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Writing a guest editorial in the Federal Practitioner, Psychiatrist Wendy Dean & colleagues (2019) state:

"Moral injury occurs when we perpetrate, bear witness to, or fail to prevent an act that transgresses our deeply held moral beliefs. In the health care context, that deeply held moral belief is the oath each of us took when embarking on our paths as health care providers: Put the needs of patients first. That oath is the lynch-pin of our working lives and our guiding principle when searching for the right course of action. But as clinicians, we are increasingly forced to consider the demands of other stakeholders— the electronic medical record (EMR), the insurers, the hospital, the health care system, even our own financial security—before the needs of our patients. Every time we are forced to make decision that contravenes our patients' best interests, we feel a sting of moral injustice. Over time, these repetitive insults amass into moral injury."

My name is Bobby Keith and I am a nationally board certified physician assistant (PA) with a Masters of Public Administration and 45 year experience providing care to medically undeserved communities in both the US and for 8 years in Canada. I would briefly like to outline my background prior to explaining why I strongly support single payer healthcare in the Maine and for the country in general.

Born in 1953, a child of an African American father from Jamaican background and a Caucasian mother with Ukrainian roots, I grew up living in NYC public housing. I attended public schools from elementary grades through graduation from the then tuition free City College of NY, the flagship institution of the City University of New York higher educational system. My physician assistant training was completed for free at the US Public Health Service Hospital in Staten Island NY in 1980. I point this out as a way to emphasize the importance of social supports in facilitating a just society enabling economic mobility. My strong commitment to social justice and community service stem from these life experiences.

My medical career began as an EMT on the streets of Manhattan. Four years later in the Spring of 1980 I began my employment as a PA at the Riker's Island jail, one year prior to the nascent AIDS epidemic. Caring for some of the very earliest HIV infected patients, our team furnished essential care to the prisoners in what was to become the first prison health service in the country to achieve accreditation by the Joint Commission the independent body that certifies the quality of care provided by medical institutions.

I went on to work as a PA in NYC area emergency rooms, became the assistant medical director of a dedicated HIV medical service at the Daniel C. Leicht Clinic of Gouverneur Hospital part of Health and Hospital public health system in NY. For 8 years I worked as a professor in the Mercy College Graduate Program in PA studies.

From 2008 to 2016 I worked in geriatrics and family medicine as part of a pilot project in Canada to evaluate the viability of incorporating PA's into the Canadian health care system. 8 years working in the Canadian Single Payer health care system allows me to contrast the vast differences in cost, coverage and work experiences of the two systems.

Returning to the US my wife and I decided to engage in rural healthcare and I have worked full time in two different Federally Qualified Health Care Centers in the past 10 year before working part time currently in the Portland Cumberland County Jail.

I both taught and practiced Evidence Based Medicine. It is therefore of utmost importance to me that healthcare policies be based on sound principles and information when being implemented, to maximize the chances of contributing to the overall quality of life of our citizens.

The US health care system is morally bankrupt and financially exploitative. Philosophers who study ethical systems tell us that methods of distributive justice can vary base on the context.
For example, first come first serve may be a fair way to distribute tickets to a concert. Individual merit may be an equitable way to admit to a college or hire a job applicant. But as we all need health care in order to survive and thrive it is universally recognized that the only morally just way to distribute healthcare is based on human need. This is not currently the case in the US. A market based approach to care is cruel, unjust and even by its own standard,s highly inefficient. I will include both personal insights into this situation along with peer reviewed documentation of these facts.

The Status Quo is unacceptable:

- US has the highest per capita costs for healthcare in the world.
- The US spends about 17% of GDP on healthcare

- Health outcomes consistently rank the US healthcare system near the bottom of OECD countries.
- The US ranks 66th in the world in life expectancy.
- Spends about 25% on administrative costs (Health Affairs- April 2025)
- A 2014 study in Heslth Services Research estimated billing related costs alone accounted for $83,000 a year per US physician while only $22,300 per Canadian physician.
- See Mirror Mirror September 2024 report from the Commonwealth Fund for details. Information attached.

The three most common reasons I hear for not supporting medicare for all is:
1- It is too costly
2- It is politically untenable.
3- It is logistically to complicated

For each of the assertions I am about to make I will submit evidence typically Peer-Reviewed journal articles written by doctorally prepared economists from prestigious institutions like, Yale, UCLA and U Massachusetts Amherst to document the inherent cost savings of a single payer system. These articles clearly explain and justify the economic assumptions they make and provide for modifications of those assumptions which still yield robust results indicating major cost savings from the implementation of a single payer system.

The study from Yale indicates we could save $450 Billion per year & 68,000 lives.
The study from the PLOS by scholars from UCLA is a meta-analysis of 22 studies carefully curated for quality, done over a 30 year time span with 100% concluding ultimate net savings over the current for profit administration of health care.

The savings come from multiple areas but are most commonly found in improved administrative efficiencies and lower prices from negotiating reduced drug costs and buying in bulk. I will submit abstracts for these studies.
Political viability is supported by a recent survey which reports that "More than three-quarters of Mainers support the creation of a government administered "public-option" health care plan **offering a lower cost alternative to private plans."**
Here in Maine a study by the Maine Center for Economic Policy outlines a state specific plan and, concluded that "The fact that public systems elsewhere in the world have delivered better outcomes at less cost than Maine or the United States health care system suggest that the pursuit of more cost-effective alternatives is a worthwhile endeavor,"

The Canadian healthcare system was initialed in the province of Saskatchewan in 1947 and inspired the country over time to develop a nation wide system of universal care.

Working in Ontario province under a pilot project for 8 years was a welcome contrast to the US system. Patient encounters were more engaging as the focus was on accurate diagnosis, patient education and supportive assistance and not on administrative bloat. You could feel good about providing care because you knew everyone could get seen for there medical conditions as there was no out of pocket costs. Medications were also available at about half the price of the US.

Clinicians in the US have increasingly been subject to burnout or more recently classified as suffering from moral injury by being subject to the stress of trying to provide quality care under a system that strains the physical and emotional limits of clinicians while extracting profits for executives and bankruptcies for patients,

Maine has shown innovation in being the first state in the Union to allow presidential elections using a Ranked-choice voting system. It would be great for Maine to lead the way in stimulating a drive for change in the US by providing universal healthcare in a cost efficient manor to the citizens of the state. Thank you for your attention & I am happy to answer any questions.