https://youtu.be/YAaTbKkNRDM?t=990

16:30
Brian Tyler Cohen (BTC): I want to talk about Medicare for all for a moment, and I've spoken to Senator Sanders about this. I have been advocating for this for as long as I've been doing political media, but except for a small moment in the primary where you had a few candidates who wanted it, a few who didn't, and it became like this lightning rod issue where the progressives were down for Medicare for all, universal healthcare, single payer healthcare. The moderates weren't. And if you've got, you know, half or a third of the Democratic party that that wants it and half or two thirds of the Democratic party who don't and then 100% of the Republican party who doesn't, it's kind of DOA

But I feel like we're in a different world now where we don't look at these issues through the same lens as we did before, where the sacro-sanctity of the status quo and the system as it stands doesn't exist in the way that it used to. Uh, and we've seen that because they're not standing up to Trump. And so we don't have to, you know, think that everything is immovable because Trump is tearing everything down. And so there will come a world where we have to build it back up. But do we build it back up in the exact same way that we did or do we build it up in a way that that is more just and brings more people into the process?

And so, first and foremost, I understand that that when people think about Medicare for all, it still feels like it's sorted into the very progressive camp, but from the folks that you've spoken with who are not necessarily super far-left, does it feel like this is a moment where there's actually an embrace of something like Medicare for all?

Abdul El Sayed (AES): You know, once you get past the left-right framing that all of us try to put our politics into and you actually go out into communities across the country, and I've been doing this up and down my state, you realize that most folks don't really ask whether or not this is too progressive for me. They're asking, "Does this actually solve a problem I really have?" And even when you go back to the passing of the ACA, which was a really important moment in expanding health care for people, I don't want to take that away from the history of our country. President Obama called it a starter home. And we have since outgrown the starter home. And to me, the big failure, right, that we kind of knew existed inside the starter home, the reason we were going to outgrow it someday is that it relied on a profit motivated health insurance industry to provide the bulk of the American public healthcare. And when you have profit motivated insurance and profit motivated healthcare providers, at some point all that profit comes from somewhere, which is your and my back pocket. And we've now come to a place where that has become unsustainable. and we consistently have to patch with subsidy after subsidy to make the system sustainable and to work.

And so to your point, in an era where Donald Trump has now stripped that edifice back because he could care less about whether or not people in this country can actually afford their healthcare, we're now in a moment where we have to ask, okay, if the starter home wasn't working and they're breaking it down, what do we really need to build? Medicare for all is not

government healthcare. Medicare for all is guaranteed baseline government health insurance. If you like your insurance from your employer or from your union, that can still be there for you. But if you lose your job or your factory shuts down, you shouldn't be destitute without healthcare. You should be able to get the health care you need and deserve without having to worry about a premium, a co-pay or deductible. That's not a crazy idea and it would solve some of the biggest problems in healthcare.

Number one, you could guarantee every single person the health care they need and deserve. Number two, our health care costs are growing at an unsustainable rate. And when you have Medicare providing the bulk of health care for the public, it can start to negotiate down prices or at least keep them from growing at the speed that they've been growing.

BTC: And that's why it's called single payer because instead of individuals negotiating on their own behalfs, uh, which of course you have no economies of scale, you're not able to negotiate anything. Well, now you've got the government negotiating on behalf of 350 million people. You can bring the price down. Just like every other industrialized country in the world is able to do. I mean, this is not some novel theory. Like this is what Canada does. This is what France does. This is what Western Europe does.

AES: And we all have this like Stockholm syndrome that we think we have the best healthcare in the world because the health insurance companies who don't want us to touch a thing keep telling us we have the best health insurance in the world. And here's the problem with it, right? Like in Stockholm they actually have good healthcare. [laughter] But like our Stockholm syndrome like to get the average wait time to see a cardiologist which by the way nobody is told to see sometime in the future, like when you need to see a cardiologist you need to see a cardiologist right?

BTC: You're not sitting here in January and saying like, "Hey, I'd love to a see a cardiologist in October."

AES: Exactly. Two and a half months. That's the wait time in our country. Like my wife and I are both doctors, okay? And when we need to use our healthcare, you know what we do? We always just call up friends. literally like I had this issue. I thought I had a stress fracture in my foot. And I was like, "Okay, well, how would I actually manage this?" I guess I'd have to go to my portal, send a message to my doctor, and then tell them what I was feeling, and then wait until they booked me for a visit to tell me that I needed an X-ray and MRI to then tell me that. So, I was just like, I just texted my friend. I was like, "Hey, but I have the privilege of having doctor friends." That's not a thing most people have. Yeah. And this is the challenge in this country. Like, when everyone's trying to figure out how to end around the healthcare system, you know, it's fricking broken. All of that goes back to health insurance. So even on the doctor front, right, a lot of folks are like, "Well, doctors are making good money." No.

What's happened is you have health insurers and hospitals and clinics who have been able to use each other to consolidate in the system. Hospitals buying up hospitals, health insurance

buying up health insurance, and all of the money in the system gets sucked up at the top. So if you actually look at the increase in physician or nurse pay, it's only gone up like 25 % over the last 20 some years.

BTC: Both my parents are registered nurses. So I've seen it, and I've heard every complaint in the world about how the hospitals are run, about how the system is run, about like you have never seen a more disillusioned um uh perspective about healthcare than when you've spoken to, you know, nurses.

AES: I've had to walk picket lines with nurses at three hospitals in Michigan in the last year alone. And you know why? Because what'll happen is a different hospital system will buy up the local hospital and then because they basically all own all the local hospitals in the area, they suppress contracts for nurses because they know the nurses can't go anywhere else. And so they're able to suppress their wages and *worse* give them unsafe staffing ratios. So you've got far too few nurses managing far too many patients which becomes a risk to the patients, right? And that's the thing people don't get. Like when you have this kind of scenario, you yourself as a patient assume that the hospital is operating in your best interest. But when they're not hiring enough nurses to take care of you, guess what happens? (BTC: They're not. They're not operating in your best interest.) And all why? So they can make more money.

And it happens in this collusion, this evil collusion between health insurance and hospital. So all I'm saying is instead of having a profit motive on the health insurance and the hospital side, maybe we can just guarantee everybody health care via the federal government, which by the way we do for people when they get sicker anyway after they turn through Medicare.

BTC: And that's the most popular program we have in this country. It's got 80% support in this country.

AES: And here's the crazy thing. If you actually look at where the money for health care comes from, 60% of medical billing comes from the federal government anyway, either through Medicaid or Medicare. So, we already have a government health system. We've just created a system where private health insurance can profit off of providing insurance to people when they're their healthiest. And they don't want to do it, you know, when they get sicker. They've created these advantage programs where they'll take Medicare dollars, pocket them, and then use prior authorization to gatekeep seniors from their healthcare. They do that, but the whole thing's a money grab, right? And so we don't need private health insurance. If people want private health insurance, great. But you shouldn't have to rely on it because it's fundamentally unstable and it's created this tiered system that creates challenges for people when they actually just want to get the care that they need.

BTC: Yeah. And by the way, I lived in France for a couple years after college and they have they have socialized health care, but then they also have a private offering. They call it a “mutuelle”, but it would be the same thing. I mean, you can buy extra health coverage if you want it, but otherwise, everybody's covered. I remember I have two herniated discs in my spine. It's a long

time wrestling injury, and so I needed uh I did like electric stim and deep tissue massage and whatever just to like keep me in in one piece. But I remember finding a doctor in France who did that for sports medicine and whatnot. And I remember going and asking how much how much it would cost and everything gets reimbured if you lay money out. And they said it would cost like would cost like €2.80. And I was like €2.80, and they were like but you'll get it back. And she thought I was upset that I was going to have to lay out the money. She thought I was upset that I was going to have to like pay €2.80 and not that I was expecting her to say that it was going to cost like $275, you know.

AES: So we don't have to live this way. Yeah. You know, that's and then the funny thing about it, right, is that the idea that you would want to do something similar to somebody in a different country is somehow so terrible. But here's the thing about it, right? It's crazy to me, right? Every country in the world has a military. Some militaries run better than other militaries. But nobody's like, "Well, that country has a poor military, so our military is going to be trash, too." You never hear that argument.

So my point is, look, we're the United States of America. We have never settled for less than the best except for when it comes to healthcare. We're okay with middling to complete shit infant mortality rates. There are communities in America and where I worked in the city of Detroit where infant mortality rates are similar to where my family immigrated from in Egypt and we seem to be okay with this. We don't have to live like this. We don't have to live like this. There is no reason why we cannot build the best health care system in the world. And right now, if you have money, you can have some of the best healthcare in the world. But if you're middle income, if you're middle class in this country, you are getting health care that is way too expensive for far less care that smacks you on the back end. It's the reason we have $225 billion of medical debt in this country, which is higher than the GDP of half of the United States. And like we seem to be okay with this. We don't have to live this way.

BTC: I would add too, the rest of the world imitates the United States at every opportunity they can. Like again, I lived overseas. know the extent to which our culture, our culture is exported and everybody else imports it. Everybody wants to see what's happening in our movies, our TV shows, our music, our clothing, all of it, our dancing, like everything gets exported from the United States, imported into foreign countries. There is a reason that even despite that mentality, nobody wants to touch our healthcare system. That nobody goes near the American health care system. We are the envy of no country in the world when it comes to healthcare. And for a world so um so groomed into adopting American culture, the fact that nobody wants to touch our health care system is a testament to the fact that it is so broken and doesn't work for anybody.

AES: No. And Brian, like here's a crazy thing. Like we are sending billions of our dollars abroad to fund genocide and war abroad. We just spent a billion dollars to depose a foreign head of state. $185 billion ICE budget, which just to understand this, you could eliminate the medical debt in this country for somewhere between $3 billion to like $10 billion. It would be a drop in the bucket relative to the ICE budget. And we are not doing it. That is *our* money. That's taxpayer

dollars that we pay to the federal government so that we can weaponize a bunch of folks who were like sitting in their mom's basement playing Grand Theft Auto like five weeks ago, right?

BTC: Now they want to cosplay as soldiers by terrorizing people on the streets

AES: Spending our money when you got people who are wallowing away in medical debt, going without the healthcare that they need and deserve in the richest, most powerful country in the world. All of it, almost all of it, goes back to decisions that get made because corporations get to buy and sell our politicians rather than being accountable to everyday people. And we don't have to live this way anymore. We really don't have to. We could make different choices and I'm just saying that it's time for us to have an honest, direct conversation with the American public about what it looks like to actually start making different decisions.