begins by showing how we can save 15 cents out of every premium dollar by eliminating corporate insurance overhead, another 7 cents by reducing administrative costs imposed on doctors and hospitals by corporate paperwork, another 13 cents by having more competitive provider prices, and another 6 cents by controlling

monopoly drug prices, which cuts a total of 41 cents out of every premium dollar.

Dr. Friedman goes a little further, quoting a Rand Corporation study that concluded administrative costs for corporate health insurance companies are twenty percent and Medicare's overhead is only two percent, which is an 18 percent administrative savings, and that we pay more than double what other countries pay for drugs because of monopoly pricing.

Another study that is all facts was published in "Market Watch" on September 2, 2019. It was written by Sean Masaki Flynn,

According to Flynn, the US can cut its healthcare costs by 75 percent without Medicare for all.

The facts, as reported by Flynn, are that at least one large private company (Whole Foods), one state (Indiana since 2007), and one country (Singapore) have reduced healthcare costs with two changes.

One is called “price tags,” and what it means is to have consumers aware of healthcare costs before choosing a provider. Doing so increases economic efficiency and lowers prices by about 40 percent.

The other is to have health savings accounts that match insurance deductibles and to let individuals and families keep the money not spent on deductibles, which leads people to be more careful about their spending. It has led to savings of about 35 percent.

According to Flynn, Singapore spends 77 percent less per capita than the United States, 60 percent less than the UK, Canada, and Japan, and has the best healthcare outcomes in the world.

The point is, there are ways to reduce healthcare costs as much as 75 percent and health insurance premiums as much as 50 percent, which means predicting that National Health Insurance will provide better coverage for everyone, eliminate bankruptcies, and cut premiums in half is a very conservative estimate.

In other words, the facts show there is no question health insurance premiums can be cut in half by eliminating or reducing waste, inefficiency, fraud, greed, misinformation, and a lot of monopoly pricing.

It Sounds Like Your Plan Answers the Challenge of Doing Good in the World

The National Health Insurance plan is all about doing good in the world.

For someone who already has corporate health insurance, whether they are paying for it themselves or their employer is paying for it, the premiums will be lower. The deductibles will be lower, possibly zero, but probably between \$100 and \$200 a year, which means more people will get treatment that can save their lives. There will be no coverage cut off, which means it will eliminate bankruptcies, which is a reality even for people who have health insurance.

For those who are currently uninsured, they will receive better health care.

From the country's standpoint, meaning the business of America, the cost of providing health insurance for employees goes down, which lowers

business costs, increases profits, and makes American businesses more competitive in the world, which will increase exports and reduce imports, which is good for the economy.

Employees who will lower deductibles are also more likely to get treatment earlier, because it is less expensive to them, and will have fewer sick days; and, as every employer knows, healthier employees are more productive employees.

We will spend less providing healthcare to the currently uninsured, who, by being included in National Health Insurance will have access to less expensive healthcare outside emergency rooms.

You may live up to five years longer.

There will be fewer people dying because they do not receive treatment for treatable illnesses.

Many people will be able to pass on more money or wealth to their children, instead of having it taken by the current system.

Fewer infants will die.

Resources being wasted under the current system can be moved to more productive uses,

which will increase economic growth, profits, wages, wealth, and so on.

The bottom line is, the existing healthcare system is a model of massive inefficiency, fraud, and greed, where monopoly profits are put ahead of the health and lives of people, and correcting those problems is doing something good. Profits are good, but the monopoly pricing and profits in the pharmaceutical industry cannot be justified with free-market economics. Correcting that problem is good.

The flip side is: If we do not do this, many Americans will suffer.

What if Someone Has a Better Plan?

President Harry Truman had a plan in 1945. He called it universal national health insurance, and Congress killed it because of pressure from the American Medical Association that saw it as a threat to doctors' salaries, and others who saw it is a threat to profits.

Medicaid was established in 1965 to pay for healthcare for America's low-income population, and because it is a plan based on the federal government matching state funding, the benefits and success vary by state.

Medicare, which began one year later, in 1966, pays healthcare costs for Americans 65 and older. Social Security is pre-paid retirement income. Medicare is a pre-paid insurance plan, meaning the premiums are paid into a fund while people are working and the benefits, meaning paying medical bills, come later.

The Patient Protection and Affordable Care Act (or the ACA or Obamacare) was signed into law in 2010, and is a partial success, but maybe an even greater failure.

Our conclusion, based on facts, is that there are no economic or business reasons, and certainly no moral reasons, not to move to NATIONAL HEALTH INSURANCE.

By phasing in the new system, as we are recommending, the change can be smooth, effortless, and efficient, avoiding as much as \$60 billion in reemployment costs needed for a quick switch to a Medicare for all plan.

We will be using our resources and energy to promote our National Health Insurance plan and the phase-in policy as one of our most important projects.

If anyone has a better idea, let us know. We welcome any comments, questions, concerns, or improvements. So, please send them to us.

A Nonpartisan Solution

National Health Insurance is a nonpartisan solution to America's healthcare crisis.

It is better than what we had, better than what we have, and better than Medicare for all.

We believe it will appeal to Democrats, Republicans, and Independents, as well as those who do not identify with any of those groups.

It's good for Democrats, because everyone is covered, it ends bankruptcies caused by medical bills, it controls monopoly drug prices, it reduces insurance premiums, and it fights poverty by increasing economic growth.

It's good for Republicans, because it is not a government takeover of healthcare, it avoids the massive disruption of an overnight change, it is good for business, it increases America's competitiveness in the world economy, it increases economic growth, and it does not add to government spending or taxes.

For all the same reasons, it is good for everyone else.

Instead of arguing that everyone should be covered with a government program, either out of fairness or because healthcare is a right, we are pointing out that healthcare is also about the money, and if we focus on the money, everyone will be covered, because National Health Insurance will increase and protect incomes, profits, economic growth, and wealth.

The bottom line is, National Health Insurance is simply a better insurance company that can fulfill the rising tide lifts all boats idea used by both President Kennedy, a Democrat, and Congressman Jack Kemp, a Republican.

Economic Appendix

Not so good

Here is what is happening under the current system, which is a combination of Medicaid, Medicare, the PPACA (the ACA, and millions of uninsured people):

About 45,000 people die each year because they do not have health insurance. (According to the American Journal of Public Health).

Hundreds of thousands of families go bankrupt every year because of medical expenses, even if they have health insurance. (According to a study run by Dr. David Himmelstein, Distinguished Professor at the City University of New York's Hunter College and Lecturer at Harvard Medical School, it is about 530,000 families a year.)

Millions more families are being devastated because they cannot afford the deductibles under the current system.

Many people are sicker than they should be.

Some are dying simply because they do not get treatment for treatable illnesses.

Many die sooner than they should. According to the life-expectancy tables, Americans are living shorter and sicker lives than they should, either because they have medical problems that should be addressed, but are not, or because they cannot get medical help at all.

Businesses have higher costs because of less-healthy employees and high health insurance premiums, which means profits are lower than they could be.

Whose fault is it?

The question is: Why is all this happening?

It's easy to blame doctors and hospitals.

It's even easier to blame private health insurance companies, because we know they have to answer to shareholders, which means we know when it comes to making decisions about paying for medical procedures, they too often put profits ahead of the health of the insured. We know, for

example, if it weren't for the ACA (Obamacare), few, if any, corporate health insurance companies would insure people with what they call pre-existing conditions.

The real blame, however, should be put on government, because the economic truth is, health insurance should never have been left in the hands of the private sector.

It might be easy to say preexisting conditions should be called medical histories, and that instead of using that information to deny coverage, health insurance companies and health providers should use it to help determine the best treatment for each individual. But that won't happen. It is not a decision a for-profit insurance company will make. Economists know it. They always knew it.

Which means, in a free production and exchange economy, we should not expect for-profit companies to act in ways that are bad for their profits.

We should, instead, understand that in a free production and exchange economy, government

has an obligation to step in and help sort out the healthcare problem.

Corporate insurance companies are not responsible for 26 million uninsured people, government is. Which is why only government can solve the problem.

This is America

This is the 21st-century in America. And in the 21st-century in America, it makes no sense for people to be dying and for Americans to be living sicker and shorter lives than people in other countries (life expectancy in Switzerland is five years longer than in the US).

Everyone should be receiving and have access to medical care and information that will prevent sickness and disease.

If someone is sick, there should be no questions, just treatment.

Drug prices cannot be set by monopolies.

Drug companies should not be allowed to sell a drug in the United States for \$2,000 that they sell in Europe for \$8.

The truth is: We know why the bad things are happening. We know why people are dying. We know what's wrong. We know how great American doctors and hospitals and pharmaceutical companies are.

So if America has the best doctors, the best medical equipment, the best hospitals, and the best pharmaceutical companies, what is the problem?

The answer is simple:

We should never have expected private, for-profit health insurance companies that have to answer to shareholders to do something they cannot, or will not, do, which is to insure people who cannot afford to pay or put the health and lives of their clients above profits.

There are things, as every economist can tell you, that cannot be handled well enough by private individuals and companies.

National defense is one. Protecting property rights is another. Providing an economic infrastructure that is good for incomes and profits is another.

And healthcare and health insurance.

Just as we should not expect private insurance companies to make decisions that are not in their best interest, we should not expect the healthcare problem to solve itself. That can't happen.

Which is why our simple solution is to have government provide a better health insurance company for the American people and American business.

It's about the economy

It is not a question of fairness.

It is not a question of whether or not healthcare is a right.

It is about economics and the economy and economic efficiency and not wasting resources.

It is about incomes and profits and increasing exports and decreasing imports.

It is about low deductibles and low co-pays so everyone will seek and receive medical help.

It is about total coverage so no American is forced into bankruptcy by medical expenses.

It is about having government ensuring that the greatest doctors, the greatest hospitals, and the greatest pharmaceutical companies in the world can provide the greatest health care in the world.

Why not be the best

The bottom line should be obvious: There is absolutely no reason—economic or moral— for the United States to not have the best healthcare and the best results in the world.

Not doing so is a crime.

Not surprisingly, Wall Street does not like the idea of government handling health insurance, because Wall Street is protecting the value of health insurance companies.

We are more interested in protecting human lives, families, incomes, business profits, wealth, and the United States economy.

The Authors

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Dr. Paulaha has B.S. and M.A. degrees in economics from the University of Minnesota and a Ph.D. in economics from the University of Washington with a specialization in environmental economics. As a college and university professor, he taught macroeconomic and microeconomic theory at the principles, intermediate, advanced and graduate level, monetary theory and policy, environmental economics, and special issues courses. In the real world, he wrote investment newsletters with more than 70,000 paid subscribers and was Vice President of research and marketing for a national brokerage firm. He has been interviewed by magazines and newspapers and has appeared on television and radio programs discussing his books.

WILLIAM J. ULRICH

The life I believe I was destined to live began when I walked through the doors of a prison where I would spend the next 40 months of my life.

Until that moment, I kept telling myself I hadn't done anything wrong, that I was being bullied again, as I was as a child, and that my lawyers would save me.

But they couldn't, because I had done something wrong. And now I had to pay for it.

Until then, my life seemed to parallel that of a Dickens' novel. I was like Scrooge, bullied and laughed at as a child and then, as an adult, bullying others as I devoted myself to running successful businesses and making a lot of money while big parts of life seemed to pass me by. I made tens of millions of dollars thinking business success and money were all I would need to be happy. I was wrong, of course. But, like many other successful

businessmen, I did not take the time to look up and see what I was missing.

I pushed so hard for success that I made mistakes. The worst was selling collectible coins as investments and not realizing there is a law that says anything sold as an investment must have a disclaimer that warns investors of the risks. When the government investigators showed up, they also decided I had overcharged customers on three percent of the coins I sold. Although neither the missing disclaimer nor my prices would have been illegal if I had been selling coins as collectibles, instead of investments, that is no excuse for what I did. I thought I could make more money selling to investors and the price I paid for what I had done ended up being 40 months in prison.

After leaving prison, I started a new business that bought coins, precious metals, and collectibles from people at temporary events held all across the country, and I decided that in my new life, the life I was truly destined to live, I would never again break any laws, either written or unwritten.

I soon had 125 people working with me, and we crisscrossed the country, traveling 42 weeks a year, setting up in hotels in almost every major city in America, and whenever the local media found out about my past, they wrote terrible articles about me and the business, calling me a con man and claiming we weren't paying as much as our local competitors, even though we often paid more, and even though after 20 years in business and spending more than a billion dollars buying from more than half a million customers, there was not one complaint made to the Better Business Bureau or any other consumer protection agency. The bad part was that during that time on the road, I had affairs, some with women who worked for me, which was another big mistake.

I had been a successful businessman. I made millions of dollars in two separate businesses. I employed 375 people in one, 125 in the other. In one business, I helped people invest in hard assets as protection against inflation. In the other, I made

a lot of people happy by giving them an opportunity to sell things they no longer wanted.

And I made mistakes.

After I closed the buying business, because of falling precious metals prices, my wife divorced me and my children turned their backs on me.

That's when I moved to Florida.

I had money and a great home, but it wasn't enough.

I had lost my wife and I wanted to make up with my children, and I didn't know how. The only thing I could think of was to start a business they might want to be part of, because starting and running businesses is all I knew. But they weren't interested, maybe because I had hurt them so much when they were growing up by putting business ahead of family, but also because they have their own lives to live.

Then, on the afternoon of July 3, 2017, while I was sitting on my balcony looking out over the river I live on, thinking about all I had missed, all I had lost, all the mistakes I had made, where my

life had gone, and what I should do next, I experienced my own personal miracle; a miracle that finally changed my life. I was now 69 years old, and across the river, miles away, was a huge, complete rainbow. It was unbelievable, and as I watched, it moved towards me, finally stopping less than one hundred and fifty feet away.

I couldn't believe it. It stayed there, right in front of me, in the river, for minutes. I didn't know what to think. I felt I was being sent a message, but I had no idea what it was.

It was not until the next day that I realized the message of the rainbow was that I was to devote my life to making the world better; to use my time and money to help others.

I now felt like the Scrooge at the end of *A Christmas Carol*; the Scrooge who finally sees the true meaning of life.

I cannot change the past, I cannot get back what I lost, but I can do everything I can to make a better future, a future where the true purpose of my life is simply to do good in the world.

It is a new journey for me, and I hope it will eventually lead to a reconciliation with my daughters. If it does, I hope I will be able to forgive myself for everything I regret in my past.

But the true journey is not about me; it is about what we can all do to make the world better and to help others, which is why I am supporting this National Health Insurance plan.

Maybe more important than anything, I hope my granddaughter will be able to see what I did and be proud of her grandfather.