Part 1

DELAY

THEY **DELAY**
UNIVERSAL
HEALTHCARE

1

WHO GETS TO DRAW THE BOUNDARY AROUND A CRIME SCENE?

"To the Feds, I'll keep this short, because I do respect what you do for our country. To save you a lengthy investigation, I state plainly that I wasn't working with anyone. This was fairly trivial: some elementary social engineering, basic CAD, a lot of patience. The spiral notebook, if present, has some straggling notes and To Do lists that illuminate the gist of it. My tech is pretty locked down because I work in engineering so probably not much info there. I do apologize for any strife or trauma but it had to be done. Frankly, these parasites simply had it coming. A reminder: the US has the #1 most expensive healthcare system in the world, yet we rank roughly #42 in life expectancy. United is the [indecipherable] largest company in the US by market cap, behind only Apple, Google, Walmart. It has grown and grown, but has our life expectancy? No, the reality is, these [indecipherable] have simply gotten too powerful, and they continue to abuse our country for immense profit because the American public has allowed them to get away with it. Obviously the problem is more complex, but I do not have space, and frankly I do not pretend to be the most qualified person to lay out the full argument. But many have illuminated the corruption and greed (e.g.: Rosenthal, Moore), decades ago and the problems simply remain. It is not an issue of awareness at this point, but clearly power games at play. Evidently I am the first to face it with such brutal honesty."

— *A note found in a backpack in Altoona, Pennsylvania, which some have called* Luigi's Manifesto.[1]

When something is labeled a "manifesto" by the American media, there is an implied message: if you find yourself agreeing with it, your thoughts have crossed outside the bounds of acceptable society. The word evokes grandiose, self-righteous, delusional rantings.

But this is just a short note — and a remarkably polite one. The author aims to save his future captors from the trouble of a long investigation. He offers an apology for "any strife or trauma," then presents a brief argument rooted in basic facts about the US healthcare system, along with an admission of the limits of his own knowledge.

What we find are two well-known statistics: our ranking in spending and our ranking in life expectancy. They are so common that we've mostly become numb to them, just as we have to statistics about wealth inequality. "America's top 1% holds as much wealth as the bottom 90%!?" Yup, sure. It's a problem. But no one expects anyone to do anything about it.

The author has drawn a different conclusion. Whatever "power games" have gotten us here, the "American public" ultimately bears responsibility because we have "allowed them to get away with it." As a member of the American public, the author has decided to stop permitting this abuse.

There are a few places where the note might give the air of grandiosity one associates with a manifesto. "Frankly, these parasites had it coming" is a contender, but it reads less like a pronouncement from on high and more like an appeal for us all to just level with each other.

It is really only in the last sentence that the author risks self-aggrandizement. To believe one is the "first to face" some reality "with such brutal honesty" is to set oneself apart from the whole world. To pass a death sentence on another human being from this height could be the mark of a "sick" mind.[2]

On the other hand, the author may simply be correct. For example, it is possible that millions of people already believe what he believes: that the American health insurance industry is itself a lethal, criminal enterprise — but one that is also completely legal and beyond the reach of

any realistic remedy through the institutions of representative government in America. If that is what millions of people already believe, the author's claim to be the first to face the consequences of it with brutal honesty would not really qualify as grandiose. It would be an expression of the solitude one finds when they can no longer look away from an injustice that has become a normal part of one's own culture. It would be a comment on the courage required to wrestle, on one's own, with the conviction that the law of the land is itself criminal.

To speak of the law itself as "criminal" is to enter confusing territory. The act Luigi Mangione has confessed to undertaking was immediately and widely perceived not simply as vigilante justice or an expression of frustration, but as something with a more specific structure, one that resembled what the Greeks called tyrannicide, but what we might call a "revolutionary crime." In the narrow view of the crime scene, the act in question appears to be a violent murder. The fact that so many people responded with celebration to such an act could only mean one of two things: either they are themselves evil, or they feel themselves captive to a social and legal order that is so fundamentally unjust that what appears to be violence wielded against it is, in fact, a legitimate use of force. To search for a larger crime is to ask if the boundary line between legitimate force and violence has been correctly drawn by the current legal order.

Prominent voices in the media and in both political parties chose to call us all evil, in some cases, literally demonizing Luigi's supporters.[3] This approach doesn't take much thought: censor, bully, silence, slander, obscure — and be sure to make an example of him. This book is our attempt to understand this act as a revolutionary crime: an act that is both criminal according to the current law, but which gives expression to a missing piece of justice that is suppressed by the current order.

If the act were a revolutionary crime, it would mean that the healthcare system in the United States is missing a basic principle of justice, that the widely shared feeling that

we are captive to an unjust system is real, and finally, that we are indeed well within the territory where any sensible line between legality and criminality has been obscured. In contrast to those who would dismiss Mangione's supporters as evil, we've decided to follow the path of reason. We have a hunch that it will allow us to chalk out the boundary around a much bigger crime scene than the one taped off by the police in midtown Manhattan.

THE BODY COUNT

The author of the short note admitted outright that he did not "have the space" to lay out the whole argument. As a stand-in for this argument, he offers a pair of simple statistics: "A reminder: the US has the most expensive healthcare system in the world, yet we rank roughly 42nd in life expectancy."

Most of us have long known this. But are we really being brutally honest with ourselves about its meaning? If we're following the hunch of a larger crime scene, maybe this is where to start.

Different reports give slightly different rankings for life expectancy from year to year — the United Nations ranked us 62nd in 2024; the World Bank had us at 59th.[4] But the US consistently tops the charts in healthcare spending by a large margin, usually about double the average of comparably wealthy countries.[5] While there was a spate of headlines in early 2025 touting that "US life expectancy hits all-time high," the gains merely represent a blip above recovery from the devastating drop during the COVID 19 pandemic.[6]

What does it actually mean for the US to have a life expectancy of seventy-nine years while comparably wealthy countries are in the low to mid-eighties? How long are people really supposed to live? How much is it supposed to cost? Is the problem just that Americans are being ripped off?

To see the real issue, we first need to see how these numbers have changed over time. The US was not always an outlier. In 1980, we were in line with peer countries on spending and ranked 14th in life expectancy — within

the normal range for wealthy, industrial nations. Since then, America has spent an increasing share of its GDP on healthcare relative to comparable countries. And here is the first strange thing: relative to those countries, *as we started spending more*, *our life expectancy dropped* (*See* Charts 1 *and* 2).

Chart 1. Life Expectancy at Birth, U.S. vs. Comparable Countries, 1980–2024[7]

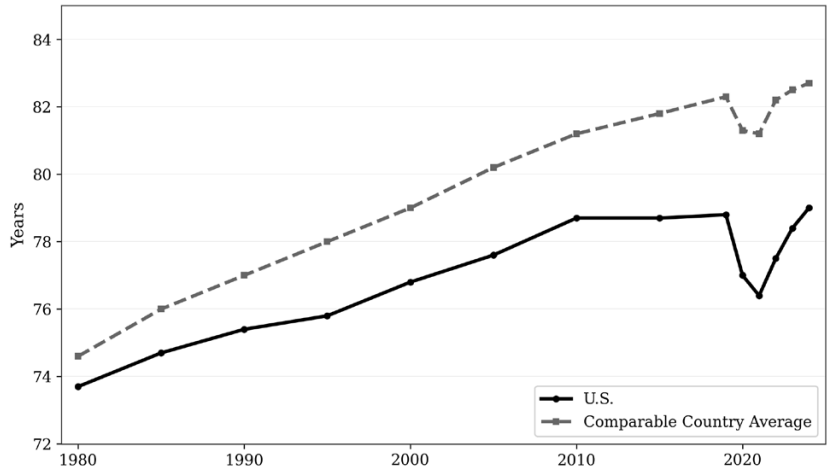
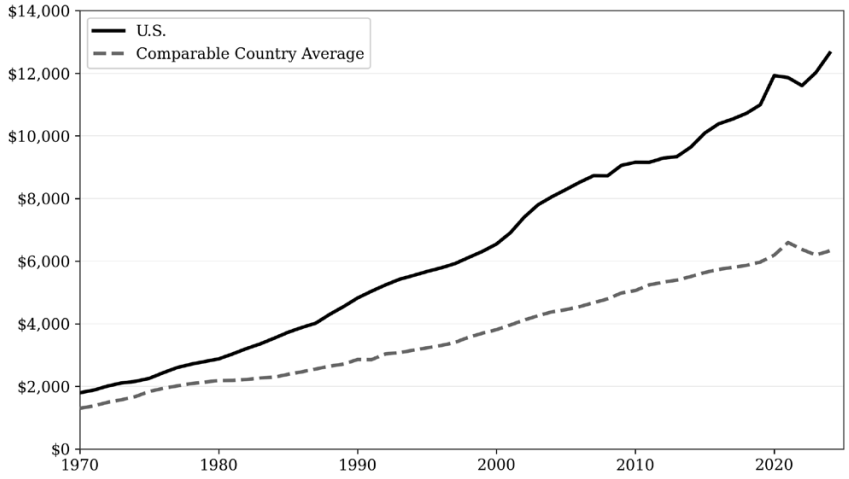


Chart 2. Health Spending Per Person, U.S. vs. Comparable Countries, 1970–2024[8]



When put into motion over time, the statistic starts to look like a different kind of problem. Not just a rip-off for services that should cost less: it starts to look like we are paying more and more in exchange for worse and worse results. It is as if,

however else it may be marketed, the actual service we are collectively paying more for *is* the lowering of our ranking in life expectancy.

As a measurement, "life expectancy" can obscure things. When we hear the statistic, we imagine ourselves dying at seventy-nine versus eighty-two. And, let's face it, this is not something most of us care about for most of our lives. But that is not what the statistic reflects: rather, life expectancy is a compression of all deaths — infant mortality, gun deaths in early life, heart disease in later years — into a single number. The risk is that, in directing our attention toward the length of life at the end, it diverts our attention from the increasing presence of death along the way.

So it is helpful that researchers have recently reframed the same set of facts by turning the statistics inside out. Rather than comparing how long people live on average across wealthy countries, they ask: in a given year, how many people in America died who likely would not have, if they lived in a comparably wealthy country with universal healthcare — which is to say, any other comparably wealthy country? This is the measure not of life expectancy, but of "excess deaths."

In 2025, a cross-sectional study by Boston University School of Public Health researchers published in *JAMA Health Forum* found the following:

> [B]etween 1980 and 2023 there were approximately 14.7 million excess US deaths relative to what would have been observed if the US had the mortality rates of its peers. In 2023, excess deaths accounted for nearly twenty-three percent of all deaths in the US — a total of 705,331 people.[9]

It is hard for large numbers to stay meaningful. Think of it like this: every single year since 2015, the number of excess deaths in the US has exceeded all American military deaths in both World Wars combined.[10] The study authors write: "These deaths highlight the continued consequences of US

health system inadequacies, economic inequality, and social and political determinants of health."[11] And if we reframe the rise in costs as "excess spending" over the comparable country average, a striking parallel emerges in the charts (*See* Charts 3 *and* 4).

Chart 3. U.S. Health Spending Excess Relative to Comparable Countries, 1970–2024[12]

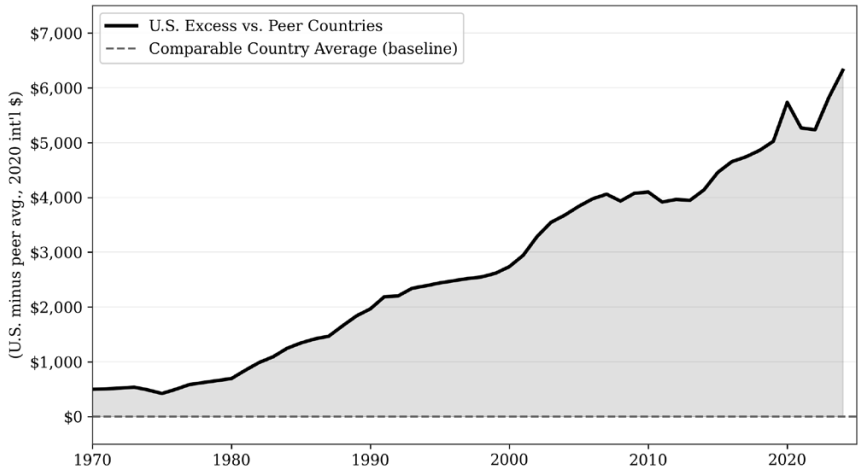
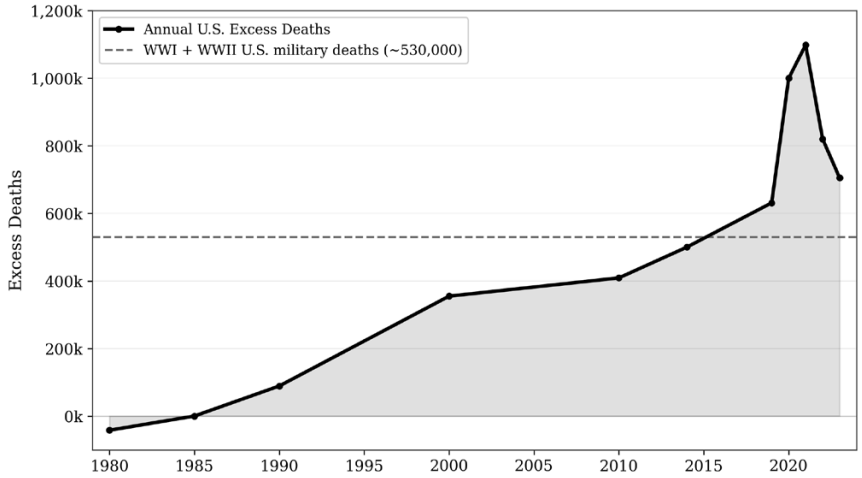


Chart 4. U.S. Excess Deaths Relative to Peer Countries, 1980–2023[13]



It is crucial to recognize that we are not talking about an intrinsic, perennial problem of American life here. This is all a new development. From 1980 to 1984, the US excess death number was negative — more Americans were living longer compared to peer nations. At that point too, the excess

spending was minimal. But throughout the late 1970s, the spending had begun to increase relative to other countries. Shortly after this increase, the deaths started to increase. From that point on, both have grown in tandem.

Why? How? We've reframed a simple statistic, nothing more. We have no suspects, no mechanism, no motive. But what has emerged through a few simple clarifications is the shadow of an event that rivals the most profound horrors of human history: 14.7 million people lie dead as a result of *something* that came to distinguish America from its peer countries.

When you pay more for a product or service, you expect better outcomes. But something broke that relationship here. Instead of more healthcare spending correlating with healthier people, the American healthcare system twisted into an inversion of normal commerce, in which spending more on the care for health became correlated with more people dying.

What changed in the 1970s to send our health spending and outcomes off on opposite trajectories?

A great deal changed for America in the 1970s, of course. The American economy was being restructured after its post-Second World War boom. Manufacturing was being hollowed out. Real wages were stagnating. Environmental toxins were concentrating in poor communities. The groundwork for the opioid pipeline was being prepared. Guns were proliferating. Each of these has its own story, and each has contributed to the body count of excess deaths.

Public health researchers have a name for the wider field of living conditions that determine whether people get sick, and then whether they live or die, from a high-level, population view — they call them the "social determinants of health." These refer to the factors influencing health that are outside direct engagement with medical services: income, housing stability, food security and quality, transportation, education, literacy, safety, sanitation, exposure to pollution, civic participation and cohesion, and more. The systematic

degradation of those determinants is, properly speaking, what accounts for roughly ninety percent of those 14.7 million excess deaths. Around ten percent — are directly attributable to the peculiarities of the US medical system itself: lack of insurance, underinsurance, coverage denial, medical error, fragmented care, and the broader quality-of-care failures distinguishing American medicine from its peer systems. That means roughly 70,000 deaths in 2023 alone are attributable to the uniquely American system of healthcare.[14]

But the parallel in the charts suggests the possibility that these directly attributable deaths are only one layer of the crime scene. In pointing to this possibility, we aren't accusing the health insurance industry of killing 14.7 million people. But they are wanted for questioning.

Why? Because there are compelling reasons to look more closely at the health insurance industry as a more significant "determinant of health" than other suspects we might call in for interrogation.

First, because the healthcare system is a bottleneck where health problems turn up most acutely. If a healthcare system were uninterested in addressing the actual cause of disease — or were somehow incentivized not to — it would hardly be living up to its name.

Second, and relatedly, there's this: of all the things that changed in the American economy since the 1970s, the health insurance industry is the only one whose basic operation involves placing rules and restrictions on medical care, up to and including the ability to decide who gets care and who does not. Deindustrialization, the opioid epidemic and drug crises before it, the proliferation of firearms — these things kill through their own mechanisms. But none of them have, as their core business function, the conversion of medical need into financial decision, or the ability to decide what counts as healthcare, what does not, and who gets it. That is the business of the healthcare industry.

And in fact, it was during exactly those years that a new kind of company began to take shape in America: large-scale, *for-profit* health insurance corporations. Barely present in

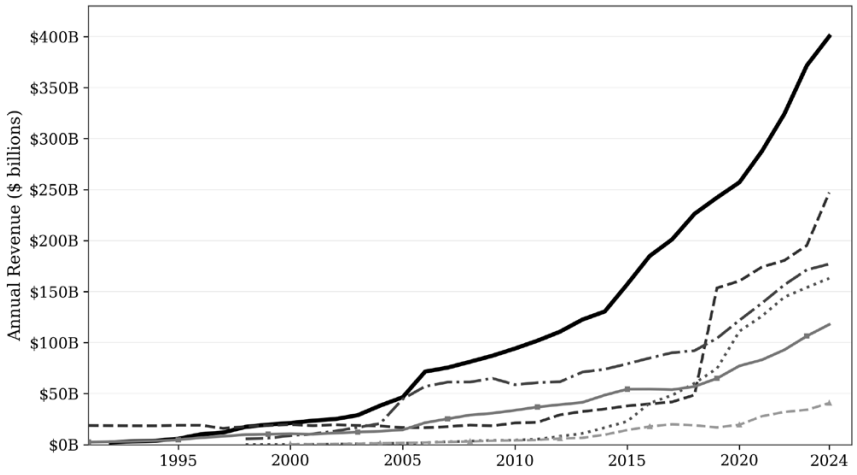
1970, by the end of the decade they were being promoted as the distinctly American approach to healthcare. It would take decades before all this really started to show up on their balance sheets, but their whole life span corresponds precisely — and suspiciously — to the period in question.

Interesting. Around the time that the healthcare costs became tied to excess deaths, health insurance became a for-profit industry.

Probably just a coincidence.

Probably also a coincidence that, after a series of structural changes to position that industry as the definitive American approach to healthcare, those for-profit companies did this (*See* Chart 5):

Chart 5. Annual Revenue of the Major Publicly-Traded U.S. Health Insurers, 1991–2024[15]



The combined revenue across the six largest health insurers grew from approximately $21 billion in 1991 to $1.15 trillion in 2024 — a roughly 55-fold increase. The solid black line is Unitedhealth Group. It grew from $2.2 billion in 1992 to $400 billion in 2024, a 182-fold increase. For some reason, over the last few decades, the health insurance industry's revenue grew twenty times faster than household incomes and twelve times faster than the rest of the economy.[16]

Where did this industry come from?