



Single-payer system hikes costs Canadian health care plan offers U.S. no guidance

As the U.S. health care system undergoes the radical surgery of nationalization this year a lot of health care ideas are being tossed about. The so-called single-payer system, in which government serves as the insurance company deserves comment, if only because of resurgent popularity.

An April 26 New Yorker editorial, heaving with great purpose, proclaimed "the pile of evidence that a 'single-payer' system — the Canadian system — works better than any other is by now so high that it is almost embarrassing to have to re-assemble it here." The editorial goes on to cite by now familiar statistics that Canada spends about nine percent of its gross national product on health care compared with the United States' figure of 12 percent of its GNP, yet Canada leads in life expectancy and infant mortality.

First off, there is little relationship between infant mortality or life expectancy at birth and health care expenditures, which tend to correlate to per person GNP, and a study of 20 industrialized countries by economists Rexford Santerre, Stephen Grubaugh and Andrew Stollar found the level of government funding of health care has no significant impact on infant mortality or health care costs.

However, among 80-year-olds, there is a significant relationship between life expectancy and health care spending comparable to the influence of per person GNP. Eighty-year-old U.S. males and females have on average a life expectancy half a year longer and a year longer, respectively, when compared to 23 other industrialized countries.

Perhaps no other statistic is so overused and misunderstood in cross-national comparisons of health care performance than health care as a percentage of GNP. It cannot be correctly inferred from this statistic that the Canadian health care system has successfully controlled health care expenditures.

Health care as a percentage of GNP is a fraction, and as you have probably learned by now in college, a fraction consists of a numerator divided by a denominator. As a fraction increases over time, we need to know if this



MATT DICKERSON
Columnist

growth is caused by changes in the numerator (health care) or in the denominator (GNP). As in turns out, the behavior of the denominator, GNP, explains almost all of the differences in health care as a percentage of GNP between Canada and America.

In 1967, health care as a percentage of GNP was virtually the same for the U.S. and Canada, at 6.33 and 6.38 percent, respectively. But between 1967-87, Canada's real per person GNP grew by 74 percent while the figure for America was 38 percent. If we examine health care spending alone, we find that over this same 20-year period, the real annual percentage change in health care spending per person increased more rapidly in Canada, at 4.58 percent, than in the United States, at 4.38 percent. And between 1967-87, the medical care and health services price index increased 373 percent in Canada and 302 percent in the United States.

Furthermore, America and Canada differ in many respects that affect health care spending. For example, the U.S. male homicide rate is five times the Canadian rate; for every homicide there are 100 assaults. The U.S. AIDS rate is some three times, the U.S. teen pregnancy rate two and a half times, the birth rate twice, and the abortion rate three times the respective Canadian rates. The United States also has a slightly older population. If such lifestyle and cultural variables — which are estimated to account for nearly 25 percent of American health care spending — are accounted for, and concealed government overhead costs are factored in (the cost of collecting taxes for health care does not show up in Canada's health statistics, while American health care statistics include the cost of collecting private insurance premiums) Canada would be spending as high a percentage of GNP on health care as the United States.

The single-payer or Canadian health care system has the fastest growing health costs on the continent and happens to be one of the most expensive health care systems in the world. The Canadian system freeloards on American technology and regularly uses U.S. hospitals as a safety valve. What savings the Canadian system generates rely upon denying care and queuing. Because of these flaws, the adoption of a single-payer system is not likely to solve the problems in America's flawed system, but further magnify them.

Dickerson is a sophomore economics major

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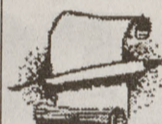
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100 years at
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EDITORIAL

Regent bill unrealistic Students not suited to serve Board

The Student Regent Bill, which would allow a non-voting student to sit on the Texas A&M System Board of Regents, died at the end of the last legislative session before the House could take a vote.

The bill failed for the 22nd time not because legislators ran out of time, but because the Student Regent Bill is completely unnecessary.

The bill, if passed, would allow a single student to represent all of the schools in the Texas A&M System. This student regent would not have a vote and would not be allowed to attend closed sessions. But regardless of how powerful the student regent would be, he or she still has no place as a member of a board that makes decisions irrelevant to the daily lives of students.

The majority of business items the regents discuss has little impact on the daily life of the student body at the universities the Board represents. The agenda items for the long, dry two-day meetings of the Board range from reports from the Committee for Land and Mineral Resources to updates on the Facilities, Planning and Building Committee. Few students have the knowledge or interest to give the Board constructive input on the initiation of a construction project or the authorization to sell revenue financing system bonds.

Much of the business the regents discuss does not involve Texas

A&M University, but other schools and agencies in the A&M System, which consists of seven schools scattered across the state and eight state agencies.

A student regent from Texas A&M University cannot possibly give advice to the Board about an action bid for structural repairs on the chemistry building at Prairie View A&M University.

Further, it would take too much time and energy for a student regent to prepare for every two-day board meeting, which involves the study of pounds of paper work. Students would have to miss two full days of class just to sit in on the meeting, not to mention the study time it would take to review the agenda. It is just not practical.

Besides, students are already represented within the University on matters that greatly affect them. Student leaders meet frequently with A&M administrators to voice concerns of the student body. It is the job of these university administrators to relay student concerns to the regents if the concerns are appropriate and fall under the jurisdiction of the Board.

It is obvious that a non-voting student with a seat on the Board is nothing more than symbolic. The bill is a waste of time, energy and money. Our legislators have more important matters with which to occupy their time and our tax dollars.



Loss of power provides insight into other side

Ya know, just when you think you've experienced it all, something crops up that blows your mind. Something that significantly affects a sociologically fixed and personally comfortable perspective. Such is most certainly my case.

A few months ago, a roommate brought home an acquaintance from work (hard labor), a case of beer, and carton of cigarettes. John (not his real name), the acquaintance, was hilarious and told jokes to which we all screamed with laughter until he went home. This episode was repeated a number of times, and I was always talked into joining them (the power of free beer and smokes). One evening John came over when I was the only one home and asked if I would like to go have a few drinks, since he just got paid and would pick



FRANK STANFORD
Columnist

up the tab. How could I refuse?

He drove us to a fairly well-known establishment and proceeded to order drinks for us and volley interesting, amusing conversation until closing. I had a good time, and was feeling even better. Taking the long way home, John began to discuss his general mistrust of women, particularly his ex-wife, and what a hag she was. As would any self-respecting drinking buddy, I replied empathetically and affirmatively to most of his statements.

About half-way home John asked me if I ever had a bisexual experience. Since I like to think of myself as tolerant of all beliefs and lifestyles, I merely replied, "No, are you bisexual?" John answered, "No, I'm just plain gay, and very interested in you."

Suddenly my evening with one of the guys took on a very different tone. As he drove toward my apartment, I explained my assurance of being straight, and that although I wasn't offended by his overture, I was most certainly uninterested. What was interesting to me, however, was that because of the elements involved — taken out in his car, drinks bought, being under the influence, propositioned, and taken

home — I was a male experiencing a loss of power with another male. But it didn't stop there.

John followed me into my house, opened a couple of beers for us, and continued trying to explain the joys of being gay. Following many drinks, an endless supply of cigarettes, and a post-midnight stupor, I will enjoy even an argument with a tree. So, instead of being angry at John, I proceeded to test popular and personal theories of homosexuality on the real McCoy. Even though my demeanor was calm and matter-of-fact, John continued to make stronger and stronger sexual overtures, each being met with an equally powerful negation. I decided it was time for him to leave, and politely pushed him toward the door. Upon seeing his car drive away, I acted on an impulse to lock all my windows and doors, then sat down to ponder the evening's experience.

This is what I decided. Even though I am in no way homophobic, and have worked with gay individuals on a number of occasions, I was still a little nervous about this given situation. On the surface it appeared that homosexuality was the

cause of my anxiety, but upon closer scrutiny, it was the feeling of being pursued and objectified, while in a lesser position of control, that truly bothered me.

John gained my confidence over a short time, invited me to have drinks, drove me in his car, paid for and pushed drinks on me, propositioned me, took me home and continued making overtures until I pressured his exit and locked my windows. Even in my own home, I felt a little uneasy having to steer furtive glances and forward remarks away from me, as well as to determine how I had sat and what body language I had displayed.

For many men, perhaps, a similar scenario might evoke feelings of fright, hate or violence. But for me, this otherwise stressful experience was a fascinating and enlightening sociological experiment, bearing for me one central thought:

Women contend with this type of situation repeatedly . . .

Stanford is a graduate student in philosophy

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