

AMERICA'S HEALTH CARE IS A NATIONAL DISGRACE AND AN INTERNATIONAL EMBARRASSMENT

Parts I & II

Nick Gier, Professor Emeritus, University of Idaho (nickgier@adelphia.net)

President Bush frequently praises the American health care system as the best in the world, and many Americans spit out the two words "socialized medicine" as if they were poison. But countries with single payer systems spend far less than we do, are much more satisfied with their care, have just as good or better access, and experience far better health than Americans do. Ranked according to 16 health categories, the U. S. is next to last among 13 industrialized nations.

Americans Pay More Than Twice as Much Per Person

In 2004 Americans paid \$6,100 per person compared to an average \$2,550 per capita in all other industrialized nations. A large portion of that cost was for drugs, with Americans paying twice as much than citizens of these countries. Single payer systems are simply more efficient. Annual health administration costs in Canada, for example, are \$300 per person versus \$1,000 in the U.S. Administrative costs for Medicare are 2 percent as opposed to 13 percent taken by private insurance.

Another aspect of the large U. S. costs is the fact that American doctors make twice as much as other doctors do (an average \$200,000 versus \$100,000 per year). These doctors also start their careers with little or no debt, compared to American physicians, who begin their practices with an average of \$100,000 in outstanding loans.

Some critics say that malpractice suits are a major cause of excessive costs in the American system. However, Australia is the only country that has lower average malpractice awards that we do. That amount was \$97,014, while the U.S. average of

\$265,100 was exceeded by Canada (\$309,417), and the United Kingdom (\$411,171). Malpractice awards represent less than one percent of total medical costs in the industrialized world. Furthermore, 50 percent of the U.S. malpractice suits are brought against 5 percent of the doctors, so it is the AMA not the ABA that should police its own.

But what about malpractice in the health insurance industry? Two New York hospitals have filed a racketeering suit against United Health Group, the second largest U.S. insurer. United Health has been accused of systematically denying or avoiding payment of services rendered. The consulting firm McKinsey & Company has calculated that Americans pay an additional \$98 billion each year in administrative costs, and billing from "denial management specialists" represents a good portion of this amount.

High STD, Teen Abortions, and Infant Mortality Rates in America

With regard to health statistics, the most dramatic differences are found in teen STD rates. Five times more Americans 15-24 have HIV than German youth of that age. The U.S. teen syphilis rate is six times that of the Netherlands, and our teen gonorrhea rate is a whopping 74 times higher than the Dutch. Governmental programs that provide uncensored sex education and promote condom use are the key to this success in youth sexual health. Contrary to what one might expect, European youth have fewer sex partners than Americans do and begin sex slightly later than Americans.

In the late 70s the Danes were concerned about rising teen abortions, and a well executed government program brought the rate down substantially. In the late 1990s the U.S. teen abortion rate was eight times higher than Germany and seven times higher than the Netherlands. U.S. teen pregnancy and birth rates are also much higher, resulting in poor female health and increased medical costs.

The U.S. infant mortality rate is 5 babies per 1,000 as opposed to 2 per 1,000 in the Czech Republic, Japan, Finland, Iceland, and Norway. The rate of 9 African American infants per 1,000 approaches third world countries. In 2005, more babies per 1,000 survived in Cuba than in America.

America would do much better in this category if it could provide prenatal care to all of its citizens. Studies have shown that for every \$1 spent on prenatal care, \$3 is saved by preventing the complications of unsupervised pregnancies. U. S. private health insurers are loathe to pay for preventive care and that is where the single payer system is strong. Europeans are more frequent in their doctor visits and are healthier because of it.

Brits Healthier than Americans

The British health system is routinely criticized for its poor performance, but a recent study of illness in the U.S. and Great Britain found that in every major category, Americans were sicker than their British counterparts. For example, there are twice as many American diabetics and cancer patients as in the UK. The study was adjusted for ethnic diversity, so two reasons were given for the disparity. First, there is much more stress due to economic and health insecurity, especially among the 46 million without health insurance. Second,

many more Americans are overweight, impacting health costs significantly. As an example, for every three Americans who are obese, only one Dane is, even with a diet heavy in dairy products.

More Machines does not Mean Better Health

One critic of the Canadian health systems point out that "per million population, the United States has 3.7 open-heart surgery centers; Canada, 1.6. The U.S. has 6.1 MRI units; Canada, 1.8. The U.S. has 15.3 CT Scanning Centers; Canada, 8. The U.S. has 6.6 cardiac catheterization centers; Canada, 2.8." The figures are irrelevant unless there are statistics to show that such high investment in machines actually improved health care. The CT Scanner was invented in the UK, and before long, there were more of them in Los Angeles County than in the UK. This inefficient overinvestment in machines, widespread across America, did not increase overall health indicators. Indeed, as the study above indicates, British health is better than American health.

Access Just as Good or Better in Six Other Countries

Those who criticize countries with national health care are fond of telling stories of long waits for tests and elective surgery. A favorite anecdote is Canadian Peter Jennings relating that his mother had to wait three weeks for an MRI. I can also tell a story: I lived in Denmark for four years and never had to wait for any test or procedure. My parents visited once and were involved in an auto accident. They received no bill for their 3-day hospital stay.

The Commonwealth Fund's 2007 survey (www.commonwealthfund.org) on healthcare in six industrialized countries gives us the facts beyond the stories. Even though many Americans assume that they have the least the least delays for elective surgery, they are wrong, according to the Commonwealth study. Only 6 percent of Germans report waiting more than four months as opposed to 8 percent of Americans.

The U.S. ranks fifth in this study on the question of waiting for more than six days for an appointment. The socialized medical systems of Germany and New Zealand also have shorter wait times in their emergency rooms. Only 15 percent of Germans as opposed to 29 percent of Americans waited more than two hours in ER. Forty-eight percent of

American physicians in the Commonwealth study reported that their patients "never or rarely experience long waiting times for diagnostic tests," 76 percent and 55 percent of German and Australian doctors respectively also answered in the affirmative.

The greatest access problem is one that is not included in these studies. This is the fact that 46 million Americans have no medical coverage at all, and they now comprise 30 percent of emergency room admissions, the most inappropriate place for them to receive the care they routinely need.

Tragic Impact on America's Poor Women and Children

Poverty plays a large role in America's health care poor performance. Our poverty rate is 17.1 percent and those in deep poverty have doubled during the Bush presidency. From 1994 to 2001 unplanned pregnancies went up 30 percent for those women in poverty, while they dropped 20 percent among the rest of the population. While abortions have been falling substantially, poor women are having more of them.

The impact on poor children's health is sometimes fatal, as the case of 12-year-old Deanmonte Driver tragically demonstrates. Medicaid should have covered a simple tooth extraction, but because of difficulties in finding a Medicaid dentist and long delays in getting an appointment with an oral surgeon, Deanmonte died of a brain infection. Fourteen-year-old Devante Johnson, honor student and athlete, died of kidney cancer in March, 2007. As in Deanmonte's case, Medicaid paperwork kept getting lost and the result was that Devante's chemotherapy ceased. When his coverage was finally reinstated, it was too late to save his life.

In the summer of 2007 the Bush administration has attempted to block the Democrats' attempt to expand the State Children's Health Insurance Program. Their principal

objection is that it would lead to, as Oklahoma Senator Tom Coburn, "a socialized health care system." Such a system has of course proved that it can take care of the health needs of all people much better than Bush's continued support of inefficient private insurance and tax incentives.

The U.S. Does Better with "Right Care"

The Commonwealth study concludes that the U.S. ranks last in overall care and fifth in quality of care. On specific issues, the U.S. ranks last in safe care, access, efficiency, equity, and healthy lives. Only on one issue--"right care"--did the U.S. rank first. Specifically, American women were most likely to have had pap tests and mammograms in the past two years, and American physicians were best at reminding their patients of preventive care and encouraging them to diet and exercise.

Other studies have shown that the U.S. has far better treatment for breast and prostate cancer, but as Jonathan Cohn of the *The New Republic* (4/10/07) states: "The Swedes are more likely than Americans to survive a diagnosis of cervical, ovarian, or skin cancer; the French are more likely to survive stomach cancer, Hodgkins disease, and non-Hodgkins lymphoma. Aussies, Brits, and Canadians do better on liver and kidney transplants."

Those who demonize socialized medicine have the misconception that the people who have it do not like it. Surveys in the late 1990s, however, indicated that only the Italians at 20 percent were more dissatisfied than Americans at 40 percent. Danes were 91 percent satisfied; Finns, 81 percent; French, 65 percent; Swedes and British, 57 percent.

A common response to European success is that they are homogenous societies with few ethnic divisions and fewer health problems. Germans, however, have been living with a large Turkish minority for decades, and other European countries have taken large numbers of refugees in the last 20 years. Denmark has received more per capita than any other country in the world.

The new Democratic Congress should pass legislation that will move the U.S. to a single payer system as soon as it is feasible. The savings in administrative costs alone would, using 2001 figures, easily cover all the 46 million uninsured. I support Congressman John Conyers' bill to extend the very efficient and popular Medicare coverage to every American.