The Grass is Always Greener

Part I: Why Other Healthcare Systems Seem Better Than Ours

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IN SUMMER 2003, NEARLY 15,000 FRENCH people died from a horrible heat wave that ravaged the country. The shocking number of fatalities caused French citizens to demand to know how their government could stand by while so many died. France's President at the time, Jacques Chirac, ordered an investigation and assured the people that corrective action would be taken. The Institut national de la santé et de la recherché médicale (INSERM), similar to our National Institutes of Health (NIH), was ordered to investigate and provide a detailed report on the deaths.

The INSERM researchers came to several startling conclusions. The first was that many of the elderly deaths could have been avoided with two simple items: water and an air conditioning unit. President Chirac promised to have air conditioning units installed in all government-run assisted living

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and other facilities caring predominantly for elderly patients. This promise remains unfulfilled. Second, the INSERM researchers postulated that too many physicians took their 30-day vacation in August, the month when the most heat-related deaths occurred, which may have played a role in many of the deaths.

All these individuals had healthcare plans, and many were in healthcare facilities when they died—not a heyday for socialized medicine!

This example is no more dramatic than the testimonies of Americans whose health plan failed them or who experienced horrible consequences due to lack of healthcare; these stories are often referred to by supporters of universal healthcare, such as California State Senator Sheila Kuehl, the California Nurses Association (CNA), AARP and Michael Moore. Given the opportunity, both sides can provide heart-wrenching accounts, yet how do these examples advance the much-needed discussion on the state of American healthcare?

What makes this discussion such a challenge is how emotionally and politically charged it has become. If you are not in favor of the universal healthcare lobby, then you are labeled as heartless or a supporter of the evil healthcare/insurance lobby; however, if you show support to universal healthcare, then you are labeled Socialist, Communist and so on. How do we debate this very real concern in a civilized, informed manner?

As a French native who has lived a good portion of my adult life in the United States, I often compare and contrast the very disparate systems of these two countries. In addition, I read the written word like it will disappear tomorrow and have accumulated extensive knowledge and information on the health systems of various other nations. Therefore, I am very passionate about this debate, and have garnered much information to share with my readers.

No Such Thing As Free

An important term to clarify is "free healthcare"—a favorite of the pro-universal healthcare lobby, including those in favor of SB 840 (advertised as a single-payer system for California). However, healthcare is not free. For example, the French, Canadian, and British systems are paid for with taxes. In Canada, they pay 48 percent of their income and, in France, in addition to income tax, they have a healthcare tax called "taxe sur la valeur ajoutée" or TAV, which is an added tax on nearly everything under the sun—food, car repair, goods, etc.—in short, a consumption tax levied at each stage of production, based on the value added to the product at that stage. Most of the solutions offered for the United States require some kind of tax. How do you think we pay for Medicare?

Proponents for universal healthcare often compare our system to that of France, Canada, Great Britain, and Australia. However, in France and Australia, for example, if a citizen wants state-of-the-art treatment, they obtain supplemental health insurance. That's right—they pay money out of their pocket to a separate health insurance company to augment the nationalized system. At present, the Canadian system prohibits the use of supplemental insurance; numerous patients and physicians have challenged this law and it is currently before their Supreme Court.

Others suggest that we need to cut out the middleman, health insurance companies, to reduce costs while allowing doctors to collect their fair share. Others say that if we got rid of the estimated 12 million plus illegal aliens, then the money we have already allocated would be more than sufficient to care for citizens and resident immigrants alike. Let's not forget the malpractice attorneys, because there are many who believe that one sure way to reduce costs is to limit malpractice awards, citing the fact that fewer physicians are practicing as OB/GYNs because the cost of malpractice insurance is prohibitive.

The Canadian System

Many point to Canada as a system worthy of emulation, but it is far from perfect. I was once shocked to hear news announcements on Canadian TV pleading with citizens to only use the Emergency Rooms in cases of real emergency since they had to close several due to a lack of doctors, many of whom were on a trip to Toronto. Later, I learned that even though the government (unlike in France and Great Britain, for example) does not own the hospitals, they do provide major funds. So each month, as the hospitals' money decreases, certain treatments are delayed and, in some cases, ceased until the next month's allocation.

It is also important to note that all these nations, including Canada, Great Britain, France and Australia, have nursing shortages that make ours look like a walk in the park. Others point to the "excessive" salary that doctors make as one of the causes of our current healthcare problem. If those doctors didn't expect to make $200,000 a year, then

our healthcare system would have so much more money to invest in actual care—right?

When looked at objectively, our system is not so much bad as faulty. I know all the "SICKO" fans were led to believe that even Cuba has better healthcare than we do. When Mr. Moore, a noted "expert" in healthcare (NOT!) was asked to choose which system we should emulate, he suggested Canada as a model. Just to put things into perspective, as of July 2007, Canada has a population of 33,390,141; in Los Angeles County alone, the population is estimated at just over 10 million with the total population of California estimated at 37,700,000; and in the United States, our population is more than 300 million.

You may wonder why these figures are important to know—the answer is simple. Take baking a cake—let's say you have this to-die-for Devil's Food cake recipe and you know that it yields eight servings, but you want to make it big enough to serve 80 people. Even though you know it's 10 times the size, you can't just multiply the recipe by 10, since the portions of liquid and solids will not necessarily mesh and the end result will not reflect the taste, consistency or quality of the original recipe.

I believe it is the same with a healthcare plan or system we try to emulate—we can't just use a multiplier to figure out how to expand it or how to ensure full coverage—this would be futile and could leave us in a worse position than we think we are in now. However, this does not mean that I think that the status quo is the way to go. Nearly everyone agrees that something needs to be done—the question is what?

What are we to do about fixing our current healthcare challenge? We need to take a critical look at our system and identify what works and what does not, and we must try to avoid the desire to point fingers and play the blame game. Most importantly, we must recognize that we all must be willing to make some sacrifices if we want to see our nation develop some kind of coordinated healthcare system. WN

"The Grass is Greener Part II: What Sacrifices Are We Willing to Make" will appear in next month's issue.

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