Excerpt Page from Senator Chris Murphy
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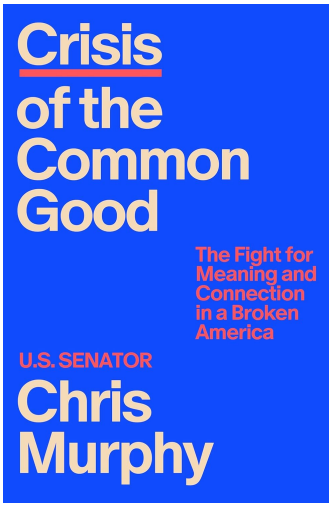
Excerpt from Chris Murphy's *The Crisis of the Common Good: The Fight for Meaning and Connection in a Broken America* (Farrar, Straus and Giroux, 2026), pages 147-152.

THE PUBLIC COMMONS



Justin Ford Kimball was a lifelong educator before he was hired as an executive at Baylor University Medical Center in 1929, so it wasn't surprising that he was the one to notice something odd about the hospital's books: an unusually high number of local teachers were carrying large unpaid bills. He called up the local teachers' union and offered them a deal: for 50 cents a month, teachers would be entitled to free stays of up to twenty-one days at the hospital after paying full charge for the first week. The arrangement proved to be so popular that it quickly spread across the country and gained a name: Blue Cross plans. The 50-cent fee was America's first health insurance premium, and the first week's charge was the first deductible. Justin Ford Kimball didn't know it, but he had invented the health insurance industry.

For the next forty years, the Blue Cross plans dominated the nascent industry. The purpose of the plans was simply to spread the costs of catastrophic health care so that major illness or sickness did not bankrupt ordinary Americans. As Dr. Elizabeth Rosenthal wrote in her book about the history of the American health insurance industry:

> The Blue Cross Blue Shield logo became ubiquitous as a force for good across America. According to their charter, the Blues were nonprofit and accepted everyone who sought to sign up; all members were charged the same rates, no matter how old or how sick. Boy Scouts handed out brochures and preachers urged their congregants to join. By some accounts, Blue Cross Blue Shield became, like Walter Cronkite, one of the most trusted brands in postwar America.

Health insurance was not a source of profit. It was just a public good that was offered to make sure that our neighbors weren't made destitute by an accident or illness.

How things have changed. Health insurance today is almost exclusively for profit, with shareholder returns and the cult of profit — not patient care or neighborliness — guiding decision-making. Massive billion-dollar insurance companies like UnitedHealthcare, Cigna, and CVS-Aetna pepper the list of America's biggest and most profitable companies. In the 1960s, the dominant health insurance network in America — Blue Cross/Blue Shield — made no profit. It reinvested all its extra revenue into lower premiums and better care. In contrast, in 2023, the largest U.S. insurer, UnitedHealthcare, crowed that it made a $22 billion profit. In other words, while patients and consumers paid billions in premiums, United-Healthcare *bragged* that it was skimming $22 billion off the top to make investors in the company richer instead of investing in actual care. What a world.

American capitalism is a core element of our national success story. But a healthy society doesn't put every corner of life up for sale. Some goods — those that knit communities together and make daily life humane — must be protected from pure profit. That's why we already fund fire protection, policing, and local roads for the public good, even though, in theory, each could be run for profit. Think of how it would feel to have to pay a private company for police protection, or pay a toll to a Wall Street investment firm every time you pulled out of your driveway. The commodification of

basic services essential to human functioning, like public safety and transit, comes with a moral cost. It cheapens the experience when the service is being run not for your benefit but for profit taking.

The Harvard philosophy professor Michael Sandel uses the trade of human beings as the ultimate corruption of value by the marketplace: "Slavery was appalling because it treated human beings as commodities, to be bought and sold at auction. Such treatment fails to value human beings in the appropriate way — as persons, worthy of dignity and respect, rather than as instruments of gain and objects of use." The market allocates, but it also corrupts. "Some of the good things in life," Sandel concludes, "are degraded if turned into commodities."

But the degradation is not just spiritual but also practical. In Connecticut, we have historically made a choice to keep our hospitals in the hands of nonprofit owners. We do that through a hospital transfer approval process, called a Certificate of Need, that allows state regulators to filter out for-profit buyers. Our theory is Sandelian — the care for our sickest and most vulnerable patients should be guided by moral, not financial, considerations. But a few years ago, our state slipped up and let three hospitals fall into the hands of a Los Angeles — based private equity firm called Prospect Medical Holdings.

The results were disastrous. In cult-of-profit America, the company was, of course, interested only in extracting as much money out of the hospitals as possible. So it stripped the hospitals down to the lowest quality level that would still pass regulatory muster, knowing that local low-income patients couldn't afford to travel anywhere else for care. Supplies ran so low that one nurse recalled a patient's body being left open on the operating table for forty-five excruciating minutes because the hospital had run out of the mesh with which to suture him back together. The billing department was practically the only one that got new investment, but mostly, it seemed, so that it could have more resources to bully elderly patients to pay bills they couldn't afford. Connecticut eventually remedied the grave mistake and returned the hospitals to nonprofit control, but not before immense damage was done to the community.

I — and many other Americans — also experience the coldness of our monetized health-care system in other ways. Today, our children's doctor's office is partly owned by the Wall Street investment bank Goldman Sachs, and every time we walk through the doors, instead of feeling the warm embrace of our neighborhood pediatrician, we are confronted with the hard, impersonal reality of modern for-profit medicine. We never see the same doctor — just whichever professional is available at the moment. It's an efficient system, for sure, but one that doesn't allow for a parent-pediatrician connection — one of the most important personal relationships for a new father or mother to develop. And when we need forms filled out for school, they charge us an extra fee, likely because some management consultant realized that when the exam is over and the parent needs the form filled out, the office has the parents over a barrel and can extract a price.

What happened at those Connecticut hospitals and is still happening in our own pediatrician's office is a microcosm of the modern American economy: in the cult of consumption, anything not nailed down turns into a commodity. Citizenship is for sale: while poor families wait in endless lines to enter the United States, billionaire oligarchs can invest $500,000 in an American business and jump the line for a quick green card. Access to your government is for sale: pay someone $20 an hour to hold a place in line for a congressional hearing, and you're guaranteed a seat. Even humane prison conditions are for sale: in California, inmates can pay $100 a night for semiprivate rooms, television, and phone privileges. Selling citizenship, selling entry to public buildings, selling basic dignity in prison — there's something hollow and callous in all of it. It feels like a violation of who we are.

A society can't function if everything is a product. Humans aren't built to live every waking minute inside a market. . . . We don't have to choose between a vibrant free market with pathways to prosperity and a nation that reserves parts of life for moral, not economic, rules. We can have both; we must.