

# Is universal health care the best fit for america essay sample

[Health & Medicine](#)



Most developed nations have universal health coverage. Why doesn't the United States have universal health coverage? In that health care issues in the United States have been a hot topic for some years, many involved in the discussion have compared the successes and failures of other developed countries' healthcare policies as a model to integrate universal health care into American society (Marrow, 2012). It has been suggested by experts that while the United States may well be in need of an improved health care system, universal healthcare, such as the Canadian or British models currently have, is not necessarily a remarkable fit for American society (Woodlander, et. al., 2003) . Background

Two of the primary issues of universal health care in the United States are its accessibility. Because the effects of accessibility and affordability were not considered within the multi-cultural context of American society, in the hurriedness to pass the bill into law, cultural differences were generally not considered (Kaufman, 2011). Then Speaker of the House of Representatives, Nancy Pelosi, democratic representative from San Francisco, issued a well publicized quote from the floor of the House in 2009. " But we have to pass the bill so that you can find out what is in it, away from the fog of the controversy." This statement exemplifies the lack of due consideration needed as described by Beufort Longest, Jr. in his text Healthcare Making Policy in America. Longest prescribes that there are four specific steps in the life of a policy. They are: Policy making, where the problem is acknowledged as well as all those affected. This is followed by the formal enacting of a law and the implementation phase; how will the policy be paid for and sustained.

The modification phase, although seemingly at the end of the process, is actually in the middle.

For it is here where adjustments and revisions are submitted back to the formulation phase. The modifications are intended to accommodate those issues not addressed in the initial formulation of the policy (Longest, B (2006). By failing, or at least circumventing the due process, the consideration of the cross-cultural affects in terms of affordability and accessibility of the bill, set its initial acceptance on less than a desirable path (Kaufman, N., 2011). By rushing to enact into law the Affordable Health Care Act, the United States Congress did no one any favors. There is much work to be done in clarifying and modifying this law. It is impossible to gain comparison or similarity in affordability and accessibility in South Central Los Angeles and Upper Appalachia for instance. Nor can the inner-cities of San Francisco, California and Atlanta, Georgia be compared to Seattle, Washington (Marrow, H. B. (2012). The cost of living is significantly different; the variance in weather patterns causes or at least contributes to different ailments; mode of transportation can vary from ox cart to bullet train. The myriad of cultural influences across this nation are enormous.

It must be taken into account nationality differences and the variances within those cultures and subcultures (Rashford, (2007). The benefits of a universal healthcare plan for America need to fully compare and contrast the effect and affect of America's multi-cultural society. California, New Mexico, Arizona and Texas, for instance, all have very large Hispanic populations which travel easily across their native borders and not only carry with them their culture

but diseases formally considered dead or extinct. Diphtheria, cholera and typhoid are all on the rise in this country, but the Hispanic culture deals with them differently than the American healthcare system currently does (White, & Atmar, 2002). Even though the United States exists as one of the wealthiest nations in the World, it remains one of the few remaining nations whose people exist outside the realm of universal healthcare. The money is available, yet the governmental bureaucrats have not settled on an appropriate avenue to provide that which other industrial nations have succeeded in doing. Proponents of universal healthcare will argue that affordability should not be an issue.

However when compared to other nations, American society differs on several plains. Immigration policy, size and scope of national defense, state and federal income tax systems and market place insurance procedures and regulations are a few (Woodlander, et. al. 2003). Additionally, as the current law is being implemented, multiple legal challenges have been presented to the American judicial system challenging the validity of parts the law as to whether it is a tax issue or a penalty issue for the Federal government to mandate individual insurance ownership. The Supreme Court recently settled that the law is in fact a tax (retrieved January 4, 2013 from <http://www.justice.gov/healthcare/>). The issue of universal healthcare in America is not one which will simply go away. The concept of single payer coverage for its 300 million citizens, although seemingly achievable in principle, is proving to be more complex in its application. Simply being affordable and accessible in theory has morphed into equal access and equal affordability in reality (Aaron, H. 2009).

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Issues such as pre-existing conditions, whole and extended family coverage have gained some ground; however other issues such as mental health, indigent care and the future of military retiree care still remain unresolved (Altman, Reinherdt & Shields, 2008). The implication of universal healthcare coverage for Americans cannot be understated as the number of uninsured citizens is significant and continues to grow. According to the U. S. Census Bureau (2004), between the years of 2000 and 2003, Americans without health insurance rose by 1. 4 million to a staggering 45 million. A large portion in the uninsured is the large influx of undocumented aliens from Central and South America. Also the increase in immigration from Eastern European Nations (the former U. S. S. R.) and the accompanying in place cultural financial support system (Armstrong, 2009).

## Conclusion

Although many countries in the industrial world were mostly successful in providing some kind of universal healthcare for their citizens, few if any display the same level of cultural diversity as the United States. Additionally, with fifty autonomous governing states plus several territories which will need to be included, the current one size fits all model currently being implemented is likely to experience great difficulty if not outright failure, and would not be the best fit for America.

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