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The Illness Profit System and National Security, Part Three

One of the wrong questions you will hear raised in the upcoming health care debate is this one: Aren't the poor outcomes in health care in the United States all the fault of the bad health choices Americans make? Stated baldly: "It's not our fault, it's those irresponsible citizens who account for the bad health care outcomes." As it happens at the Mailman School of Public Health at Columbia University researchers Peter A. Muennig and Sherry A. Glied, asked just this question. They compared the health care systems of 13 first world nations, including the United States, Australia, Austria, Belgium, Britain, Canada, France, Germany, Italy, Japan, the Netherlands, Sweden and Switzerland.

Their study, which covers the years 1975 to 2005, is particularly important, not only because it is recent and well designed, but because in addition to health care expenditures in each country, it focuses on 15-year survival for people at 45 years and for those at 65 years. As they say in their report published in the November *Health Affairs* journal:

Many advocates of U.S. health reform point to the nation's relatively low life expectancy rankings as evidence that the health care system is performing poorly. Others say that poor U.S. health outcomes are largely due not to health care but to high rates of smoking, obesity, traffic fatalities and homicides. We used cross-national data on the 15-year survival of men and women over three decades to examine the validity of these arguments. We found that the risk profiles of Americans generally improved relative to those for citizens of many other nations, but Americans' relative 15-year survival has nevertheless been declining. For example, by 2005, fifteen-year survival rates for 45-year-old U.S. white women were lower than in 12 comparison countries with populations of at least 7 million and per capita gross domestic product (GDP) of at least 60 percent of U.S. per capita GDP in 1975. The findings undercut critics who might

argue that the U.S. health care system is not in need of major changes.

Nicholas Bakalar, writing about the 30 years of the study in the *The New York Times* said:

In 1975 the United States was close to the average in health care costs, and last in 15-year survival for 45-year-old men. By 2005 its costs had more than tripled, far surpassing increases elsewhere, but the survival number was still last -- a little over 90 percent, compared with more than 94 percent for Swedes, Swiss and Australians. For women, it was 94 percent in the United States, versus 97 percent in Switzerland, Australia and Japan.

The numbers for 65-year-olds in 2005 were similar: About 58 percent of American men could be expected to survive 15 years, compared with more than 65 percent of Australians, Japanese and Swiss. While more than 80 percent of 65-year-old women in France, Switzerland and Japan would survive 15 years, only about 70 percent of American women could be expected to live that long.

Muennig and Glied conclude: "We found that none of the prevailing excuses for the poor performance of the U.S. health care system are likely to be valid. On the spending side, we found that the unusually high medical spending is associated with worsening, rather than improving, 15-year survival in two groups for whom medical care is probably important."

The Commonwealth Fund in its *State-by-State Look at Health Insurance Costs* reveal just how truly bizarre that "unusually high medical spending" has gotten.

Health insurance premiums have risen three times faster than incomes, according to a new Commonwealth Fund state-by-state analysis of employer coverage. In 2009, total premiums -- including employee and employer contributions -- equaled or exceeded 18 percent of the median household income in 26 states, up from three states in 2003.

The analysis of state trends from 2003 to 2009 finds family coverage in employer-sponsored health plans increased 41 percent across states, ranging from a 21 percent increase in Delaware to a 59 percent increase in Louisiana. The report found that by 2009, premiums were highest in Alaska, Connecticut, Massachusetts, Vermont, Wisconsin and Wyoming, with family premiums in those states exceeding \$14,000 a year. Annual family premiums in the lowest-cost states -- Alabama, Arkansas, Hawaii, Idaho, Kansas, Montana, North Dakota, Ohio, Oklahoma, South Dakota and Utah -- were also high, ranging from \$11,000 to \$12,000 per year by 2009.

And ultimately there is this reality: Citizen choices are factors in health care outcomes without question. Indeed, that is part of our failure to protect our national security. Under the Illness Profit System a population of men, women and children has arisen so obese that their condition is spoken of as morbid. But even if it is true that Americans have become self-destructive about health choices it isn't dispositive; and it does not explain the fundamental truth of the Illness Profit System. After decades of being given essentially free rein to let the market govern health care, the Illness Profit System has not proved capable of designing and implementing universal coverage. As a result they have degraded the most fundamental security a nation has -- its people.

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