The Healing of America
A book by T.R. Reid
Four Types of Health Care
40 of 190 countries have health care systems

• **Bismarck model**
  – Germany, Japan, France, Belgium, Switzerland
  – Private insurers, employer based, premiums, nonprofit, regulated (fees, no cancels or denials, reimbursement)

• **Beveridge model**
  – Great Britain, Italy, Spain, Scandinavia
  – Government provided thru tax, no fees

• **National Health Insurance model**
  – Canada, Taiwan, South Korea
  – Government payer (premiums), private providers

• **Out of Pocket model**
  – The developing world
  – Wealthy get medical care; poor stay sick or die
Medical Practitioners in the Developing World

Street dentist (left) and an ear "doctor" (above) in China
The US is unique
Emphasis on profit
Many separate systems

• For most working people under 65 we are **Germany**
  – Eg. Private, employment based insurance but with severe shortcomings

• For Native Americans, military, veterans we are **Great Britain**
  – Eg. VA, Military Health System

• For those over 65 we are **Canada**
  – Eg. Medicare

• For 50 million uninsured we are **Cambodians**
What the US has

- No right to health care
- For profit system; no public option
- We spend more than anyone else
  - 17% of GDP v. 6-11% top ten
- 50 million not covered (down to 18 in 2014)
- Rank lower: 37
- 45,000 die per year due to no coverage
- Insurance can be cancelled; coverage denied
- Many bankruptcies
  - 62%; 700,000 total/year (none in other countries)
The Cost of Care  The United States spends more on medical care per person than any country, yet life expectancy is shorter than in most other developed nations and many developing ones. Lack of health insurance is a factor in life span and contributes to an estimated 45,000 deaths a year. Why the high cost? The U.S. has a fee-for-service system—paying medical providers piecemeal for appointments, surgery, and the like. That can lead to unneeded treatment that doesn’t reliably improve a patient’s health. Says Gerard Anderson, a professor at Johns Hopkins Bloomberg School of Public Health who studies health insurance worldwide, “More care does not necessarily mean better care.” —Michelle Andrews

### Health care spending per person, in U.S. dollars

- Switzerland: $4,417
- Luxembourg: 4,162
- Canada: 3,895
- Austria: 3,763
- France: 3,601
- Denmark: 3,512
- Sweden: 3,323
- Australia: 3,137
- U.K.: 2,992
- Finland: 2,840
- Spain: 2,671
- Japan: 2,581
- New Zealand: 2,510
- Portugal: 2,150
- Poland: 1,036
- Mexico: 823

### Average number of doctor visits a year

- Switzerland: 0
- Luxembourg: 4
- Canada: 8
- Austria: 12
- France: 8
- Denmark: 12
- Sweden: 8
- Australia: 8
- U.K.: 12
- Finland: 8
- Spain: 12
- Japan: 8
- New Zealand: 8
- Portugal: 8
- Poland: 8
- Mexico: 8

### Average life expectancy at birth

- Switzerland: 80
- Luxembourg: 79.2
- Canada: 75
- Austria: 75
- France: 75
- Denmark: 75
- Sweden: 75
- Australia: 75
- U.K.: 75
- Finland: 75
- Spain: 75
- Japan: 75
- New Zealand: 75
- Portugal: 75
- Poland: 75
- Mexico: 75

Dollar figures reflect all public and private spending on care, from doctor visits to hospital infrastructure. Data are from 2007 or the most recent year available.

GRAPHED: OLIVER LEBERT; NSI STAFF. SOURCE: "OECD HEALTH DATA 2008." ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT.
Why is there opposition to reform?

• Top four Health Insurance companies are among the 85 wealthiest corporations and oppose a government system that would regulate fees and premiums.

• Drug manufacturers are opposed to a Medicare-type program that could negotiate bulk purchases of drugs and drive down the cost of their products.

• Healthcare corporations (1/5 of hospitals are privately owned) favor a growth industry where revenues go up every year.

• Fee-for-service system favored by physicians provides an incentive for more treatments favoring quantity rather than quality.

• Some 3400 health care lobbyists influence $500 million campaign contributions mostly to Republicans.