**Does the bizarre reaction to the killing of a health insurance boss make sense? Only in America**

For the almost two decades I lived in the US, my approach to medical bills was always the same. First invoice, ignore. Second invoice, ignore. Third invoice, written entirely in capital letters and in red, kick back to my insurer to buy another month of non-payment before receiving a fourth invoice, which I would also ignore. After that, the bill would go to a debt collection agency in the midwest, which would send me an extremely unfriendly letter threatening court action if I didn’t pay up. I paid up. Ha! That’ll show ’em.

This is the rigmarole that millions of Americans go through every single time they visit a doctor for anything beyond routine maintenance. It is simultaneously a standard experience and a trigger for the most overpowering, cortisol-releasing emotions. Dragging my heels until the final notice was a pathetic gesture that achieved nothing, but it was the only mechanism I had for expressing the unadulterated rage caused by a basic fact of life in the US: that – and there’s no other way to word this – you pay these fuckers enormous amounts of money each year and still they fight you on everything.

I mention all this as background for non-Americans reading about what, from a distance, may look like the unusually sanguine and, in some cases, bizarrely joyous responses to the killing of Brian Thompson, the CEO of UnitedHealthcare, on a Manhattan street last week. In an internal police report obtained by the New York Times, Luigi Mangione, the alleged gunman who was arrested in Pennsylvania on Monday morning, was said to have described the murder as a “[symbolic takedown](https://nypost.com/2024/12/10/us-news/luigi-mangione-viewed-unitedhealthcare-ceo-brian-thompsons-killing-as-symbolic-takedown-of-parasitic-healthcare-industry-sources/)”. He was also quoted as saying: “Frankly these parasites simply had it coming.” What remains shocking – at least to those not reliant on US healthcare – is that these ramblings of an alleged killer were, in the hours after the news of the murder broke, widely shared and in some cases celebrated by the American public.

The day after the shooting, the reactions online were swift and brutal. “I’m sorry, prior authorization is required for thoughts and prayers”; “sending prior authorization, denied claims, collections and prayers to his family”; “after they [meet] their required deductible I might be able to supplement some care”. Amazon [had to pull merchandise](https://www.theguardian.com/us-news/2024/dec/10/amazon-merchandise-unitedhealthcare-ceo) bearing the slogan “deny, defend, depose”, a suite of tactics known to be used by insurers to stall claims that was apparently inscribed on bullet casings at the site of the killing. Even in the sober press, there was an undeniable “he had it coming” vibe to some of the comments.

Since Mangione’s arrest and as more details about his troubled past have emerged, those claiming him as a Robin Hood-type figure are rapidly quietening down. Still, a lack of sympathy for the victim remains. A leading cause of personal bankruptcy in the US is medical debt, and even for those who can afford it, the constant drip of bills, the time-suck of fighting with insurers and the temptation to skip vital screenings is stressful.

I had good insurance. And yet in any given month, the top drawer of my desk would contain a stack of correspondence from my insurers informing me that my claim had been denied or only partly covered. A small example: my policy’s provision for routine cancer screenings was $300 annually, when the actual cost of a single mammogram in New York can run into the thousands. As one of my doctors once said to me: “Really, they just want us to die.”

Actually, they don’t want us to die until they have bled us dry of our last dollar. This is how you end up thinking. It’s hell. People lose their minds. It’s also boring. You think about it and talk about it, and now I’m writing about it (again). People stay in jobs they hate for years just for the health insurance. Right now, a friend in recovery from aggressive cancer is on the phone every day trying to establish whether she will get booted from her oncology team because her hospital is at war with her insurer. (This happens every few years, when the major hospital networks fall out with the major insurers about rates and one or the other of them threatens to walk. Meanwhile, patients in the middle of treatment face down the horrifying possibility that their coverage will be yanked.)

None of this has anything to do with a very troubled 26-year-old allegedly making a decision to commit murder. Thompson wasn’t to blame for [US healthcare](https://www.theguardian.com/us-news/healthcare), and Mangione isn’t an American folk hero. Still, it does explain the callousness of some responses. I haven’t lived in the US for five months, but thanks to the US post office’s mail forwarding service I’m on invoice number three for a $1,300 bill dating back to February, which has been denied by my insurer because the ER doctor I saw and had no control over choosing wasn’t on their list of approved clinicians. I think I’m going to ignore it.

**Πηγή:** [**https://www.theguardian.com/commentisfree/2024/dec/11/us-healthcare-brian-thompson-death**](https://www.theguardian.com/commentisfree/2024/dec/11/us-healthcare-brian-thompson-death)