

individual shall not be responsible for additional out-of-pocket cost-sharing occurred during that year.

- SEC. 1102. DEFINITIONS.
  - the term “Secretary” means the Secretary of Health and Human Services;
  - the term “State” means a State, the District of Columbia, or a territory of the United States; and
  - the term “United States” shall include the States, the District of Columbia, and the territories of the United States.

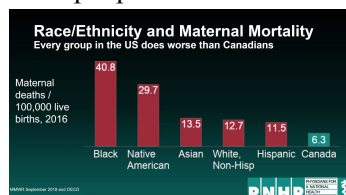
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[The Roles of Racism & For-Profit Healthcare in Pandemic Response Failures](#) (Zoom Call)

- Daniel Lugassy talks about how many people are lost to COVID-19 but also to suicide because of COVID-19
  - Works at the ER at Bellevue
- Single Pay system is the way to go
- Dr. Frances Llozue, MD - Family Physician, Buffalo, New York
  - Was laid off and doesn't have insurance
    - Doesn't know what she is going to do about her children or her wife if anything happens
- Claudia Fegan
  - Talks about deaths due to uninsurance

State	% Uninsured	Excess Deaths
Texas	18.1	6,731
California	8.1	4,143
Florida	14.5	3,999
Georgia	14.6	1,989
North Carolina	10.7	1,447
New York	5.5	1,397
<b>USA</b>	<b>9.1%</b>	<b>38,882</b>

- Wages are not keeping up
  - Cadillac Policy
  - The cost of under insured and the money that is coming out of pocket continues to grow
    - Most of these patients don't want to go in because of the money. Basically they are taking off years of their life by not getting help
  - Black lives are 3.5 years shorter than white lives
- “Every other industrial country knows that helping patients comes first. They realize that some people don't have the income or are able to afford it” ME: healthcare for all!
- Once people turn 65 and have medicare, their life expectancy rises

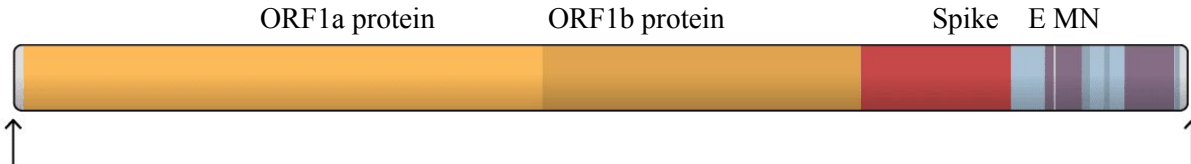


- - 63% of pregnancy-related deaths were preventable
  - Heart disease in the black lives were at 15.36% the highest from all the other diseases
  - Non-violent people in prisons aren't being let out and people have made the decision that jail is more important than humanity
- Anthony Felici....

- State budget cut in medicaid
  - Cuts are not felt equal - public hospitals and voluntary hospitals that are safety-net facilities disproportionately will be hurt
  - Cuomo had the choice to fix a budget deficit by increasing revenues by taking the rich and ensuring medicaid budget was protected
    - He has more executive power and authority to enact cuts in the name of a “balanced budget”
- Across NY over the last 20 years than 40 community hospitals closed in low income communities
- As of April 25th, 34% of NYC deaths due to COVID-19 was among latinx populations, 29% latinx is in the city's population. 28% for black people dying and they make up the 22% of the cities population
- “COVID-19 is exposing our nation's long standing social and political inequities based on race, class, gender, national origin, age, disability, and other factors”
- Sarah Dowd Registered Nurse at Harlem Hospital
  - As soon as people came down with COVID many health care workers fell sick and the shortage continued to grow
  - They had a rule already that they had to use the N-95 masks for 5 shifts (60 hours of work)
  -

[How Coronavirus Mutates and Spread](#) - April 30th

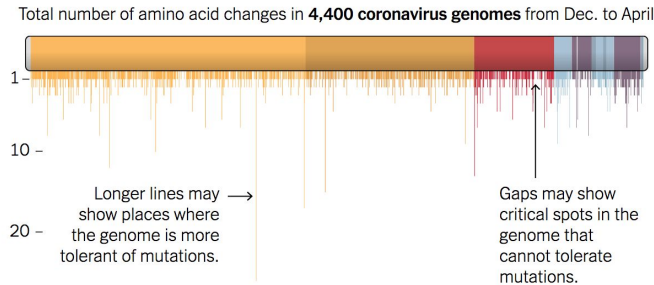
- The nucleotides translates into many kinds of virus proteins



Start of coronavirus genome

30,000 RNA letters

- The first genome of COVID-19 (Wuhan-Hu-1) was collected on December 26th from an early patient in Wuhan
- “A cell infected by a coronavirus releases millions of new viruses, all carrying copies of the original genome.” Which is the mutation and then it accumulates more mutations.
- Another genome (WH-09) was collected from another patient in Wuhan on January 8th
  - The genome was the exact same but for the mutation on the 186th letter of the RNA
    - It was U instead of C
  - This same mutation was seen 7 weeks later in a different patient 600 miles South of Wuhan.
- A third sample was collected (GNMU0030) on February 27th in Guangzhou, China with three mutations. Two of them changing an amino acid



- 
- When the first case of COVID-19 came to Seattle after he had visited his family in Wuhan. He tested positive, the genome of his virus contained three single-letter mutations also found in viruses in China.
- “Five weeks later, a high school student in Snohomish County, Wash., developed flu-like symptoms. A nose swab revealed he had Covid-19. Scientists sequenced the genome of his coronavirus sample and found it shared the same distinctive mutations found in the first case in Washington, but also bore three additional mutations.”
  - “That combination of old and new mutations suggested that the student did not acquire the coronavirus from someone who had recently arrived from another country. Instead, the coronavirus was probably circulating undetected in the Seattle area for about five weeks, since mid-January.”
- “A different version of the coronavirus was also secretly circulating in California. On Feb. 26, the C.D.C. announced that a patient in Solano County with no known ties to any previous case or overseas travel had tested positive. A sample taken the next day revealed that the virus did not have the distinctive mutations found in Washington State. Instead, it only had a single mutation distinguishing it from the original Wuhan genome. That indicates that it got to California through a separate introduction from China.”
- “Some viruses carried mutations indicating they had arrived from China or other parts of Asia. But in New York City, the majority of viruses researchers isolated from patients were genetic matches to viruses that had been circulating in Europe.”
- From all of these mutations, it can be evolve into new strains -- viral lineages that are significantly different
  - These mutations haven’t had a significant change in how the virus affects us.

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### [About Single Payer](#)

- Single-payer national health insurance is also known as Medicare for all. It is a system in which a single public or quasi-public agency organized health care financing
  - Under this, all residents of the US would be covered for all medically necessary services
    - “Premiums would disappear, and 95 percent of all households would save money.”
    - “Patients would no longer face financial barriers to care such as co-pays and deductibles, and would regain free choice of doctor and hospital.”
  - As for the Affordable Care Act (Obamacare) -- it aims to expand coverage to 30 millions Americans by requiring people to buy private insurance policies. However:
    - About 30 million people will still be uninsured in 2023, and tens of millions will remain underinsured
    - Insurers will continue to strip down policies, maintain restrictive networks, limit and deny care, and increase patients’ co-pays, deductibles and other out-of-pocket costs.
-

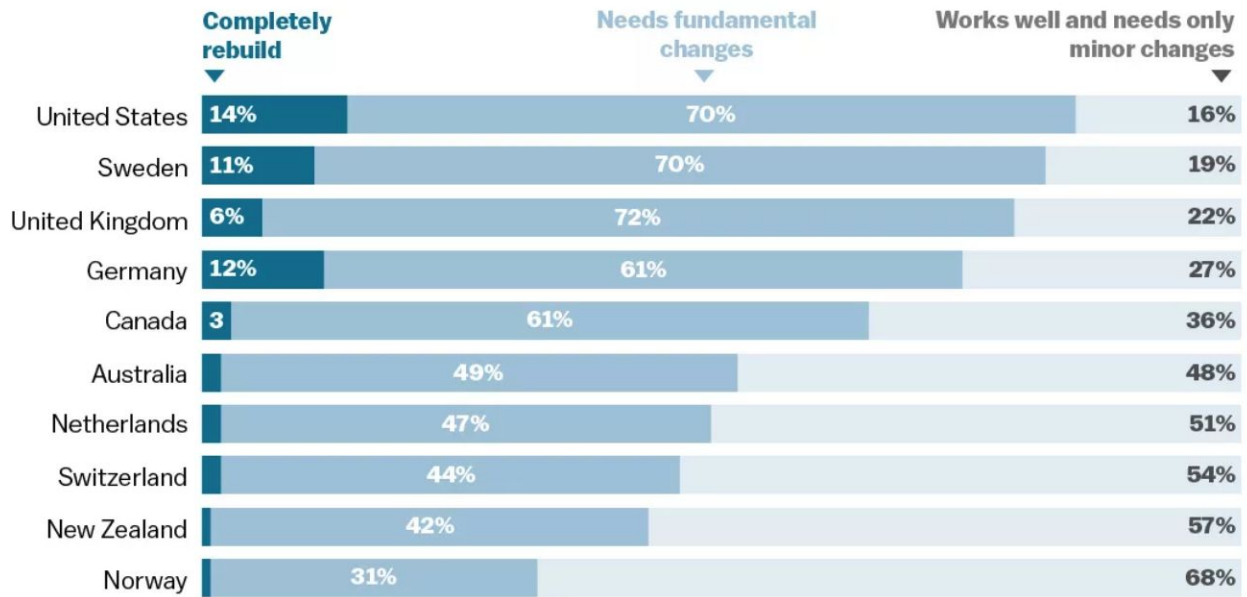
### [Why Universal Healthcare is Bad for America?](#)

(This probably isn't the best article nor trustworthy)

- Universal health care also known as free health care is not actually free because the registered members must pay it using certain taxes.
  - ME: even with the USA's income - it could be more affordable even if we tax everyone.
- Individual ingenuity, competition, and profit motives always lead to bigger cost effectiveness and control.
- There will be no patient flexibility because healthcare is controlled by the government.
  - ME: how do you come up with a system that the liberatian party would agree to... But this might lead to more taxes on people who want it - slowly make the transfer to no private??? But that's taking people out of jobs
    - Perhaps that everyone doesn't have to enroll and there can be the choice but also have private insurance
    - [“ Libertarians believe that each person has the right to make their own medical decisions. Libertarians support removing government meddling from healthcare. We think this and tort reform are the best ways to improve quality of healthcare, increase access to healthcare, and decrease prices of healthcare in our country.”](#)
- The procedure from the government will make doctor flexibility reduced and there will be a chance for patients to get poor care.
  - Me: also the fact that private care will be more useful but maybe with the help of the website implication as well as telehealth that it might become easier. But also we just need more doctors.
  -
- Anyone who feels healthy but needs a health care must still pay for the expense of those who are obese, smoke, and much more.
- The cost of malpractice lawsuits can increase because the government controls it and expose the government to legal liability as well as a chance to sue somebody with a low budget will give more lawsuits.
- Since the government controls universal health care, the drugs, health care equipment, and the service may be determined about who would get what.
- Anyone who is part of a universal health care member may have extremely long waits when needing treatment.

Hoping to go into later using pro and cons.

## Views of health care systems among primary care physicians



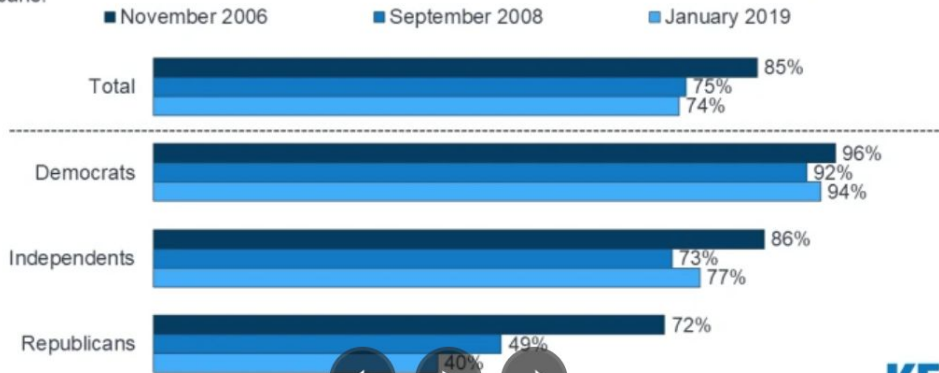
Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, 2015

**Vox**

Figure 1

## Most Support Federal Government Doing More To Help Provide Health Insurance, But Republican Support Has Declined Over Time

Percent who say they **favor** the federal government doing more to help provide health insurance for more Americans:



SOURCE: KFF Polls. See topline for full question wording and response options.

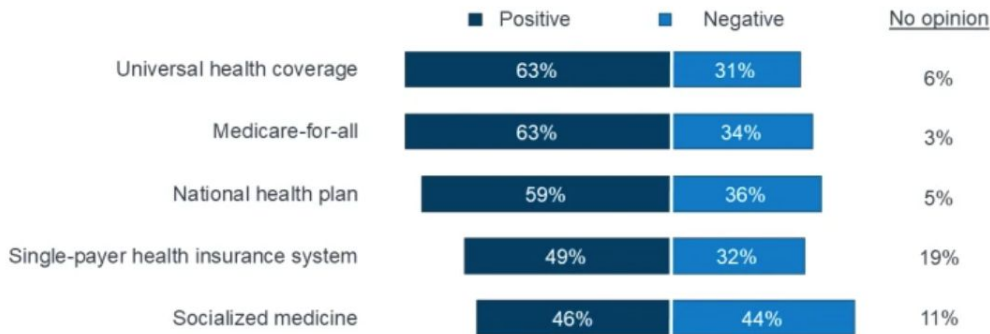


Figure 5

Chartpack Single Payer 04-03-20 Figure 6

## Terminology Affects Public Opinion On A National Health Plan

Do you have a positive or negative reaction to each of the following terms?



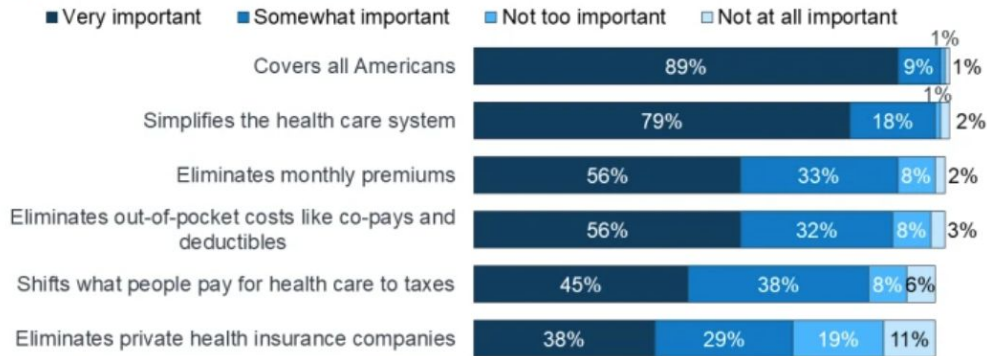
SOURCE: KFF Health Tracking Poll (April 11-16, 2019). See topline for full question wording and response options.



Figure 8

## Universal Coverage Is Most Important Feature Of A National Health Plan Among Supporters

How **important** is it that a national health plan...?



NOTE: Among those who favor a national health plan.

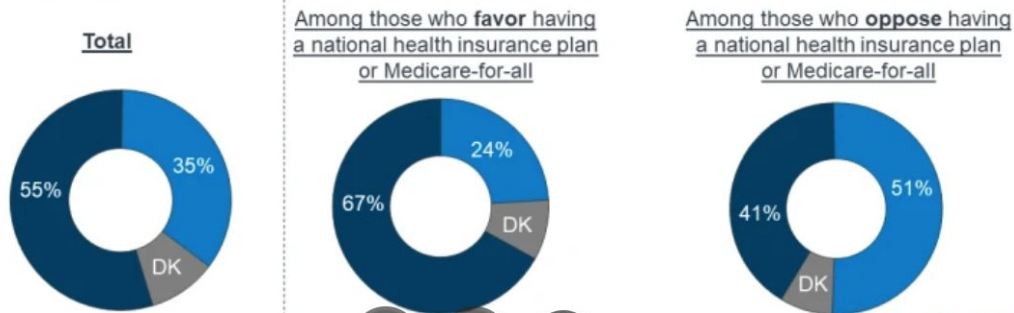
SOURCE: KFF Health Tracking Poll (March 13-18, 2019). See [online](#) for full question wording and response options.



Figure 11

## Most Medicare-for-all Supporters Think They Would Be Able To Keep Their Health Insurance

- Yes, think they and their family would **be able to keep their current health insurance**
- No, think they and their family would **not be able to keep their current health insurance**



SOURCE: KFF Health Tracking Poll (January 9-14, 2019). See [online](#) for full question wording and response options.



### [Healthcare Workers Get Real About COVID-19 | One Word | Cut](#)

- EMT (Staten Island, NY)
  - She has been getting three patients positive and negative a day.. “It’s just become the normal day”
  - “Her brother has autism and he is such in a ritual of seeing me everyday, that it is heartbreaking.”
- Respiratory Therapist (Oklahoma City, OK)
  - “We were threatened to be shot at because we were the reason why COVID was a thing.”
  - She was wearing her scrubs so they were told to come in with their regular clothes to protect the workers

- CNA (Valrico, FL)
    - “Is it really ever over?”
-