

HEALTH and WEALTH



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Imagine how healthcare could work.

Patient Name: _____ **SBIRT-Patient Initial Screen**

DOB: _____

Today's Date: _____ Gender: _____ FIN #: _____

Because WE CARE, we ask EVERYONE about behaviors that affect your health

TRANSFER PRESCRIPTION _____

NAME _____ TRANSFER DATE _____

ADDRESS _____

ORIGINAL RX # _____

DATE OF ISSUE _____

DATE FIRST FILLED _____

ORIGINAL REFILLS _____

REFILLS REMAINING _____

DATE LAST FILLED _____

PHARMACY _____

ADDRESS _____

DEA# _____

PHARMACIST OF RECORD: _____

TRANSFERRING _____

RECEIVING _____

MAY SUBSTITUTE _____ DISPENSE AS WRITTEN _____

ADDRESS _____

DEA# _____

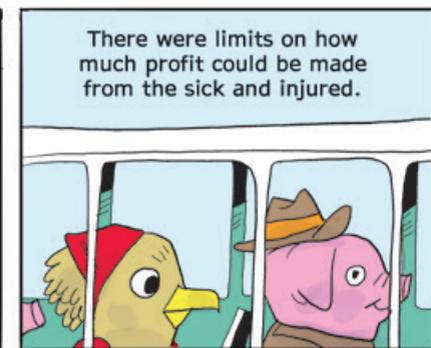
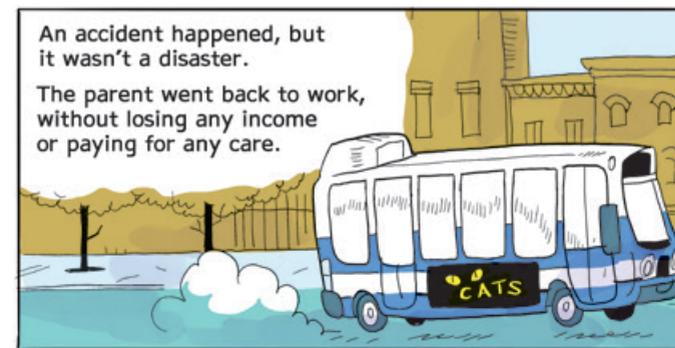
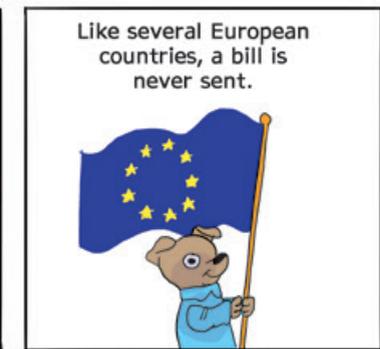
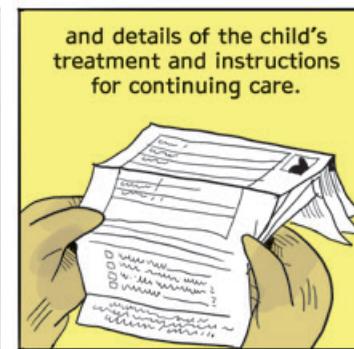
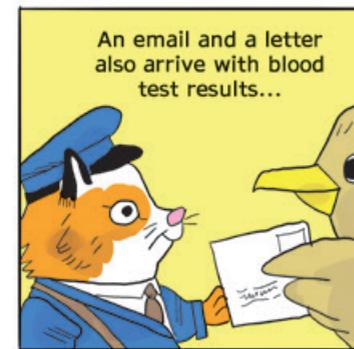
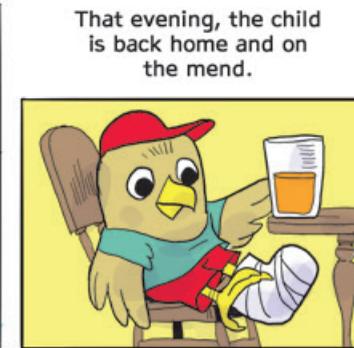
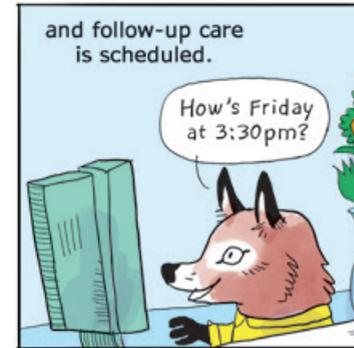
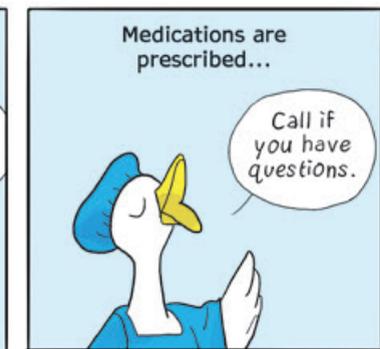
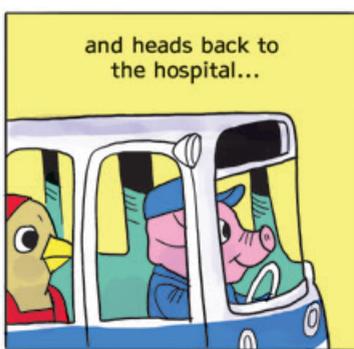
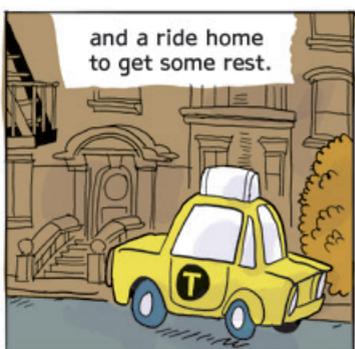
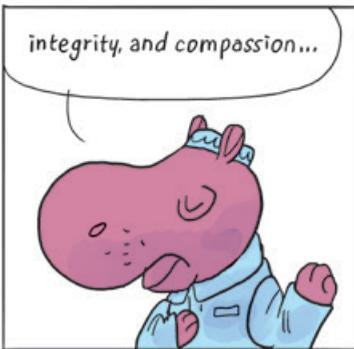
Reorder: PHARMEX SB-TR

R "Disease is never neutral. Treatment never not ideological. Mortality never without its politics."
—Ann Boyer, The Undying

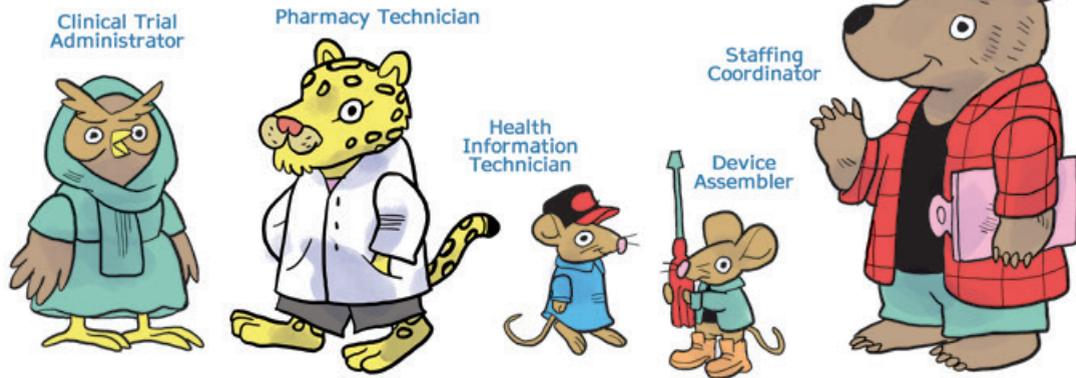


Health and Wealth, A Graphic Guide to the US Healthcare System was produced by a collective of cartoonists and students from Harvard College and The Center for Cartoon Studies with support from the Radcliffe Institute for Advanced Study. © 2025 The Center for Cartoon Studies. Individual contributions © their respective creators.

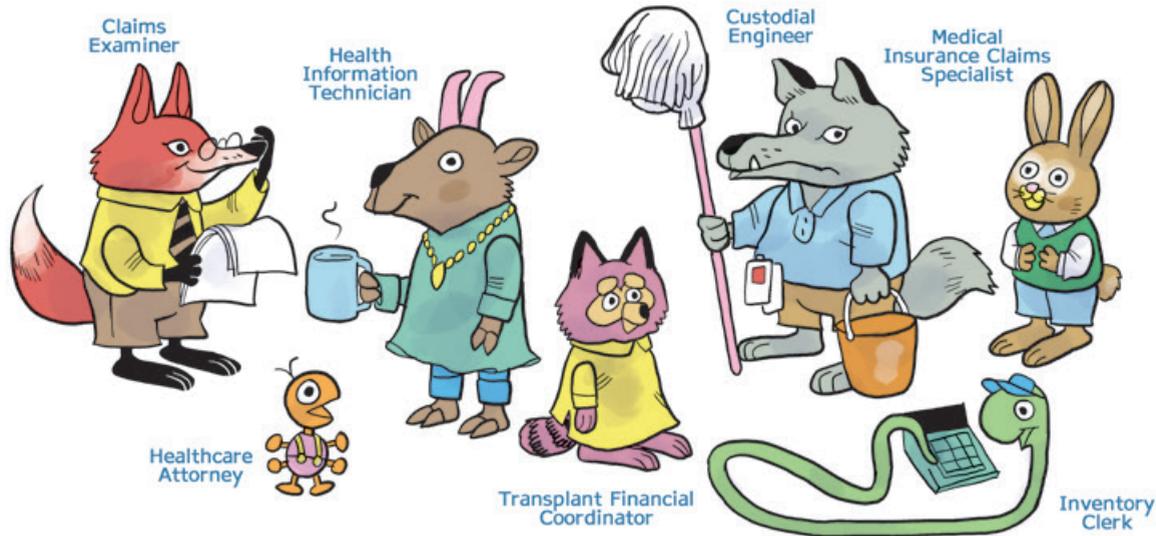




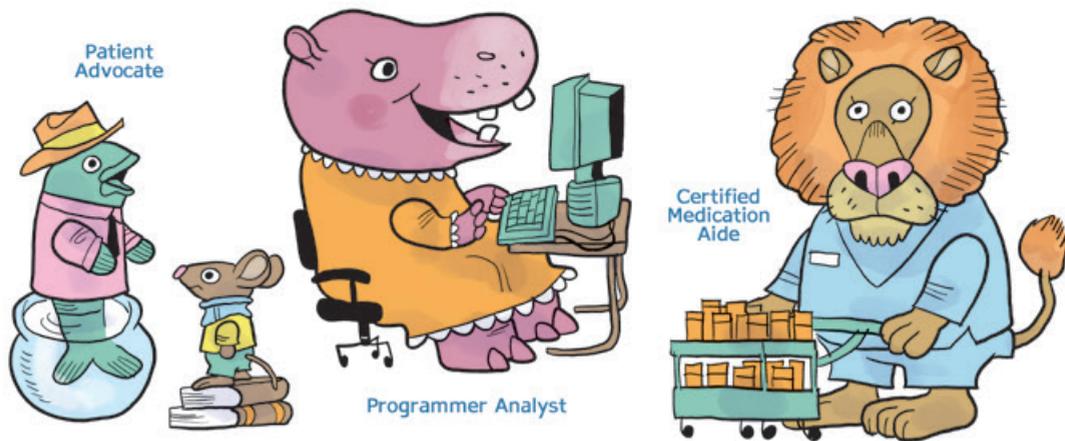
Healthcare, of course, is not a game. It is something we all need. For many of us, it's also our livelihood.



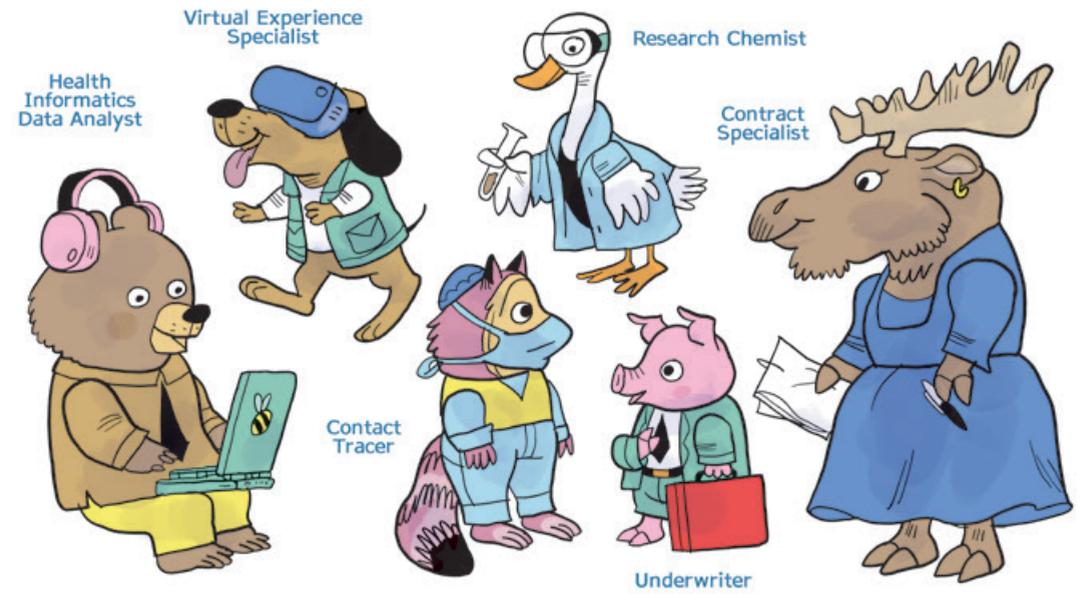
Some of us work in the pharmaceutical industry...



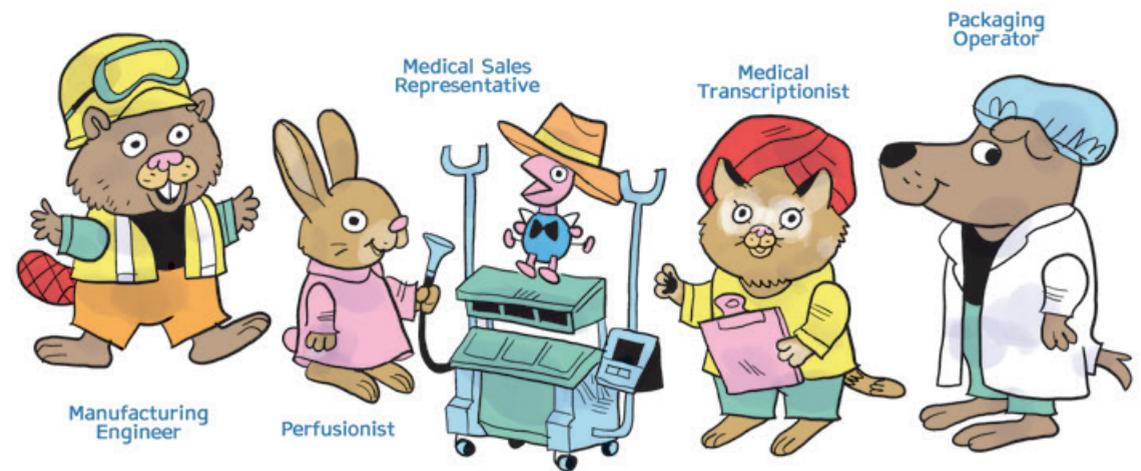
while others design system software, market medical devices, or negotiate and collect bills.



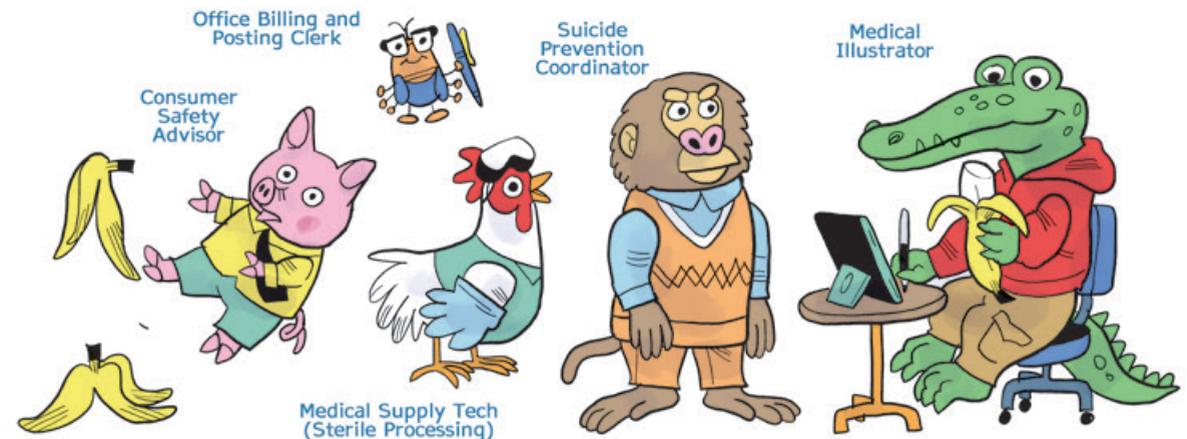
There are so many jobs in healthcare!



By the end of 2018, more than 16 million people worked in the US healthcare system.



That's 11% of all the jobs in the US economy!



The healthcare workforce isn't the only thing that has grown over the years.

In 1960, healthcare spending accounted for only 5% of the US economy.

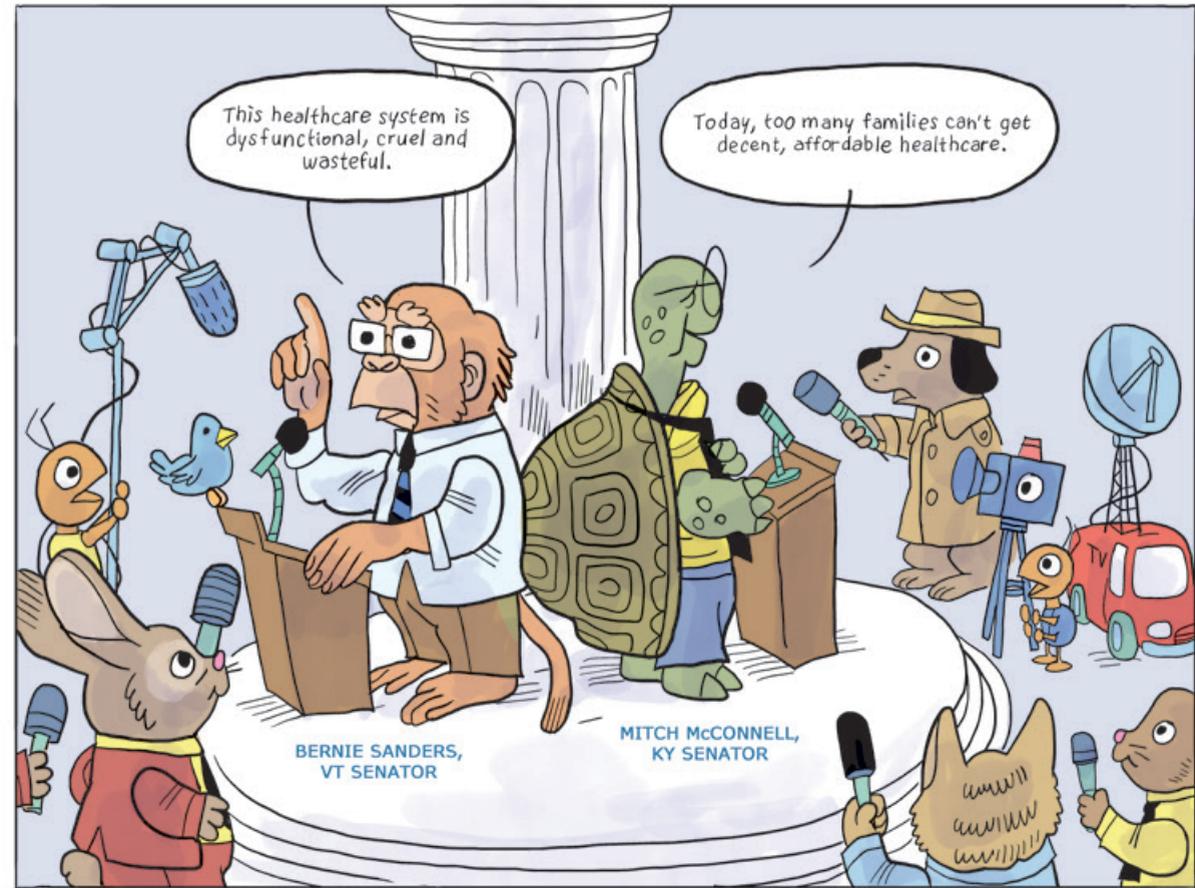
Now, it's closer to 18%.

That's higher than any other industrialized country!



Despite all that spending, the US ranks close to last in healthcare quality, efficiency, and access to care.

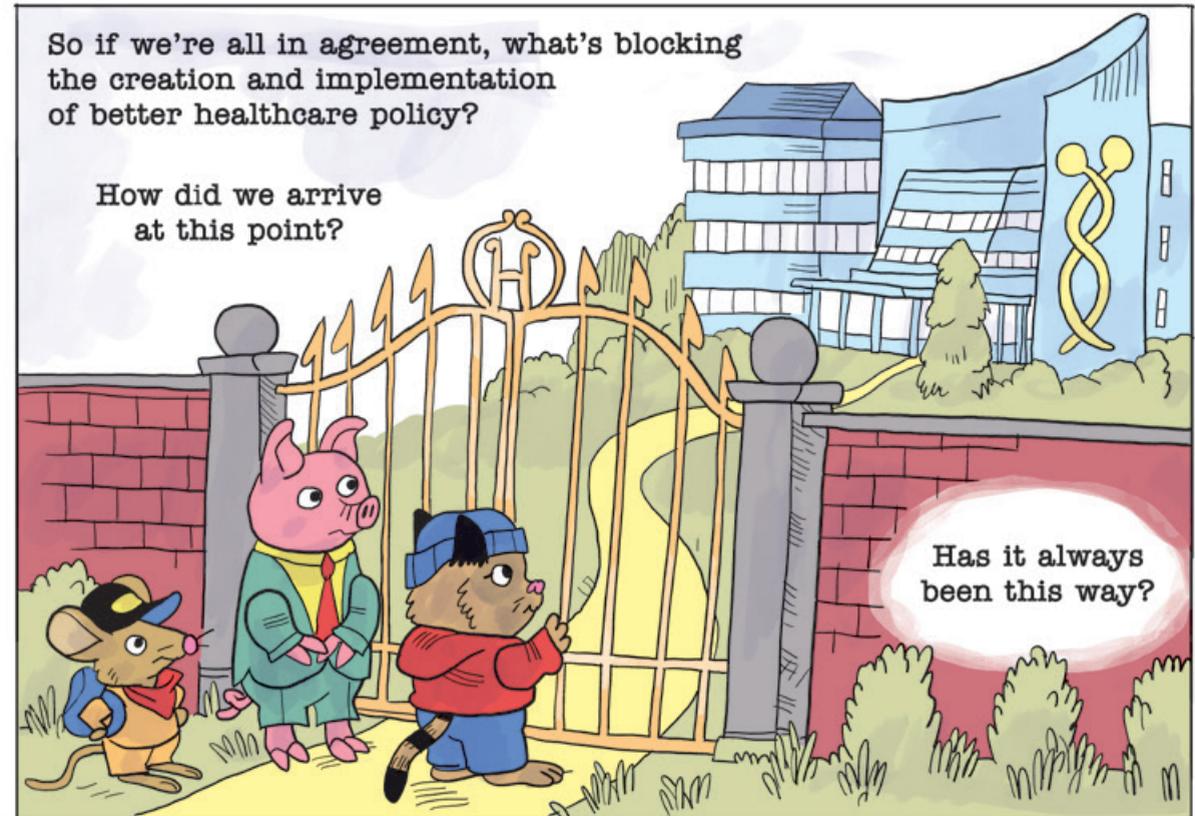
The only issue that our polarized country seems to agree on is that our healthcare system is not working.



So if we're all in agreement, what's blocking the creation and implementation of better healthcare policy?

How did we arrive at this point?

Has it always been this way?



A Brief History of the Hospital

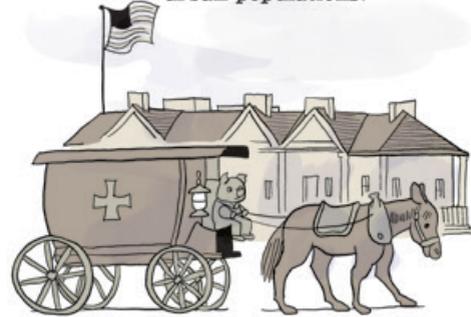
In 1800, the US only had two hospitals.

The US was a rural nation, and most Americans received healthcare in private homes. Almshouses and hospitals were mostly for the poor.



The Battering House, Philadelphia, PA, 1767

By 1875, there were still fewer than 200 hospitals. However, the number grew quickly along with the onset of industrialization, greater geographic mobility, and larger urban populations.



US General Hospital, Hilton Head, South Carolina, 1863

Hospitals were shaped by two diverse influences: pious laypeople motivated by Christian benevolence and the emerging medical professional class with clinical and professional goals.

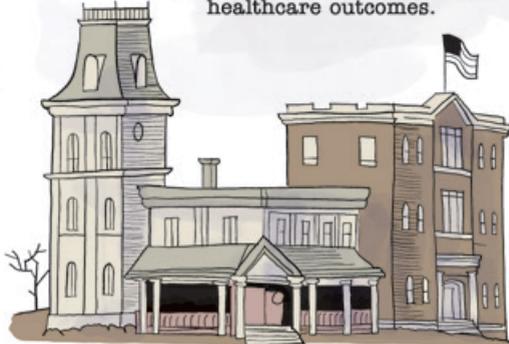


Boston University School of Medicine, 1873 to 1892

Massachusetts Homeopathic Hospital, 1876

By 1923, there were more than 5000 hospitals. Care was rigidly segregated by race in large areas of the United States.

In much of the South, the separate but unequal system of hospitals in Black communities deepened disparities in healthcare outcomes.



German Deaconess Hospital, Marshalltown, Iowa IA, 1915

Hospitals became drivers of innovation and soon brought astounding technical achievements to the public like x-rays, antiseptic surgery, and clinical laboratories.



St. Michael's Hospital and Nurses' Residence, Grand Forks, ND, 1913

The growing complexity and presumed effectiveness of medical technology centralized the hospital's role in US healthcare.

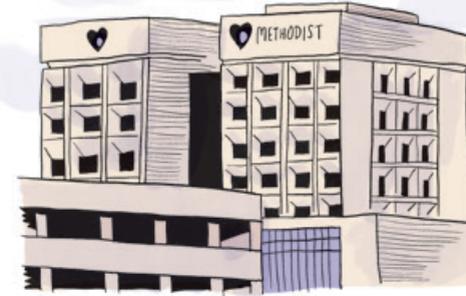


Greenwood Leflore Hospital, Greenwood, MS, 1960

It also greatly increased operational costs.

Hospitals became more dependent on patients who could pay.

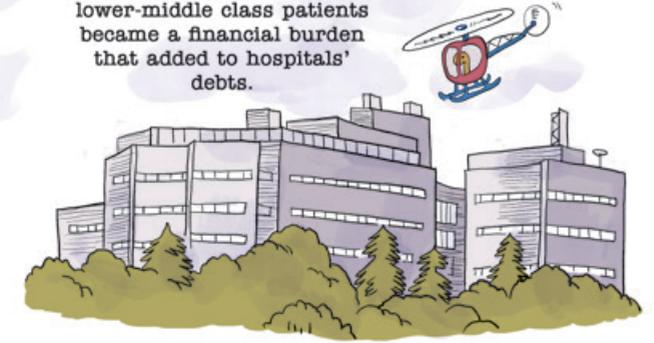
Hospitals shifted resources away from caring for the chronically ill and towards acute care (which was more profitable).



Methodist Hospital, Omaha, NE

As their expenses grew, many hospitals added specialized services and expanded facilities in order to raise more revenue.

Treating poor and lower-middle class patients became a financial burden that added to hospitals' debts.

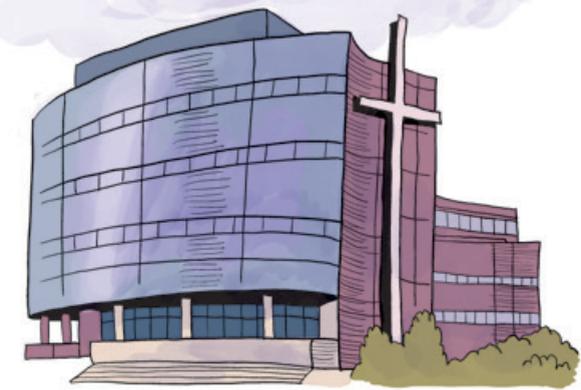


Shriners Hospitals for Children, Portland, OR

Nearly two thirds of the US's 6,000 hospitals have nonprofit status, a designation that allows them to avoid paying taxes. Many have religious affiliations and names.



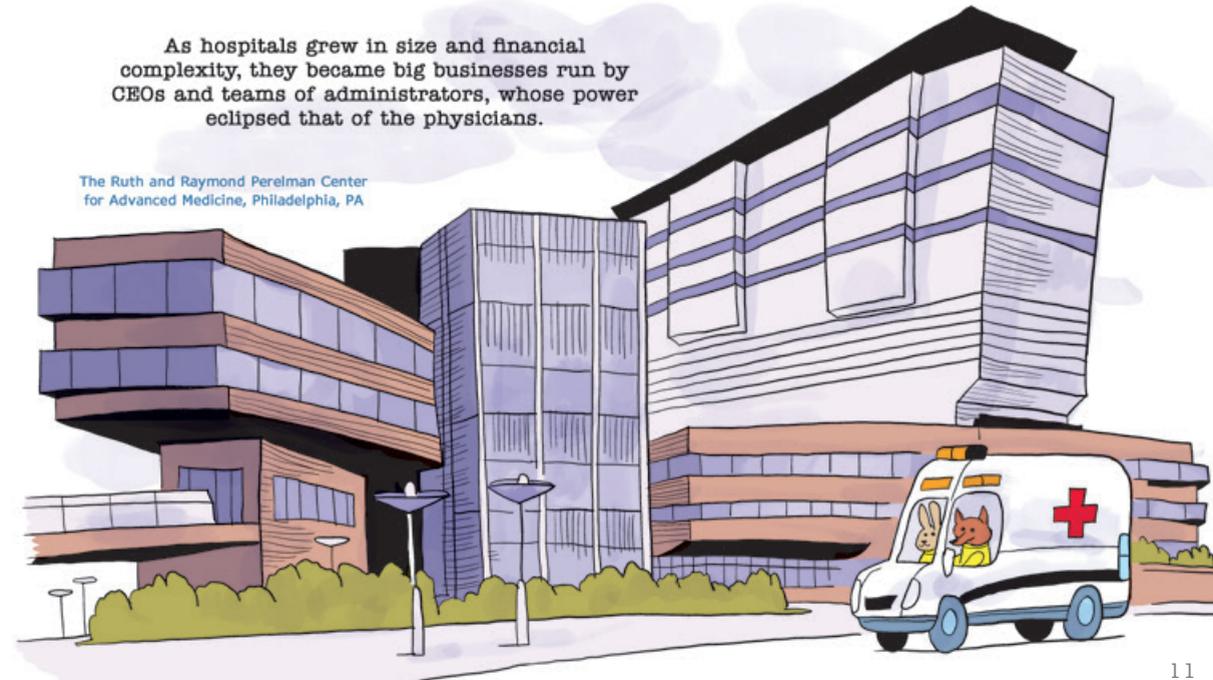
Holy Cross Germantown Hospital, Germantown, MD



St. Agnes Hospital, Baltimore, MD

Like religious institutions, hospitals engage with the most fundamental of human realities—sickness, pain, and death.

As hospitals grew in size and financial complexity, they became big businesses run by CEOs and teams of administrators, whose power eclipsed that of the physicians.



The Ruth and Raymond Perelman Center for Advanced Medicine, Philadelphia, PA

One way hospitals maximize profit is through their billing practices.

Medical students graduate from school with a mean debt of \$170,000. In other countries medical school is far cheaper or free. Doctors are under pressure to generate revenue from the get-go.

Physicians are spending an increasing amount of time on activities not directly tied to patient care. Among the non-clinical activities which physicians must perform is selecting procedure codes which indicate pertinent patient diagnoses, treatments provided, and costs.

Though in a hospital bed, the patient is being billed a more costly out-patient rate.

DID YOU KNOW: Patients can't be certain what they owe until they receive a bill in the mail, sometimes weeks or months later.

Physicians can earn additional income by using extenders—trained ancillary personnel—to do work for them on the ground.

Physicians will appear on a patient's bill that were never seen by the patient, and may not even be present in the hospital.



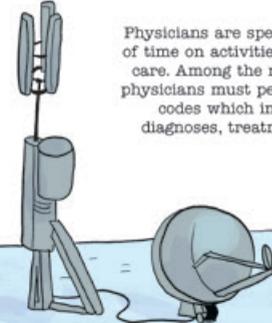
As soon as a patient walks through the door, a hospital can begin to charge them.



Hospitals charge what's called a "facility fee." Just sitting in a waiting room can cost thousands of dollars.

Doctors often prescribe a more expensive brand-name medication rather than a more affordable—and equally effective—generic brand.

PHARMA PHUN FACT: Pharmaceutical companies spend more money marketing their drugs than they do researching them.



Patients are regularly charged for tests or treatments that have no benefit to them.

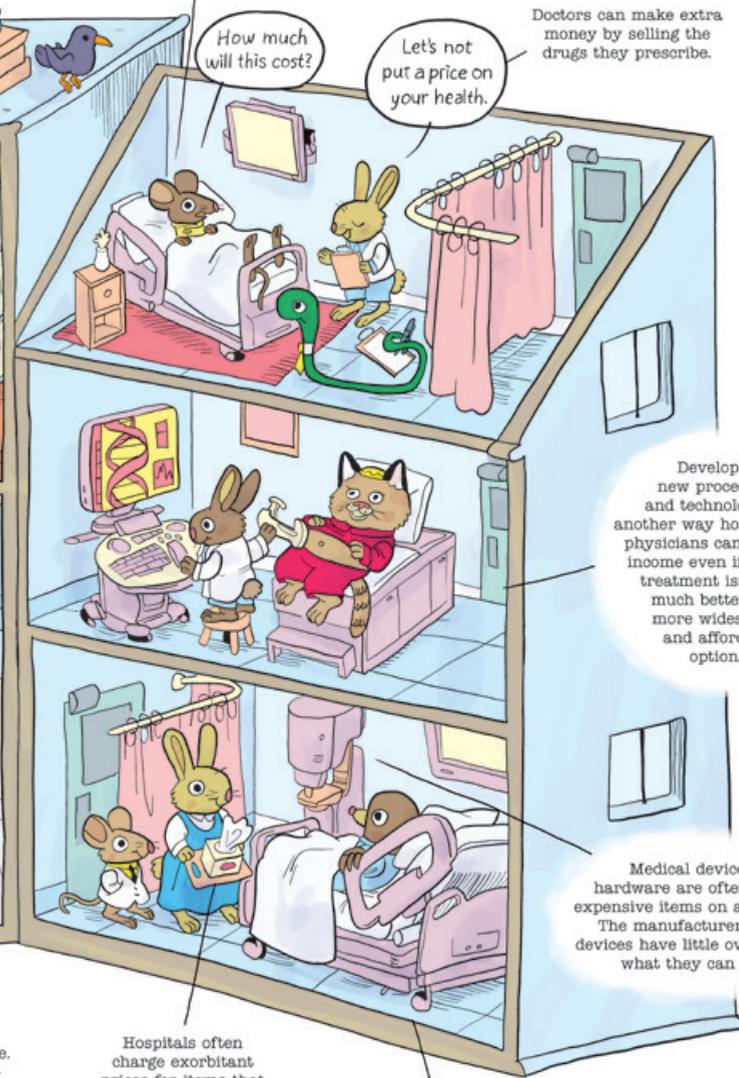


Though the hospital you visit may be in-network, the physician seeing you may not be. Being attended to by an out-of-network physician will cost a patient significantly more.

Can you tell which physician is in-network and which is not?

Hospitals often charge exorbitant prices for items that a patient could have picked up at a supermarket like aspirin, bandaids, or a box of tissues.

Although the patient did not request a private room, they were placed in one and will be charged accordingly.



Doctors can make extra money by selling the drugs they prescribe.

Developing new procedures and technologies is another way hospitals and physicians can generate income even if the new treatment isn't that much better than more widespread and affordable options.

Medical devices and hardware are often the most expensive items on a medical bill. The manufacturers of these devices have little oversight as to what they can charge.

Physicians use a Relative Value Units (RVUs) scale to bill patients for various services based on the severity of their case. The more severe the case, the more doctors can earn for care. As a result, physicians have a financial incentive to increase the number of high-RVU cases they classify. What doctors get paid can reflect more on their CODING skills than their clinical ability.

Whether driven by doctors or healthcare plans, upcoding is a common practice of replacing a procedure with a more complex one in order to charge higher rates. The big healthcare providers assert that their charges are reasonable and customary. However, what might cost one patient a few hundred dollars could cost another \$10,000 or more. Prices will rise to whatever the market will bear. The entire system lacks transparency, standardization and comprehensive patient protection.

Health insurance was designed to keep you from going broke. It was pretty simple at first.



The industry, as we know it today, started out as a non-profit enterprise offering "major medical" to anyone who needed it.

SO FOR \$6 A YEAR, YOU EACH GET 21 DAYS IN THE HOSPITAL, ALL COSTS INCLUDED.

DEAL.

LOCAL TEACHERS' UNION, 1500 MEMBERS STRONG.

It was like car insurance: you pay out of pocket for routine care ...



THE NEW BRAKE PAD IS \$150.

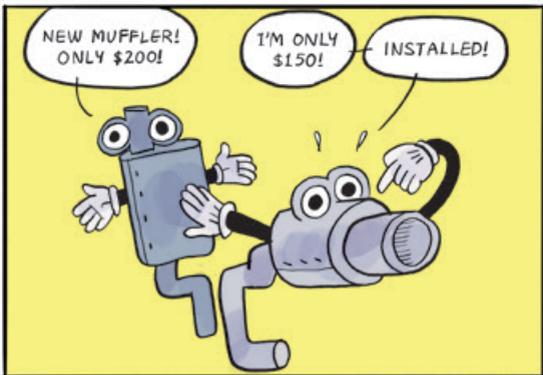
... but are covered for the big stuff.



NEW CAR: PAID FOR

Over time, insurance companies moved to a for-profit model and their policies expanded while the costs for even minor procedures and tests skyrocketed.

In the car business, repair shops and auto part stores compete with one another for customers. This open market keeps prices in check.



NEW MUFFLER! ONLY \$200!

I'M ONLY \$150!

INSTALLED!

But in the healthcare market, routine care looks more like this:



YOUR MUFFLER'S INSTALLED. ONLY \$2400. GOOD THING YOU HAD INSURANCE!

Insurance companies negotiate rates with hospitals, and the prices they agree upon are not discussed with patients. Determining the true cost of any treatment is quite difficult.

Somewhere along the way, determining the costs and coverage of your own healthcare became anything but simple.



THE SILVER PLAN HAS A HIGHER PREMIUM BUT A LOWER DEDUCTIBLE. THERE'S NO SPENDING CAP BUT HIGHER COPAYMENTS AND NO DENTAL BUT SOME VISION... (AND EXPECT RATE CHANGES EACH YEAR!)

?

To further complicate the matter, insurance companies invest heavily in marketing that gives policyholders a false sense of security.



COMPREHENSIVE COVERAGE IS OUR MIDDLE NAME!

EXCUSE ME? I DIDN'T HEAR THAT SECOND PART.

BUT OUR POLICIES PROVIDE LIMITED COVERAGE THAT INCLUDES THINGS SUCH AS CARE-RENEWING CONDITIONS AND UT-OF-NETWORK...

Usually, patients do not realize they are underinsured or lacking coverage until they are already sick or injured.

When a hospital bills an insurance company it is often for exponentially more than what they expect to get paid.

For the hospital bill, the insurance company will pay a lower, pre-negotiated rate, and the patient is expected to pay the remainder—or the entire bill if they don't have insurance.



I DID CALL THE HOSPITAL, THEY SAID TO CALL MY INSURANCE COMPANY WHO TOLD ME TO CALL THE HOSPITAL ... I'M JUST TRYING TO FIND OUT WHY THE COST...

PLEASE HOLD.

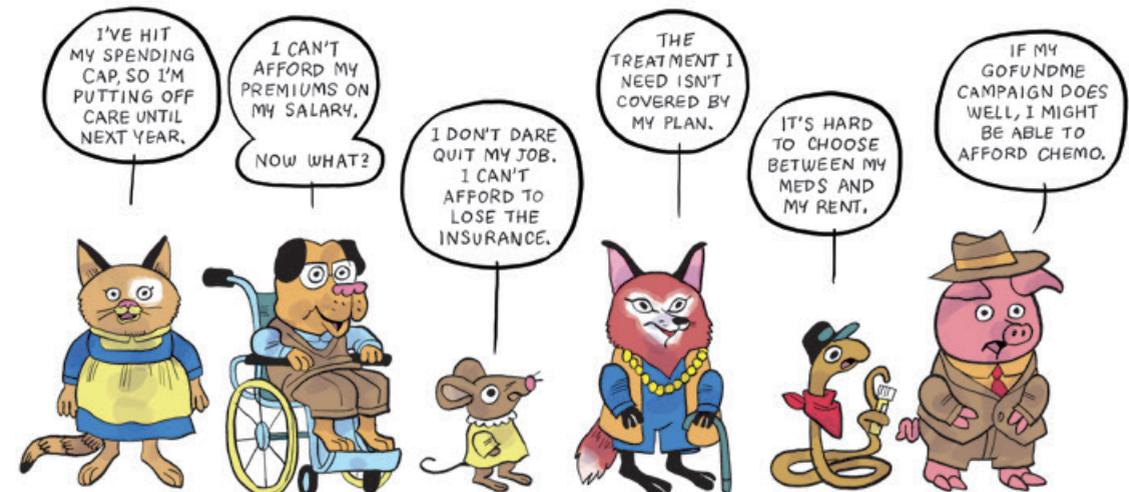
Even if a patient knows they can challenge a bill, they may not have the time and energy to do so.

Simply understanding a bill can be incredibly difficult.

Our healthcare system adds to the personal burden of the sick at the moment they are least able to cope with it.

32% of American workers have medical debt, and more than half have defaulted on it—and that's among people who are employed and typically have health insurance.

Our insurance system is putting more and more people in dire health situations.



I'VE HIT MY SPENDING CAP, SO I'M PUTTING OFF CARE UNTIL NEXT YEAR.

I CAN'T AFFORD MY PREMIUMS ON MY SALARY. NOW WHAT?

I DON'T DARE QUIT MY JOB. I CAN'T AFFORD TO LOSE THE INSURANCE.

THE TREATMENT I NEED ISN'T COVERED BY MY PLAN.

IT'S HARD TO CHOOSE BETWEEN MY MEDS AND MY RENT.

IF MY GOFUNDME CAMPAIGN DOES WELL, I MIGHT BE ABLE TO AFFORD CHEMO.

Even if 100% of Americans had jobs, the costs of healthcare would still be too high.

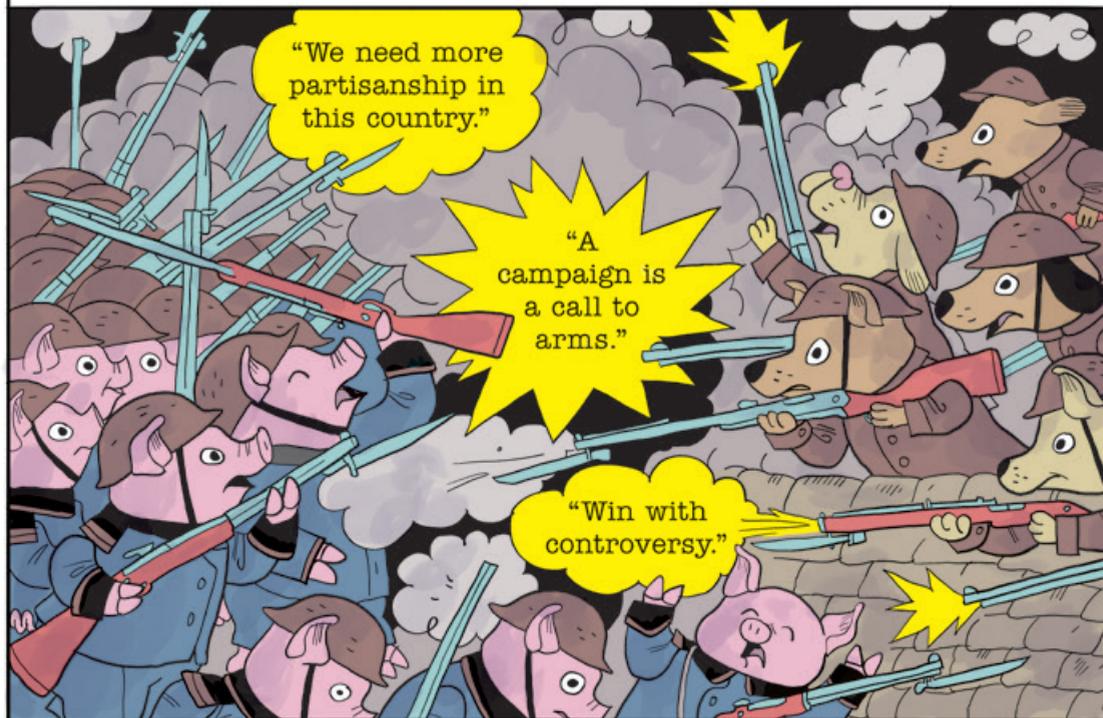
Keeping healthcare affordable has long been an issue that our government has tried to address.

In 1945, President Harry Truman made universal healthcare a priority. He sent a sensible, popular, and urgently needed legislative reform bill to Congress and made his case to the American people.



Fearing that government spending for healthcare would threaten their clinical and financial autonomy, the American Medical Association (AMA) went on the attack and hired the first political consulting firm to torpedo the legislation.

ACCORDING TO THE CONSULTANTS THEMSELVES:



They associated Truman's plan with Hitler and Stalin, and forever linked the phrase "socialized medicine" to government oppression.

Over the course of three years, the AMA spent nearly five million dollars, and Truman's plan died in a Congressional committee.

The special interest playbook is basically the same today as it was 75 years ago.



For the big industry players, healthcare is not a moral question but a practical one:

How can our shareholders secure the most from the nation's 3.8 trillion dollar pool of annual healthcare spending?

Yet for all this spinning and spending, meaningful reform can happen.

Medicare, a federal health insurance program, is evidence of such reform. It provides coverage for over 15% of the U.S. population—that's 44 million Americans!



Medicare was created in 1965 for people age 65 and over regardless of income, medical history, or health status.

The vast majority of Americans consider Medicare to be as important to this country as public education and national defense.

It took the combined efforts of civil rights activists, organized labor, the National Medical Association, strong federal government leadership, and many more to make Medicare the law of the land.



Hospitals were required to desegregate in order to benefit from government Medicare payments.

Desegregating hospitals quickly led to improved racial and ethnic equality in healthcare coverage and access to care.

Over time, Medicare has proven to be more efficient than private insurance. It has lower administrative costs, and Medicare's public accountability and bargaining power allows it to pay significantly less for hospital services.



At the time, the AMA and the insurance industry waged an aggressive opposition campaign. They used their old playbook.



When hospitalized, the insured receive more therapeutic and diagnostic services and have lower mortality rates than the uninsured. They are also less likely to be hospitalized for avoidable health problems.

Whether through Medicare or private companies, health insurance does make a difference in whether people get necessary medical care and, ultimately, how healthy they are.

In the US, there is heated disagreement as to who deserves healthcare.

Many people pride themselves on being self-reliant and are opposed to government programs that offer healthcare insurance.



Yet since WWII, the government has been subsidizing employer-based healthcare insurance through corporate tax relief. This subsidy disproportionately benefits higher wage earners.



In today's gig economy, fewer employers offer insurance. This can leave workers spending up to 35% of their income on healthcare. Given this cost, it's not surprising that two thirds of all US bankruptcies are related to medical expenses, or that GoFundMe, the crowdsourcing platform, hosts over 250,000 medical campaigns a year.



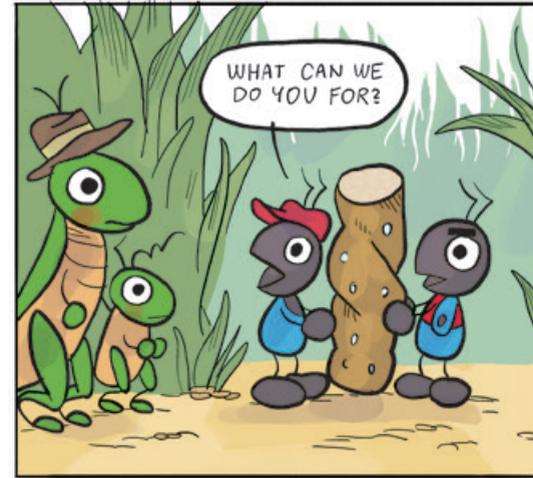
In most successful campaigns, the first third of funding comes from one's real-life community.*

Communities with less social, economic, and educational capital find it more difficult to crowdfund for medical expenses.

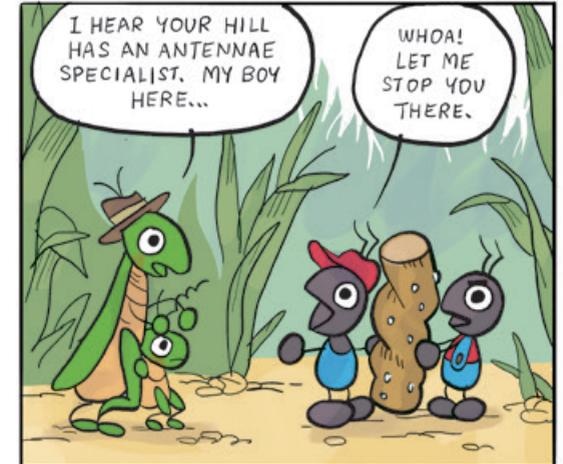


*Where we live determines our opportunities to access quality education, employment, housing, fresh foods, or outdoor space—all contributors to our health.

Sadly, less than 10% of all GoFundMe campaigns meet their stated financial goals, and most don't even get halfway there.



For marginalized groups, especially people of color and the LGBTQ community, the fundraising statistics are even more disheartening.

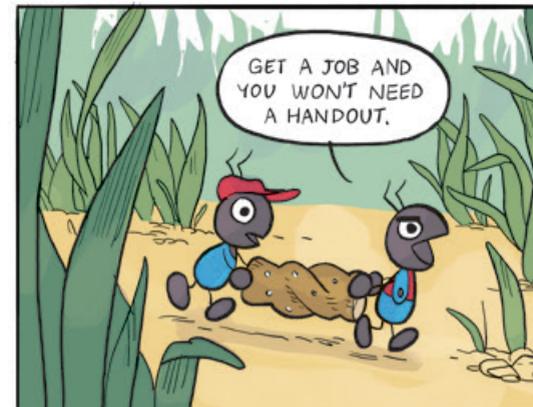


Crowdfunding also reflects the racial disparities in the healthcare system—and in society as a whole.

The moral of this story? Perhaps it is a statement from GoFundMe itself...



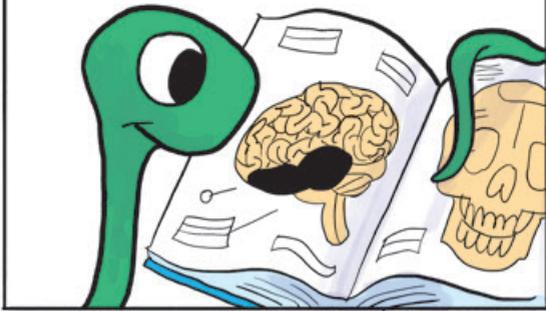
"A crowdfunding platform can not and should not be a solution to complex, systemic problems that must be solved with meaningful public policy. We believe that affordable access to comprehensive health care is a right—and action must be taken by the government to make this a reality for all Americans."



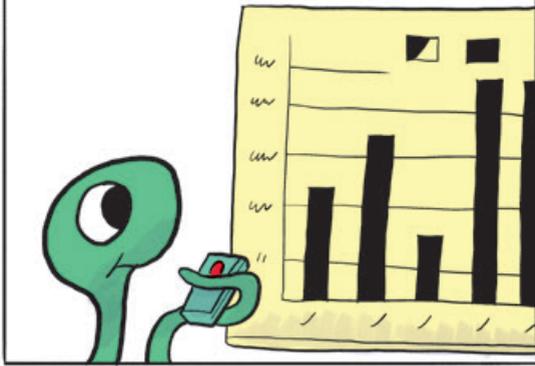
If healthcare is a basic human right, then we are all equally deserving.

A TALE OF TWO SNAKES

Once upon a time, there were two snakes. One studied medicine...



and the other studied business.

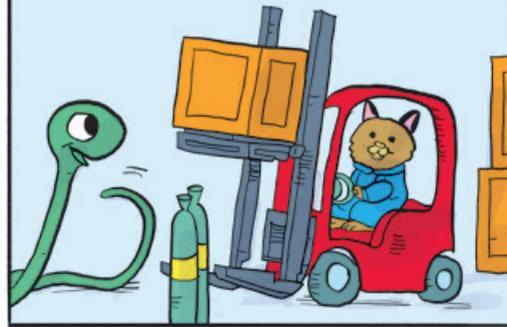


Together, they opened up a healthcare center, and animals traveled from their nests, caves, and burrows to receive care.

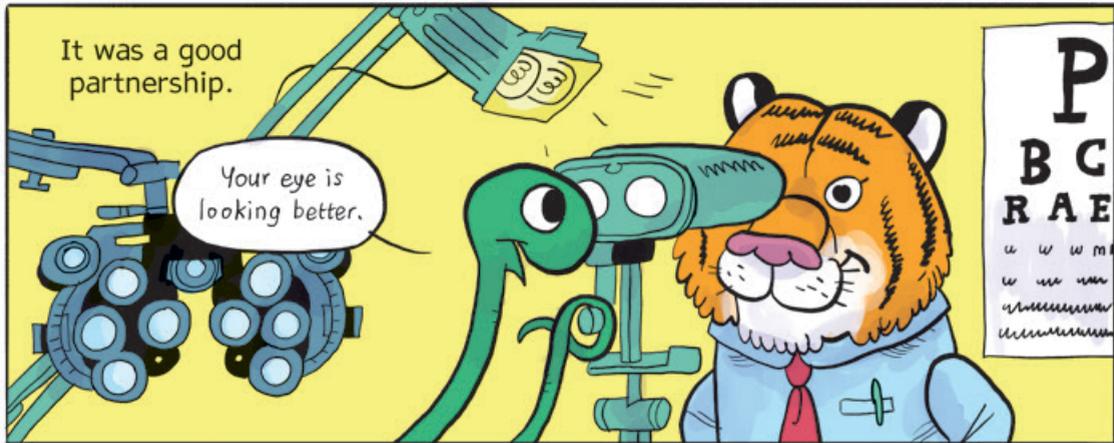
The snake who studied medicine hired many fine medical professionals for their diagnostic and treatment skills.



The snake who studied business made sure they had state-of-the-art equipment and modern facilities.

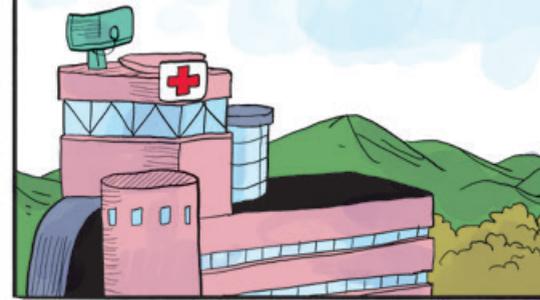


It was a good partnership.



Before long, you could find a Two Snakes Medical Center in hundreds of forests throughout the land.

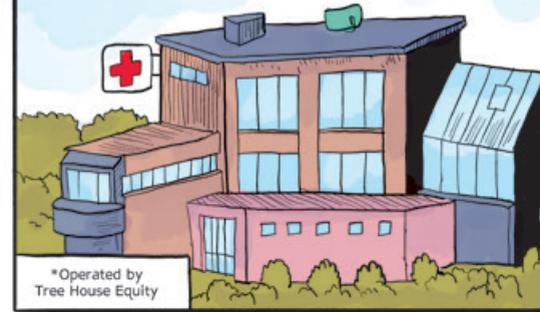
Two Snakes Mountainview



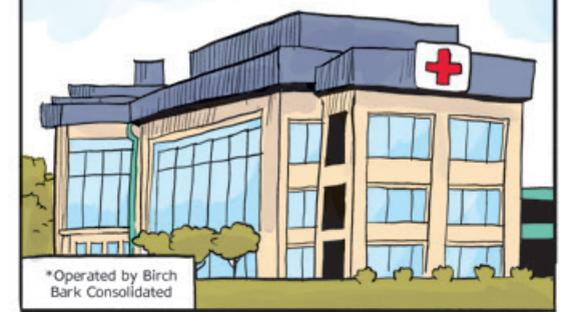
Two Snakes Ravena



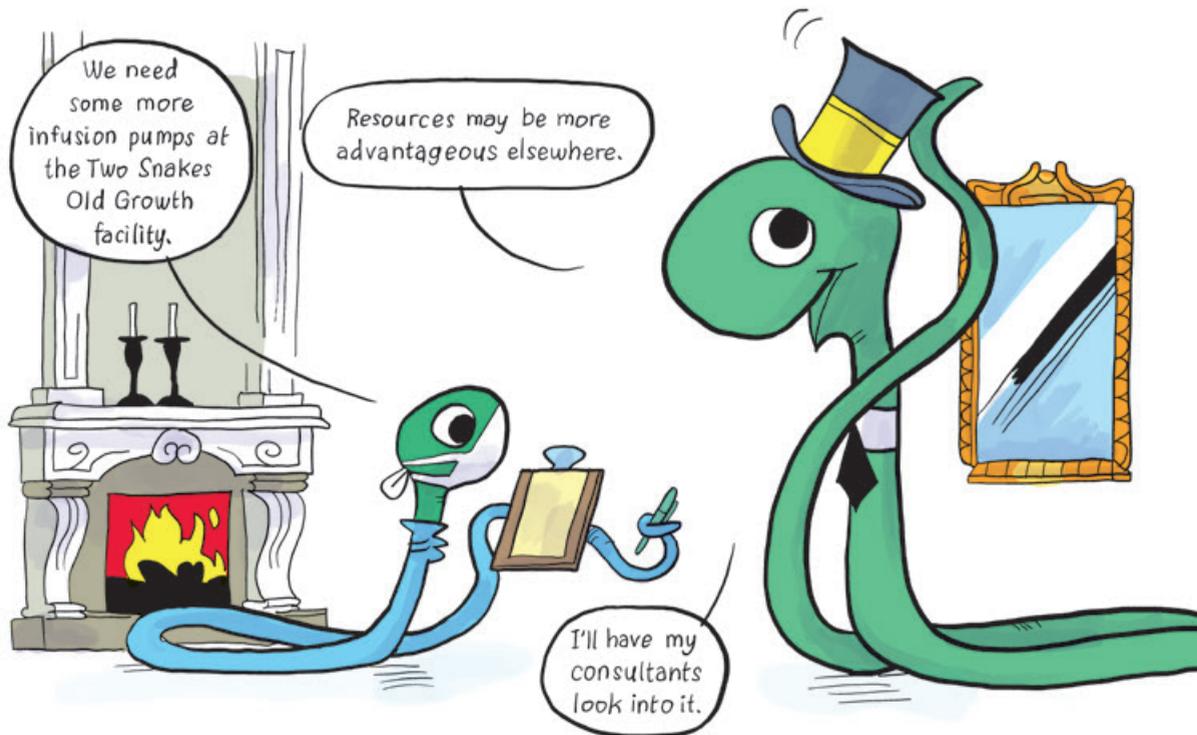
Two Snakes Riverside*



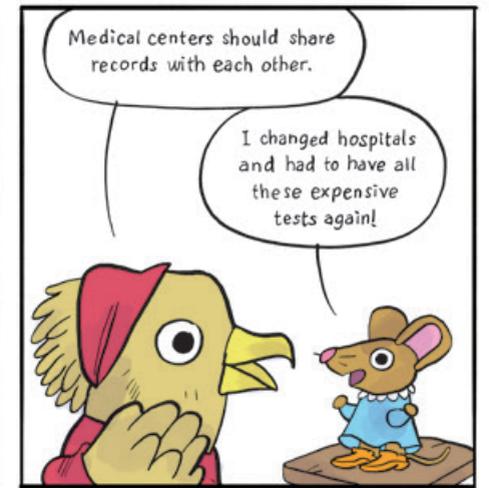
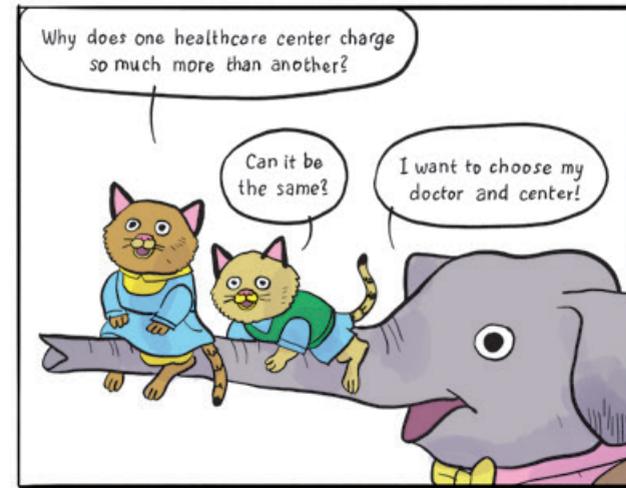
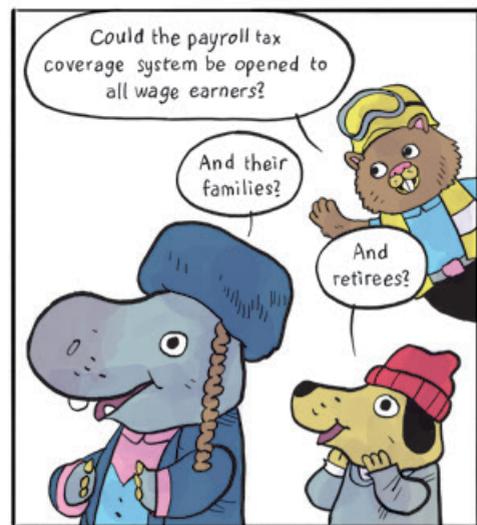
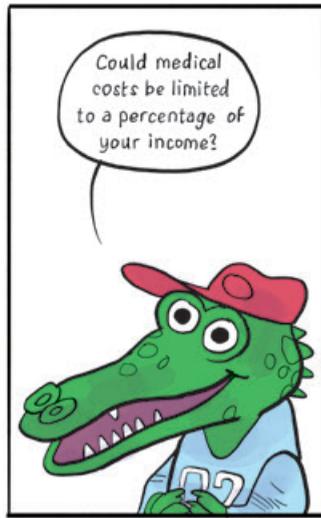
Two Snakes Woodland Commons*

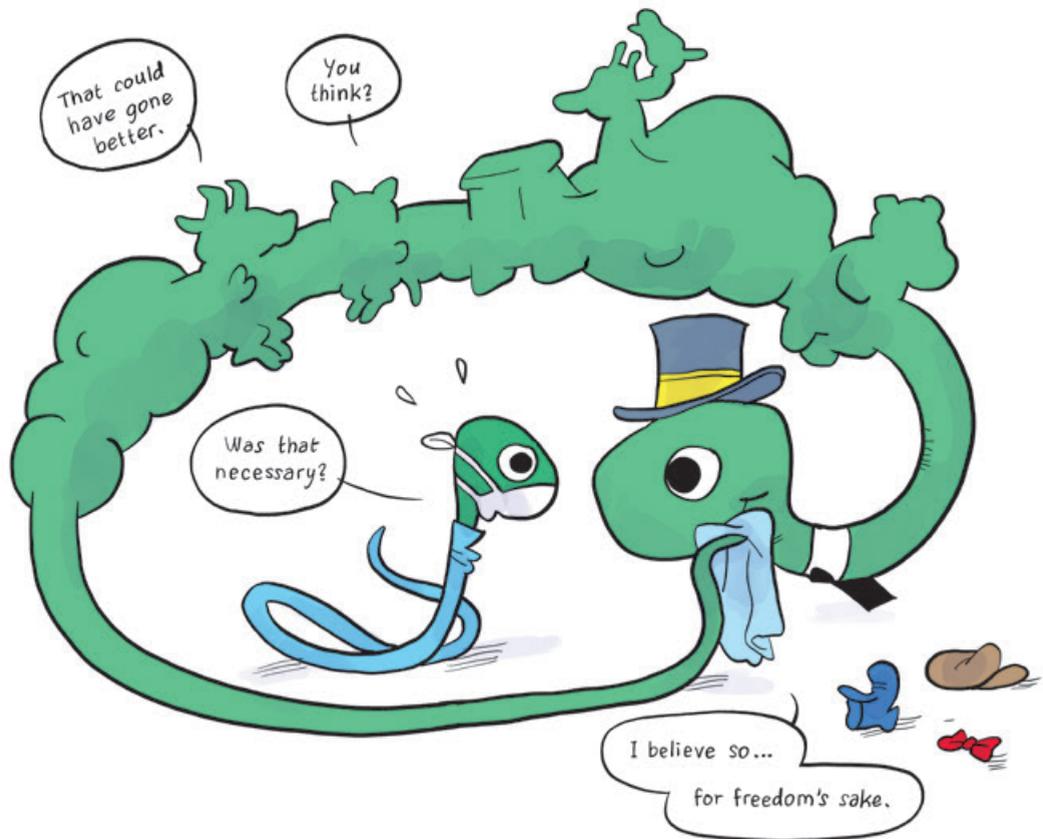


The business snake understood marketing, subcontracting, and strategic partnerships, and as the business grew, so did he.



Though enormous sums of money were being made, an increasing number of animals couldn't afford care. So, the animals and their healthcare providers met with the business snake to share their concerns and propose some solutions..





Despite the big snake's show of force, it did not have the last word. More and more animals continued to come together to advocate for better healthcare.



A Tale of Two Snakes was inspired by the Caduceus, the staff carried by Hermes, the patron of commerce and traders as well as thieves, liars, and gamblers. This two-headed snake staff has become a de facto medical symbol. Asclepius, the Greek god of medicine and healing, had a rod with only one snake.

To learn more about the US healthcare system, we recommend the following online resources:

The **Kaiser Family Foundation** is a non-partisan, non-profit source for information on national health issues.
kff.org

Physicians for a National Health Program educates physicians, other health workers, and the general public on the need for a comprehensive, high-quality, publicly-funded healthcare program that is equitable and accessible to all residents of the United States.
pnhp.org

The **Graphic Medicine International Collective** is a not-for-profit organization whose mission is to guide and support the use of comics in health.
graphicmedicine.org



Further Reading

An American Sickness: How Healthcare Became Big Business and How You Can Take It Back
 by Elisabeth Rosenthal (Penguin Press, 2017)

The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry
 by Paul Starr (Basic Books; 2nd edition, 2017)

Bitter Pill: Why Medical Bills Are Killing Us
 by Steven Brill (*Time*, 2013)



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Credits

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The Center for Cartoon Studies teaches people how to make comics to help us better understand ourselves, our community, and our world.

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