

Public Infrastructure for Care

By Colin McAuliffe and Ethan Winter

Democrats have long run on the promise of making healthcare a human right, with universal coverage being the main policy tool for achieving this goal. However even if it is comprehensive and eliminates all costs at the point of service, universal public insurance is not enough. For healthcare to become a human right, we must be able to guarantee a level of care that meets Americans' needs without financial, administrative, or any other non-monetary barriers like wait times or long travel distances - burdens which overwhelmingly fall upon Americans who have been marginalized by oppressive power structures. **That is why America must drastically expand our capacity to deliver high quality care to all through direct, public investments in our nation's healthcare workforce and infrastructure.**

Americans almost universally recognize the need for public investment when it comes to transportation, communications, and energy infrastructure. We argue that healthcare infrastructure should be viewed no differently.

Despite the fact that much of the for-profit private care system is ultimately backstopped by public programs such as Medicaid, Medicare, the National Institutes of Health, and public universities, the private sector chronically underinvests in care infrastructure that would benefit all Americans. The demands of investors to make a profit off of care provision has left millions in marginalized communities behind - profit-driven providers are structurally incapable of providing adequate and equitable care for all.

The coronavirus pandemic has both highlighted, and worsened, the consequences of a healthcare system with an under-resourced public infrastructure. Nearly a year after the COVID-19 pandemic began, government basic research and federal purchase guarantees meant there were multiple vaccines from private pharma companies within months — but rollout has been unacceptably slow, as multiple bottlenecks in production and distribution cost lives daily. Vast systemic inequities have forced the brunt of COVID-19 impact onto people of color, the disabled, low-income families, and others not valued by our white supremacist system. Further, once the pandemic is beaten, there remains significant uncertainty about how the healthcare system will manage the millions of people who will face permanent health problems due to a COVID infection.

Our vision of a public infrastructure for care includes a range of proposals to improve public healthcare delivery capacity and solve coordination problems that the private market routinely fails to solve. We believe these policies are essential to improving trust in government, protecting public health, achieving truly universal healthcare, and ensuring that the system is not only capable of producing socially beneficial innovations, but that those innovations benefit and are available to everyone. Further, Data for Progress polling finds these policies are also consistently popular with the American electorate. Our agenda can be broken into three parts:

REBUILDING AND MAINTAINING BASIC HEALTHCARE INFRASTRUCTURE

This includes taking failing hospitals into public ownership, building new publicly-owned hospitals, and offering federal grants for municipalities to create public ambulance and non-emergency medical transport services. Public provision of care should also be expanded by dramatically expanding the size and scope of community health centers (CHCs), as well as building upon pre-existing innovative care delivery programs such as nurse home visiting or school nursing visits. New public care facilities will be focused in currently underserved areas, where the failures of for-profit provision have been the most devastating. All care at new and existing public facilities should be made free at the point of use so that cost burdens never deter patients from essential care.

EXPANDING THE HEALTHCARE WORKFORCE AND CREATING THE CAREERS OF THE FUTURE

Care provision has significant social value and can support careers that provide a stable middle class standard of living. We propose expanding the healthcare workforce to address doctor and nurse supply shortages. This will include direct job creation by establishing a community health corps and through expanding programs that offer free medical school to physicians who become general practitioners instead of specialists. We should empower people to practice at the top of their license and skill level, making good on training investments we've made in doctors, nurses, home health aides, and other professionals. Furthermore, we should allow doctors trained in foreign countries to practice in the United States.

HEALTHCARE INDUSTRIAL POLICY

The U.S. is in a unique position to use public procurement, public research and development, and strategic investments in domestic manufacturing capacity to build out a robust pharmaceutical, medical technology, and medical information system sector that is highly dynamic, innovative, and globally competitive. These economic benefits would be substantial, but they must always remain secondary to creating a healthcare system that serves the public good. To that end, they would steer the direction of healthcare research and development in directions that serve the health needs of people, rather than the demands of investors for profits.

The value of the healthcare system is its real capacity to deliver actual services to people, and we do not agree with those who believe the U.S. spends too much of its GDP on healthcare. Whenever we have been able to expand the scope of public health, it has delivered significant benefits, especially to the most vulnerable in society. This public infrastructure for care is at the heart of the American economy, and voters know how important it is. That is why progressives must fight to fund it, to improve it, and to ensure that it is delivering concrete benefits to Americans.