We're No. 19! We're No. 19!





By Daily kos (<u>about the author</u>) Page 1 of 2 page(s)

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by National Nurses Movement

For all those people obsessing about the U.S. finishing fourth in the 2016 Olympics sweepstakes, here's a number that ought to be a little more troubling.

We rank last among 19 comparable industrial countries in preventable deaths.

The data which has been around a few weeks was reported again this morning in the *Washington Post*.

- National Nurses Movement's diary :: ::
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Here's the ugly breakdown:

HOW THE US STACKS UP ON PREVENTABLE DEATHS

- 1. France -- 65
- 2. Japan -- 71
- 3. Australia -- 71
- 4. Spain -- 74
- 5. Italy -- 74
- 6. Canada -- 77
- 7. Norway -- 80
- 8. Netherlands -- 82

- 9. Sweden -- 82
- 10. Greece --84
- 11. Austria -- 84
- 12. Germany -- 90
- 13. Finland -- 93
- 14. New Zealand -- 96
- 15. Denmark -- 101
- 16. UK -- 103
- 17. Ireland --103
- 18. Portugal --104
- 19.US -- 110

The U.S. ranks at the bottom of 19 industrialized nations in the number of preventable deaths by conditions such as diabetes, epilepsy, stroke, influenza, ulcers, pneumonia, infant mortality and appendicitis. The number at the right represents the number of preventable deaths per 100,000 population in each country in 2002-2003.

It would be hard to put a very happy face on this data, or similar reports over the past decade.

Among the best known is the World Health Organization standings released earlier this decade that placed the U.S. 37th in overall rankings.

But did you also know that we stand a mere 54th in healthcare "fairness" according to the WHO, barely edging out the impoverished African nations of Chad and Rwanda, but still behind Bangladesh?

Those numbers, of course, infuriate rightwing policy wonks such as Michael Tanner of the Cato Institute who raged in testimony to the Senate Aging Committee September 30 that the 54th ranking should be thrown out for daring to take into consideration such factors as out-of-pocket costs (perhaps he is unaware of the more than half of Americans skipping needed medical care because of those costs).

Most comparisons don't place us astride Rwanda or Bangladesh, but nations that approximate our wealth and industrial status. You can even create your own tables on the <u>World Health Organization website</u>.

On the WHO site, for example, you might compare the U.S. to those same other 18 countries that beat us in preventable deaths in a broad array of stats. On some the

U.S. is average or better. On others, not so good. On both life expectancy and infant mortality, the U.S. comes in last among the 19.

Contrary to the insistence of Sen. John Ensign that it can all be blamed on car and gun deaths (as if we should get bonus points for that), there are plenty of disturbing health numbers in the data. According to the WHO, for example, among those same 19 countries, the U.S. ranked 17th in years of life lost to communicable diseases, something to think about with the escalating H1N1 pandemic.

Opponents of health reform typically like to focus on Canada. Perhaps they missed recent findings by the Organization for Economic Cooperation and Development, which measures 30 industrial countries. Fox may have ignored the report, but it was picked up by <u>Bloomberg news</u> in mid-September.

According to the OECD:

Canadians live two to three years longer than Americans and are as likely to survive heart attacks, childhood leukemia, and breast and cervical cancer

"There is an image of Canadians flooding across the border to get care," said Donald Berwick, a Harvard University health- policy specialist and pediatrician who heads the Boston-based nonprofit Institute for Healthcare Improvement. "That's just not the case. The public in Canada is far more satisfied with the system than they are in the U.S. and health care is at least as good, with much more contained costs."

Rightwing critics of Canada have, of course, far more money to spend on spreading the horror stories. But there are lots of Americans who have had their own experiences with Canada who tell a different tale. They can be found all over the internet. Here's one.

Even areas in where Canada and similar countries have their greatest problems, such as wait times, the record in the U.S. is not exactly much to shout about either. <u>Newsweek</u> in late August unveiled these findings from the Commonwealth Fund which might have startled some:

Americans wait longer to see primary-care physicians than patients in Britain, Germany, Australia, or New Zealand—all countries with strong public-health systems. Nearly one quarter of Americans reported waiting six days or more for an appointment with their doctor. New Zealand scored best, with just 3 percent waiting that long, followed by Australia (10 percent), Germany (13 percent), and Britain (15 percent).

The U.S. and Canada stood about the same in long waits, according to this survey. There is a major difference, however. In Canada, there are no waits for emergency care. Access to care is not determined by ability to pay. No one dies because of lack of coverage. No one has their claims rejected because the insurance company deemed it "experimental" or

"investigational" -- convenient code words for it cuts into our profit margin.

The one barometer where we stand head and shoulders above everyone else is per capita spending. Terrific. Too bad so much of it ends up diverted into health care

industry profits, CEO pay and perk packages, and resources devoted to helping insurance companies find ways to deny claims.

If you're keeping score, the ten biggest pharmaceutical companies made \$76.8 billion, the 18 largest insurance companies, \$15.9 billion, in profits, in the most recent year for which data was available. The top ten pharmaceutical, biotech, insurance, hospital, and medical device corporate CEOs received an aggregate \$619 million in total compensation in their most recent reported year. All while the number of uninsured, deaths due to lack of coverage, medical bankruptcies, and other health inequities continued to rise.

Those profit numbers -- and the gulf between those who make money off pain and suffering and those who pay the price -- are the most critical difference between the U.S. and our industrial counter parts who all have some form of single payer system, like our Medicare, or nationalized system, like our VA.

While any number of aspects of the current leading legislation in Congress may reduce these disparities, the best way to bring us in line with the community of nations that treat health care as a right is to move toward our own national system, such as expanding Medicare to cover everyone.

A vote do that is coming up on the House floor, on an amendment by Rep. Anthony Weiner. Urge your Congress member to vote for it.

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