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The Failure of Private Healthcare
Malia Savella

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The Declaration of Independence cites that the American people have the right to life, liberty, and the pursuit of life. Yet, the right for Americans to live healthy lives is constantly thwarted by an inaccessible healthcare system. Since the 1950’s, the US has addressed nationwide health coverage by giving healthcare to the wealthy and welfare services to the poor (PBS). Over the decades, providing health services has become increasingly corporate, and we are currently the only industrialized country without uniform or universal healthcare (Pocan). At our current level of medical corporatism the American people are at risk rather than supported by the health services provided to them. Having a primarily-private healthcare system causes corruption in many forms, and we are living within a deeply broken system that kills people if it means money can be made. Through medication price increase, dishonest drug promotion, and healthcare insurance fraud American private healthcare denies its citizens the right to life.

One of the most common failures of the private healthcare system is the price markup of essential prescription drugs. Those with terminal illnesses or disorders rely on certain drugs to maintain their condition and participate in everyday life. However, because pharmaceutical companies produce these drugs, it is up to their discretion to price them. The analog insulin brands Humalog and Novolog are examples of this abuse of power. 1.25 million people live with Diabetes I in the United States and require daily insulin pumps to live (Beyond Type 1). However, because the price has increased by 300% in the last decade, some cannot afford it. In addition to those who die after attempting to ration their supplies, “With the rise in high deductible plans, some are paying as much as a mortgage payment for a month’s supply of the medication” (Ramsey). The corporations behind Humalog and Novolog don’t care about these working class struggles; all that matters to them is their inordinate amount of wealth. This
was also the case with the drug Daraprim in 2015. Daraprim can ward off parasitic infections for those with weakened immune systems, such as those with AIDS or certain cancers (RxList). Its primary producer, Turing Pharmaceuticals, made entrepreneur Martin Shkreli CEO. Overnight, the price of medication increased 5,000% (Egan and Long). Shkreli has since been arrested, but Turing has yet to change the price on Daraprim in Shkreli’s absence (Luthra). Price increases beyond natural inflation are unethical and routinely put the general public at risk. The culture of capitalism doesn’t mix with social provisions; it’s only natural that pharmaceutical executives would gamble people’s lives at the chance of becoming multimillionaires. If the only terminally ill people that get to live are the ones that can afford it, the right to life is only for wealthy Americans. Thus, private healthcare goes against the idea of the right to life for all Americans.

The promotion of drugs that are actually unsafe is also rampant in private healthcare. Research companies are often paid to test treatments and drugs by the companies that produce them. This historically leads to research companies excluding the negative results to appease their employers (The Pharmaceutical Journal), and once that medication is on the market, those who take it suffer. For instance, GlaxoSmithKline (GSK) was paid to research a medication called Paxil, which was marketed to treat anxiety (Dobbs). Not only did GSK hide the trials that indicated no change, but it also failed to report the potential increase of suicidal thoughts caused by Paxil. After being put on the market and advertised as safe, “thousands of children, teens, and young adults attempted or committed suicide while on Paxil” (Dobbs). The distribution of Paxil put several people’s lives at risk, which was not worth the amount of profit it generated for GSK.

False research also affects physical health. A lawsuit is currently being filed against Gilead for its promotion of tenofovir disoproxil fumarate (TDF) drugs. The company advertised them as able to treat HIV and HBV, although they were well aware that bone density loss and kidney disease were likely side effects. As a result, “Nearly 20,000 people with HIV were allegedly diagnosed with kidney disease after taking TDF-based antiretroviral drugs. Studies have also shown TDF drugs might cause an increased risk of bone fractures. Nearly 6,000 bone breaks are alleged to have been linked to the drug compound” (Gilead’s TDF Lawsuit). Both of these companies have been penalized, but there is no way to reverse the damage they’ve done. Without dependable research, the entire medical field would collapse. Research facilities that are dishonest about
test results deny patients the right to life by refusing to provide true medical assistance. American people do not have the right to life if they are not able to seek reliable health services.

Public healthcare services are criticised for their loopholes. Supposedly, private healthcare is bulletproof enough to prevent the patients from exploiting the system. However, that doesn’t mean that there isn’t exploitation. Doctors are able to lie within private healthcare through healthcare insurance fraud, and while these instances are far and few between, they impact thousands of people. For example, doctor Venkat Aachi was recently arrested for overprescribing hydrocodone-acetaminophen, which is an opioid. Supposedly, “In filings submitted by the government in connection with Aachi’s sentencing, the government wrote that over the course of just one year, Aachi wrote 5,992 prescriptions for controlled substances, the majority of which were for narcotics” (“South Bay Doctor. . . ”, Department of Justice). Distributions like these are to blame for the US’s continued opioid crisis. It should not be possible for doctors to independently prescribe such illicit drugs unchecked.

In addition, some doctors profit off of false medical records. In Los Angeles, 25 doctors and medical professionals were found guilty of writing down medically unnecessary treatments down in order to receive profit, resulting in a net accumulation of 150 million dollars. They stole from private insurers and Medicaid/Medicare programs alike (“25 Southern California. . . ”, Department of Justice). The culture of private health services have allowed doctors to abuse their power for their own benefit or for others detriment. Not only do these schemes lead to crippling addictions, they drain necessary government resources. Capitalist greed, bred by a corporate health system, is to blame for the for-profit mindset that plagues these doctors. Although public health services are impacted by welfare fraud, the maneuvers pulled by those working in private healthcare are arguably more dangerous and dastardly.

To conclude, American healthcare betrays the idea of the right to life because of the corruption inspired by the privatization. Having a health program motivated by personal profit, which American private healthcare is, is bound to cause working class exploitation. Drug price markups, dishonest promotion, and healthcare fraud all explicitly endanger middle and lower class citizens because they cannot afford dependable treatment. A healthcare system that isn’t air-tight, accessible, or honest should not be the primary mode of care for hundreds of millions of people. It goes beyond the betrayal of American ideals. This system kills and will continue to kill if those in the medical industry pri-
oritize money before patients. In order to stop this trend, us citizens must vote for politicians and draft bills that aim to de-corporatize healthcare and bring medicinal services further into the public sector. If not, literal lives are at stake.
Works Cited


Pocan, Mark, et al. “PolitiFact - Universal Health Care Diagnosis Is on the Mark.” @PolitiFact, The Poynter Institute, 21 Jun. 2019,


“Type 1 Diabetes Statistics.” Beyond Type 1, beyondtype1.org/type-1-diabetes-statistics/.