

Over the years, Americans have heard varying excuses for what ails our healthcare system. Get the facts about many of the common myths associated with health care in the United States.

Do you know what's really causing the problems in our healthcare system ... and what isn't?

Myth 1: Health care costs are increasing because consumers are going to the doctor too much.

Fact: Physicians and other medical providers tell patients what medical care they need; it's not a patient decision.

Fact: Providers are demanding double and triple increases in their rates.

Conclusion: The "conventional wisdom" about what is driving the cost of health care is not based on well documented utilization data.

Myth 2: Those darn trial lawyers are filing frivolous lawsuits, which is the reason health care is too expensive.

Fact: In 2005, the General Accounting Office (GAO) performed a study and found that less than 2 percent of the premium increases in health care are due to lawsuits filed on behalf of patients.

Fact: Insurance companies and the pharmaceutical industry are reporting record profits. Insurance companies alone saw their profits rise by 246 percent from 2000 to 2004. The healthcare industry has consolidated itself into large, for-profit corporations that are responsible to Wall Street shareholders instead of healthcare consumers.

Conclusion: Insurance companies and for-profit medical providers are reaping record profits, while more Americans lose coverage because the cost of health care has become so expensive.

Myth 3: The United States has the best healthcare system in the world.

Fact: The United States is rated 37th in overall performance by the World Health Organization, just above Slovenia.

Fact: The Institute of Medicine reports that patients get treated according to clinical guidelines only 50 percent of the time, and that there are 98,000 deaths per year due to medical error. This is equivalent to a jumbo jet crashing every day. In addition, the United States rates 23rd in infant mortality, down from 12th in 1960 and 21st in 1990.

Fact: Outcome studies on a variety of diseases, such as coronary artery disease and renal failure, show the United States ranks below many industrialized nations, including Canada.

Conclusion: Despite having the best-trained healthcare providers and the best medical infrastructure of any industrialized nation, the United States ranks poorly on health care relative to other industrialized nations with universal healthcare systems.

Myth 4: Universal health care is too expensive.

Fact: The United States spends at least 40 percent more per capita on health care than any industrialized country with universal health care.

Fact: Federal studies by the Congressional Budget Office and the General Accounting Office show that single-payer, universal health care would save \$100 to \$200 billion per year while covering all the uninsured and improving health care benefits.

Fact: The cost of health care in Canada as a percentage of gross domestic product (GDP) was identical to that of the United States when Canada changed to a single-payer, universal healthcare system in 1971. Canada's cost has increased at a rate much lower than the United States, despite the U.S. economy being

much stronger than Canada's.

Conclusion: Health care costs under a single-payer, universal system in the U.S. would be cheaper than our current system due to lower administrative costs, global budgets and accountability of providers.

Myth 5: Universal health care would result in government control of our health care.

Fact: A publicly administered finance system will put medical decision-making back in the hands of medical professionals and their patients—unlike today, when doctors have to get permission for medical tests or treatments from an insurance administrator who has little or no medical training.

Fact: A single-payer plan can have provisions to protect the healthcare system from undue influence on its administration: strong conflict of interest rules and prohibitions on financial connections to for-profit insurance and pharmaceutical companies.

Conclusion: A single-payer healthcare system administered by a state public health agency would be much more democratic and less abuse-prone than our current system. Consumers and providers would have a voice in determining benefits, rates and financing.

Myth 6: Universal health care is socialized medicine and is unacceptable to the public.

Fact: Single-payer, universal health care is not what critics call “socialized medicine.” It is a healthcare payment system, not a healthcare delivery system. Healthcare providers would be returned to a fee-for-service type of practice and would not be employees of the government, as they are under what critics describe as “socialized medicine.” Single-payer health care is civilized medicine in the same way that public funding of Medicare is civilized medicine.

Fact: Repeated national and state polls have shown that between 60 percent and 75 percent of Americans would like a publicly financed, universal healthcare system.

Conclusion: Universal health care is not “socialized medicine” and is preferred by the majority of the citizens of this country.

Myth 7: The problems with the healthcare system are best solved by managed care companies (private corporations) because they are the most efficient.

Fact: Private for-profit insurance corporations are the least efficient at delivering health care. They spend between 20 percent and 30 percent of premiums on administration and profits, while programs such as Medicare spend less than 2 percent on administration (and zero on profits).

Fact: After hospitals went from not-for-profit to for-profit, the cost of hospital care increased as much as 30 percent.

Fact: In national polls, 80 percent of citizens and 71 percent of doctors believe that managed care has caused the quality of care to be compromised.

Conclusion: For-profit, managed care insurance companies cannot solve the healthcare problems in our state or country. Health care is not a commodity that people should shop for, but a human right that should be available to all.

Myth 8: Canadians are flocking to the U.S. because they can't get services in Canada that they need.

Fact: Studies based on in-patient discharge data, by the prominent research periodical Health Affairs, show that most Canadian admissions to U.S. hospitals were unrelated to waiting times or to leading-edge technology commonly associated with this myth.

Fact: The vast majority of health care services provided to Canadians by U.S. hospitals was for emergency or urgent care, mostly related to travel within the U.S.

Conclusion: Canadians are not coming to the United States because they cannot access health care in their own country. In fact, the data indicates that Canadians are extremely satisfied with their healthcare system.

Myth 9: Universal health care would deprive citizens of needed services.

Fact: Studies show that citizens in universal healthcare systems in other countries are allowed more doctor visits and more hospital days to recuperate than in the United States.

Fact: About 46 million Americans and 6 million Californians are uninsured. The U.S. already deprives its residents of health care when they can't afford it or can't get insurance because of pre-existing conditions.

Fact: Americans have far more problems than any other industrialized nation when it comes to accessing health care (due primarily to payment problems or lack of available care). Approximately 75 percent of ill people who are uninsured have trouble accessing or paying for health care.

Conclusion: The United States is the only modern industrialized nation in the world that does not provide accessible, affordable health care to its residents.

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Myth 10: In order to be able to afford to insure everyone under a universal healthcare system, benefits would have to be reduced for people who currently have a good health insurance plan.

Fact: Given that everyone in the United States—consumers, employers and taxpayers—now pays \$2,000 more per year, per person than any other industrialized nation, we could have a “Cadillac” universal health care system just by using our dollars more efficiently.

Fact: A single-payer system would replace the current system of multiple public and private insurers with a single, reliable insurance plan. This plan would save \$20 billion in administrative costs alone. In addition, buying prescription drugs and durable medical equipment (e.g., wheelchairs) in bulk would save another \$5.2 billion. That is more than enough to provide every Californian with a high-quality, affordable health plan and to cover the uninsured, who are currently forced to use expensive emergency room treatment that taxpayers end up paying for anyway.

Conclusion: The best solution to the healthcare crisis is for California to assert its purchasing power, get rid of our for-profit insurance system, and cut administrative waste out of the healthcare system. This can be achieved through a single-payer, universal healthcare system.

Watch a fun Flash animation explaining single-payer by comparing it to the prom:

www.csea.com/prom

CSEA believes the best solution to the problems with California's current healthcare system—including access, quality and cost—are best solved with a single-payer system of health care that would streamline administration and redirect our healthcare dollars to providing quality care for all Californians.

We are supporting legislative efforts to

switch to a single-payer system here in California. Please add your voice to the thousands of others who are calling for *real* healthcare reform