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A health care rally. (photo: Health Care for All)

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An American Tragedy: Healthcare for Profit

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22 July 17

A review of Dr. John Geyman's Crisis in US Health Care: Corporate Power vs The Common Good (Copernicus Healthcare: Washington, 2017, 377 pp.)

Here are some statistics about the US's ruinous system of health care that you'll find appalling, though probably not surprising. Page numbers come from the book I'm reviewing here:

- The combined annual cost of insurance and health care is \$25,000 for a family of four, while one year's worth of cancer drugs exceeds \$200,000, forcing patients to choose between bankruptcy and treatment. [262]
- Health care makes up a seventh of America's national income, despite which, 50,000 Americans die every year because they lack health insurance, according to findings in 2012 by Harvard researchers and the US Census Bureau. [98]
- Tens of millions of uninsured or underinsured Americans include "5.9 million uninsured mothers, one in five of whom are likely to have the greatest physical and mental health care needs." The "underinsured" are 31 million people who have insurance but can't get care when they need it. Even the insured get "surprise bills for services they thought would be covered." [261]
- In 2014 over a half-million Americans paid more than \$50,000 each for medicine, up by 63% from 2013, having been prescribed high-cost "specialty" drugs. [81] In that year the cost for a

bottle of 500 tablets of the common antibiotic Doxycycline, soared from \$20 to \$1849 in just six months. [80] The contrast with other countries is immense; Herceptin, a breast cancer drug, costs 30 percent less in England and 28 percent less in Norway than it does in the US. [81]

- Costs vary from region to region and even from hospital to hospital. In California, an uncomplicated Caesarian section ranges from \$8,312 to \$70,908, while in the early 1960s it cost \$300 and included pre- and post-natal care. [79]

These statistics are drawn from Dr. John Geyman's *Crisis in US Health Care: Corporate Power vs The Common Good*. A founding member of Physicians for a National Health Plan, Geyman charts "60 years of 'enormous changes,' 1956-2016," the period of his primary care practice in rural and urban regions. A former conservative who turned progressive as he learned about America's health-care enormities, Geyman says our health care predicament is rooted in "a confrontation between profit-seeking corporate stakeholders and the common good," and while he doesn't use the c-word, the book is a thoroughly convincing indictment of capitalism in its effects on our nation's health.

In the US, access and choice are restricted by one's insurance status and ability to pay, not by medical need [258]. American health care, says Geyman, is "dysfunctional," "broken," and "at a crisis point."

The book explores the corporatization of health care – its increasing privatization and lack of accountability; soaring costs; decreased access and quality of care; the criminalizing of mental health; the shift from altruism to self-interest as the dominant medical ethic; the adverse influence of specialization on continuity of care; the malign influence of religion on medicine; the eclipse of prevention and public health by a focus on disease treatment; and the decline of physicians' professionalism and autonomy.

A great part of that decline owes to the fact that over 60 percent of American doctors work for large hospital systems that squeeze doctors to "produce." For instance, consolidation spawns "productivity-based contracts" that reward doctors "for ordering more expensive tests and providing a higher volume of services." [81]

A penultimate section traces Geyman's own medical education and practice. In the closing section of the book, with suggestions for graduated tax rates on Americans, he proposes national health care, by contrast with expanding the Affordable Care Act (ACA) or adopting a Republican "reform."

The ACA comes in for much criticism. It "was supposed to contain health care costs and make them more affordable. It has been a complete failure in that regard, partly due to its lack of price controls and partly because it has fueled a new merger frenzy among corporate giants in the medical-industrial complex." [15] Much of the population under the ACA "finds care unaffordable, and forgoes necessary care with poor outcomes that would be prevented under a system of universal coverage." [305]

I was particularly interested in Geyman's remarks about Medicare, since this past winter I learned that without my permission my health insurance had been changed from traditional Medicare to something called "Medicare Advantage." Suddenly my coverage for all sorts of things was questioned and payments were denied. Repeated calls to Blue Cross/Blue Shield of New Jersey, which had been my husband's employer, disclosed that the Garden State had made the change; I was told I should have gotten a form in the mail asking me if I agreed to the change – I hadn't.

"Many patients on traditional Medicare are now surprised to find themselves automatically enrolled in

private Medicare Advantage plans,” writes Geyman. Centers for Medicare and Medicaid Services “secretly allowed these plans to enroll traditional Medicare patients without requiring them to opt in.” It turns out that private Medicare plans are riddled with “poor service ... with inadequate physician networks, long waits for care, and denials of many treatments, as insurers pocket new profits.”[22]

Like Geyman, I recall a time when the relationship between doctor and patient was sacrosanct and long-lasting, so I also found his fifth chapter, with its discussion of the decline of primary care in the US, arresting. In 2008 the World Health Organization (WHO), defined primary care as the basis for a strong health care system, and enumerated essential features of such a program. They include accessibility with no out-of-pocket expenses, focus on a person (not a disease) over time, and a broad range of services. “[C]ountries with ... strong ... primary care have better outcomes at low cost,” according to the WHO. [70] Yet while the US desperately needs more primary care physicians, Title VII funds that support primary care training plummeted between 1977 and 2009.[64]

I am immensely lucky to have a primary care doctor who has dissociated himself from any hospital. He scheduled two initial interviews of forty-five minutes, and he usually spends a half-hour to forty-five minutes talking with me about medical problems that have arisen as I have aged. I find it abhorrent that he is the exception to the American rule, and I’m gratified to find both agreement and documentation for this, as for everything Geyman presents in this must-read for patients and their physicians. One editorial caveat: the book is riddled with acronyms, sometimes frustratingly lacking initial definitions.

[A companion book](#) could be Elisabeth Rosenthal’s *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back*. She is a New York Times reporter as well as a physician, and her style is engaging, even while her book is just as dense as Geyman’s – not your on-the-beach weekend reading, but an education in itself.