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TO ENGLISH: *Social Studies*

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ACCESS UPDATE: IN NEED OF TREATMENT –
AMERICAN HEALTH CARE REFORM



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The following article about American health care reform illustrates the American system of government in action, for better or for worse. It highlights the relationship between Congress and the Presidency, between the House of Representatives and the Senate, between the Democratic and Republican parties, and between interest groups and politicians. Hold on to your hats. It's a wild ride!



What does the term “health care” bring to mind? Make a list of three images or thoughts you associate with it. Compare your list with a fellow pupil’s. Then discuss one time when you were in contact with the public health care system. Was it expensive? Did you have to wait? Were you satisfied with the treatment you got? Should people have the right to pay for better treatment or should everyone get the same treatment? Jot down your thoughts on these matters.

In Need of Treatment: American Health Care Reform

(By Robert Mikkelsen. Article published April 13, 2010)

On March 21, 2010, the House of Representatives passed President Barack Obama’s Health Care Reform [Bill](#) by a slim majority of 219 to 212, after a year of bitter debate between the Democratic and Republican parties. Temperatures ran high. Outside the Capital conservative demonstrators yelled “Nigger!” at arriving Afro-American Democratic Representatives, spitting on one. When the vote took place on the floor of the House, one angry Republican congressman screamed “Baby killer!” at a Democratic supporter (an [accusation](#) that the bill would [fund](#) abortions). Following Obama’s signing of the bill into law the following week, bricks were thrown through congressional office windows and Senators received death threats. Republican Party leaders [denounced](#) the violence, but vowed to [repeal](#) the bill if they won a majority back from the Democrats in congressional elections in November, 2010.

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What is all the [turmoil](#) about? Why have Americans been so deeply divided over what most Europeans would consider a simple, straightforward matter – that all the citizens of a nation be guaranteed access to medical treatment when they need it? In this article, we will look at the roots the conflict, the year-long battle, and what may be happening in the autumn.

**The Heart of the Conflict**

At the heart of the conflict lies the issue of whether medical care should be a right or a [privilege](#). If it is a right, then it makes sense to construct a [universal](#) health care system that covers all citizens however rich or poor they may be. If it is a privilege to be earned, then it makes sense to have a system that covers those who are able to pay for their health care [insurance](#). The United States has traditionally had the latter kind of system. There are several reasons for this. America inherited from Great Britain a distinction made between the *deserving* and the *undeserving* poor (see pp. 224–225, *Access to English: Social Studies*). The deserving poor were the crippled, the sick, widows and orphans. They deserved help. The undeserving poor were able-bodied, healthy people who had no visible reason for being poor. The [assumption](#) was that it was their own fault they were poor. This perception of poverty has continued to color American’s view of welfare in general, and of health care in

particular, long after it was abandoned in Britain (which ironically adopted a universal health care system more than sixty years ago).

The bill President Obama signed will set up a health care system under which 95% of the population will have health insurance, including about 31 million people who were not covered at all because they could not afford private health care insurance under the old system. In reaction to this – put simply – some Americans are very angry at the [prospect](#) of having to pay higher taxes in order to cover the health care costs of people who have been too irresponsible to take care of their own affairs – the undeserving poor.



Another reason for keeping health care a private matter lies in the traditional American view of government as – at best – a necessary evil. As Thomas Jefferson put it when the country was established, “The government that governs least, governs best” (see pp. 180–183, *Access to English: Social Studies*). An updated version of this might be Republican President Ronald Reagan’s [dictum](#); “Government is not the solution. Government is the problem.” Many conservative Americans believe that *all* government – and particularly the federal government in Washington – is [intrinsicly](#) inefficient at providing services. As one conservative economist expressed it rather sarcastically, “If you put the federal government in charge of the Sahara Desert, in five years there'd be a shortage of sand.” Rather than government planning, they view the free market as the best way to meet the people’s needs. In their view, it is right and proper that most Americans are covered by private health insurance plans chosen by themselves or their employers. A universal health system run by the federal government puts American’s at the mercy of a mighty bureaucracy that will make (literally) life-and-death decisions for its citizens. For many that threatens the very idea of freedom of choice, a basic condition of liberty. They are fighting mad.

The Start

Efforts to reform American health care go back almost one hundred years. The present conflict, however, started in March 2009, when President Obama promised to reform the health care system within a year. His political position seemed strong. The Democrats had a large majority in both the House of Representatives and the Senate. Moreover, everyone agreed that the health care system was in serious trouble. As of 2007 it was the most expensive system in the world, using about \$7,300 per person per year, much more than the \$4,700 used in Norway (the next most expensive nation) or the \$3,800 used in Canada. Yet for all that cash, the quality of American health care ranked only 37th in the world, far below Norway, Canada or any other developed nation (and putting America slightly below Costa Rica). Moreover, health costs were expanding quicker than economic growth. In 2009 health care used about 18% of America's GDP (Gross Domestic Product – a measure of all economic activity in a country during one year). If nothing changed, by 2050 it was estimated that this would rise to 43% of GDP. Clearly something had to be done – but what?

Obama invited the Republicans to cooperate in creating a new, universal health care system [overseen](#) by the federal government. The Republicans flatly declined. In part this was for reasons of ideology mentioned above. They believed the free market could do a better job of reforming the existing system. In part, however, it was a matter of rough-and-tumble politics. Obama had come to power promising to unite the country after decades of bitter struggles between the “red” Republican states and the “blue” Democratic states. If the Republicans consistently opposed and eventually defeated Obama's promised health care reform, they could illustrate **1)** that Obama had in fact failed to unite the country and **2)** that government and politicians do not keep their promises and are not to be trusted. By making sure that this would be the outcome, they were betting that [disillusionment](#) with government would – paradoxically – give them more votes and return them to power in Congress. If health care reform had to wait until that day, so be it.

The Battle

Once the lines were drawn, the battle could begin in earnest. Throughout 2009 the Democrats in Congress worked on **comprehensive** health care reform among themselves. This was no easy task. The Democrats are made up of a wide spread coalition of interest groups, some of which are almost as conservative as the Republicans. In addition, the House of Representatives and the Senate had to construct each their own bill, slightly different from one another's (see *Access to English; Social Studies* pp. 182–183). What they had in common were three aims; **1)** to provide security for those who already had health care insurance; i.e. guarantee coverage at reasonable prices; **2)** to extend health insurance to 31 million Americans who lacked it; **3)** to slow the growth of health care costs in the future.



U.S. Capitol Building in Washington, D.C

Meanwhile the Republicans and their allies **rallied** popular opinion around the country against Democratic plans. Right wing groups like the Tea Party Coalition portrayed health care reform as a socialist **plot**, part of a dreaded “Europeanization” of America. The established private health care industry poured more than a hundred million dollars into efforts to influence the outcome, funding an army of some 3,300 lobbyists in Washington,

D.C. (that's about six lobbyists for each of the 535 members of Congress). (See *Access to English; Social Studies* pp. 198–200.)

By late 2009 these efforts appeared to be bearing fruit. Support for the Democratic plans for health care fell from 70% in June to 51% in September to a minority of 46% in December. Nonetheless, Democrats in Congress held their nerve. On November 7, the House passed its health care reform bill. On December 24 – Christmas Eve – the Senate passed its bill with a straight party vote of 60 Democrats against 39 Republicans. All that then remained to be done was for a [joint](#) congressional committee to create a single bill from the House and Senate versions, pass it through Congress and send it on to be signed into law by President Obama after the Christmas vacation.

On the Edge

Then the unexpected happened. The Democrats lost their “super-majority” of 60 votes in the Senate. They needed 60 votes to stop Republican Senators from using a “filibuster” to block passage of the final, joint health care bill. A filibuster is when a Senator (or group of Senators) is given the right to speak on the floor of the Senate and then refuses to stop talking, blocking all business for as long as the filibuster goes on – which may be months. The word itself [derives](#) from a Dutch expression for “pirate.” This is appropriate, since a filibuster essentially pirates the [legislative](#) process and holds it hostage. The Democrats lost their super-majority of 60 because six months earlier Democratic Senator Ted Kennedy from Massachusetts had died. In the special election held in January 2010 to fill his seat, the Republican candidate, Scott Brown, won. Brown had campaigned *against* health care reform, vowing to support a filibuster.

Blocked by Republicans from passing the final edition of the health care bill agreed upon by the joint congressional committee, Obama and the Democrats [teetered](#) on the edge of being defeated. But they had one last option. If the House accepted the bill that the Senate had already passed on Christmas Eve, *without any changes*, then it could be sent back to the Senate to be passed there *by a simple majority*, giving the Republicans no opportunity to

begin a filibuster. This is known as “[reconciliation](#).” The Republicans had often used this tactic to avoid Democratic filibusters against their president, George W. Bush. Now, however, they were outraged that the Democrats intended to use it to pass health care reform. They warned their Democratic colleagues not to “ram this down the throats” of the American people and referred to public opinion polls taken in February 2010 that showed Americans were opposed to the use of reconciliation on health care reform by a majority of 52% to 39%.

Victory and Consequences

In the weeks running up to the final vote, furious efforts were made by both sides to change the minds of members of the House. Up until the final count, it was still uncertain if the Democrats could [muster](#) the necessary votes. The defeat in Massachusetts had scared them. It was clear that supporting the health care bill might cost them their congressional seats. President Obama rallied his troops with the following words, “To Democrats, I would remind you that we still have the largest majority [in Congress] in decades, and the people expect us to solve some problems, not run for the hills.” When the final vote took place on March 21, 34 Democratic congressmen actually voted against the bill – not enough to defeat it, but a sign of Democratic uncertainty. Not a single Republican supported the measure. That evening Democratic congressmen stood together on the floor of the House chanting Obama’s campaign slogan, “Yes We Can! Yes We Can! Yes We Can!” The Republicans were dead silent.

The Future

What will happen now? Democrats will use the months before the November congressional elections to try to educate the public about the new health care system; i.e. try to gain support for it. President Obama is optimistic: “From this day forward, all the cynics, all the naysayers – they are going to have to confront the reality of what this reform is and what it isn’t. They’ll have to finally acknowledge this isn’t a government takeover of our health care system.” He will have a lot of work to do. The latest polls (March 31, 2010) show that 65% of Americans believe that it will expand government’s role too much while 64% believe it will cost too much. On the other hand, most of the 31 million people who will now get health

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insurance for the first time are independent voters. They are a potential source of votes for the Democrats in the upcoming elections.

The Republicans, for their part, have made it clear that opposition to the new health care system will be among their major campaign issues in the autumn. They are predicting a landslide victory. If this happens, will they then be able to repeal the bill and set the clock back to before March 21, 2010? That seems unlikely. It is doubtful they can win the kind of massive majority in Congress that they would need. But even if they did, the American legislative system is set up so that it is easier to block legislation than to pass it – as they themselves have demonstrated. As one former member of the Bush White House [lamented](#), “Legislative majorities come and go. This health care bill is forever.” How well it will work, however, only time can tell.



Exercises

1 Discussion

Go back to your thoughts about health care from the pre-reading activity. Were you thinking about health care mostly as a right or a privilege? If some people in Norway were allowed to buy better treatment than others, would it undermine health care as a right or simply supplement it? Should Norway have more private hospitals?

2 Understanding the text

Find a partner, close your books and decide whether the following sentences are true or false. Note that they are not in the order they appear in the text. (You will find the key at the very end of this supplement.)

- a) As of 2007, the American health care system was the second most expensive in the world.
- b) Republicans bet that passing a new health care bill would gain them votes in the upcoming November elections.
- c) The crippled, the sick, orphans and widows are part of the deserving poor.
- d) Many American believe that government is the cause of problems, rather than means to solving them.
- e) On March 21, 2010, Republicans voted for the health care bill by a margin of 219 to 212.
- f) Scott Brown won Ted Kennedy's Senate seat because he opposed the health care bill.
- g) The Republican Party has vowed to repeal the health care reform bill.
- h) A filibuster can be ended by a simple majority of votes in the Senate.
- i) If health care is a right, it makes sense to construct a system that covers all those who can afford health care insurance.
- j) The use of "reconciliation" allowed the Democrats to cooperate with the Republicans.
- k) Public support for Obama's health care reform bill decreased during 2009.
- l) Not a single Republican voted for the health care bill.

3 Discussion

- a) Think back over the American movies and TV series you have seen. Do you recall any evidence of a lack of health care for the characters in these shows? If so, what kinds of people did it affect? What consequences did it have for them? How was it handled in the film/show? If not, why do you suppose it is not visible? Is it because it is an unpleasant subject? Because the characters are not among the poor? Does it say anything about American attitudes in general?
- b) “People should be free to make up their own minds about what to spend on health care.”
“People should be obliged to offer help to the sick when they are in need.”
Which of these two statements has the greatest moral weight; i.e. is more important than the other?
- c) Is the government the proper instance to decide whether someone gets treatment for an illness and how much treatment they can receive? If not the government, who or what should take the decision? Ought there be a combination of various actors? If so, who should they be?
- d) The “filibuster” in the United States Senate allows a minority of 41 Senators to block the legislation of the majority of 59. Is this fair? Why do you suppose Senators allow such a system to exist? Can you imagine circumstances when it would be a good thing that a minority can stop the will of a majority? Does that undermine democracy?

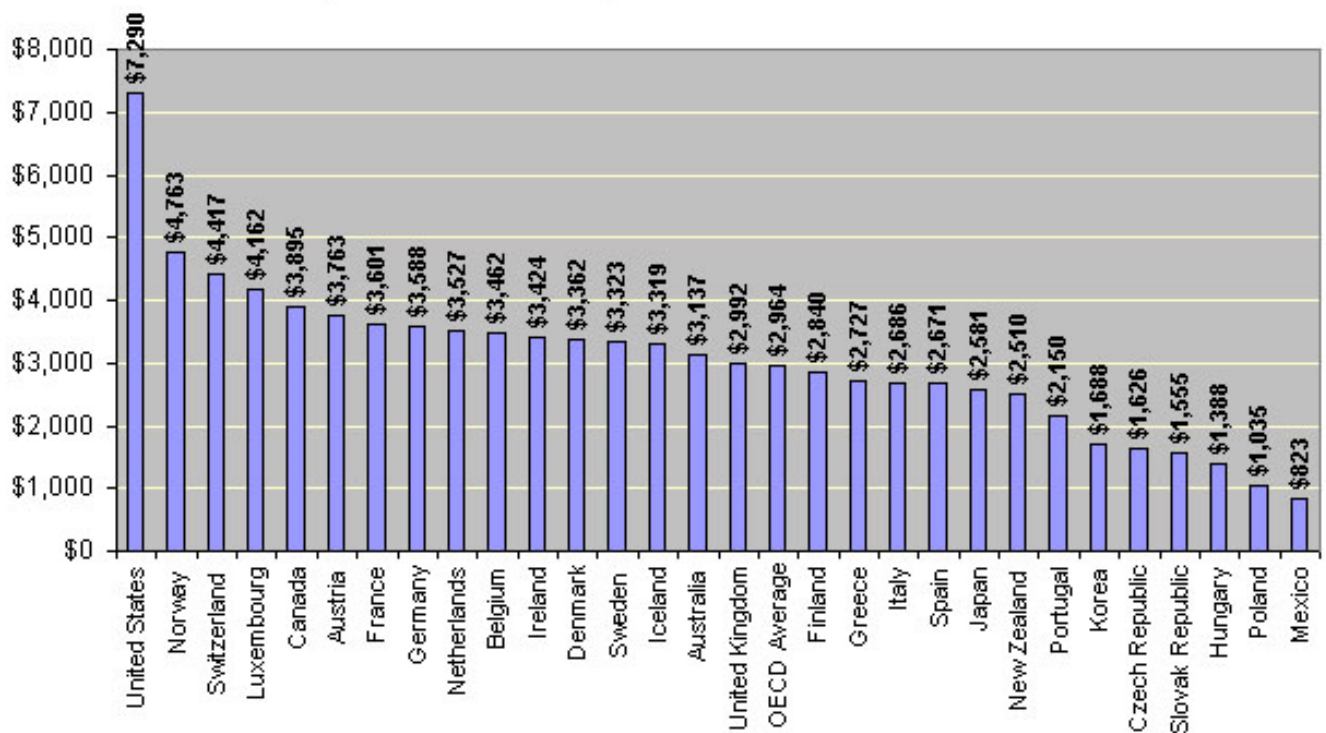
4 Writing

- a) You are a middle class American living in a pleasant suburb outside a large city. You have always had a job and have paid regularly into the health insurance plan your employer set up. Therefore your health care needs are met. You are skeptical of the new health care system to be run by the government. Write a letter to the editor of your local newspaper in which you state the reasons for your skepticism. They might include taxes, expenses, control, free choice, personal responsibility, etc. Use your imagination.

- b) You are yourself (surprise!). Write a letter to a friend about your own age in America in which you try to explain how the health care system in Norway is set up; i.e. a universal system in which health care is a right regulated and largely paid for by the government. Remember, this may be very strange for your friend, so be sure to explain the basics in a simple way and use lots of examples. You can conclude by giving your own opinion of the system.
- c) You are a strong supporter of President Obama’s health care reform. Before the November election, you want to write a flyer (a one sheet pamphlet) that defends the new system so you can hand out to people before they vote. Start out stating why you support it. Then make a list of its advantages. They might include controlling costs, including everyone, providing security, etc. Feel free to use moral arguments as well as economic and political ones. Remember, one page! Make it an eye-catcher.

5 Working with Statistics

Per Capita Healthcare Expenditures, OECD Countries, 2007



- a) Take a look at the graph above for 2007 and answer the following questions. (You will find the key at the very end of this supplement.)

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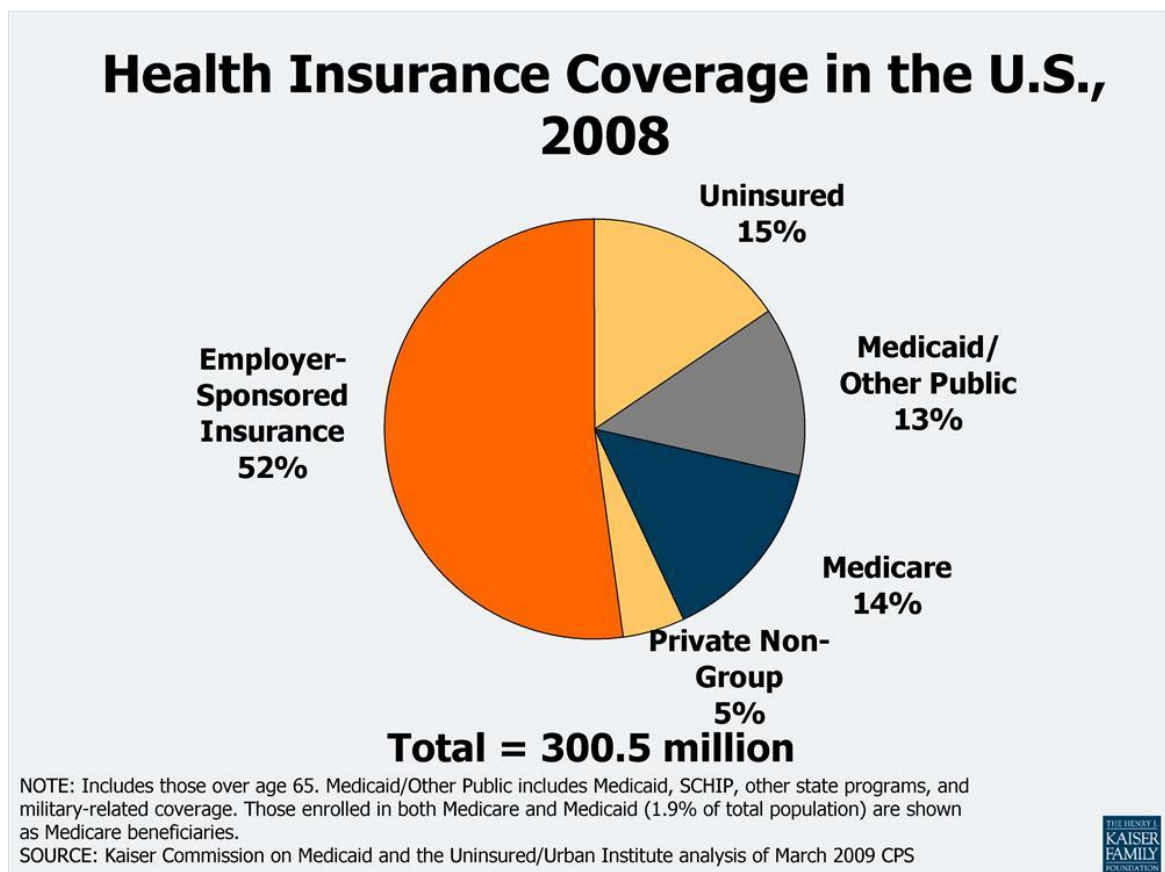
- 1) What is the average amount of money used per capita by nations belonging to the OECD (Organization for Economic Co-operation and Development)?
- 2) How much more than this does the United States use?
- 3) How much more than this does Norway use?
- 4) How much less than this does Mexico use?
- 5) What country in the European Union uses the most money per capita?
- 6) What country in the European Union uses the least money per capita?
- 7) What conclusions about health care expenses can you conclude on the basis of this table?

World Health Organization; Ranking of National Health Systems; 2000

1	France	18	United Kingdom	35	Dominica
2	Italy	19	Ireland	36	Costa Rica
3	San Marino	20	Switzerland	37	United States of America
4	Andorra	21	Belgium		
5	Malta	22	Colombia	38	Slovenia
6	Singapore	23	Sweden	39	Cuba
7	Spain	24	Cyprus	40	Brunei
8	Oman	25	Germany	41	New Zealand
9	Austria	26	Saudi Arabia	42	Bahrain
10	Japan	27	United Arab Emirates	43	Croatia
11	Norway	28	Israel	44	Qatar
12	Portugal	29	Morocco	45	Kuwait
13	Monaco	30	Canada	46	Barbados
14	Greece	31	Finland	47	Thailand
15	Iceland	32	Australia	48	Czech Republic
16	Luxembourg	33	Chile	49	Malaysia
17	Netherlands	34	Denmark	50	Poland

- b) Take a look at the WHO's Ranking Table above and answer the following questions. (You will find the key at the very end of this supplement.)
- 1) Do you find anything surprising about these rankings? If so, what?

- 2) From what area of the world do most of the top 20 nations come?
 - 3) How many nations in the Mid-East are represented in the top 50?
 - 4) What rankings to the Nordic countries have?
- c) Comparing materials; OECD and WHO (You will find the key at the very end of this supplement.)
- 1) France and Italy place first and second in the WHO rankings. How do they place the OECD graph in relation to money spent on health care per capita?
 - 2) The United States and Norway place first and second in OECD graph in relation to money spent per capita on health care. How are they ranked in the WHO table?
 - 3) Can you suggest why there are discrepancies between the order given in the two sources? What does this teach us about relying on a single source when judging matters using tables and graphs?



- d) Take a look at the pie-chart from 2008 above and try to answer the following questions. (You will find the key at the very end of this supplement.)

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- 1) What kind of health care insurance did most people in the United State have?
- 2) What percentage of the population use public programs like Medicaid and Medicare?
- 3) Out of 300 million
 - a. How many people is 15%?
 - b. How many people is 5%?
 - c. How many people is 27%?
 - d. How many people is 52%?
- 4) How may this graph help explain the reluctance of many Americans in 2008 to change the existing health care system?

6 Quick Research

Choose one of the following tasks and write a brief summary of your findings

- a) Look into the history of the filibuster. When was it first used? What was the longest filibuster held? How can it be stopped? Is it confined to the United States or is this parliamentary tactic found elsewhere?

<http://uspolitics.about.com/od/usgovernment/a/filibuster.htm>

http://www.senate.gov/artandhistory/history/common/briefing/Filibuster_Clature.htm

<http://www.answers.com/topic/filibuster>

- b) What were the English Poor Laws? When were they adopted? How were they enforced? When were they abandoned? Can you detect any signs that they still have an effect on the way poor people are viewed in the Anglo-American world?

<http://encyclopedia2.thefreedictionary.com/poor+law>

http://www.mdpl.co.uk/resources/general/poor_law.htm

<http://eh.net/encyclopedia/article/boyer.poor.laws.england>

- c) What is the Tea Party Movement named after? When did it start? What does it stand for? How popular is it? Does this movement reflect any of the traditional American views of government mentioned in this article?

http://en.wikipedia.org/wiki/Tea_Party_movement

http://www.huffingtonpost.com/arianna-huffington/the-tea-party-600-canarie_b_454105.html

<http://teapartypatriots.ning.com/>

KEYS

KEY: Activity 2

- a) False. Norway was the second most expensive.
- b) False. They bet that blocking it would gain them votes.
- c) True
- d) True
- e) False. It was the Democrats.
- f) True
- g) True
- h) False. 60 votes of 100 votes are needed.
- i) False. It makes sense to construct a universal system for all, irrespective of income.
- j) False. It allowed the Democrats to avoid a Republican filibuster.
- k) True.
- l) True

KEY: Activity 5a

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- 1) \$2.964
- 2) \$4.326
- 3) \$1.799
- 4) \$2.141
- 5) Luxembourg
- 6) Poland
- 7) They seem to be unequally spread throughout Europe and the world.
The better developed the country, the higher the expenses.
Etc.

KEY: Activity 5b

- 1) Some well developed nations are rather far down the list – The USA, New Zealand, Poland.
- 2) Europe
- 3) 6
- 4) Norway – 11, Iceland – 15, Sweden – 23, Finland – 31, Denmark – 34

KEY: Activity 5c

- 1) 7th and 20th
- 2) 1st and 11th
- 3) Money does not necessary buy good health care.
- 4) You need to look at more than one form of measurement before you decide what is the most accurate information about the value of something.

KEY: Activity 5d

- 1) Employer-sponsored
- 2) 13% and 14% = 27 %
- 3)
 - a. 45 million
 - b. 15 million

c. 81 million

d. 156 million

4) $52\% + 27\% = 79\%$. The vast majority already had some form of coverage. Why change that?

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