Health Care or Don’t Care?

Do we want our current “Don’t Care!” system?

Or do we want “Health Care!”

Midwinter in 1935, a physician traveled in a horse drawn buggy to my grandparent’s dairy farm in Mountwell, Utah, to assist in the birth of my father. The physician charged them $17.

At an average wage of 48 cents per hour in the mountain western US in 1935, a laborer would work 35.42 hours to pay the physician.

A birth without complications at the nearest hospital currently begins at approximately $3400. At $18 per hour, a parent would have to work 188.8 hours to pay the physician and hospital.

When my father was born there where very few prescriptions available. A Ute woman gave grandmother a tea which helped ease the pain of one of her births.

Today, my inflammatory immune system is controlled by a prescription biologic which costs approximately $23,000 for a tiny 90 mg/ml shot, self injected monthly.

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A custodian at an elementary School in Utah became concerned one evening when his daughter complained that her head hurt. He enquired further and learned that his young daughter had fallen at school.

It was then late in the evening and he determined he needed to take his precious daughter to a hospital emergency ward for evaluation.

A physician asked her questions, gave her a simple pain pill,

told her father what signs of brain trauma to watch for, and sent them home.

This father has insurance but was still billed approximately $1900 for his daughters brief visit to the emergency ward.

Why must a father, already paying monthly premiums for “work provided” insurance, have to choose between meeting the family’s basic financial needs and taking his daughter, with a possible brain injury, to an emergency ward?

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A child in a Utah elementary school recently told me that she is afraid of needles, especially the large needle of an epinephrine injection device, which will save her life if she experiences an anaphylactic shock from her allergy to peanuts. She is currently more afraid, though, of dying from anaphylaxis, because her family can’t afford to purchase an EpiPen®, the brand name auto-injection device which could deliver epinephrine (adrenaline) into her bloodstream, countering her body’s over-reactive immune response. She said the device would cost her family $500!

An EpiPen® cost the company about $8 to produce in 2016 according to an independent study,(*a*).

a: Tracy, Seipel. “Silicon Valley engineers figure real cost to make lifesaving auto-injector two-pack”. The Mercury News. Retrieved 23 September 2021. https://www.mercurynews.com/2016/10/01/epipen-outrage-silicon-valley-engineers-figure-true-cost-to-make-lifesaving-auto-injector-about-10/

The company, Mylan, acquired the rights to sell EpiPen® in 2007.

In 2009 the cost of an EpiPen® two pack was approx. $100.

In 2013 the cost of an EpiPen® two pack was approx.. $265.

In 2015 the cost of an EpiPen® two pack was approx.. $461.

In 2015 sales from Mylan’s EpiPens® totaled approx. $1.5 billion.

In 2016 the cost of an EpiPen® two pack was $609. (b)

In 2018 the FDA finally approved the sale of generic EpiPens.

b: " https://en.wikipedia.org/wiki/Epinephrine_autoinjector ". Retrieved 23 September 2021 .

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Who pays the exorbitant costs of healthcare?

Most medicines now, especially such expensive medicines, are only available by insurance or pharmaceutical corporation charity programs.

Most medical care now is only available by insurance or hospital charity programs.

Many citizens of our nation go without critical medicines and health care or are entirely impoverished by these contemptible expenses.

Many people in our nation and our government are being impoverished by this greed!

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Access to health care is a fundamental human need, which should not be limited by income or social status.

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Laird