

How would Medicare for All heal racial health inequities? Sample letters to the editor

*Letters-to-the-editor should be very brief (200 words or fewer), and make one clear point. Letters are strongest when writers use their personal voice, such as writing from the perspective of a doctor or medical student. You can send letters to local or national news outlets, or to the publications of our your local medical society or medical specialty society. **Review the outlet's submission guidelines, usually found on the "contact us" page;** submit letters in the body of an email (no attachments), along with your phone, address, and brief bio. For assistance with editing or placement, contact clare@pnhp.org.*

Practicing or retired physician: Inequality is a health care issue

Dear Editor:

Black History Month is a time to reflect on the achievements of African Americans, but also to consider how far we have to go to achieve true equality. As a physician, I think about how inequality threatens my patients' health.

Because of our fractured, profit-driven health system, Black Americans are more likely than whites to be uninsured, to spend a higher percentage of their family income on health care, and to die of preventable or treatable illnesses like [diabetes](#), heart [disease](#), and [cancer](#), as well as complications from [pregnancy](#) and childbirth. How can anyone achieve their potential without good health and economic security?

It doesn't have to be this way. Studies of patients in the VA system and Medicare show that with universal and comprehensive health coverage, racial health disparities shrink and even disappear. We can replicate this success by adopting single-payer Medicare for All, which provides coverage for all medically necessary care without copays or deductibles, as well as free choice of doctor and hospital. No form of private insurance — not even a public option — can even begin to address the inequity that plagues our health system. As a doctor, I prescribe Medicare for All.



Practicing physician: Evidence shows universal coverage shrinks disparities

Dear Editor:

As a doctor, I diagnose and treat illness using the best information available. A major sickness plaguing our health system is the disparity in both health coverage and outcomes between whites and people of color. The data is overwhelming: Compared to white Americans, Black Americans are much more [likely](#) to be uninsured or under-insured; have significantly lower life expectancies; and are more likely to die from treatable illnesses like [diabetes](#), heart [disease](#), and most forms of [cancer](#). Black mothers are [320%](#) more likely to die from pregnancy-related complications. Most of these deaths are *preventable*.

The good news is that we have evidence for what works in closing racial health gaps: comprehensive, universal coverage without financial barriers like deductibles and copays. For example, Black men in the Veterans Health system are [37%](#) less likely than white men to develop heart disease, and have a 24% lower death rate. And once Americans enroll in Medicare, racial health disparities begin to [shrink](#) or even disappear.

How can we replicate the success of the VA and Medicare? As a physician, I prescribe single-payer Medicare for All — the only policy that will provide equal, lifelong coverage to everybody in America.

(continued)

Medical Student: Do no harm

Dear Editor:

All future doctors start medical school by taking an important oath: “First, do no harm.” But the more I learn about America’s broken health care system, the more I see the harm it inflicts on people of color. Not only are Black Americans much more likely to be uninsured or under-insured, [[they/we](#)] are also more likely to die from treatable conditions like [diabetes](#), heart [disease](#), and [cervical](#) and [breast](#) cancers. Compared to white mothers, Black mothers are [320%](#) more likely to die from pregnancy-related complications. Black babies are more than [twice](#) as likely to die than white babies.

As a future doctor, I don’t want to practice in a system that rations health care based on a patient’s ability to pay, or that magnifies the physical and emotional harms of racism by denying care to people of color. An important and necessary first step in closing the racial health gap is to provide comprehensive health coverage to everybody in America — seamless, lifelong coverage for all medically necessary care without copays or deductibles, and free choice of doctor or hospital.

The only way to achieve this type of equal coverage is through single-payer Medicare for All.

General: Medicare for All can promote economic equality

Dear Editor:

Racial health disparities are usually measured by outcomes. And compared to whites, Black Americans fall behind in almost every category: life [expectancy](#); treatable illnesses like [diabetes](#), heart [disease](#), and [cervical](#) and [breast](#) cancers; and [maternal](#) and [infant](#) mortality.

But health care disparities also result in *economic* disparities that can ripple through families and communities. Black and Hispanic Americans are much more [likely](#) to be uninsured and under-insured, so that even minor health issues can lead to significant medical debt or bankruptcy. In fact, nearly [one-third](#) of Black Americans aged 18 to 64 has past-due medical bills. Insured Black families spend nearly [20%](#) of household income on premiums, plus thousands more in [deductibles](#) before coverage even kicks in. And too many stay in dead-end jobs, or decide not to open businesses or pursue educational opportunities for fear of losing coverage.

It doesn’t have to be this way. A necessary first step in closing the racial health and income gap is to provide lifelong coverage for all medically necessary care, with no deductibles or copays, free choice of doctor and hospital, and equal funding of hospitals based on community needs. The only way to achieve that is with single-payer Medicare for All.

General: Medicare and Black History (slightly longer)

Dear Editor:

We may not think about the implementation of Medicare in 1965 as a milestone in Black History. But prior to Medicare, hospitals across America were segregated by race. And not surprisingly, Black patients received inferior care, or no care at all. With the Civil Rights Act signed just a year before, Medicare was banned from funding institutions that discriminated on the basis of race. The threat of losing Medicare dollars forced hospitals to transform their delivery of care. Within the span of months, thousands of hospitals took down their “Whites Only” and “Colored Only” signs. Black patients were able to access care, some for the first time in their [lives](#).

While Medicare ended legal health segregation, we still have a very long way to go towards true health *equity*. Today, compared to whites, Black families are more likely to be [uninsured](#) and carry medical debt. African Americans fall behind in almost every measure of health such as life [expectancy](#), [maternal](#) and [infant](#) mortality, and preventable death from [diabetes](#), heart [disease](#), and [cancer](#).

It doesn’t have to be this way. Single-payer Medicare for All would provide equal coverage for all medically necessary care, without financial barriers like deductibles and copays, and with free choice of doctor and hospital. Only Medicare for All can provide equal funding for hospitals based on community needs, not profits, and direct resources towards combating racism in the delivery of care.

History tells us that real progress can only be achieved through bold and transformative action, not by nibbling around the edges of change. What are we waiting for?

