

Submitted Testimony on HB2922 by Dr. Alan Journet*

On The Affordable Health Care for All Oregon Plan

Possibly alone among those testifying today, I come from England. Some years ago I analyzed the advantages and disadvantages of American citizenship and decided that the positives outweighed the negatives. However, like many other citizens, I would like to improve some aspects of life. One of these is Health Care.

It's comforting to think that U.S. Health Care is the best in the world. However, there are many myths about Health Care both in the U.S. and in other countries where I have lived. The main myth about Health Care here is that it is the best in the world. If best means - those with sufficient funds can buy the best health care, or - Physician income is the highest, or - the percent expenditure of GDP on health care is the highest, then it is best. However, if we apply criteria that are meaningful to most of us, a different picture emerges.

These criteria include: effectiveness, acceptability, accessibility, appropriateness, care environment and amenities, competence or capability, continuity, expenditure or cost, efficiency, equity, governance, patient-centeredness (-focus) or responsiveness, safety, sustainability, and timeliness.

Applying such criteria we find the U.S. has among the worst health statistics of all rich nations - and on a broad international ranking stands 37th- below Costa Rica¹.

Studies reveal, for example:

In rate of preventable deaths per 100,000 of population, the U.S. is last among 14 nations²,

In healthy life expectancy – U.S. is 24th among nations studied, behind most of Western Europe³,

In death rate among young people in developed nations, the U.S. is 1st ⁴,

U.S. is in the lower third among OECD⁺ nations in life expectancy to age 65 – then notably, in the Medicare years, becomes above average⁵.

In Physicians per 1,000 of population, the U.S. is 23rd ⁶

Even insured American receive only about half the healthcare services that experts consider necessary⁵.

In head-to-head comparisons, between U.S. and Canada, the bulk of research finds Canada wins⁵.

At best – the U.S. achieves its health care rating by expending twice as much per capita on health care as comparable nations⁵.

There are many myths surrounding health care in nations such as Britain, Canada, Australia, and Costa Rica where I have lived.

The main myth concerns the popularity of these health care systems. Government-managed single-payer health care is so popular that not even the most conservative governments in any of these countries has ever seriously considered abridging it. Indeed, many residents in those countries are so frightened of being hospitalized in the U.S. and being bankrupted by the experience, that they simply do not travel here.

The second myth is that patients are not able to visit the physician of their choice. At no time during my residency in any of these nations was I not free to choose.

A third is that waiting times for essential treatment (rather than elective treatment) are inordinately long. In even the best system, there are horror stories which get repeated and repeated by the foes of that system, but the general pattern is that critical care is received on a timely basis.

When I lived in Missouri, I was diagnosed with cancer and given two months to live absent treatment. Thanks to insurance, I didn't have to worry much about the cost of treatment but I did constantly worry about whether the company would approve recommended treatment. Luckily the treatments were approved and worked. A sister-in-law of mine many years earlier was not so lucky. Her insurance company denied treatment and she died. We often hear the complaint that we should fear government functionaries making decisions on treatment – as though we are better served having insurance company functionaries – whose income is dependent on a sizable profit margin – making such decisions.

This plan would provide health care for all Oregonians. Whether it is equivalent to the systems in other developed nations is less relevant than that publicly funded health care provides everyone with access to health care; no-one suffers or dies for lack of insurance. Furthermore, care is available at a much lower cost than the current system in the U.S. Health care should not be available only if we are employed or are wealthy enough to afford it.

I encourage the legislature to examine HB2922 closely and give it positive consideration.

+ Organization for Economic Cooperation and Development

Sources:

- 1) <http://www.photius.com/rankings/healthranks.html>
- 2) http://www.allcountries.org/ranks/preventable_deaths_country_ranks_1997-1998_2002-2003_2008.html

- 3) http://www.photius.com/rankings/healthy_life_table2.html
- 4) http://www.photius.com/rankings/healthy_life_table2.html
- 5) http://www.urban.org/uploadedpdf/411947_ushealthcare_quality.pdf
- 6) http://www.photius.com/rankings/death_rates_young_people_country_rankings_2011.html

* Alan Journet Ph.D.
7113 Griffin Lane
Jacksonville OR 97530-9342
alanjournet@gmail.com
541-301-4107