

A Unique Perspective on Universal Healthcare

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My name is Will Jones, and I am from Farmington. I have what I believe is a unique perspective on universal health care. Thank you for taking the time to read my story.

I grew up in Seattle Washington where my father was a prominent doctor. Because of this, my family had ready access to the best of the American health care system whenever we got sick or had an accident.

In my twenties, I moved to the country of Denmark, which as most of you know, has a universal health care system. I went on to live in Denmark for 20 years. When I first moved there, I had a very jaded view of universal health care due to all the negative things people in this country would say about it. I was told there were long wait-times for healthcare services, including lifesaving procedures, and that people often died while waiting. I was told many medical services were not even available because the system was so limited and underfunded. I was also told that I could not choose my own doctor, but rather the government would make that choice for me. In addition, I often heard that universal health care was something used in “socialist” or “communist” countries. I am here to tell you that my experience in Denmark not only debunks all the above, but it also showed me that a universal healthcare system in Maine is not only possible, but it can deliver much better healthcare to our citizenry compared to our current system while also saving Mainers valuable financial resources.

First, I want to point out that Denmark is a robust democracy—not a communist or socialist state—and it has been one of the U.S.’s strongest and friendliest allies for many decades. In fact, they even celebrate our 4th of July in honor of their friendship with our country.

In the Danish healthcare system, everyone—rich or poor, citizen or non-citizen (including visitors)—has equal and full access to the healthcare system. When I lived there, I was not a Danish citizen, but I was a resident; and like all Danish residents—citizen or otherwise—I chose my own health care provider. There is no government interference whatsoever. All residents receive a national ID card—like our social security card—which gives each of them full access to the health system wherever they are in the country, or even while travelling in other countries. This card is all that is needed when a person seeks care. There are no insurance inquiries, no co-pays, no questionnaires repetitively asking for basic identification information already provided, and no questionnaires about finances. It is very easy, very simple, and very low stress. And most importantly, there is no stress after a procedure about how to pay for it. The universal healthcare system covers the costs.

While in Denmark, I had multiple health care needs that required treatment, and even a few emergencies. In every case, I received excellent care, had top notch doctors, was never on a lengthy wait list for important procedures, and the government had no say in the delivery of healthcare services to me. Plus, I never had to worry about the cost for any of the medical services I received. As an example, shortly after moving to Denmark I began losing my hearing. I was quickly diagnosed with a hereditary hearing disorder that could be corrected through a relatively new, very advanced surgical procedure. I was scheduled immediately for this procedure and put on a three month wait list. In the meantime, I was provided with hearing aids to help me until the surgery could be performed. Coincidentally, my father had had this same procedure performed in the U.S. only a few years prior to this. Comparatively, both he and I were put on a wait list after our initial diagnoses. We both spent about two weeks in the hospital after our operations. Each of us received excellent care and had similar successful results. The only real difference between our experiences was the cost. My father's surgery cost well over \$10K even though he had expensive insurance, while my operation cost me nothing. Had I received this diagnosis in the U.S. before I moved to Denmark, I would not have been able to pay for the surgery as I was a full-time college student who couldn't afford insurance.

I can relate numerous stories like this about me and my Danish-born children. The fact is that our experiences with universal healthcare were largely all positive and none included the financially devastating costs that many people experience in the U.S., even after the implementation of the ACA.

I would like to add here that nothing is free. This includes universal healthcare. It is paid for of course by tax revenues. But with my experience both here and in Denmark, I have spent considerably more for my healthcare in the U.S. than what I paid in taxes for my healthcare in Denmark. It is truly an apples to oranges comparison when it comes to a patient's bottom line. Furthermore, when comparing the two systems, my healthcare providers in Denmark were never hampered in their delivery of medical services by government watchman and certainly not by profit-protecting insurance company henchmen. The latter of which, by the way, have prevented me on multiple occasions in the U.S. from receiving healthcare services from my medical providers that they as professionals deemed important for my health and well-being. Not to mention the added costs to the system for each time a medical provider must waste time contending with insurance companies about even the simplest services and procedures. In fact, there are people hired throughout our medical system just for the purpose of dealing with insurance companies, who in turn hire people to nitpick with providers over services as they try to save the insurance companies money. All these costs are of course passed on to consumers.

Since returning to the U.S from Denmark in 2004, I have had several medical situations that have seriously impaired our family finances. In one case, I spent several weeks in intensive care for what was later diagnosed as atypical pneumonia caused in large part by work-related stress. I had company insurance, but the insurance provider denied me coverage on the technicality that a bad cold I had had a few months prior was considered by them to be a pre-existing condition. I contended the finding but was powerless against the insurance company. That hospital stay cost my family almost \$200K, while still having almost \$2000/month taken from my paycheck to pay for my company insurance “benefit.” The only one benefitting was clearly the insurance company.

In another instance while between jobs and uninsured, I woke up one night experiencing severe chest pain. We thought I was having a heart attack. Knowing that we could not manage another major financial setback, I told my wife I would not go to the hospital because I did not want to further burden her and our family with more impossible medical debt. Fortunately, the pain subsided after a few terrible days, and we avoided the medical costs. But at what cost otherwise. In the richest country in the world, no one should have to make the awful choice between life and death because they can’t afford lifesaving medical care; especially when in other less affluent countries, people are not forced to make such choices because they have a form of universal healthcare making services accessible to them. Not only does this continue to be both embarrassing and shameful for the U.S. on the world stage, but it also has all too often deadly consequences for many Americans.

I believe this problem is getting progressively worse as the ACA weakens and insurance companies are gaining more power again. As an example, my wife’s health “benefit” with her former company, required that she pay over \$2000/month from her paycheck just for basic coverage for herself (considerably more than we pay for our mortgage). This so-called “coverage” did not include anyone else in the family, and it required almost full payment for most medical services until she reached a threshold of \$15,000. This was clearly only a benefit for the insurance company. When her company laid her off due to financial difficulties, she became self-employed, which of course left her without any medical benefits. The cost of purchasing private insurance has risen to the point that we cannot afford anything offered in the ACA program. She now pays into a group plan that is more affordable but offers very little in actual coverage benefits. If she were to have a significant medical emergency, it would be a financial disaster for our family as I am disabled and unable to work more than a few hours a day.

Fortunately, I now qualify for Medicare because of my disability which is MS-related. This disease weakens my legs and causes me to fall unexpectedly quite frequently. I have had more than several fall-related injuries due to this condition. My most serious injury

occurred two years ago. While walking across the upstairs floor of our barn, my leg suddenly gave out and I stumbled and fell headfirst through an open hay drop down onto the cement floor on the main floor below. I landed on my head and shoulder resulting in serious head trauma, a broken scapula, a broken clavicle, four broken ribs, and a broken back in two places. I was transported from the local hospital in Farmington to the trauma center in Portland where I was put on life support for nearly two months. My recovery has been long and difficult, and I still have a long journey of pain ahead of me. I am happy to report though that I received excellent lifesaving care at the trauma center, and I continue to receive excellent care now; all of which I am most grateful for. But most of all, I am grateful that I have Medicare. If I did not have my Medicare coverage, I would have had to make another life-and-death decision, like the one years earlier, and would have ultimately refused to go to the hospital out of fear of the financial burden I would leave for my wife and children.

Medicare is the closest thing the U.S. has to a universal healthcare plan. And it works. It saved my life, and it saved my wife and children from a lifetime of heavy medical debt, just as it has saved millions of other families. This type of medical coverage should be a right for every American. With so many countries around the world successfully implementing universal healthcare systems, including countries with far fewer economic resources than the U.S., it is well past time that we develop a universal healthcare system in this country to benefit all our citizens. Since other far less affluent countries are successfully doing this, it is truly only a matter of will on the part of American lawmakers. With so many working systems already in place around the free world, we can no longer make the excuse that universal healthcare is a communist or socialist evil. It works and it works successfully in non-socialist, democratic republics like ours. There are no excuses for why we aren't doing this. We have the economic resources. We have the knowledge and skills base. And most importantly, we don't have to invent the wheel of universal healthcare. We have the tremendous advantage of studying all the successful universal healthcare systems already implemented around the world and learning from them. We can see what works and what doesn't, and from this informed position, we can construct the best universal healthcare system on the planet. And if the United States cannot do this as a whole nation, Maine can lead the way by studying already working systems of universal healthcare and then putting together our own state universal healthcare system which can be the envy of the other 49 states and of the world. While we are all aware that Maine is not one of the most affluent states in the nation, we would do well to learn that many of the European states and other countries implemented their universal healthcare systems in the direct aftermath of the devastations of WWII when their national economies were in complete ruin. Not only this, but they also simultaneously faced the seemingly impossible tasks of rebuilding homes,

factories, and public buildings, while rebuilding their governments and their national identities. And yet, despite these overwhelming odds, in a relatively few years they set up universal healthcare systems that continue successfully to this day. How did they do it? While there are many contributing factors as to why they were successful, one thing is clear: they made universal healthcare a top priority for their people and then worked to make it a reality. If these nation states—both small and large—while yet in the throes of absolute economic disaster as well as destroyed infrastructures, could will themselves to create universal healthcare systems, then we in Maine can do the same.

In closing, I would like to encourage you as lawmakers to take the possibility of implementing universal healthcare in Maine seriously. The advantages as seen around the world are glaring. Many, if not most, countries in the world utilize universal healthcare systems and achieve positive health outcomes for their people. The U.S. is often far behind these countries in many important health and well-being markers, and we are continuously falling further behind. Even though we have some of the most advanced medical technologies in the world, without making those technologies equally accessible to all Americans, we will continue to lag behind in healthcare outcomes. This is absolutely inexcusable in the richest country in the world. If national lawmakers cannot bring themselves to getting this done, it will require individual states with willpower, vision, and leadership to improve the lives of their citizens by making universal healthcare a reality for their people. Why not create a proud legacy as a state legislative body and work together to make Maine the leader in providing universal healthcare for Mainers?

Thank you for taking the time to read my story. If you have questions or wish to speak to me, please feel to contact me.

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