

# CLOSEOUT FILES



Resolved: That the United States government should implement universal health care modeled after the French system.

# Introduction

Welcome to the first issue of the Closeout Files. We have worked diligently to try and offer you the best Public Forum debate evidence handbook available. While the idea of Public Forum is to debate issues straight out of the headlines, the choice of a universal health care system was predictable. Any economic topic would have been too similar to the March 2007 resolution of reducing credit or the April 2008 topic of fiscal stimulus. Personally I was expecting a health care topic a year ago but I guess it's better late than never; however, adapting a French universal health care system to the United State given the current state of the economy gets much more difficult. This topic allows for some very creative debate and we expect that the most effective arguments will derive from reasoning as opposed to evidence.

As far as our features are concerned the introduction will start you out with an overview of the French health care system and some of the specific information associated with it. Next, there will be our article about Public Forum debate that deals with proper preparation techniques. From there our pro and con analysis will go over the main arguments to be made on either side while providing insight on how to use them during the round. Following the analysis will be reasoning blocks that go over responses to most of the common arguments. After that our mock crossfire goes over the techniques of how to debate this topic and contains excerpts of effective lines of questioning. Finally, our evidence is organized by argument and many pieces contain our italicized critique offering responses, words of caution, and reasoning extensions.

Thank you for purchasing the Closeout Files and please e-mail us at [closeoutfiles@yahoo.com](mailto:closeoutfiles@yahoo.com) with any questions or suggestions. Also make sure you join our facebook account for updates regarding the Closeout Files. Good luck debating.

## **General Overview of French system:**

Ranked first for overall health system performance, 16th-17th for responsiveness, and third for level of health attainment by the World Health Organization in 2000, France's healthcare system arguably serves as the benchmark for all other systems. Of particular note is the system's ability to provide universal health care for all legal residents, choice of providers, free health programs for the poor/disabled, model child/adolescent care, and significant cost reimbursement.

Moreover, France offers a considerable health safety net for its population through charitable Medecins sans Frontieres organizations that supply care to illegal immigrants and through 200 clinics that provide free consultations for health education, screening, prevention, and checkups

France's multi-payer health insurance system is an amalgamation of Sickness Insurance Funds (SIFs) and supplementary insurers.

Supplemental insurance. In addition to SIF coverage, 86% of the French obtain supplementary voluntary health insurance (VHI) through their employers, who reimburse employees for co-payments and other out-of-pocket expenses to various degrees. Moreover, in 2000 the Universal Coverage Act (CMU) provided VHI for over six million disabled, unemployed, and low-income French residents. This brought the percentage of the French population with complementary VHI to 90%...Most French physicians are in private practice.

Individuals pay a user fee at a point-of-service, which their insurance scheme and/or supplementary VHI will typically reimburse within 12 days.

Out-of-pocket expenses play a small role in France's healthcare financing. User fees via co-payments vary depending on the health service. Generally, French individuals are responsible for 30% of the cost of GP and specialist visits, an average of 35% of drug costs (0% coinsurance rate for "effective drugs" and 65% rate for drugs with questionable effectiveness), 40% for lab tests, and 20% for non-maternity hospital care during the first month. It is important to note, though, that French residents can apply for co-payment exemptions for catastrophic health incidents resulting in

treatment costing over costs, however, can be reimbursed through complementary VHI, which is purchased through one's employer or on an individual basis.

The majority of physicians and specialists are paid on a fee-for-service basis. French residents are free to visit their GP, specialist, and hospital of choice without referrals, and they usually are able to make a same-day appointment to see their GP.

Despite the French healthcare system's high overall level of performance, problems exist in terms of rising expenditures, poor quality assurance and uniformity, health disparities by region and socioeconomic status, and over consumption of health services.

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

In 2000, roughly half of French NHI expenditures were financed by employer payroll taxes (51.1%) and a "general social contribution" (34.6%) levied by the French treasury on all earnings including investment income. (Remaining sources of financing for the CNAMTS and its affiliated health insurance funds included payroll taxes on employees (3.4%), special taxes on automobiles, tobacco, and alcohol (3.3%) a specific tax on the pharmaceutical industry (.8%) and subsidies from the state (4.9%) The general social contribution, a supplementary income tax (5.5% of wages and all other earnings). NHI funds finance 75.5%, supplementary private insurance covers 12.4% (7.5% from the nonprofit sector mutuelles and 4.9% for commercial insurers), and out-of-pocket expenditure represent 11.1%.

## Public Forum Article

Considering this is our first publication, it would make sense that I start with how to prepare for a debate tournament. The first step once the topic is released and before the evidence handbooks are published is to try to gain an understanding of what the topic consists of. This includes acquiring a general knowledge of the main components of the topic, i.e the French health care system this month. The reasoning for should be clear but the main benefit is to provide you with a foundation for when you begin to read the evidence files. This is simple enough to do and will save you a bunch of time in the future and hopefully prevent some embarrassing moments in rounds in which you are mistaken about some aspect of the topic.

Once you have at least a basic understanding of the resolution you can either begin to do your own research or wait until the handbooks are available; while additional evidence is strongly suggested, seeing what is offered in the evidence files can prevent you from finding the same evidence and it will also narrow your search terms for more evidence. Whether you only buy Closeout Files or other briefs, I suggest that you do all of your researching at once before moving on to the other parts of preparation. When reading the evidence files, you should start by reading all of the analysis first. This way many of the arguments will be presented and you will gather a much better understanding of the topic. While Closeout Files tries to limit the evidence offered to only that which can and should be used in a round, you should highlight the evidence that you think is most important. After highlighting the handbook evidence, you should look for additional evidence on your own. A good starting point is to look to the URLs associated with many pieces of evidence in our files. From there, turn to think tanks and search engines.

The goal of doing all of your research is to be able to organize it in a way that allows for the most effective use during a round. We have found that the most effective way for doing this is to organize your evidence in blocks, or responses to opponents arguments (that is organizing all of your evidence for a specific argument in the same place). Physically, it is ideal to have each response on its own piece of paper so that you can pull it quickly in a round; therefore, you would have the name of your response/ argument at the top of the paper and then the pieces of evidence you have

for it below. To do this take your highlighted evidence and create your own word processing document in the format you want. Make sure you have the source, date, and either a hard copy of the original article or at least the URL for each piece of evidence. We suggest that you have a hard copy of the original article for every piece just to be safe if anyone questions you. For the most part, you can create blocks for 90% of the arguments that you will hear at a debate tournament. This reduces the amount of prep time you will need to take to find evidence so you can spend more time thinking or discussing with your partner how to expose the mistakes your opponents made.

For the debate round, there are many different ways of organizing your blocks ranging from expanding folders to binders. It's basically just a matter of personal preference; we chose to have loose sheets of paper because it was more effective during our rounds. We would each have our own copy of our materials, but in a bind would steal each others to save time. Whichever method you choose, make sure that both partners have their own full copy of evidence. During speeches you can just cycle through your papers with all of the evidence while adding analysis where it is needed. While we suggest that minimal evidence be used during crossfire, there will be a time when you will need to use a statistic so having your evidence easily accessible on your desk will be extremely helpful. Optimally, you will have internalized the arguments enough to give analytical responses off the top of your head. Overall, this method of preparation will win you rounds at both the local and national level.

# Pro Analysis

The Pro side has some distinct advantages over the Con in the sense that many of the judges will be in a position to support universal health care. Play that notion to your advantage by describing how much better the French system is than the United States system and how much better it would be for society with universal health care.

If someone runs a comparable abusive interpretation of the resolution, first, tell the judge it's abusive and second, give some reasons why a multi-payer system would be better specifically for the United States. For example, it would be considerably easier to implement and the United States is a melting pot of people from all sorts of walks of life, not everything is one size fits all. Coal miners and blue collar workers do not need the same insurance plan which they would receive under a single-payer system.

Looking to the wording of the resolution, the pro team is allowed for some bending of the lines when it comes to what the US should adapt of the French system. To be safe, you need to make sure that you only sacrifice the segments of the French system that do not contradict with the spirit of the system. Keep in mind that this should only be used as a last resort, and that you can only give up on some of the small semantics of the French system including the lack of a referral system or the reimbursement rates of prescription pills.

To address the issue of economic costs note that a healthy society is a much more productive society. Look to the evidence for statistics but the loss of economic activity due to an increased deficit or higher taxes would be made up by a more productive work force, which would have more money to spend in the economy and would lead to more taxable income for the government.

Also if the con runs a free market type argument in conjunction with it a)that's really contradictory and b)obviously multiple providers would provide added competition compared to a single payer. (Note:while the last

point makes sense theoretically it was recently tried in Germany and failed miserably.)

### **Majority Uninsured Because They Can't Afford It and are Employed**

The majority of uninsured, regardless of how young they are, say they forgo coverage because they cannot afford it, not because they don't need it...Only 7% of the uninsured report the main reason they lack insurance is because they don't think they need it. Most of the uninsured are either working full-time or have someone in their immediate family who does—the problem is that the majority of the uninsured are not offered benefits through their employers.

Since 2000, the number of uninsured adults has grown by over 5 million and nearly 75% of these adults were from low-income families. Overall, two-thirds of the uninsured are low-income with one-third living in poverty (earning less than 19,000 a year for a family of four)

### **Need Care But Don't Get It**

Over a third of the uninsured report needing care in the previous year but not getting it and nearly half of the uninsured report postponing care—rates at least three times higher than those with insurance. Studies repeatedly bear out that the uninsured are less likely than those with insurance to receive services for major health conditions, including traumatic injuries, heart attack, pregnancy, and cancer. Besides research shows the uninsured are more likely than the insured to develop a disability over time, we also know that, even after accounting for health differences, they are more likely to die early. The Institute of Medicine estimates that at least 18,000 Americans die prematurely each year simply because they lack health coverage.

### **Not Just Temporarily Uninsured**

Over three-quarters of the uninsured at a specific point in time will have been uninsured for more than 12 months.

## **Health Care for Uninsured Not Paid For Doesn't Result in Higher Insurance Premiums**

The large majority of uncompensated care is subsidized through a mix of federal and state government dollars not cost-shifts to private payers. Anecdote abound, but there is no hard evidence of cost-shifting to private payers; tightly negotiated managed care contracts have likely ratcheted down the potential for direct cost-shifts to private payers.

In 2004, health care spending among the uninsured totaled \$125 billion. Some of the uninsured had coverage for part of the year and so insurance paid \$51 billion of that amount. Of the remaining costs, the uninsured paid \$33 billion (45%) and the remaining \$41 billion was uncompensated. Federal and state tax dollars, totaling \$35 billion, primarily subsidized hospitals that provide disproportionate amounts of care to the uninsured, as well as community clinics—in total, covering about 85% of all uncompensated care in 2004.

## **Additional Spending to Cover All Uninsured is Minimal**

The additional health care spending to cover ALL of the uninsured in 2004 has been estimated to be \$48 billion. [Total health care spending was \$1.4 trillion in 2003]

## **Uninsured Denied Coverage**

In 2005, nearly three in five adults who sought coverage had difficulty finding a plan they could afford, and one in five were denied coverage, charged a higher price, or had a specific health condition excluded from coverage. The uninsured are up to three times more likely than those with insurance to report problems getting needed medical care, even for serious conditions. Anticipating high medical bills, many of the uninsured are not able to follow recommended treatment.

## **Uninsured Situation Getting Worse**

The number of uninsured citizens has grown to over 40 million. Since health care premiums continue to grow at several times the rate of inflation, many businesses are simply choosing to not offer a health plan, or if they do, to pass on more of the cost to employees.

## **Eliminate Overhead/Inefficiencies**

We can eliminate wasteful inefficiencies such as duplicate paper work, claim approval, insurance submissions, etc. Think back to all the times in your life you've had to fill out a medical history, answering the same questions over and over. Think about all the insurance paperwork you've had to fill out and submit. Our current health care system generates an enormous amount of overhead. Every time we go to the doctor, a claim must be submitted, an approval department has to go over the claim, checks have to be mailed, patients are sent co-pay bills, and so on. The thing that's especially wasteful is that each doctor's office usually maintains their own record-keeping system. A universal healthcare plan would allow us to build one centralized system. There would be no need for maintaining insurance information or wasting time submitting claims. The work savings in the banking and postal areas alone would be worth billions every year.

*\*Statistics in the Pro analysis are from The Kaiser Commission on Medicaid and the Uninsured*

## Con Analysis

While many people will favor the Pro, there are arguments that can be made that will refute anything the Pro says. First off, there is counter-evidence to nearly every point the Pro can find about Universal health care and the French system, not to mention the added bonus that the economy is working on the side of the Con.

A lot of the pro's evidence centers around the fact that America's health care is more expensive and lags behind other industrialized nations. On the con, I would say (more eloquently) so what? The resolution isn't America's healthcare system is perfect. On the con come out and say it, America's healthcare system isn't perfect and it has its flaws, but that doesn't in any shape or form mean universal health care is the answer. Claim the middle ground.

It is essential that the con answer the questions why does the United States rank where it does and spend as much money as it does? (Answer in evidence.)

France (and Germany) are somewhat unique compared to the rest of the industrialized nations with universal health care in the sense that they use a multi-pay system as oppose to a single pay system.

Most interest groups and politicians in the United States that support universal health care propose a system that is single not multi.

Therefore it may be tempting to argue on the con that yes we agree with the pro side's criticisms of the health care system and support a system of universal health care however a single pay not multi pay system and France is multi pay therefore we urge you to negate.

That's an interesting take on things and just as a word of caution I wouldn't recommend it. It is highly abusive and it is a gamble depending on the judge you get. When you get that technical, a lay judge is going to think universal health care is universal health care and wonder why you are arguing the pro side.

Health and healthcare are not the same things. Just because a country has amazing healthcare doesn't mean its inhabitants will be healthy.

For example in the US one of the biggest reasons why our life expectancy is slightly lower than France is because a drastically larger percentage of Americans are obese. The WHO uses life expectancy as one of its main indicators in ranking countries, so in order to boost our rankings perhaps universal health care isn't the answer but instead a universal gym pass program. It would be cheaper as well.

Lower administrative costs is one of the most often cited examples of how universal health care would lower costs; however, think of this intuitively. How big is the tax code these days and how much money is spent each year for the IRS and CPAs? The government has a bad track record in that respect. Just last month they passed the bailout plan which started as a couple pages and quickly morphed into a novel. While it sounds nice to suggest its going to be simple and cut down on administrative fees, does it have any basis in reality? How do you calculate that anyways?

Polls show that a majority of Americans support implementing a form of universal health care system. These polls are in no way specific to a system modeled after France. The average American probably isn't even informed enough to make that decision any ways.

Proponents of a universal health care system say there won't be some of the same problems as other systems such as long waiting lists because the United States has an oversupply. You can't have it both ways. They are saying the United States will suddenly be able to spend comparable amounts per capita on health care but somehow maintain its current superior supply in the long term as well. This isn't possible especially under a universal health care system. It is a tradeoff. Having enough supply to adequately treat patients costs money and developing the technologies to treat those patients also costs money.

The cost statistics on how much the US spends per capita are extremely misleading. They often include things such as research and the United States spends more money on research than other countries spend overall,

that doesn't mean it isn't worth it and disregards the fact that the high costs largely result for different reasons such as malpractice legal fees and regulatory fees.

Proponents are big fans of citing when people with serious illnesses are diagnosed relative to whether they have insurance or not and seem all too often to disregard the fact that the survival rate is substantially higher in the United States overall regardless of when they were diagnosed. Would you rather be diagnosed earlier and die or be diagnosed later and survive?

On the con, hammer ad nauseam yes the US healthcare system has its flaws, but that doesn't mean universal health care is the answer.

## **Costs**

There are many different costs associated with having a French UHC system in the US, some have to do with problems of integration and others with the overall economic consequences. The US can't keep down costs in a UHC system because there are factors in our country that are much more expensive than their counterparts in France. Doctors earn three times more money in the US than France, so we either pay doctors less or we incur huge costs to keep up with the normal pay. Since the French UHC covers the costs of prescriptions, doctors decide to issue them much more often. While there are limits on prices for pharmaceutical drugs in France, the United states has no such policy. Prescription drug prices are exorbitant in the US and due to the pharmaceutical company's profits they will not be willing to lower prices. As doctors realize that nearly anything they prescribe will be covered by UHC then they will be more likely to issue these drugs when they are unnecessary, thus creating waste in the system. Individuals will also have the right to see as many doctors as they wish to get the diagnosis they want. This so called "doctor shopping" is highly inefficient and increases costs without actually providing any health benefit.

Even in France where they have taken strong measures to contain costs, they still run a massive deficit that needs reformation if the system hopes to continue to exist. Should we really be implementing a system of health care that has been proven to run a deficit? Are we in a position in our country to be able to run a program that guarantees an addition to our

already enormous deficit? As our deficit increases the consequences only become more and more real. Deficit spending puts upward pressure on interest rates as the FED tries to salvage the decreasing value of the dollar due to the deficit. This inhibits corporations from investing in the country and leads to even slower economic growth. We cannot afford the French system of UHC in the United States. Worse comes to worst you might need to say that while the French health care system might have its benefits, now is not the time to be implementing it.

### **Government Run Things=Disaster**

There isn't a single government agency or division that runs efficiently; do we really want an organization that developed the US Tax Code handling something as complex as health care? Quick, try to think of one government office that runs efficiently. Fannie Mae and Freddie Mac? The Department of Transportation? Social Security Administration? Department of Education? There isn't a single government office that squeezes efficiency out of every dollar the way the private sector can. We've all heard stories of government waste such as multi-million cow flatulence studies or the Pentagon's 14 billion dollar Bradley design project that resulted in a transport vehicle which when struck by a mortar produced a gas that killed every man inside. How about the US income tax system? When originally implemented, it collected 1 percent from the highest income citizens. Look at it today. A few years back the government published a "Tax Simplification Guide", and the guide itself was over 1,000 pages long! This is what happens when politicians mess with something that should be simple. Think about the Department of Motor Vehicles. This isn't rocket science—they have to keep track of licenses and basic database information for state residents. However, the costs to support the department are enormous, and when was the last time you went to the DMV and didn't have to stand in line? If it can't handle things this simple, how can we expect the government to handle all the complex nuances of the medical system? If any private business failed year after year to achieve its objectives and satisfy its customers, it would go out of business or be passed up by competitors.

Whenever you have government control of something, you have one item added to the equation that will most definitely screw things up—politics.

Government-mandated procedures will likely reduce doctor flexibility and lead to poor patient care. When government controls things, politics always seep into the decision-making. Steps will have to be taken to keep costs under control. Rules will be put in place as to when doctors can perform certain expensive tests or when drugs can be given. Insurance companies are already tying the hands of doctors somewhat. Government influence will only make things worse, leading to decreased doctor flexibility and poor patient care.

### **Costly/Pointless**

“Free” health care isn’t really free since we must pay for it with taxes; expenses for health care would have to be paid for with higher taxes or spending cuts in other areas such as defense, education, etc. There’s an entitlement mentality in this country that believes the government should give us a number of benefits such as “free” health care. But the government must pay for this somehow. What good would it do to wipe out a few hundred dollars of monthly health insurance premiums if our taxes go up by that much or more? If we have to cut AIDS research or education spending, is it worth it?

### **Free Market is More Efficient**

Profit motives, competition, and individual ingenuity have always led to greater cost control and effectiveness. Government workers have fewer incentives to do well. They have a set hourly schedule, cost-of-living raises, and few promotion opportunities. Compare this to private sector workers who can receive large raises, earn promotions, and work overtimes. Government workers have iron-clad job security; private sector workers must always worry about keeping their jobs, and private businesses must always worry about cutting costs enough to survive.

### **Waiting Times**

The universal system in Canada forces patients to wait over 6 months for a routine pap smear. Canada residents will often go to the US or offer additional money to get their health care needs taken care of.

## **Over consumption**

Total costs will be several times what they are now. Co-pays and deductibles were put in place because there are medical problems that are more minor annoyances than anything else. Sure, it would be nice if we had the medical staff and resources to treat every ache and pain experienced by an American, but we don't. For example, what if a patient is having trouble sleeping? What if a patient has a minor cold, flu, or headache? There are scores of problems that we wouldn't go to a doctor to solve if we had to pay for it; however, if everything is free, why not go? The result is that doctors must spend more time on non-critical care, and the patients that really need immediate help must wait. In fact, for a number of reasons, it's better if no medical care is given whatsoever. The body's immune system is designed to fight off infections and other illnesses. It becomes stronger when it can fight things off on its own. Treating the symptoms can prolong the underlying problem, in addition to the societal side effects such as a growing antibiotic resistance of certain infections.

## **Still Receive Care**

Just because Americans are uninsured doesn't mean they can't receive health care; non-profits and government-run hospitals provide services to those who don't have insurance, and it is illegal to refuse emergency medical services because of a lack of insurance. While uninsured Americans are a problem in regards to total system cost, it doesn't mean health care isn't available. This issue shouldn't be as emotional since there are plenty of government and private medical practices designed to help the uninsured. It is illegal to refuse emergency treatment, even if the patient is an illegal immigrant.

## **Punished for Others' Poor Lifestyles**

Healthy people who take care of themselves will have to pay for the burden of those who smoke, are obese, etc. Universal health care means the costs will be spread to all Americans, regardless of your health or your need for medical care, which is fundamentally unfair. Your health is greatly determined by your lifestyle. Those who exercise, eat right, don't smoke,

don't drink, etc. have far fewer health problems than the smoking couch potatoes. Some healthy people don't even feel the need for health insurance since they never go to the doctor. Why should we punish those that live a healthy lifestyle and reward the ones who don't?

### **Discourage Students from Becoming Doctors**

Loss of private practice options and possible reduced pay may dissuade many would-be doctors from pursuing the profession. Government jobs currently have statute-mandated salaries and civil service tests required for getting hired. There isn't a lot of flexibility built in to reward the best performing workers. Imagine how this would limit the options of medical professionals. Doctors who attract scores of patients and do the best work would likely be paid the same as those that perform poorly and drive patients away. The private options and flexibility of specialties is one of the things that attracts students to the profession. If you take that away, you may discourage would-be students from putting themselves through medical school and residency.

### **Likely to Increase (Pointless) Malpractice Lawsuit Costs**

Malpractice lawsuits costs, which are already sky-high, could further explode since universal care may expose the government to legal liability, and possibility to sue someone with deep pockets usually invites more lawsuits.

### **Loss of Personal Freedom**

Government is more likely to pass additional restrictions or increase taxes on smoking, fast food, etc., leading to further loss of personal freedoms...it just gives the government yet another method of controlling our lives, further eroding the very definition of America, Land of the Free.

### **Hard to Eliminate if Turns Out to be a Failure**

Like social security, any government benefit eventually is taken as a "right" by the public, meaning that it's politically near impossible to remove or curtail it later on when costs get out of control.

# Pro Blocks

*\*The Con point is in bold with the responses beneath. Answers to those responses are preceded with an asterisk.*

## **Loss of Jobs**

Just because employers will be taxed to pay for UHC doesn't mean they will be spending more overall. Currently, most companies already pay for insurance for their workers; therefore it would just be a transfer of funds resulting in the companies still paying the same amount so it wouldn't result in their only being able to employ a smaller work force.

## **Hurt Private insurers**

The French system works in conjunction with private insurers even with a national health insurance system. Notice how more people have this supplemental insurance than people have insurance in the US; about 90% of people in France pay for supplemental insurance. Considering that in the US doctors would be more likely to charge more than what would be covered by the UHC, a large market would still exist for private insurance companies. Under the French system there would be less costs to the insurance companies so they could charge less for their premiums thus allowing more access for individuals. While premiums might be cheaper the insurance companies would make up their lost money by selling to more individuals overall.

## **Too Much Prescription Drug Spending**

System could be augmented to try to reduce costs; for example, not paying for prescriptions that do not have a proven medical benefit. Nevertheless, since prescriptions benefit citizens health as a whole, costs could be made up by increased productivity. Is it morally right to deny individuals the prescriptions needed to keep them alive and functioning at the highest possible function?

## **French System is Bad**

If there are so many problems with the French system then why did the World Health Organization rank it as number 1 in the world? Overall the system is the best in the world and just because there are some problems most of these can be fixed. Looking at the evidence, the US system and the French system are similar enough that the French system can be adapted to work within the US.

## **Uninsured's Fault**

8 out of 10 of the uninsured work or come from working families. They play by the rules, work hard just like the rest of Americans, and yet they can't get insurance from the employer because it's not offered, or they can't afford it if it is offered. Is that their fault?

\*Is it really anyone's fault that health insurance is so expensive that they can't afford it? The high cost of health care due to influences beyond any one individual's control – they are influenced by society-wide trends towards increased use of technology, high administrative costs of our healthcare system, and a strong profit motive in the health insurance industry that drives up the cost of premiums.

## **Government Handout**

Universal healthcare would result in a number of moral, economic, and cultural benefits. It is not a welfare policy for the uninsured; rather, it is a policy whose benefits would accrue to all Americans. Education is something that is provided by the government. Is education a handout to society? Or is it a wise policy that makes America stronger?

## **Why Should I Pay for Others' Unhealthy Lifestyles/Make Poor Choices**

People make poor choices all the time, but is it better to punish them for their poor choices or to help them make better choices? Universal health care would allow for people to visit their doctors more often and receive counseling on how to live healthier lifestyles and prevent these costs in the first place.

\*Some people are unhealthy because they don't take care of their health, but some people are unhealthy because of things they can't help, such as genetic predisposition.

It's easy to judge people for not taking care of themselves when you're healthy, but will you still be able to judge people when your body starts breaking down?

### **Uninsured Already get Healthcare**

This is a common myth. In fact, among families with at least one uninsured member, less than a quarter report getting free or discounted care in any given year

\*What percentage actually needed any services though? Was it more than a quarter?

There is indeed a safety net for a minority of the uninsured, including government-sponsored clinics and hospitals, as well as care provided by private physicians. However, financial pressures due to managed care are reducing the ability of private physicians to provide charity care.

### **If Necessary People Can Receive Medicaid**

The federally defined minimum group of eligible individuals includes poor children and pregnant women, as well as very poor parents and elderly/disabled individuals. Many poor people make too much money to qualify for Medicaid, and childless adults (who constitute over half of the uninsured) do not qualify for Medicaid.

\*States have the option of expanding Medicaid eligibility to cover these people and often do expand eligibility on a state by state basis.

States do have the options of expanding Medicaid eligibility beyond the federally defined eligibility guidelines in some cases, but childless adults are not covered by Medicaid under any state.

## **Healthcare is not a Right**

Even if healthcare is not a right, universal healthcare might still be the wisest public policy because of its moral, economic, and cultural benefits. Education is not defined in our Constitution as a right. Yet, a vast majority of Americans support the idea that everyone should have access to public education. How is healthcare different?

## **Cost-Effective**

Primary care visits are more-effective than ER care or being hospitalized for conditions that could have been prevented through good primary care.

## **Socialist/US is Capitalistic Society**

It is anti-American to perpetuate a system that hurts innocent, hardworking Americans and that puts America at a tremendous economic disadvantage relative to other countries.

Part of the “American dream” is achieving financial security. In the current system, there is increasingly diminishing protection against skyrocketing health care costs. It’s estimated that 45% of all bankruptcies are related to financial bills – how is our current system promoting America by depriving people of financial security?

A healthy America is a wealthy America. Universal health care will boost our economy and help us remain globally competitive.

## **Big Government**

There is nothing about universal health care that implies that the government would run health care. The idea behind universal health care is to give a basic guarantee of access to healthcare for all Americans- clinical decisions are completely left up to the provider.

The mix-up here is between insurance and delivery. Medicare is a government-run insurance program, but the delivery is not through the

government (nor should it be). Rather, the delivery of medicare occurs through private providers and hospitals.

The hidden assumption is that universal health care would require a massive outlay of federal spending. However, the nonpartisan National Coalition on Health Care recently came out with a study showing that it would save the government at least \$325 billion over ten years.

### **Free Market**

There is a significant asymmetry of information between providers and consumer. Physicians undergo years of specialized training, and patients (particularly acutely ill patients) are not able to make fully educated decisions given their lack of training of medicine, despite attempts by physicians to communicate fully with them.

\*One of the requirements for a free market is that there are a large number of buyers and sellers. Because of the consolidation of hospitals and insurance companies, there are actually in any given area very few buyers and sellers of health care.

Not only a financial matter. How do you put a value on a human life?

### **Too Expensive/Can't Afford it**

We can't afford to not have universal health care. The Institute of Medicine estimates that over \$65-130 billion is lost each year due to lost productivity by the uninsured, who are less healthy and therefore less able to be a productive member of society. Other economic costs include a loss of global competitiveness (since companies in other countries don't bear as much of a burden in terms of health care costs), unnecessary use of the expensive ER, strain on businesses, and paying for preventable costly diseases due to lack of health care access.

### **People Will Abuse/Overconsumption**

There is always a balance that needs to be struck between over utilization and underutilization. Almost every health care system in the world has

some degree of cost-sharing (co-pays, deductibles) to prevent over utilization, and the U.S. would be no different. The key is to make the cost-sharing equitable and to set the level of cost-sharing in a way that discourages, inappropriate care without discouraging appropriate care. Even if health care were “free” in a financial sense (which it wouldn’t be), there are other costs involved with using health care. For example, it takes a lot of time to visit a doctor’s office, and medical care is often uncomfortable. Also, common sense dictates that people wouldn’t be lining up for coronary artery bypass grafts even if they were free.

### **Waiting Times**

To argue that there aren’t already waiting lists in America flies in the face of reality—it often takes months to get an appointment with specialists and even primary care physicians, especially if you are a new patient to that physician. Waiting lists in other industrialized countries are almost always for elective surgeries and procedures – no country has a waiting list for emergency procedures, and virtually no country has waiting lists for primary care visits.

Other countries that have universal health care and waiting lists do not spend nearly as much as America does on health care. Waiting lists in America would be significantly less of a problem because of this spending.

### **Higher Taxes**

In the long run an effective universal health care system will save the government money. Even if one assumes the people’s taxes would go up, the increase would be offset by the fact that premiums would decrease or disappear, as well as by the fact that wages would increase because employers would be less burdened by health care costs.

### **French UHC Will Restrict Choice**

Nothing inherently about universal healthcare states that it would eliminate choice of provider. At the very least, universal health care would no further restrict choice of healthcare provider any more than it is restricted currently.

## **Will Hurt/Discourage Research**

The vast majority of medical research is publicly funded by entities such as the NIH. Nothing about that would change under a universal health care system. Many of the most important medical breakthroughs in recent memory have come from countries that have universal health care.

## **Technology Will Decrease**

Inappropriate use of technology might decrease under universal health care, provided there are incentives in place to discourage the use of high-tech procedures that have little or no proven clinical benefit. Appropriate use of technology might increase under universal health care, provided that there were the right financial incentives to only utilize those technologies that have proven clinical benefit.

## **Will Decrease Doctor Salaries/Discourage Students from Med School**

There is nothing inherent about universal health care that would decrease physician salaries. Universal health care is about guaranteeing everyone health care access, which doesn't necessarily affect physician salaries. Doctors should be their patient's doctors, not their financial counselors. When they only have 10 minutes or so to see a patient, why should they spend that time about non-patient care issues, such as ability to pay?

## **Physicians in Other Countries Make Less**

It is also true that in general, people in these countries make less than people in America.

\*It is not clear whether the actual take-home income for physicians in other countries is that much less, since they don't have to deal with exorbitant malpractice premiums and the overhead related to dealing with thousands of health insurance premiums

Would any of that change with universal health care though?

\*Physicians in other countries do not graduate with nearly the same amount of medical school debt that American physicians do. Physicians in other countries generally work fewer hours than American physicians do, so their income might be expected to be lower. Currently we spend twice as much per capita on health care than the median spent on health care per capita in other industrialized countries. Under an American universal health care system, physicians could be maintained if the designers chose to

### **Problems with Medicare and Medicaid/Reimbursements**

Both Medicare and Medicaid provide valuable health care access to vulnerable populations, specifically the elderly, disabled, and the poor. However, both programs suffer from chronic underfunding due to a lack of prioritization of these programs by the powers that be. If you underfund any program, it will fall apart. It is important to separate the quality of the program itself from the circumstances surrounding that program.

# Con Blocks

*\*While this might seem short many responses to Pro arguments can be found in the evidence provided or in our critique of the evidence.*

## **Doctors will not earn less**

Pro says that France has a tort-averse legal system so there are less malpractice medical expenses, well that is the system in France and the mentality of the legal system in the US is very different. America has a culture in which people are willing to sue and take issues to the courts. They say that medical school is tuition-free so doctors won't have large initial costs, but what doctor is going to give up a lifetime of making excessive amounts of money in which medical school bills can be paid back in a few years? In France there are lower malpractice premiums, this is once again due to the fact that there is less likely to be a malpractice case against doctors in France; this is not the case in the US. French doctors have less non-medical personnel because the methods for repayments are easier, while this may be true it means that now doctors are taking calls for appointments and dealing with insurance companies instead of taking care of their patients. The French government pays two-thirds of social security taxes for doctors, this basically results in neither a gain nor a loss for doctors because either way they will still have to pay the government.

## **US Health Care System is Bad**

Main concern is what is best for the country right now and if it is possible to achieve. As of right now the US system is not going to collapse in the near future, with that in mind it is not as imperative to implement a universal health care system when there are more important things in the agenda including fixing the economy. As a last resort say that if the US should get UHC then it should be a single-payer system not a multi-payer system and be ready defend why a single-payer system would be better.

## **People end up paying more in the US**

There is no sure way to quantify if this is actually true. Whether it is true or not the problem arises because of people's perceived income. People spend less when they feel that they are making less overall; what happens when taxes increase. All of the costs of the French system occur up front, i.e. increased taxes and health insurance premiums, people still do have to purchase supplemental health insurance under the French system. As far as people paying more due to high costs of an illness, the current system allows for some choice of medical expenses.

## **People are more satisfied with the French system.**

Just because people are satisfied does not mean that the French system is the best for the US. Implementing the French system would have negative impacts on technology advancements and quality of care. Because of increased doctors fees and prescription drug prices there would be no way to contain costs therefore leading to a massive deficit.

One often hears variations on Krugman's argument—that America lags behind other countries in crude health outcomes. But such outcomes reflect a mosaic of factors, such as diet, lifestyle, drug use, and cultural values. It pains me as a doctor to say this, but health care is just one factor in health. Americans live 75.3 years on average, fewer than Canadians (77.3) or the French (76.6) or the citizens of any Western European nation save Portugal. Health care influences life expectancy, of course. But a life can end because of a murder, a fall, or a car accident. Such factors aren't academic—homicide rates in the United States are much higher than in other countries (eight times higher than in France, for instance). In *The Business of Health*, Robert Ohsfeldt and John Schneider factor out intentional and unintentional injuries from life-expectancy statistics and find that Americans who don't die in car crashes or homicides outlive people in any other Western country.

## **US citizens are job locked**

There's no way to prove this fact; however, you must take into account the comparative. Because the French system taxes employers, companies must limit their working force. So the primary question is would you rather be stuck in a job with health care or have universal health care without a job?

## **The US has the money available for UHC**

The processes by which the pro says the US either has the money available for UHC or can make the money back with a healthier society are complete speculation. When the pro says that US has high administrative costs and that this could be lessened with a French system respond by saying that what makes you think that implementing a system of universal health care would actually decrease administrative costs? The US is known for their administrative bureaucracy and implementing a system as difficult as the French system would only increase this. Next, in regards to a healthy society being more productive, there are many more factors than just health care that derives a persons health. Not only do genetics impact health but so does individuals lifestyles, and it is common knowledge that the US has an obesity problem. With this in mind, health care can only get people so healthy, thus not making them that much more productive. So you have a little gain, if any at all, in productivity but you still have the immense economic costs.

## Mock Crossfire

The main strategy in the crossfire should be to claim as much ground as possible in framing the debate. You shouldn't come off as a total radical and you shouldn't pretend there aren't problems in our system and in other systems abroad. By doing this you gain more credibility with the judge and it is easier to vote for you.

The pro can accomplish this by hammering in how bad the current health care situation is and has been for years. This isn't enough to win the round though. You also have to address the fact that we've been trying minor fixes for years on end to the current system to no avail which seems to indicate that there is some systemic failure and we need a new universal system. The con will naturally bring up problems prevalent in other countries that have universal health care. It is important that you make it clear to the judge that for the most parts these are not inherent flaws of universal health care. Obviously we would learn from their mistakes and even with those flaws those countries have better healthcare systems, so imagine a system implemented in the proper fashion.

The con should come off as very reasonable and say yes our system has its problems, but nothing is perfect. Furthermore logically just because it's not perfect doesn't mean we should affirm and implement universal health care. Make the pro show that universal health care is the best solution. The flaws the pro will naturally name throughout the round are a result of the imperfections of the system. There was always an expression I used in debate (even when it wasn't a health care topic, now it's even more fitting)...you can always get rid of the symptoms by killing the patient, but shouldn't we try a few cures first? The system may not be perfectly healthy but it's not time to pull the plug and adopt such a hard system to implement with universal health care.

It's always kind of fun to corner people in cross for example on the pro:

P: So would you agree in a democratic society it's the government's duty to reflect the will of the people?

C: Yes

P: Well considering a majority of the population is in favor of implementing universal health care, doesn't that mean by extension that the government should implement a system of universal health care?

A general rule that I have in debate and life is try not to answer in absolutes if you don't know where a lead up question is going. Odds are unless they are speaking just to hear themselves talk they are going somewhere with it even though the question may seem innocent. If someone asked me that initial question in a round, I would respond not necessarily, and if questioned further claim it is the government's job to try and maintain order and do what's best for the people. Universal health care isn't what's best for the people because and then go into your case. It is analogous to a patient in pain asking for more morphine and not receiving it. The patient may think he wants it but if the doctor knows it might kill him then its for the best that the doctor doesn't act strictly on public opinion.

On the con, I would focus primarily on making the pro admit there may be other causes to the problems in our healthcare system and also that there are solutions we haven't tried yet:

C: So one of the faults you assert with our health care system is that we spend the most money per capita. A very large percentage of that goes into research and development are you claiming that that is a waste?

C: Couldn't the shorter life expectancy you provide as evidence for why we need a comparable system be attributable to the fact that more Americans die of homicide and live less healthy lifestyles...wouldn't you agree there are other reasons, at least partially, for why Americans rank lower? I mean if you think of it logically from a strictly health care perspective and France has such a better system according to you, why do they have drastically lower cancer survival rates?

C: I think we can all agree that a lot of money is spent on legal fees and frivolous malpractice cases, one of the reasons why statistics show America spends the most per capita. Is this really a problem unique to not having universal health care? How is universal health care going to address this? Isn't this more a problem with the current systems legal code which can easily be addressed without overhauling the entire United States health care system.

# Pro Evidence

## France system not socialized

<http://www.npr.org/templates/story/story.php?storyId=92419273>

NPR French Health Care For All

Health Care Lessons From France July 11, 2008

“Americans assume that if it’s in Europe, which France is, that it’s socialized medicine. The French don’t consider their system socialized. In fact, they detest socialized medicine. For the French, that’s the British, that’s the Canadians. It’s not the French System,” Paul Dutton says, Northern Arizona University historian, author of *Differential Diagnoses: A Comparative History of Health Care Problems and Solutions in the United States and France*.

*\*Used as a response when someone blatantly calls any form of universal health care to be a socialized system. Expert opinion is that the French health care system is not a socialized one, thus negating any harms associated with Socialism.*

Connecticut Coalition for Universal Health Care, John R. Battista, M.D. and Justine McCabe, Ph.D.

Single payer universal health care is not socialized medicine. It is health care payment system, not a health care delivery system. Health care providers would be in fee for service practice, and would not be employees of the government, which would be socialized medicine. Single payer health care is not socialized medicine, any more than the public funding of education is socialized education, or the public funding of the defense industry is socialized defense.

Repeated national and state polls have shown that between 60 and 75% of Americans would like a universal health care system

*\*Single payer, universal health care is not socialized medicine and would be preferred by the majority of the citizens of this country.*

## France system not socialized (Cont'd)

Montreal Economic Institute

The Private Sector Within A Public Health Care System: The French Example

April 2008

[http://www.iedm.org/uploaded/pdf/avril2008\\_en.pdf](http://www.iedm.org/uploaded/pdf/avril2008_en.pdf)

In 2005, there were 1052 private for-profit establishments in France, 37% of all health care establishments with hospital capabilities. They accounted for 91191 beds for full hospital care, of 21% of the total. This is about twice as much as the United States, where private for-profit establishments represented 15% of all hospitals and 12% of beds.

*\*Used as a surprising real world example of how French health care is not socialized.*

## **French health care costs are relatively stable**

Montreal Economic Institute

The Private Sector Within A Public Health Care System: The French Example

April 2008

[http://www.iedm.org/uploaded/pdf/avril2008\\_en.pdf](http://www.iedm.org/uploaded/pdf/avril2008_en.pdf)

Although it is often stated that the main weakness of the french health care system is its high costs, international comparisons show that inflationary trends in health care spending in France in recent years are lower than elsewhere.

*\*Words of caution: keep in mind that the French system is the third most expensive in the world. While costs might not be increasing at a high rate, that just means that the costs are already exceptionally high.*

Montreal Economic Institute

The Private Sector Within A Public Health Care System: The French Example

April 2008

[http://www.iedm.org/uploaded/pdf/avril2008\\_en.pdf](http://www.iedm.org/uploaded/pdf/avril2008_en.pdf)

A recent OECD report notes that health care spending in France was just 20% higher in 2005 than 1995, whereas the average spending in OECD countries had risen nearly 50%. The average annual growth rate is real per-capita health care spending in France was 2.3% from 1995 to 2005, the lowest rate among OECD countries except for Germany.

*\*Words of caution: this just means that the initial spending when the French health care system was started was higher than its counterparts.*

## The French system is less expensive than the US

<http://www.ihf.com/articles/2007/08/13/opinion/eddutton.php>

International Herald Tribune  
A Model Health Care System  
August 13, 2007

The French System is also not expensive. At \$3,500 per capita it is one of the most costly in Europe, yet that is still far less than the \$6,100 per person in the United States.

*\*Words of caution: just because per capita spending in France is lower than that of the US on health care does not mean that if the French system was implemented in the US that spending would decrease or even stay the same. There is plenty of evidence to say that spending would increase.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States  
Victor G. Rodwin

There is wide access to comprehensive health services for a population that is on average older than that of the United States, and yet France's health expenditures in 2000 were equal to 9.5% of its gross domestic product compared with 13.0% of GDP in the United States

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine  
The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?  
Jan 24 2008

The United States spends about 16% of its annual gross domestic product or 6,400 per capita, on health care.

*\*Evidence to show how much spending has increased over time. US system is not stable and change needs to happen at some point.*

## **Lack of Insurance->Higher Mortality Rate**

AMSA (American Medical Student Association)

As a result of these difficulties accessing health care, the non-partisan Institute of Medicine estimates that the uninsured have an excess annual mortality rate of 25%. This increased mortality translates into 18,000 excess deaths for people between age 25-64 per year, which is of comparable magnitude to the number of people in this age group who die each year from diabetes, stroke, HIV, and homicide. The suffering caused by uninsurance goes far beyond the purely physical suffering experienced by uninsured individuals. Emotionally, uninsurance contributes to anxiety, familial stress, depression, and fear. Financially, medical costs are a major cause of personal bankruptcy. Even without bankruptcy, the financial strain on families can be significant and potentially ruinous.

## **Other Hidden Costs of Lacking Health Care/Insurance**

AMSA (American Medical Student Association)

The stress borne by families with members who have extremely high health care costs or who are ill because they cannot access health care was documented in the Institute of Medicine's report on the uninsured. Dealing with collections agencies, personal bankruptcy, and transient periods of uninsurance can be part and parcel of the experience of American families when even one of their members is uninsured. Children in particular are harmed by familial stress and developmental delays from not receiving health care, both of which can lead to behavioral problems and loss of potential. The freedom to make decisions about one's life includes having the financial resources to pursue one's goals. More explicitly, the "job lock" phenomenon, in which millions of Americans stay with a job they don't like because it provides health insurance it provides, is a clear barrier to being able to freely make decisions about how your life plays out.

## **Causes Roughly 18,000 Unnecessary Deaths Per Year**

Erin Ruth, Michigan State University, Edited by Kao-Ping Chua, Rutledge Fellow 2005-2006

When hospitalized, the uninsured are more likely to die in the hospital than are insured patients. Furthermore, the Institute of Medicine (IOM) estimates that lack of health insurance causes roughly 18,000 unnecessary deaths every year among adults aged 25-64 in the United States. Overall, the IOM estimates that uninsured adults have a 25 percent greater risk of premature death. This mortality exists even after accounting for social, demographic, health status and health behavior differences.

## **Unnecessary (Expensive) Use of the ER**

AMSA (American Medical Student Association)

The ER is an expensive place to receive care. An average visit to an emergency room costs \$383, whereas the average physician's office visit costs \$60. It is estimated that 10.7% of ER visits in 2000 were for non-emergencies, costing the system billions of dollars.

## French system adapting

<http://www.ihf.com/articles/2007/08/13/opinion/eddutton.php>

International Herald Tribune  
A Model Health Care System  
August 13, 2007

Today, French reformers first priority is to move health insurance financing away from payroll and wage levies because they hamper employers willingness to hire. Instead, France is turning toward broad taxes on earned and unearned income aline to pay for health care.

*\*The wording of the resolution, specifically “modeled after,” allows for some leniency on what the US should implement. This piece of evidence and the next serve to show that there is talk within the French system of reforming specific areas that have negative side effects. The US could choose to implement what the reformers suggest rather than the current code of French health care.*

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview  
Institution for research and information in health economics  
October 2001

I'd like to mention that many experts advocate a change in the way health insurance covers care. They think it would be more efficient and equitable to clearly define a set of indispensable good and services which should be available to everyone and while should be 100% publicly financed. The remaining good and services would be available to those who desire and can afford them, with or without relying on private insurance.

## French system adapting (Cont'd)

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview  
Institution for research and information in health economics  
October 2001

New agencies were created to oversee safety measures concerning the nation's blood supply, organ donor programs, food, and medical goods and services.

*\*If anyone brings up specific examples of events that the French health care could not handle, i.e heat wave deaths or viral outbreaks, say that these events did not occur because of the French system but according to Carol Stapek these could have happened to many health care systems. Once these situations did occur though, France increased its oversight in areas where problems arose to prevent the same situation from occurring a second time.*

## **Taxes are lower but US citizens pay more**

<http://www.npr.org/templates/story/story.php?storyId=92419273>

NPR

French Health Care For All  
Health Care Lessons From France  
July 11, 2008

Americans don't pay as much in taxes. Nonetheless, they end up paying more for health care when one adds in the costs of buying insurance and the higher out-of-pocket expenses for medicine, doctors and hospitals.

*\*Careful in citing this because this is not quantified with numbers, rather play to the judges experience of overwhelming medical costs.*

## **Taxes wouldn't go up**

We Can Afford Universal Health Care

<http://www.massdefendhealthcare.org/advocacy/Articles/707NewsweekarticleWecanaffordUniversalHealthcare.htm>

By Jane Bryant Quinn  
Newsweek, July 30, 2007 issue

Eeeek, your taxes would go up! Maybe not, if Sheils is right. Both the Congressional Budget Office and the General Accounting Office have testified that the United States could insure everyone for the money we're spending now. But even if taxes did rise, you might still come out ahead. That's because your Medicare plan would probably cost less than the medical bills and premiums you're paying now.

## **Prescriptions More Expensive**

Erin Ruth, Michigan State University, Edited by Kao-Ping Chua, Rutledge Fellow 2005-2006

A 19-state study found that "uninsured Americans pay 72% more on average for ten common prescription drugs than the federal government.

## Why system is so expensive in the US

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine

The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?

Jan 24 2008

High insurance costs wreak havoc on the private, voluntary, employer-based system, especially in the small group and individual markets. As costs increase, purchasers drop or limit coverage or charge workers more for it, leading more workers to do without it.

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

16% of the U.S. population lacks health insurance altogether and many possess insurance with such high deductibles that they forego medical needs for financial reasons. A large number of uninsured puts additional strains on a health care system. In order to recuperate the costs of uncompensated care, providers raise the price of services for the insured, thereby creating a vicious cycle, since higher insurance premiums ultimately lead to more uninsured patients.

John R. Battista, M.D. (April 6, 2008)

The United States spends twice as much per capita on health care than other industrialized countries, and 30% more than the second most expensive country in the industrialized world. Why is the cost of health insurance so high in the United States relative to other industrialized countries? Two factors have been identified to account for this disparity: high administrative costs and the high cost of prescription medications. The main reason medications are less expensive in other industrialized countries is because they negotiate the price of prescription medications, or bulk purchase them, something which is absent in substantial aspects of the US health care system such as traditional Medicare.

## Inequality not intended in the French system

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview  
Institution for research and information in health economics  
October 2001

The public hospital funds are allocated to regions in such a way as to better tailor the distribution of available care to the needs of the population.

*\*Unequal distribution would be due to the private practitioners who are free to perform where they choose. The public hospitals, the only thing that the state has control over, are distributed equally.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States  
Victor G. Rodwin

There is no public perception in France that health services are “rationed” to patients.

*\*Just because the public doesn't realize it does not mean that it isn't true.*

## **Serious illness covered under the French system**

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

In France, the sicker you get, the less you pay. Chronic diseases, such as diabetes, and critical surgeries, such as a coronary bypass, are reimbursed at 100%. Cancer patients are treated free of charge. Patients suffering from colon cancer, for instance, can receive Genetech Inc.'s Avastin without charge. In the U.S. a patient may pay \$48,000 a year.

*\*All three of these pieces of evidence serve to show the benefits of the French health care system and the critical need for it. There is a common expression that many people in the United States are one serious illness away from bankruptcy. The French system in the US would prevent these disastrous bankruptcies from occurring. This can easily be played to the judges because it is likely that the judge has known someone or heard of someone who has experienced this unfortunate downfall.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

In contrast to Medicare and private insurance in the United States, where severe illness usually results in increasing out-of-pocket costs, when patients become very ill in France their health insurance coverage improves. For example, although coinsurance and direct payment is symbolically an important part of French NHI, patients are exempted from both when (1) expenditures exceed approximately \$100, (2) hospital stays exceed 30 days, (3) patients suffer from serious, debilitating, or chronic illness, or (4) patient income is below a minimum ceiling, thereby qualifying them for free supplementary coverage.

## **Serious illness covered in the French system(Cont'd)**

<http://www.nchc.org/facts/France.pdf>

National Coalition on Health Care  
Health Care in France

There are two types of hospitals in France with varying types of reimbursements. At public hospitals and private hospitals that work under the Securite Sociale, the treatment of illness is reimbursed for 8% for the first month and 100% afterwards.

AMSA (American Medical Student Association)

Lack of preventive care and adequate care of chronic diseases: Because the uninsured do not get the preventive and chronic disease care they need, they are more likely to develop complications and advanced stage disease, both of which are expensive to treat. The magnitude of this cost is difficult to estimate, but it is significant.

## **United States Health Care System is Bad and Getting Worse**

Connecticut Coalition for Universal Health Care, John R. Battista, M.D. and Justine McCabe, Ph.D.

The United States ranks 23rd in infant mortality, down from 12th in 1960 and 21st in 1990. The United States ranks between 50th and 100th in immunizations depending on the immunization. Overall US is 67th, right behind Botswana.

*\*The United States ranks poorly relative to other industrialized nations in health care despite having the best trained health care providers and the best medical infrastructure of any industrialized nation.*

## **French health care is better**

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek, The French Lesson in Health Care  
JULY 9, 2007

France's infant death rate is 3.9 per 1000 births, compared with 7 in the U.S., and average life expectancy is 79.4 years, two more than the U.S. The country has far more hospital beds and doctors per capita than America, and far lower rates of death from diabetes and heart disease.

<http://abcnews.go.com/Health/Story?id=4647483&page=1>

ABC News  
The Health Care System I want is in France  
By Mary Cline  
Paris April 15, 2008

[France] is physician-rich, boasting one doctor for approximately every 430 people, compared with a doctor for every 1230 resident in the U.S.

*\*Keep in mind that this is only possible because French doctors earn only a third of what American doctors make.*

## People are more satisfied with the French system

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

Some 65% of French citizens express satisfaction with their system, compared with 40% of U.S. residents.

*\*Fall back statistic when opponents talk about how the French health care system is bad compared to the US.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

The French health care system delivers a higher aggregate level of services and high consumer satisfaction with a significantly lower level of health expenditures, as a share of GDP, that in the United States.

*\*A very good catch line to possibly put at the beginning of a pro case.*

## French System Could work in the US

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

The French system is similar enough to the U.S. model that reforms based on France's experience might work in America. "The french approach suggest it is possible to solve the problem of financing universal coverage... [without] reorganizing the entire system," says Victor G. Rodwin, professor of health policy and management at New York University.

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

French NHI was not designed from scratch as a pluralistic, multi-payer system providing universal coverage on the basis of occupational status. It is the outcome of sociopolitical struggles and clashes among trade unions, employers, physicians associations, and the state. This suggests that NHI in the United States could similarly emerge from our patchwork accumulation of federal, state, and employer-sponsored plans so long as we recognize the legitimate role of government in overseeing the rules and framework within which these actors operate.

## **Implementation Doesn't Need to be a huge reform**

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Second, the evolution of French NHI demonstrates that it is possible to achieve universal coverage without a “big bang” reform, since this was accomplished in incremental stages beginning in 1928, with big extensions in 1945, 1961, 1966, 1978, and finally in 2000. Of course, the extension of health insurance involved political battles at every stage. In the United States, since it is unlikely that we will pass NHI with one sweeping reform, we may first have to reject what Fuchs calls the “extreme actuarial approach” of our private health insurance system and then accept piecemeal efforts that extend social insurance coverage to categorical groups beyond current beneficiaries of public programs.

"<http://www.ajph.org/cgi/reprint/93/1/31.pdf>"

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Finally, and perhaps most important for the United States, the French experience suggests that it is possible to solve the problem of financing universal coverage before meeting the challenge of modernizing and reorganizing the health care system for the 21st century. The United States would do better to follow the French example in solving the tough entitlement issues before restructuring the entire health care system.

## Competition within health care is beneficial

Montreal Economic Institute

The Private Sector Within A Public Health Care System: The French Example

April 2008

["http://www.iedm.org/uploaded/pdf/avril2008\\_en.pdf"](http://www.iedm.org/uploaded/pdf/avril2008_en.pdf)

Competition may well explain why sending growth has been held at a reasonable level in France despite the aging of its population. With health care establishments pushed constantly to seek ways of improving the quality of their services and to stand out from their competitors, they are forced to innovate and to find means of reducing costs. It is estimated that the private sector in France has 30% to 40% lower than the public sector for the same pathology.

*\*Since the US system would be filled with competition this could be a potential way to keep down costs. US would clearly have more competition than France so we might see even better results.*

## **French health care doesn't inhibit technology**

["http://www.ajph.org/cgi/reprint/93/1/31.pdf"](http://www.ajph.org/cgi/reprint/93/1/31.pdf)

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

But France stands out as having more radiation therapy equipment than the United States, Japan, and the rest of Europe.

\*While this is only one aspect of technology, it's a nice response to an example brought up by opponents. Also consider that the US already has very good technology compared to the rest of the world so it wouldn't be a problem if we had a French UHC system.

## **Universal Health Care Wouldn't Be Too Expensive**

Connecticut Coalition for Universal Health Care, John R. Battista, M.D. and Justine McCabe, Ph.D.

The United States spends at least 40% more per capita on health care than any other industrialized country with universal health care. Federal studies by the Congressional Budget Office and the General Accounting office show that single payer universal health care would save 100 to 200 Billion dollars per year despite covering all the uninsured and increasing health care benefits. The costs of health care in Canada as a % of GNP, which were identical to the United States when Canada changed to a single payer, universal health care system in 1971, have increased at a rate much lower than the United States, despite the US economy being much stronger than Canada's.

*\*Single payer universal health care costs would be lower than the current US system due to lower administrative costs. The United States spends 50 to 100% more on administration than single payer systems. By lowering these administrative costs the United States would have the ability to provide universal health care, without managed care, increase benefits and still save money.*

## The US has money for UHC

["http://www3.interscience.wiley.com/cgi-bin/fulltext/117984997/HTMLSTART"](http://www3.interscience.wiley.com/cgi-bin/fulltext/117984997/HTMLSTART)

A Universal Healthcare System: Is It Right for the United States?

Barbosa (2002) stated that one of the things that distinguish health care in the United States from other countries that have a universal healthcare system is the amount of bureaucracy that plagues the system. Health Insurance Law Weekly reported that a study conducted by the Harvard Medical School and Public Citizens Group found that bureaucracy costs in 2003 amounted to \$399.4 billion. The study estimated that a national health insurance program could result in savings of \$286 billion annually on paperwork alone, which is more than enough to cover all uninsured Americans along with full prescription drug benefits for all Americans. As you can clearly see, the monies required for a universal healthcare system are already available. However, our present system of health care is inadequate and too cumbersome to support this process. Therefore, our present healthcare system is in need of a major overhaul.

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

At the same time, the French system exhibits enviably low administrative costs: 5% of total expenditures versus 14% in the U.S. U.S. physician fee increases are increasingly driven by doctors' efforts to recover office personnel and non-physician payroll expenses, which have risen at a compounded annual growth rate of 7.1% since 1986. These increases far exceed hikes in liability insurance premiums (3.5%) and medical supplies (1%) during the same period. Although numerous, French insurance funds adhere to a nationally standardized billing and reimbursement procedure. This practice, along with the fact that physicians' services are pre-approved for payment through the national convention, permits French medical offices to operate with relatively few administrative personnel.

## **The US has money for UHC (Cont'd)**

We Can Afford Universal Health Care

["http://www.massdefendhealthcare.org/advocacy/Articles/707NewsweekarticleWecanaffordUniversalHealthcare.htm"](http://www.massdefendhealthcare.org/advocacy/Articles/707NewsweekarticleWecanaffordUniversalHealthcare.htm)

By Jane Bryant Quinn

Newsweek, July 30, 2007 issue

Universal coverage costs too much. No, what costs too much is the system we have now. In 2005, the United States spent 15.3 percent of gross domestic product on health care for only some of us. France spent 10.7 percent and covered everyone. The French comparison is good because its system works very much like Medicare-for-all. The other European countries, all with universal coverage, spent less than France.

Why are U.S. costs off the charts? Partly because we don't bargain with providers for a universal price. Partly because of the money that health insurers spend on marketing and screening people in or out. Medicare's overhead is just 1.5 percent, compared with 13 to 16 percent in the private sector. John Sheils of the Lewin Group, a health-care consultant, says that the health insurers' overhead came to \$120 billion last year, of which \$40 billion was profit. By comparison, it would cost \$54 billion to cover all the uninsured.

## **Universal Health Care is Cheaper**

Hartford Courant, John R. Battista, M.D. and Justine A. McCabe, Ph.D.

The United States is the only industrialized country in the world in which health care is not a right of citizenship. As a result the United States has the worst health care statistics in the industrialized world. We rank 18th in longevity, 16th in infant mortality, and around 67th in immunizations. All because our citizens can't access health care due to money.

Guess what? It's cheaper to finance a public health care system through taxes than it is to administer it privately. The United States spends much more per capita on health care than any country with a publicly financed health insurance plan. How? By doing away with administrative waste, and purchasing medications in bulk. This same conclusion was reached by the recently reported study of the Massachusetts Medical Society, the AMA of Massachusetts. They concluded that a public health insurance plan for Massachusetts would save Massachusetts 1.7 to 2.7 billion dollars a year despite increased benefits and extending them to everyone in the state.

## **Budget deficit not bad**

Congressional Research Service The budget Deficit and the Trade Deficit  
March 24, 2005

When the structural budget deficit grows, foreign investors will buy more of the now higher yielding American assets. Thus, the net demand for dollars in the foreign market rises and the dollar increases in value.

## **High interest rates not harmful**

Congressional Research Service Government Spending or Tax Reduction  
January 11, 2008

Higher interest rates will tend to attract foreign capital that will cause the exchange value of the dollar to appreciate.

Congressional Research Service Using Business Tax cuts to stimulate the Economy  
January 30, 2003

Increased interest rates attract capital from abroad and bid up the price of the dollar.

## **Decrease value of dollar not entirely negative**

Congressional Research Service Economic Stimulus Proposals for 2008  
February 1, 2008

By reducing the value of the dollar, would lead to higher exports and lower imports.

## US workers would be more productive with UHC

["http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=294176"](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=294176)

Health and Productivity Among U.S. Workers  
The Commonwealth Fund, August 2005

This analysis of Commonwealth Fund survey data estimates the economic impact of health problems on worker productivity. In 2003, an estimated 18 million adults ages 19 to 64 were not working and had a disability or chronic disease, or were not working because of health reasons. Sixty-nine million workers reported missing days due to illness, for a total of 407 million days of lost time at work. Fifty-five million workers reported a time when they were unable to concentrate at work because of their own illness or that of a family member, accounting for another 478 million days. Together, labor time lost due to health reasons represents lost economic output totaling \$260 billion per year. Workers without paid time off to see a physician are more likely to report missing work or being unable to concentrate at their job.

*\*While not all of this money could be insured to be put back into the economy because of the French System, there is a potential that much of it could. Response to main economic arguments regarding how expensive the French system would be. Read the full article for a more in depth analysis at ["http://www.commonwealthfund.org/usr\\_doc/856\\_Davis\\_hlt\\_productivity\\_USworkers.pdf?section=4039"](http://www.commonwealthfund.org/usr_doc/856_Davis_hlt_productivity_USworkers.pdf?section=4039)*

## **No Lines Because of Oversupply**

Connecticut Coalition for Universal Health Care, John R. Battista, M.D. and Justine McCabe, Ph.D.

There would be no lines under a universal health care system in the United States because we have about a 30% oversupply of medical equipment and surgeons, whereas demand would increase about 15%

*\*The US denies access to health care based on the ability to pay. Under a universal health care system all would access care. There would be no lines as in other industrialized countries due to the oversupply in our providers and infrastructure, and the willingness/ability of the United States to spend more on health care than other industrialized nations.*

## **UHC Improves Health Care Efficacy**

John R. Battista, M.D. (April 6, 2008)

As a result, most people and health care experts accept that universal health insurance improves a health care system's efficacy. International experience supports this conclusion. For example, when Canada passed its universal health insurance program 30 years ago it had poorer efficacy data than the US. Now, 30 years later, it has better efficacy data than the US.

## **Free Market Empirically Lower Quality**

Physicians for a National Health Program (no date given)

A study published in today's Journal of the American Medical Association (JAMA) finds that investor-owned HMOs scored worse than non-profit HMOs on all 14 quality indicators reported to the National Committee for Quality Assurance in 1997. The quality measures ranged from routine preventive care (e.g. childhood immunizations, pap smears, prenatal care, and mammography) to care for patients with serious illness (e.g. eye examinations to prevent blindness in diabetics, follow-up visits for patients released from psychiatric hospitals, and prescriptions of life-saving beta blocker drugs for patients surviving heart attacks).

## **Free Market More Costly and Inefficient**

Connecticut Coalition for Universal Health Care, John R. Battista, M.D. and Justine McCabe, Ph.D.

Private for profit corporation are the least efficient deliverer of health care. They spend between 20 and 30% of premiums on administration and profits. The public sector is the most efficient. Medicare spends 3% on administration. The same procedure in the same hospital the year after conversion from not-for profit to for-profit costs in between 20 to 35% more.

## **Loss of Global Competitiveness**

AMSA (American Medical Student Association)

Health insurance costs are built into the prices of American products. Because businesses in other industrialized countries are not responsible for shouldering most of the costs of employee health insurance, American companies are at a competitive disadvantage globally. General Motors reports that every car it makes is \$1,500 more expensive because of health care costs, far more than what Japanese and German automakers have to pay.

## **Multi-Payer System is More Feasible for the United States**

["http://www.house.gov/conyers/news\\_hr676\\_8.htm"](http://www.house.gov/conyers/news_hr676_8.htm)

A third model of universal health care is a highly regulated, universal, multi-payer health insurance system. This model is in place in countries like Germany , France , and Japan , which have universal health insurance via non-profit "sickness funds" ( Germany ) or "mutuales" ( France ). The sickness funds pay physicians and hospitals uniform rates that are negotiated annually (also known as an all-payer system).

Although often suggested as a "more politically feasible" model for the U.S. , the non-profit, charitable sickness funds/mutuales are completely different from our for-profit, investor-owned insurance companies. There is no resemblance between an Aetna or Humana and a sickness fund or mutuale.

## Doctors do not earn less

["http://www.iht.com/articles/2007/08/13/opinion/eddutton.php"](http://www.iht.com/articles/2007/08/13/opinion/eddutton.php)

International Herald Tribune  
A Model Health Care System  
August 13, 2007

But the low income of French physicians is allayed by two factors. Practice liability is greatly diminished by a tort-averse legal system, and medical schools, although extremely competitive to enter, are tuition-free. Thus, French physicians enter their careers with little if any debt and pay much lower malpractice insurance premiums. Nor do France's doctor's face the high non-medical personnel payroll expenses that burden American physicians. Securite Sociale has created a standardized and speedy system for physical billing and patient reimbursement using electronic funds.

["http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm"](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek  
The French Lesson in Health Care  
JULY 9, 2007

However, French doctors don't have to pay back their crushing student loans because medical school is paid for by the state, and malpractice insurance premiums are a tiny fraction of the \$55,000 a year and up that many U.S. doctors pay. That \$55,000 equals the average yearly net income for French Doctors, a third of what their American counterparts earn.

## Doctors do not earn less (Cont'd)

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

Although over 25% of French physicians charge fees above the convention rates, their patients' reimbursement— usually 70% of expenses in ambulatory care—is tied to it.

*\*French physicians have the option to charge more than the convention rate thus they have the possibility to make more money. This additional cost is normally covered by supplemental insurance so there is minimal cost to the individual.*

["http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm"](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

Then again, the French government pays two-thirds of the social security tax for most French Physicians- a tax that's typically 40% of income.

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

The relatively low income of French physicians is allayed by two factors. Practice liability is greatly diminished by a tort-adverse legal system and medical schools, although extremely competitive to enter, are essentially free. Thus, French physicians enter the market with little if any debt and pay much lower malpractice insurance premiums.

## Doctors support universal health care

["http://www.iht.com/articles/2007/08/13/opinion/eddutton.php"](http://www.iht.com/articles/2007/08/13/opinion/eddutton.php)

International Herald Tribune  
A Model Health Care System  
August 13, 2007

National health insurance in France stands upon two grand historical bargains- the first with doctors and a second with insurers. Given their current frustrations, America's doctors might finally be convinced to throw their support behind a universal health insurance if it protected their professional judgement and created a sane system of billing and reimbursement.

*\*Since the US system is rather complex with many different moving parts, it can become difficult to maneuver. Doctors have become fed up with the system but that is not to say that a French system would make it any more manageable.*

## Will not destroy private insurance companies

["http://www.ajph.org/cgi/reprint/93/1/31.pdf"](http://www.ajph.org/cgi/reprint/93/1/31.pdf)

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

French experience demonstrates that universal coverage can be achieved without excluding private insurers from the supplementary insurance market. The thriving nonprofit insurance sector (mutuelles) as well as commercial companies (e.g., Axa) are evidence in support of this proposition.

*\*French system does not pose a threat to insurance companies. They can also charge less for premiums because they wouldn't have to cover many of their current expenditures because the government would cover it. This would allow more people to purchase supplemental health insurance thus allowing them to continue their business without compromising for a French health care system.*

["http://www.ajph.org/cgi/reprint/93/1/31.pdf"](http://www.ajph.org/cgi/reprint/93/1/31.pdf)

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Nevertheless, so long as NHI covers the insurance functions, why prevent the private insurance industry from providing useful services, on a contractual basis, under a NHI program?

## **Will not destroy private insurance companies (Cont'd)**

Montreal Economic Institute

The Private Sector Within A Public Health Care System: The French

Example

April 2008

["http://www.iedm.org/uploaded/pdf/avril2008\\_en.pdf"](http://www.iedm.org/uploaded/pdf/avril2008_en.pdf)

About 92% of people in France have supplemental insurance.

*\*Words of caution: just because people in France have supplemental insurance does not mean that people in the US would if the French System is adopted. Many people do not have insurance now, what's to say that they will in the future under a new system? Chance that since people would have higher taxes under French system they would choose not to purchase supplemental insurance because they needed the additional money.*

## **Possible to get insurers to accept UHC**

["http://www.iht.com/articles/2007/08/13/opinion/eddutton.php"](http://www.iht.com/articles/2007/08/13/opinion/eddutton.php)

International Herald Tribune

A Model Health Care System

August 13, 2007

French Legislators also overcame insurance industry resistance by permitting the nation's already existing insurers to administer its new health care funds. Private health insurers are also central to the system as supplemental insurers who cover patient expenses that are not paid for by Securite Sociale.

## **Uninsured Hurt Entire Community**

Erin Ruth, Michigan State University, Edited by Kao-Ping Chua, Rutledge Fellow 2005-2006

According to the Institute of Medicine, “it is both mistaken and dangerous to assume that the prevalence of uninsurance in the United States harms only those who are uninsured... Uninsurance at the community level is associated with financial instability for health care providers and institutions, reduced hospital services and capacity, and significant cuts in public health programs, which may diminish access to certain types of care for all residents, even those who have coverage”. A lack of health insurance and incomplete coverage of medical services results in fragmented care, which has grave implications for the physical health, emotional health, and financial health of society.

## **Uninsured Later Diagnosis Often When It’s Too Late**

Erin Ruth, Michigan State University, Edited by Kao-Ping Chua, Rutledge Fellow 2005-2006

The uninsured patients were 1.7 times more likely to be diagnosed late for colorectal cancer, 2.6 times more likely to be diagnosed late for melanoma, 1.4 times more likely to be diagnosed late for breast cancer, and 1.5 times more likely to be diagnosed late with prostate cancer

## **Current Situation Violates American Values/American Dream**

AMSA (American Medical Student Association)

Americans purport to believe in equal opportunity. Yet, in the current situation, those who do not have health care are at risk for financial ruin and poorer health, both of which disadvantage them in society and thereby do not give them equal opportunity. Education is guaranteed in America in part to further the ideal of equal opportunity, but health care is not treated in the same way.

The Declaration of Independence states there are certain “inalienable rights”, including life, liberty and the pursuit of happiness. If Americans believe in an inalienable right to life, how can we tolerate a system that denies people lifesaving medications and treatments? Similarly, if Americans believe in an inalienable right to the pursuit of happiness, how can we allow millions of dreams to be smashed by the financial and physical consequences of uninsurance?

Finally, a value that is not clearly specific to Americans but that certainly is held by is economic efficiency -- getting good value for money. The United States spend almost twice per capita on health care on average than other countries do. Yet, the American health care system suffers from rampant uninsurance, subpar life expectancy and infant mortality rates, and uneven performance on quality. Americans do not need more money for health care; they need more health care for their money.

## Individuals are job locked in the US

["http://www.iht.com/articles/2007/08/13/opinion/eddutton.php"](http://www.iht.com/articles/2007/08/13/opinion/eddutton.php)

International Herald Tribune  
A Model Health Care System  
August 13, 2007

American advocates of mandates on employers to provide health insurance should take note. The link between employment and health security is a historical artifact whose disadvantages now far outweigh its advantages. Economists estimate that between 25 and 45 percent of the U.S. labor force is now job-locked. That is, employees make career decisions based on their need to maintain affordable health coverage or avoid exclusion based on a pre-existing condition.

AMSA (American Medical Student Association)

Job lock refers to the idea that people stay with their jobs when they would rather work elsewhere because their current job offers health insurance. For example, many individuals opt to stay with their job instead of starting their own business because they are unsure of whether they can get health insurance on the individual market, which has higher premiums and often denies people with pre-existing conditions. Although the number of people who would be self-employed if there were universal health care is controversial, one study from 2001 put the number at 3.8 million Americans. This loss of entrepreneurship is a real economic cost in a society that is relying on start-ups to offset the loss of jobs that are moving offshore.

## Miscellaneous

AMSA (American Medical Student Association)

How much would it cost to achieve universal health care?

There are a number of costs involved with achieving universal health care.

- The additional health care that would be used by the uninsured if they had insurance: The Institute of Medicine estimated that this would amount to \$34-\$69 billion per year, depending on whether the benefits package offered to the uninsured offered public insurance-level benefits (e.g. Medicaid or S-CHIP) or private insurance-level benefits. Note that this number assumes “no structural changes in the systems of health care financing or delivery, average scope of benefits, or provider payment”.
- The cost of covering the out-of-pocket costs the uninsured currently pay: The uninsured pay 35% of health care costs out-of-pocket, compared to 20% for the insured. It is estimated that of the \$100 billion in care the uninsured use per year, 26% was paid out-of-pocket by the uninsured, or \$26 billion. As Uwe Reinhardt wrote, “If the purpose of public policy in this area were to protect American families from financial distress, then presumably some of this out-of-pocket spending by the uninsured would be shifted from the uninsured to the government’s budget”. The cost of covering these out-of-pocket costs would depend on the generosity of the benefits offered to the uninsured.
- The cost of covering uncompensated care costs provided by hospitals, physicians, and other providers to the uninsured: Currently, \$34.5 billion a year is spent on uncompensated care costs, which includes free care, discounted care, and “bad debt” that is written off by the provider if the uninsured person cannot pay. A system that covered the uninsured would likely cover some or all of these uncompensated costs; the exact amount would depend on the specific solution in question.
- Finally, depending on the solution chosen, those who are currently privately insured may also use more health care (e.g. if health care were made available for all with no or minimal cost-sharing, there might be increased usage of health care across the board). Furthermore, there is the possibility that covering the uninsured through a public insurance program may tempt employers to drop coverage and push their employees onto the public insurance program (“crowd-out”); the exact magnitude of this additional cost would depend on the solution chosen.

## Con Evidence

### **French system will not work in the US**

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Perceptions of health systems abroad can become caricatures of what we wish to promote or avoid at home. It is thus a risky venture to derive lessons from the French experience for health care reform in the United States.

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Of course, it is easier to achieve this model before the emergence of a powerful commercial health insurance industry such as exists in the United States today.

*\*Due to the preexistence of a powerful insurance industry, a radical change to a French health care system would not be possible because of interference from the current insurers.*

## French system will not work in the US (Cont'd)

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine

The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?

Jan 24 2008

Critics have long contended that the U.S. health care system cannot intelligently address problems of coverage and cost because it is really a non-system, a fragmented assemblage of private, voluntary, and public powers that resists any semblance of the planning that a \$2 trillion annual enterprise demands. The indictment right true: the system's stubborn localism ("health is a community affair"), voluntarism (employer based coverage), privatism (an insurance industry free to reject bad risks or price them out of the market), and federalism (wide variation among states in Medicaid eligibility and services) defy coherent ordering.

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine

The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?

Jan 24 2008

Despite deep differences in the interest of its members, the axis of opposition that has throttled reform in the past- business, insurance, and providers- still concurs on three points: reform should not make big government much bigger; that the costs of reform out not fall on them, and that other items on their agendas take precedence.

*\*Key piece of evidence that explains what would be needed for UHC to be effective in the US. The French system doesn't follow any of these guidelines. Government would have to make critical decisions about how to less cost. Costs of the reform fall not only on the government but also on employers in the form of taxes. Due to the current economy, now is not the time to be implementing such an expensive system that doesn't stimulate the economy.*

## French system will not work in the US (Cont'd)

<http://www3.interscience.wiley.com/cgi-bin/fulltext/117984997/HTMLSTART>

A Universal Healthcare System: Is It Right for the United States?

The United States rejects publicly set spending limits, and insurance companies, healthcare providers, and other business interests have voiced their opposition to such constraints. The business side of the present system has ardent supporters, who fear loss of stockholder's profits, exorbitant executive salaries, lobbying efforts, and less wide use of technology.

*\*The only way to contain costs in the US would be to implement spending limits. These limits go against American ideals and lead to many negative impacts.*

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine

The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?

Jan 24 2008

The less rapidly rising health costs of the 1990's triggered a strong backlash against managed care. Nothing in today's strategic portfolio hold much promise of disrupting these formidable medical-cultural continuities, so reformers cannot plausibly promise substantial new efficiencies and savings.

## **French system is too expensive**

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview

Institution for research and information in health economics, October 2001

Social security has been cumulating deficits for the last quarter century. Health policy-makers their efforts focused on curbing expenditures, have introduced measures like copayments and regulating the quantity of available care (by limiting the number of hospital beds and physicians.) Prices and Tariffs for ambulatory procedures are negotiated (and therefore controlled) and prescription drug prices are regulated.

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview

Institution for research and information in health economics

October 2001

Since the 90s, yearly expenditure caps have also been set for some sectors like private hospitals and laboratories. Prices within the sector are raised or lowered depending on whether or not the objectives have been met.

<http://www.nchc.org/facts/France.pdf>

National Coalition on Health Care, Health Care in France

Because of this high level of reimbursement and coverage, French health care is among the most expensive in the world. France's health care budget is the world's third largest, accounting for 9.8% of GNP. If spending continues at this rate, the health service may be 11 billion euros in debt by the end of 2004 and 70 billion euros in debt by the end of 2020. Part of this cost stems from alleged waste within the system; some sources suggest that patients "shop" for doctors, visiting multiple specialists until they receive the diagnosis they want. Another cause may be the overuse of prescription drugs; one fifth of the country's health spending goes to pharmaceuticals.

## French system is too expensive (Cont'd)

<http://www.nchc.org/facts/France.pdf>

National Coalition on Health Care  
Health Care in France

France has attempted to limit spending by setting health care budget targets but these measures failed since there was no mechanism to correct of overspending.

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek  
The French Lesson in Health Care  
JULY 9, 2007

France is wrestling with runaway health-care inflation. That has led to some hefty tax hikes, and France is now considering U.S.-style health-maintenance organization tactics to rein in costs.

*\*Should we be changing to a system that is looking to the U.S to keep costs down?*

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek  
The French Lesson in Health Care  
JULY 9, 2007

So far France had been able to hold down the burden on patients through a combination of price controls and increased government spending, but the latter effort had led to higher taxes for both employers and workers. The French national insurance system has been running constant deficits since 1985 and has ballooned to \$13.5 billion.

## **French system is too expensive (Cont'd)**

<http://www3.interscience.wiley.com/cgi-bin/fulltext/117984997/HTMLSTART>

A Universal Healthcare System: Is It Right for the United States?

Increasingly rising cost is a major problem in the United States and the idea that universal coverage will cause costs to go even higher weighs heavily on government and political officials.

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION French medical confidentiality law has also proven a significant impediment to productivity improvements because it constrains the sharing of information between providers and insurers.

Finally, French health care consumers are extremely attached to calling directly at a specialist's office. To date, the establishment of gate-keeping primary care doctors has achieved only limited success. (The rapidity with which American HMOs put an end to this practice for millions of Americans without provoking a revolution boggles the French mind.)

## Inequality in the French System

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview

Institution for research and information in health economics, October 2001

Despite the fact of universal coverage, there is considerable inequality in the availability of health care in France. For example, on average, there are 335 physicians per 100,000 inhabitants. But there are twice as many specialists per person in the Greater Paris Region that in the region of Picardie.

*\*Words of caution: private practitioners are free to practice where they choose.*

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview

Institution for research and information in health economics, October 2001

The coordination of the various health care actors is clearly insufficient. The system breeds competition and undermines cooperation: there is friction between the private and public sectors, between out-patient facilities and hospitals, and between various health care professions. Concern is growing among patients, providers, and regulators. Incentives have been created to spur the development of managed-care networks, though progress has been slow.

*\*Situation would be very similar to the US which would lead to less productivity as a whole.*

## **Inequality in the French System (Cont'd)**

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States, Victor G. Rodwin

Despite the achievement of universal coverage under NHI, there are still striking disparities in the geographic distribution of health resources and inequalities of health outcomes by social class.

## **Costs to individuals still exist under French System**

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/FrenchHealthCareSystem.pdf>

The French Health Care System: a brief overview  
Institution for research and information in health economics  
October 2001

In the hope of curbing consumption and expenditures, copayments were implemented and have increased over time. these copayments are relatively high for many out-patient services. For example, patients must pay 30% of Social security's tariff for a physician's visit, moreover, roughly 40% of specialist and 15% of GPs are allowed to charge more than the tariff. Copayments are also high for dental prostheses and eye-ware. This tended to deter the poorest citizens (few of whom had supplementary insurance) from seeking care.

*\*Most of these costs would be covered by supplemental insurance; however it is likely than many would not be able to afford this insurance so there would still be this issue of people not being able to pay for health care. While individuals could still go to doctor who is covered solely by the national health insurance. Better doctors would naturally charge more for there services which would result in inequality.*

## US has better quality health care than France

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek, The French Lesson in Health Care

JULY 9, 2007

The difference in deaths from respiratory disease, an often preventable form of mortality, is particularly striking: 31.2 per 100,000 people in France, vs. 61.5 per 100,000 in the U.S.

*\*Example of how the U.S. has better technology due to the current system. This technology prevents disease in a way that a French system cannot. Can't prove that this is due to the US system but rather could be possible to external factors.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Owing to strict controls on capital expenditures in the health sector, France has fewer scanners and magnetic resonance imaging units than the United States.

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Second, there is a newly perceived problem of uneven quality in the distribution of health services. In 1997, a reputable consumer publication issued a list of hospitals delivering low quality, even dangerous care. Even before this consumer awareness, there was a growing recognition that one aspect of quality problems, particularly with regard to chronic diseases and older persons, is the lack of coordination and case management services for patients. These problems are exacerbated by the anarchic character of the French health system-what might be called the darker side of laissez-faire.

## US has better quality health care than France (Cont'd)

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

Different strengths in efficiency also distinguish the American and French health care systems. The development of managed care providers in the U.S., especially since the late 1980s, resulted in a rapid spread of productivity enhancement measures throughout American health care. The French have been slow to apply such measures. Many French practitioners view the new productivity measures as a threat to their prescriptive freedom and have hampered a thorough implementation. Also, the new techniques require computerized information gathering and processing systems, an area where French health care lags well behind the U.S.

<http://www3.interscience.wiley.com/cgi-bin/fulltext/117984997/HTMLSTART>

A Universal Healthcare System: Is It Right for the United States?

In regards to costs, Brown reports that all four countries spend a smaller share of their national resource on health care compared to the United States and that cost containment is an important aspect of each system. All four countries pay their physicians less and provide fewer specialized services and highly technical service than does the United States. This fact may be one of the reasons why specialists such as neurosurgeons and urologists were less supportive of universal health care as shown in the study conducted by Ackermann and Carroll (2003).

David Gratzer, citjournal.org

And if we measure a health-care system by how well it serves its sick citizens, American medicine excels. Five-year cancer survival rates bear this out. For leukemia, the American survival rate is almost 50 percent; the European rate is just 35 percent. Esophageal carcinoma: 12 percent in the United States, 6 percent in Europe. The survival rate for prostate cancer is 81.2 percent here, yet 61.7 percent in France and down to 44.3 percent in England—a striking variation.

## **US has better quality health care than France (Cont'd)**

David Gratzner, freemarketcure.org

Americans receive better care than people in any one of those [Canada, Britain, France, and Germany] countries - or any other.

The latter point deserves some explanation. Most comparisons confuse health with health care. As a result, much attention is focused on measures like life expectancy. But a good health care system is only one part of life expectancy - indeed, it could be argued that compared to diet, exercise, and genetics, it is less important. But quality health care is all about the treatment of the sick. And looking at various studies comparing treatment-related issues, American health care comes out on top.

Consider the following cancer studies:

Women who get breast cancer in Europe are four times more likely to be diagnosed when the tumor has spread and are less likely to survive the disease than women in the United States.

The WHO, in partnership with the International Union Against Cancer, compiles 5 year survival rates for various types of cancers. The United States consistently bests Europe. For leukemia, for example, the American survival rate is almost 50%. The European rate is significantly lower, at just 35%. Esophageal carcinoma is often deadly - but American patients far much better than those across the Atlantic. 5 year rates in the U.S. are 12%; European, just 6%.

## **U.S. System is Sustainable**

<http://content.nejm.org/cgi/reprint/358/4/325.pdf>

The New England Journal of Medicine

The Amazing Non-collapsing U.S. Health Care System--Is Reform Finally at Hand?

Jan 24 2008

So, though deeply dysfunctional by most standards, the U.S. health care system remains disturbingly stable.

*\*Purpose to show that there is not an impending need for change right this instant. There are other expenditures of the agenda that are more important; once those are taken care of then we can consider UHC. Now is not the time for a French health care system.*

## **Free Market Incentive Plan**

David Gratzer, freemarketcure.org

Back in the 1970s, the RAND think tank in California tracked two thousand families over eight years in a study that cost about a quarter of a billion dollars (adjusting for inflation) - one of the most expensive experiments in the history of social science. The study compared the health and the health-care spending of two groups: one with free health care, the other with some type of cost-sharing up to a point, after which catastrophic insurance kicked in (structurally similar to a Health Savings Account). The result? Those on the free plan cost 40 percent more but in the end were no healthier than those on the HSA-style plan. This suggests that people are able to make intelligent health-care choices when provided with a financial incentive to do so.

## **Myth:Free Market Health Care has Failed in the U.S.**

David Hogberg, [freemarketcure.org](http://freemarketcure.org)

What has failed in the U.S. is government micromanagement of the health care system. Over the past 40 years government's role in the health care system has continually expanded, from programs like Medicare, Medicaid and SCHIP, to regulations like HIPPA and COBRA. Like most government interventions, it has only made the problem worse.

The fact is we do not have a free market in health care in the U.S. Ask yourself: How many markets in the U.S. do you get a tax break for buying a product, but only if you buy it through your employer, as we do with health insurance? In how many markets are you prohibited from purchasing a product out of state, as we are with health insurance? In how many markets are employers prohibited from providing bonuses to employees for improving quality and productivity, as hospitals are prevented from doing with doctors? If government policy inhibited other markets that way, those markets would be dysfunctional too. The solution to our health care problems is to reduce the role of government, not increase it by switching to a single-payer system

## **Advances in Technology**

David Gratzer, [freemarketcure.org](http://freemarketcure.org)

Cardiac care has been revolutionized in recent years: Death by cardiovascular disease declined by two-thirds over the past five decades. Also, according to the American Heart Association, 88 % of heart attack survivors under 65 return to their job. Other medical fields have been similarly transformed: depression is treatable, childhood leukemia is curable, and polio is history.

## **Increased taxes lead to less jobs**

<http://www.npr.org/templates/story/story.php?storyId=92419273>

NPR

French Health Care For All

Health Care Lessons From France

July 11, 2008

To fund Universal health care in France, workers are required to pay about 21% of their income into the national health care system. Employees pick up a little more than half of that. (French employees say these high taxes constrain their ability to hire more people.)

## **France is New Canada for Universal Health Care Proponents**

David Gratzer, freemarketcure.org

Proponents of government-run health care tend to look beyond Canada when they cite a potential model for the United States. European systems now serve the role that Canada once did.

## Too much prescription drug spending

<http://www.nchc.org/facts/France.pdf>

National Coalition on Health Care  
Health Care in France

Prescription drugs are sold only through pharmacies, and only prescription drugs may be reimbursed through Securite Sociale or CMU. The prescription reimbursement rate varies; patients are responsible for 0% of the cost of some drugs, 35% of the cost for most drugs, and up to 65% of the cost for “comfort” drugs or drugs without a proven therapeutic benefit

*\*The French system allows for massive spending abuse on prescription drug. Since prescription is at the discretion of doctors, there is no way to limit the amount of spending.*

<http://news.bbc.co.uk/2/hi/europe/3423159.stm>

BBC News  
French Healthcare is badly run  
23 January, 2004

The average french GP prescribes drugs worth 260,000 euros a year. A fifth of health spending goes of pharmaceuticals.

*\*While there are more general practitioners in France per 1000 citizens there are more overall GP's because of the US's size. With pharmaceutical prices being much higher in the US and there being more people the pharmaceutical costs would be exorbitant.*

## French health care has to cap spending

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

They include limits on the number of medical students admitted to the second year of medical school, controls on hospital beds and medical technologies, imposition of global budgets on hospital operating expenditures.

*\*Is this really worth it? Controls on medical technologies is probably the most important issue because it harms the quality of care offered. Words of caution: limiting medical students might actually be a positive because it would ensure that only the most intelligent would continue, thus leading to better overall doctors.*

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

Much like the prospective payment system for Medicare in the United States, France has imposed strong price control policies on the entire health sector. Greater cost containment has been achieved through such controls in France than in the United States.

## Private insurers are much larger in the US

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

U.S. private insurers account for nearly three times the share of total expenditures than their French counterparts do (35% versus 12%) and Americans pay more out of their own pockets than the French (17% versus 13%) for personal health care spending. The federal and state governments in the U.S. play a substantial role in health care, mostly through Medicare and Medicaid (43%). But even this large fraction is dwarfed by France's quasi-public insurance funds, which account for almost three-quarters of total health care spending.

*\*Private insurers will not settle for that much less business even if they are still allowed to provide supplemental insurance. Note that the out of pocket spending in France is not that much lower than the US.*

## Insurers in US different from those in France

John R. Battista, M.D. (April 6, 2008)

Mutuales do not perform risk rating (i.e. setting rates based on the age, sex, or health status of the person or group) and "cherry-picking," (i.e. excluding people who have pre-existing conditions or are aged, they do not seek to make profits for investors, they are not traded on the stock market, they do not individually contract with doctors and hospitals, and they share funds at the end of the year if one of the funds has lost money. Recent reforms in Germany to make the sickness funds "compete" has mostly resulted in a wave of mergers and higher administrative costs ( Germany 's system has the highest administrative costs in all of Europe ).

*\*System only works in France because of this fact. Insurers in US are much different so we would still see the problems with people not being able to get approved for health care.*

## **French doctors don't like the system**

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

French physicians' recent street demonstrations make clear that France's health care system is over-reliant on the blunt instrument of holding down doctors' fees.

*\*These are doctors who began in the French system, think of how American doctors would react to the change. Street demonstrations mean they are not working, which is very harmful to the health system.*

## **Less pay for doctors means lesser quality care**

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

French doctors, in fact, earn more by increasing their patient load, or by prescribing more diagnostic tests and procedures- a technique also popular in the U.S., that inflates health-care costs.

*\*Since doctors earn less they will take all measures possibly to increase their income. The process of increasing their patient load over extends a doctors ability to do the doctors job. Doctors will end up spending less time with each patient, which means less effective health care, and will prescribe more drugs because it is an easy solution. Doctors might also turn to prescribing more useless diagnostic tests which incurs waste within the system.*

## Doctors earn less

[http://www.businessweek.com/magazine/content/07\\_28/b4042070.htm](http://www.businessweek.com/magazine/content/07_28/b4042070.htm)

Businessweek

The French Lesson in Health Care

JULY 9, 2007

France reimburses its doctors at a far lower rate than the U.S. physicians would accept.

<http://www.ajph.org/cgi/reprint/93/1/31.pdf>

The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States

Victor G. Rodwin

The \$55,000 average net annual income of French physicians is barely one third that of their US counterparts (194,000)

<http://www.brookings.edu./fp/cusf/analysis/dutton.pdf>

THE BROOKINGS INSTITUTION

One of the major factors behind the relative expense of the U.S. system is the higher earnings of health professionals.

*\*Primary reason why US has higher GDP spending and this would not decrease with a French system in the US.*

<http://www.ihf.com/articles/2007/08/13/opinion/eddutton.php>

International Herald Tribune

A Model Health Care System

August 13, 2007

The average American physician earns more than five times the average U.S. wage while the average French physician makes only about two times the average earning of his or her compatriots.

## **Canada Doctor Shortage (Proof that Discourages Students From Becoming Physicians)**

David Gratzer, citjournal.org

In fact, government researchers have provided the best data on the doctor shortage, noting, for example, that more than 1.5 million Ontarians (or 12 percent of that province's population) can't find family physicians. Health officials in one Nova Scotia community actually resorted to a lottery to determine who'd get a doctor's appointment.

*\*Limits on number of people in Medical schools leads to less overall doctors.*

## **Problems with the WHO rankings**

The Public Policy, Paris General

By David Hogberg, Published 3/24/2006 12:06:55 AM

[http://www.spectator.org/dsp\\_article.asp?art\\_id=9579](http://www.spectator.org/dsp_article.asp?art_id=9579)

Overall performance is constructed using not only outcomes like how well a health-care system cures disease, but also something called "fairness in financing." It is this factor that largely explains the U.S.'s low ranking on the overall performance.

*\*Counter evidence when opponents praise the French system for being the greatest in the world.*

David Gratzer, freemarketcure.org

WHO criteria are soft - and ideological. Nations are marked down for having private medicine or user fees. Fairness - that is, everyone gets the same treatment regardless of income - is important. Competition, WHO officials believe, is bad since it leads to "fragmentation and duplication in health services." If the criteria aren't skewed enough, the WHO report also considers how well countries perform compared to what experts feel they ought to be doing. It's a bit like giving a gold medal to the eighth fastest runner because he has the shortest legs and tried harder.

## Health Depends on more than Just Health Care

David Gratzner, citjournal.org

“Americans tend to believe that we have the best health care system in the world,” writes Krugman in the New York Times. “But it isn’t true. We spend far more per person on health care . . . yet rank near the bottom among industrial countries in indicators from life expectancy to infant mortality.” One often hears variations on Krugman’s argument—that America lags behind other countries in crude health outcomes. But such outcomes reflect a mosaic of factors, such as diet, lifestyle, drug use, and cultural values. It pains me as a doctor to say this, but health care is just one factor in health. Americans live 75.3 years on average, fewer than Canadians (77.3) or the French (76.6) or the citizens of any Western European nation save Portugal. Health care influences life expectancy, of course. But a life can end because of a murder, a fall, or a car accident. Such factors aren’t academic—homicide rates in the United States are much higher than in other countries (eight times higher than in France, for instance). In *The Business of Health*, Robert Ohsfeldt and John Schneider factor out intentional and unintentional injuries from life-expectancy statistics and find that Americans who don’t die in car crashes or homicides outlive people in any other Western country.

Like many critics of American health care, though, Krugman argues that the costs are just too high: “In 2002 . . . the United States spent \$5,267 on health care for each man, woman, and child.” Health-care spending in Canada and Britain, he notes, is a small fraction of that. Again, the picture isn’t quite as clear as he suggests; because the U.S. is so much wealthier than other countries, it isn’t unreasonable for it to spend more on health care. Take America’s high spending on research and development. M. D. Anderson in Texas, a prominent cancer center, spends more on research than Canada does.

## **Increase Deficit**

U.S. Department of State (February 2, 2005)

Federal Reserve officials, including its chairman Alan Greenspan, have cautioned that international investors may eventually reduce their dollar-denominated assets or seek higher dollar returns, a development that could weaken the value of the US dollar in international markets, push US interest rates up, and eventually dampen US growth.

Gregory Mankiw, chairman of the president's Council on Economic Advisers, has said he agrees with those who argue that deficits have an adverse impact on economic growth. Other things being equal, he said, deficits "tend to put upward pressure on interest rates, which in turn puts downward pressure on investment spending." That is one of the reasons reducing the fiscal gap is a priority for the administration, he said.

## **Crowding Out**

Cato Institute, Daniel Mitchell testimony before the Senate Budget Committee

In other words, government borrowing merely "crowds out" private sector borrowing and private sector spending.

Congressional Research Service  
Government Spending or Tax Reduction  
January 11, 2008

To the extent that interest rates rise as a result of the decline in saving, the multiplier will be reduced because the proposal will tend to "crowd out" private investment and other interest-sensitive spending.

## **Budget Deficit = Trade Deficit**

Congressional Research Service The budget Deficit and the Trade Deficit  
March 24, 2005

Any increase in aggregate spending caused by the larger budget deficit would be offset by an increase in the trade deficit caused by the upward pressure placed on interest rates by the budget deficit.

Congressional Research Service  
The budget Deficit and the Trade Deficit, March 24, 2005

The increase in the trade deficit is coincident with a fall in the international exchange value of the dollar which should signal a net decrease in the inflow of foreign capital.

## **Deficit Slows long term growth**

Congressional Budget Office Options for Responding to Short-term  
Economic Weakness January 2008

Higher deficits tend to slow economic growth in the long term if they are allowed to persist, because they tend to reduce capital accumulation and the growth in the economy's capacity to produce.

Congressional Research Service  
Economic Stimulus Proposals for 2008, February 1, 2008

To the extent that private investment is crowded out by a larger deficit, it would reduce the future size of the economy since the economy would operate with a smaller capital stock in the long run.

Congressional Research Service Economic Growth and Business Cycle  
July 5, 2007

Long term growth is the more important of the two because it is the key to raising living standards.

## France Health Care is Rationed

Daily Policy Digest

Health Issues

February 4th, 2000

[http://www.ncpa.org/sub/dpd/index.php?Article\\_ID=10595](http://www.ncpa.org/sub/dpd/index.php?Article_ID=10595)

### Doctors Protest Rationing In France

About 8,000 doctors and other medical staff in Paris stopped work for three hours last week to attend rallies, reports the British Medical Journal, and thousands marched through other French cities to protest staff shortages and health budget restrictions imposed by the government.

- Demonstrators denounced the "rationing of health care," introduced by former right wing prime minister Alain Juppé in 1995 to reduce the growing deficit of the health insurance branch of the Sécurité Sociale (France's social insurance and national health care system).

- The reforms were strongly criticized by the left wing opposition, but continued after socialist Lionel Jospin became prime minister in 1998.

- Thousands of hospital beds have been cut and the number of hospital staff was reduced.

- Hospital expenditure in France accounts for about 40 percent of total health care costs; the overall hospital budget is set at Fr270 billion (\$37 billion) for 2000.

Most hospital administrators complain of a shortage of nurses as well as of doctors, and waiting lists have lengthened. In some cases, patients have had to be moved to a remote facility or wait on a stretcher.

Increasingly, young medical graduates are shunning public hospitals and turning to private practice. In 1998 about 80 percent of medical graduates chose private practice, a huge percentage in a country where public hospitals have long been the backbone of health care.

## **Patients Scared to Criticize Health System Openly**

David Gratzner, citjournal.org

I decided to write about what I saw. By day, I attended classes and visited patients; at night, I worked on a book. Unfortunately, statistics on Canadian health care's weaknesses were hard to come by, and even finding people willing to criticize the system was difficult, such was the emotional support that it then enjoyed. One family friend, diagnosed with cancer, was told to wait for potentially lifesaving chemotherapy. I called to see if I could write about his plight. Worried about repercussions, he asked me to change his name. A bit later, he asked if I could change his sex in the story, and maybe his town. Finally, he asked if I could change the illness, too.

## **Other Options-Universal Healthcare Not the Answer**

Michael Tanner and Michael Canon, Cato Institute, LA Times (April 5, 2007)

Everyone agrees that far too many Americans lack health insurance. But covering the uninsured comes about as a byproduct of getting other things right. The real danger is that our national obsession with universal coverage will lead us to neglect reforms — such as enacting a standard health insurance deduction, expanding health savings accounts and deregulating insurance markets — that could truly expand coverage, improve quality and make care more affordable

## **Governments Contain Costs by Cutting Supply**

David Gratzer, [citjournal.org](http://citjournal.org)

My book's thesis was simple: to contain rising costs, government-run health-care systems invariably restrict the health-care supply. Thus, at a time when Canada's population was aging and needed more care, not less, cost-crunching bureaucrats had reduced the size of medical school classes, shuttered hospitals, and capped physician fees, resulting in hundreds of thousands of patients waiting for needed treatment—patients who suffered and, in some cases, died from the delays. The only solution, I concluded, was to move away from government command-and-control structures and toward a more market-oriented system. To capture Canadian health care's growing crisis, I called my book *Code Blue*. Nor were the problems I identified unique to Canada—they characterized all government-run health-care systems. Consider the recent British controversy over a cancer patient who tried to get an appointment with a specialist, only to have it canceled—48 times. More than 1 million Britons must wait for some type of care, with 200,000 in line for longer than six months. A while back, I toured a public hospital in Washington, D.C., with Tim Evans, a senior fellow at the Centre for the New Europe. The hospital was dark and dingy, but Evans observed that it was cleaner than anything in his native England. In France, the supply of doctors is so limited that during an August 2003 heat wave—when many doctors were on vacation and hospitals were stretched beyond capacity—15,000 elderly citizens died. Across Europe, state-of-the-art drugs aren't available.

## Flaws Exist but Alternative Worse

David Gratzner, freemarketcure.org

But beware the siren song: American health care may have its deep flaws but the alternatives may be far worse. Just as the cancer patient looks to alternative medicines that offer the promise of recovery without the pain of chemo, it's easy to be seduced - and not necessarily advisable.

First, American health care does cost more than the public systems. But such statistics must be read carefully. Consider: the M. D. Anderson Cancer Center in Texas spends more money than all of Canada on research & development. There are other cost drivers that can be overlooked in straight comparisons, such as the costs of America's litigious culture.

Second, as noted in the last section, crude health statistics often speak more to cultural and economic factors than to quality health care. Yes, Canadians live longer than Americans - but this probably has very little to do with their respective systems. Consider that studies looking at infant mortality rates in migrant Mexican workers find it lower than that of Mexican-Americans living. In other words, the individuals with limited access to health care tend to do better than those on Medicaid. The bigger issue: how do people do when they are actually sick? Whether looking at cancer care or heart attack prevention, Americans come out on top - and that's why people from around the world come to the U.S. when they are sick.

## **May Succeed at Garnering Votes but not Providing the Best Care**

David Gratzer, freemarketcure.org

A common question people ask: why don't their systems serve their citizens better? In a way, they do what they are supposed to - most people (and thus most voters) have access to the care they need (simple primary care) and at a relatively low cost. It's true that these systems tend to fall short on more complicated treatments. But how many voters suffer from cancer in any given year? How many people are concerned about access to sub-specialists or high-tech diagnostic tests? Public systems ultimately serve the interests of the majority of voters - who tend to be healthy. Americans should remember that - and beware.

## **UHC should be single-payer not multi-payer**

John R. Battista, M.D. (April 6, 2008)

The second model involves insuring the entire population with comprehensive health insurance paid through a single payer. Funding is accomplished through public funds for the unemployed, poor and retired in combination with a health care tax levied on families and employers, and a payroll tax on employers. These funds go into a health care fund that is administered by a regional public office in accord with national policy. Rates and coverage are set by the regional administrator in negotiation with health care providers. Health care workers are paid fee for service. There is no managed care. There is free choice of health care providers.

This is the system most health care reformers advocate for the United States. However, they suggest the single-payer system be administered by a not-for-profit trust controlled by a board of health care providers, health care advocates and taxpayers reportable to government rather than administered by the government itself.

\*To be used as a last resort argument.