It was a long time ago, sometime after midnight, and I was being called to the emergency department. I was a resident, and two patients were waiting to be admitted from the surrounding neighborhoods of east Baltimore. One was an older woman (I'll call her Ms. Smith) suffering from kidney disease and an acute stroke due to untreated hypertension. The other was a young man (I'll call him Anthony) who was there with wound complications and paralysis from a gunshot wound to the spine several years earlier. The ED was chaotic, and their problems were complex. I'm embarrassed to admit that my first emotions were my frustrations about the demands the clinical issues would put on me, the burden of ensuing paperwork, and the sleep loss that lay ahead.

Then, in a moment of clarity, I saw what these two people needed and realized what I could not ignore nor ever forget for the rest of my professional life. Ms. Smith's problems should have been prevented by access to health insurance coverage so she could have taken her blood pressure medication. Anthony needed access to services that might have altered his reaction to his life's circumstances and prevented the addiction that led him to his fateful incident.

I did not know how, but I quietly promised them I would fix it. The events of that evening began my professional journey to make healthcare accessible and affordable for all people. It led me to join the Public Health Service, where I served in the Indian Health Service for two decades. I followed that with 11 years of work as the Chief Medical Officer of Mercy Care, a health plan that served Medicaid and dually eligible beneficiaries. In these last two years, I have been in Washington, DC, with the support of the Robert Wood Johnson Foundation, working as a staff member in the US House of Representatives on the Energy and Commerce Committee, helping draft policy and pass legislation to make healthcare more accessible and affordable.

During my long journey to promote accessible and affordable healthcare, I have learned that access to health insurance improves early diagnosis and health outcomes, reduces maternal morbidity and mortality, lessens family distress, prevents bankruptcy, increases employment, improves school test results, narrows racial and ethnic inequities, and I could go on. Some solutions to improving access exist, but none are easy nor universal, and new ideas are still needed. But with such wide-ranging health and societal benefits, making healthcare more accessible and affordable will be worth every bit of the effort we put into it.

I never saw Ms. Smith or Anthony again after that night, but I still see them vividly. I know that today, in the United States, over 20 Million people just like Ms. Smith and Anthony still do not have any access, and many more than that do not have affordable access. I'm proud that each step of my professional journey has helped contribute, but I have learned that no single step has been sufficient to “fix” the problem. That is why I am still working to fulfill the promise I made that night so long ago.