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Annotated Bibliography

The United States spends twice as much per capita on health care as the average for other industrial capitalist democracies, yet ranks average or below average in many measures of health care quality. All other developed nations of the world, including developed countries in Western Europe, Asia, North and South America, and on the Pacific Rim, provide health care for all or most of their residents, yet in the United States “about 1 in 6 adults 18–64 years old (about 30 million) went without health insurance for the past 12 months or longer” (CDC). I became aware of this appalling situation in 2011, after viewing Michael Moore's 2007 documentary, *Sicko.* I was shocked by the film, partly because I was raised to be [a bit too] patriotic. I naively believed that everything in America was better than anywhere else in the world. I thought we had the best schools, the best scientists and doctors, the best technology, the best *everything*. Somehow I just accepted this, and had acquired somewhat of a 'see no evil, hear no evil, speak no evil' attitude about the USA,

My research question for the Issue Exploration is: Can the United States provide access to health care for all or most of its citizens?

Health Reform Can Happen Despite the Odds.” *The Journal of Law, Medicine & Ethics.* 36.4 (2008): 728–730. Web. 28 June 2012.

“Proving the Skeptics Wrong: Why Major Health Reform Can Happen Despite the Odds,” is an article by Chris Jennings, published in the winter 2008 issue of *The Journal of Law, Medicine & Ethics,*  about how health care policy in the United States can overcome the gridlock in Washington to “achieve the goal of constraining costs and improving value while expanding coverage to millions of Americans.” Jennings, the president of Jennings Policy Strategies, Inc., a Washington, D.C.-based health policy consulting firm, notes several developments he feels increase the chances for reform. The first is to learn from the 1993 debate, and not try to produce a large, detailed bill with mandatory alliances or price controls, but lead, not micro-manage Congress in developing the eventual legislation. Jennings states that now there is a greater appetite for fundamental change, because all sectors of the business and labor are engaged, and , recognize that incremental approaches have been consistently gridlocked, stating,” Washington institutions are geared to stop or slow down targeted reform” and have proven it “time and time again.” President Obama has a record of bipartisan achievement, according to Jennings, who feels that an ongoing commitment had been demonstrated by reforms that had been enacted and begun by a Democratic legislature and a Republican governor, beginning the implementation of a plan to cover all citizens of Massachusetts. In conclusion, Jennings quotes the counsel of Nelson Mandela as cited often by Senator Tom Daschle concerning health reform: “It always seems impossible until it is done.”

The Patient Protection and Affordable Care Act (PPACA) of 2010 was passed by Congress, and its constitutionality has been confirmed by the Supreme Court of the United States.

This article is well written in a professional manner, and since Chris Jennings is the president of Jennings Policy Strategies, Inc., a Washington, D.C.- based health policy consulting firm, I feel that he knows the topic very well. The article was one of about ten articles to be chosen for the winter 2008 *Health Care* issue of *The Journal of Law, Medicine & Ethics,* the peer-reviewed journal published by The American Society of Law, Medicine & Ethics for health care professionals, it has very good credibility, and is written as a professional source

In assessing the usefulness of my sources for exploring the issue of health care reform in the United States, I chose articles based on the abstract displayed when searching Academic Search Premier with the terms 'health care reform'. As it turned out, three of the four most pertinent articles I found on the subject had all been published in various issues of *The Journal of Law, Medicine & Ethics* . All of the articles directly address my chosen topic in detail from a peer-reviewed professional journal. The *Journal* of Law, *Medicine & Ethics* is a leading peer-reviewed journal read by more than 4,500 health care professionals. I feel that it is a very effective source for my issue exploration.

Jost, Timothy Stoltzfas. “Why Can't We Do What They Do? National Health Reform Abroad.”

*The Journal of Law, Medicine & Ethics.* 32.3 (September 2004): 433–441 Web. 28 June 2012.

“Why Can't We Do What They Do? National Health Reform Abroad.” is a article by Timothy Stoltzfas Jost, J.D. That compares the health care systems of European countries and many South American and Asian countries that provide social insurance systems against the American health care system. Jost asks, “Why do other nations have universal health coverage while we do not? What, in fact, do other nations do when it comes to health care? And how do they do it? Why can't – or don't or won't we do what they do?” He continues by giving examples of countries with mandatory participation such as Germany, “Most persons in Germany whose income falls below a certain level (46,350 Euros in 2004) must participate in this social insurance program.” After pointing out that “No other country spends as much on health care as does the US” yet life expectancy was lower and infant mortality rates higher than in the UK, Germany, Sweden or the Netherlands, where expenditures were much less. Finally Jost covers what some of the issues that are preventing reform, such as political institutions that prevent reform stating, “governing institutions in the U.S. Were designed to block radical change.” Jost lists other factors, including the cultural aversion to using government to solve problems, A weak and limited government, the power of special interest groups that oppose reform, and simply the tendency to stick with ‘what is’. Jost finally states that although we “will never do it like 'they' do it, that “The ideas, the models, even the technology is there. We only have to decide that we want it.”

Timothy Stoltzfus Jost, J.D. is a professor of Law at Washington and Lee University, which also makes the article believable. Jost was thorough in making comparisons with the health care systems of other countries with the system in the U.S. This provided evidence for his credibility. The article is in a peer-reviewed journal, so the target audience is people in the legal or medical professions.

In assessing the usefulness of this article, I noticed that it also was from an issue of *The Journal of Law, Medicine & Ethics* . All of the articles that I chose directly address my chosen topic in detail from a peer-reviewed professional journal. The *Journal* *of Law, Medicine & Ethics* is a leading peer-reviewed journal read by more than 4,500 health care professionals. I feel that it is a very effective source of information on the topic of health care reform in the United States.

Kingson, Eric R. and John M. Cornman. “Health Care Reform: Universal Access Is Feasible and Necessary.” *Benefits Quarterly*, Third Quarter (2007) : 27-33 Web. 28 June 2012.

“Health Care Reform: Universal Access Is Feasible and Necessary.” is an article in *Benefits Quarterly* by Eric R. Kingson, and John M. Cornman that addresses the problems with health care in the United States. Health care expenditures are increasing as a share of the gross domestic product (GDP) from 12.4% in 1980 to 16% as of 2007, projected to reach 20% by 2016. Although a majority feel that change is necessary, there is no consensus on the methods to achieve change. Part of the problem is distrust of large government programs coupled with a fear that more government and major changes will lead to lower quality care, say Kingson and Cornman. Because of the high costs of health care in the U.S., Americans are more likely to forgo treatment, not follow up on treatment recommendations, and skip medications. The authors identify several areas of cost savings, such as excessive administrative expenses and the high cost of medications. They also discuss the moral imperative that health care is a basic human right, and felt that providing universal access to healthcare is not only practical, but more importantly it is the right thing to do. They provide ample evidence that we can “achieve savings and efficient payment, insurance, and care delivery systems and still improve health outcomes, quality of care, and access to care.”

Since the target audience in *Health Care Reform: Universal Access Is Feasible and Necessary* in *Benefits Quarterly* is benefits coordinators and insurance professionals rather than medicine and law, the arguments take on a more urgent feeling in that it is morally the right thing to do, to provide health insurance for all, just as ensuring that food, water, and shelter are safe.

This source seemed to point out the same issues, and provides the same suggestions for reforming health care to achieve an improved level of health care to more people as the other sources I found. I feel that it is a very effective source for the issue exploration.

Morone, James A. and David Blumenthal. “Nine Lessons for Health Reform: Or Will We Finally Learn from the Past? ”*The Journal of Law, Medicine & Ethics.* 36.4 (2008): 722–724.

“Nine Lessons for Health Reform: Or Will We Finally Learn from the Past?” is an article by James A. Morone and David Blumenthal, published in *The Journal of Law, Medicine & Ethics,* about what the authors feel will be required in order to finally have meaningful health reform.Lesson One: a Band of Kooks. Lesson Two: The Movement. Lesson Three: Speed. Lesson Four: The Ready Plan. Lesson Five: Clashing Symbols. Lesson Six: There is no Technical Fix. Lesson Seven: Hush the Economists. Lesson Eight: Master the Process. Lesson Nine: Get What You Can. Morone states that without aspects of all nine of these that the chances for meaningful health care reform were practically nil**.**

This article was also from *The Journal of Law, Medicine & Ethics,* however, Morone and Blumenthal get right into what is needed in order to solve the problems, rather than a restatement of the problem. Again, since the target audience is legal and medical professionals, and the winter 2008 issue is the ‘Health Care’ issue, the style is both professional and urgent.

Nine Lessons for Health Reform: Or Will We Finally Learn from the Past? Is a very good source for the issue of health care reform that not only states the difficulties that will be faced, but lists what needs to be done in order to achieve meaningful progress toward reform. It is a very effective source for research into to the topic of health care reform.

Quadagno, Jill. “One Nation Uninsured: Why the U.S. Has No National Health Insurance.” *Why the U.S. Has No National Health Insurance and What Can Be Done About It.* New York: Oxford University Press, 2005. 201-13. Print.

In the final chapter of Jill Quadagno's book, entitled, “One Nation Uninsured: Why the U.S. Has No National Health Insurance,” she sums up some of the factors that have prevented change in health insurance in America. These are an anti-welfare state sentiment, coupled with a fear of socialization, weak labor, racial policies that implicitly characterized welfare recipients as “black, promiscuous, and lazy” even though a majority of AFDC recipients are white. Quadagno’s fourth explanation emphasizes the “effect of American political institutions and the legacies of past policy decisions.” Historically there has been one constant force, “powerful special interests who have used every weapon on hand to keep the financing of health services a private endeavor,” but Quadagno proposes that reform will require a three-tiered approach. This would consist of strong national leadership at the top level to map out a grand plan to disseminate ideas, recruit members, and cultivate political insiders who can introduce bills or find ways of attaching health care initiatives to less visible budget measures.” At the middle level, the involvement of intermediate institutions such as state labor federations and senior centers, to spread ideas, and finally grass-roots local chapters. She wraps up the chapter and the book by stating, “The public is willing. The time to act is now.”

Jill Qadagno is a Professor of Sociology at Florida State University, a past president of the American Sociological Association, and she has served as Senior Policy Advisor on the President’s Bipartisan Commission on Entitlement and Tax Reform. She has the necessary credentials to effectively discuss health care reform, and her style is informative and urgent.

I feel that, “One Nation Uninsured: Why the U.S. Has No National Health Insurance*.*” Is the best book on the topic that I found in the Salt Lake Community College Library, and will serve as a source for the investigation into the topic of health care reform in the United States.

While doing research on this topic, I found that it is much more complicated than I had originally thought. The barriers to making any progress seem almost insurmountable with the very powerful special interests such as the American Medical Association and the insurance lobbies exercising a huge effort to block any changes to the status quo. When added to the extreme partisan politics in place now with rhe republicans vowing to block any proposals from the Obama administration, virtually no progress seems possible. Still, I believe that the “certain unalienable Rights” Thomas Jefferson so astutely listed in the Declaration of Independence, namely, “Life, Liberty and the pursuit of Happiness,” implicitly include the right to good health, nourishing food, and safe living conditions. Health care is a basic human right, and that assurance of universal access should be available to all, regardless of race or class. I feel that through carefully expanded government involvement, the quality of U.S. health care could improve as well as provide savings to the American taxpayer.

Works Cited

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*The Journal of Law, Medicine & Ethics.* 32.3 (September 2004): 433–441. Web. 28 June 2012.

Kingson, Eric R. and John M. Cornman. “Health Care Reform: Universal Access Is Feasible and Necessary.” *Benefits Quarterly*, Third Quarter (2007) : 27-33. Web. 28 June 2012.

Morone, James A. and David Blumenthal. “Nine Lessons for Health Reform: Or Will We Finally Learn from the Past?” *The Journal of Law, Medicine & Ethics.* 36.4 (2008): 722–724. Web. 28 June 2012.

Quadagno, Jill. “*One Nation Uninsured: Why the U.S. Has No National Health Insurance.*” New York: Oxford University Press, 2005. Print.

Synthesis of Sources

In the United States, there is a crisis in health care. Costs are rising but access to that care and satisfaction with the system are declining. Eric R. Kingson, and John M. Cornman claim in their Benefits Quarterly article, “Health Care Reform: Universal Access Is Feasible and Necessary.” that the United States already spends twice as much on per capita health care expenses as the average for other industrial capitalist democracies yet ranks average or below average in many measures of health care quality. And the costs are going up. They write, “As a share of the nations gross domestic product (GDP), health care expenditures have increased from 12.4% in 1980 to 16% today and are projected to grow to 20% by 2016.” Despite spending a larger share of the GDP on healthcare, public dissatisfaction has doubled since 1998, and about 1 in 6, or 47 million do not have health insurance, effectively barring them access to anything other than emergency treatment. In his article in The Journal of Law, Medicine & Ethics, “Why Can't We Do What They Do? National Health Reform Abroad,” Timothy Stoltzfas Jost, J.D agrees, stating, “The U.S. Spends more on health care – both per capita and as a percentage of gross domestic product (GDP) than other nations do.” and, “Furthermore, on many of the most important indicators of population health, such as infant mortality and life expectancy, the U.S. Scores worse than do other nations.”

Almost all of the other developed nations of the world have developed some form of public health insurance which facilitates providing health care for all or most of their residents. In “Proving the Skeptics Wrong: Why Major Health Reform Can Happen Despite the Odds,” Chris Jennings claims there is a “need to ensure quality, affordable coverage for all Americans.”

Eric R. Kingson, and John M. Cornman agree in their Benefits Quarterly article, “Health Care Reform: Universal Access Is Feasible and Necessary.” claiming as a moral imperative that health care is not only a basic human right, but that providing universal access to healthcare is the right thing to do. They claim that the examples of other countries that have a national health care system provide ample evidence that we can “achieve savings and efficient payment, insurance, and care delivery systems and still improve health outcomes, quality of care, and access to care.” Timothy Stoltzfas Jost also agrees, explaining in “Why Can't We Do What They Do? National Health Reform Abroad.” that all other developed nations of the world provide health care for all or most of their residents, stating,”All developed nations...have developed some form of public health insurance.” and, “Successful national health care systems have taken several routes to paying for health care, but they share one essential characteristic: The government guarantees that every citizen will have health insurance.”

One of the barriers to health care reform is the problem of how to pay for it. “Nine Lessons for Health Reform: Or Will We Finally Learn from the Past?” is an article by James A. Morone and David Blumenthal, published in The Journal of Law, Medicine & Ethics That lists 9 things that they felt were necessary for effective health care reform including Lesson Seven: Hush the Economists. Morone and Blumenthal state that “From the Truman years to the Bush Administration...the economic advisers have always counseled against reform.” Chris Jennings, in her article, “Proving the Skeptics Wrong: Why Major Health Reform Can Happen Despite the Odds,” agrees claiming there are “undeniable political and financial barriers to health reform,”

Although Americans have avoided socializing health care, it does seem to work in other countries. In the article “Why Can't We Do What They Do? National Health Reform Abroad.” in The Journal of Law, Medicine & Ethics, Timothy Stoltzfas Jost says “the single most important factor” in lowering health care spending in countries with national health services is that “most funds for health care flow through a single, central budget” and “Successful national health care systems have taken several routes to paying for health care, but they share one essential characteristic: The government guarantees that every citizen will have health insurance.” Eric R. Kingson, and John M. Cornman agree in their Benefits Quarterly article, “Health Care Reform: Universal Access Is Feasible and Necessary.” that “assurance of universal access through expanded government involvement” is necessary. Jill Quadagno also agrees in her book, “One Nation Uninsured: Why the U.S. Has No National Health Insurance” suggesting that reform will require a three-tiered approach consisting of “strong national leadership at the top level to map out a grand plan to disseminate ideas, recruit members, and cultivate political insiders who can introduce bills or find ways of attaching health care initiatives to less visible budget measures,”

In her book, “One Nation Uninsured: Why the U.S. Has No National Health Insurance.” Jill Quadagno lists some of the factors that she feels have prevented change, including an “anti-welfare state sentiment, coupled with a fear of socialization, and weak labor”. Eric R. Kingson, and John M. Cornman agree in their Benefits Quarterly article, “Health Care Reform: Universal Access Is Feasible and Necessary” that there exists a “distrust of large government programs coupled with a fear that more government and major changes will lead to lower quality care. There is also the cultural aversion of Americans to the use of government to solve problems and in particular, to the creation of social welfare programs. Also blocking reform is a weak left and limited government as well as the power of inertia within political institutions. Once nations get into the habit of doing things in a particular way, they tend to keep on doing them that way.”

Blog Post#1 Topic - **Health Care Reform**

I chose Health Care Reform in the United States. I found out that the United States spends about twice as much per person on health care as the average for other countries, yet ranks average or below average in many measures of health care quality. All other developed nations of the world provide health care for all or most of their residents, yet in the United States there are estimated to be 47 million, or about one person in six that does not have health insurance. I became aware of this appalling situation in 2011, after viewing Michael Moore's 2007 documentary, Sicko: The movie compares the for-profit, non-universal U.S. system with the non-profit universal health care systems of Canada, the United Kingdom, France and Cuba. I had not given the topic much thought prior to that time because, as a veteran of the U.S. Air Force, I have free medical care through the Veterans Administration. I was shocked by the film, partly because I was raised to be [a bit too] patriotic. I naively believed that everything in America was better than anywhere else in the world. I thought we had the best schools, the best scientists and doctors, the best technology, the best everything. Somehow I just accepted this, and had acquired somewhat of a “see no evil, hear no evil, speak no evil” attitude about the USA. The question I have chosen to investigate for my issue exploration is:

**Can the United States provide access to health care for all or most of its citizens?**

Post #2 Article 1   
 How can health care policy in the United States can overcome the gridlock in Washington to achieve the goal of constraining costs and improving value while expanding coverage to millions of Americans? Chris Jennings in his article, “Proving the Skeptics Wrong: Why Major Health Reform Can Happen Despite the Odds.” Writes, ” Washington institutions are geared to stop or slow down targeted reform” and have proven it “time and time again.” This “gridlock” is blocking progress. Mitt Romney, if elected, has vowed to repeal **The Patient Protection and Affordable Care Act (PPACA) of 2010**, referred to in the media as “Obamacare.” The PPACA was passed by Congress, and its constitutionality has been confirmed by the Supreme Court of the United States. There has been an effort by the Republicans to prevent the Obama administration passing any legislation. This partisan bickering must end. We need to elect representatives who will fight for their constituency, rather than the monied special interests. Jennings wraps up his article by quoting Nelson Mandela: “It always seems impossible until it is done.”

Post #3 Article 2 - Why Can't We Do What They Do?

Why do other nations have universal health coverage while we do not? Why can’t we do what they do?

Timothy Stoltzfas Jost in his article, “Why Can't We Do What They Do? National Health Reform Abroad.” Points out that “No other country spends as much on health care as does the US” yet life expectancy was lower and infant mortality rates higher than in the UK, Germany, Sweden or the Netherlands, where expenditures were much less. Most of the articles I researched came to the same conclusion: One of the main issues preventing reform are political institutions that prevent reform. He states, “governing institutions in the U.S. Were designed to block radical change.” There are other factors also, including the cultural aversion to using government to solve problems, a weak and limited government, the power of special interest groups that oppose reform, and simply the tendency to stick with ‘what is’. As Jost finally states, that although we “will never do it like “they” do it, that “The ideas, the models, even the technology is there. We only have to decide that we want it.”

Post #4 Article 3 - Feasibility of Universal Access  
  
 “Health Care Reform: Universal Access Is Feasible and Necessary.” is an article in Benefits Quarterly by Eric R. Kingson, and John M. Cornman that addresses the problems with health care in the United States. Health care expenditures are increasing and although a majority feel that change is necessary, there is no consensus on the methods to achieve change. Part of the problem is distrust of large government programs coupled with a fear that more government and major changes will lead to lower quality care. Because of the high costs of health care in the U.S., Americans are more likely to forgo treatment, not follow up on treatment recommendations, and skip medications. The authors identify several areas of cost savings, such as excessive administrative expenses and the high cost of medications. They also discuss the moral imperative that health care is a basic human right, and felt that providing universal access to healthcare is not only practical, but more importantly it is the right thing to do. They provide ample evidence that we can “achieve savings and efficient payment, insurance, and care delivery systems and still improve health outcomes, quality of care, and access to care.” I found that almost all of the authors agree that savings are possible, along with improved access to healthcare, if we can overcome these problems.

Post #5 Article 4  
 Will We Finally Learn from the Past?” is an article by James A. Morone and David Blumenthal, published in The Journal of Law, Medicine & Ethics, about what the authors feel will be required in order to finally have meaningful health reform.

Lesson One: a Band of Kooks. It will require thinking “outside the box”

Lesson Two: The Movement. It will require the public getting behind health care reform and demanding their legislators to work to solve the problem. There needs to be a “Ready Plan” that can be put into place quickly. A piecemeal approach has not worked. Another point was to ‘ Get What You Can. “ Compromise is necessary, and any progress is preferable to none.

Morone states that without aspects of all nine of these that the chances for meaningful health care reform were practically nil.

Post #6 Book Chapter - One Nation Uninsured

In the final chapter of Jill Quadagno's book, entitled, “One Nation Uninsured: Why the U.S. Has No National Health Insurance,” she sums up some of the factors that have prevented change in health insurance in America. These are the same issues pointed out in the other articles, an anti-welfare state sentiment, coupled with a fear of socialization, weak labor, and finally “effect of American political institutions and the legacies of past policy decisions.” There has always been one constant force, “powerful special interests who have used every weapon on hand to keep the financing of health services a private The solution will require progress on many levels, from a strong national government down to grass-roots efforts. She wraps up the chapter and the book by stating, “The public is willing. The time to act is now.”

Post #7 -- **Conclusion**

All other developed nations of the world, including developed countries in Western Europe, Asia, North and South America, and on the Pacific Rim, provide health care for all or most of their residents. Reforming health care will not be easy, but it’s not impossible. Other countries have done it, and they have lower costs and better overall system performance than the United States. Successful national health care systems have taken several routes to paying for health care, but they share one essential characteristic: The government guarantees that every citizen will have health insurance. They have solved a problem that for America grows worse every day. To have an effective solution in the United States, the government must act, however Washington institutions are geared to stop or slow down targeted reform rather than promote change. In order to have effective health care reform, the principal concerns of the Americans who prefer the current funding system must be addressed convincingly— specifically,   
(1) Distrust of large government programs and   
(2) The fears that more government and major changes will automatically mean lower quality health care.  
Reform measures must be evaluated by how well they advance the following goals:  
1 Bring the rate of increases in total health care expenditures more in line with rate of inflation.  
2 Ensure affordable health care coverage for all, including slowing the rates at which health insurance premiums have been increasing.  
3 Improve the nation’s quality of care.  
There are enough potential savings possible in the current system to more than finance a **national health insurance program covering everyone.**