

Renowned journalist TR Reid, who wrote the PBS documentary, “Sick Around the World,” wanted to understand how and why other industrialized nations are able to provide quality health care to all of its people, while spending far less than the US does, with its 48 million uninsured.

At UHCAN Ohio’s Cleveland fundraiser, Reid gave us a preview of his upcoming book, *The Healing of America: A Global Quest for Better, Cheaper, Fairer Care* - a riveting account of his research adventures, what he learned, and what he came to understand. Speaking in the magnificent sanctuary of Trinity Cathedral, Reid, a devout Roman Catholic, stated that the venue was most appropriate, because health care is a deeply moral issue.

Although US opponents of health care reform warn of “socialized medicine,” Reid asked, “What is ‘socialized medicine’?” Many countries with national health care do it with private hospitals and doctors. All nations face the same challenges in providing universal coverage, but they have come up with different answers. He described four national health care models:

1. The Beveridge Model (named after England’s Lord Beveridge): The government owns the hospitals, employs the doctors, and patients do not receive bills for basic health care. This is how the National Health Service operates in England.
2. The Von Bismarck Model: The 19th century German leader hated taxes and didn’t want health care to cost the government anything. So they invented “sickness plans,” offered through their employers. The providers are private and the payers are private. This system is used in Germany, Netherlands, France, and Switzerland. But in these countries, according to Reid, “People *like* their insurance companies.” They all have guaranteed issue (no one gets denied insurance) and an individual mandate (everyone is required to have insurance). What’s the difference from the US? In these other countries, insurance companies are all *non-profit*.
3. The National Health Insurance Model: People pay a monthly amount to the government and the government pays the bills. It’s a blended system, because you have private providers and public payers. This is the Canadian model. Reid is somewhat negative about Canada, because they have limited operating rooms and specialists, so that people have to wait for elective surgery.
4. Pay out of Pocket: that’s the model in Nepal.

Reid then pointed out that we have all four models here in the US today. The Veterans’ Administration and Indian Health Service represent the Beveridge Model. If you are over 65 or disabled, you have Medicare – like Canada. If you are employed and share the cost of insurance

with your employer, that's the German, or Bismarck Model. And, 48 million uninsured Americans get health care as if they lived in Nepal, Madagascar, or Malawi.

"Every country but us has everyone in the same system," not a patchwork, like in the US. Although Presidential candidate McCain criticized national health care as "one size fits all," Reid said there are several reasons to do so:

First, it's administratively simple – you save large sums of money on paperwork. "Our private insurance companies are the least efficient in the world," he said. They spend 18-25% on administration (paperwork, salaries and profits), while in Canada, its 5%; France, 3.1% Germany, 4.5% the UK, 5%. Also, every doctor should get the same amount for the same procedure, no matter who's the payer.

Second, everyone in one system creates a powerful incentive for preventative medicine. In England, explained a health official, they are financially responsible for a person from the positive pregnancy test until death, so they save money by keeping people healthy.

Third, a unified system creates pricing power – the ability to control payments.

Fourth, and not least: Having everyone in the same system is "fairer." Fairness is important in these other countries. "The design of a health care system is reflective of our moral values," said Reid. No other country lets people go bankrupt for medical bills.

Reid ended with his prescription for health care reform in the US: "If we can find the will, other countries can find us the way."

UHCAN Ohio thanks the co-sponsors of this event: UAW, Sisters of Charity Health System, The Center for Health Affairs, Trinity Cathedral, United Church of Christ, North Shore AFL-CIO, The Presbytery of the Western Reserve and Brothers Printing.