

# THE GREAT U.S. HEALTH CARE DEBATE

## Introduction



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### Focus

This CBC *News in Review* story focuses on U.S. President Barack Obama's efforts to reform the health-care system in that country. We will explore some of the reasons why the U.S. system needs to be reformed, as well as why many Americans look to the Canadian system as a model to emulate. No previous U.S. president has been able to bring about significant changes to the U.S. system, and only time will tell if Obama is successful.

### Did you know . . .

A serious illness or injury, especially involving a breadwinner, can leave a family destitute as it struggles to pay the expensive bills for hospitalization and treatment. As a result, medical debt is the number-one cause of personal bankruptcy in the United States today.

With one significant exception, all Western industrialized nations, including Canada, provide some form of public health insurance for their citizens that covers their medical expenses in cases of illness or injury. That exception is the United States, where most people must obtain and pay for their own medical insurance using private plans, usually through their employers. Although there are government plans for the very poor, the elderly, some disadvantaged children, and veterans, a significant proportion of the U.S. population—running as high as 15 per cent according to some estimates—has no medical insurance at all. In some extreme cases, people have died as a result of not being able to afford urgent medical care.

One of Barack Obama's main promises when he ran for president was to introduce a health-care reform plan that would guarantee some form of medical insurance to all Americans, regardless of their ability to pay for it. This promise was a major reason why he was elected, since opinion polls show that most Americans support health-care reform. However, the legislation Obama had proposed faced serious challenges. At the end of November 2009 it was still not certain that the reform package would become law in the United States.

Despite widespread support for a public health-care plan in the country,

there was a lot of opposition to the idea from conservative Americans and influential lobby groups such as pharmaceutical companies and the companies that run the country's private plans. Over the summer of 2009, critics of Obama's reforms organized a series of heated town-hall meetings across the country where they put pressure on local members of Congress to vote against the reform plan. At these meetings, the President was crudely labelled as either a communist or a fascist for his attempt to involve the government in the provision of health care. False and misleading claims were made about his plan, including the charge by former Republican vice-presidential candidate Sarah Palin that it would lead to government-administered "death panels" that could order mandatory euthanasia for someone's ailing grandmother in order to cut hospital costs.

To most Canadians, the debate over health-care reform south of the border was puzzling to say the least. Support for public health care in this country is practically universal, regardless of one's political stripe, and although the system is not perfect, few want to return to a privately run alternative. This issue has served to put into stark contrast a major difference between Canadians and Americans on the role the government should play in the lives of its citizens.

### To Consider

As a Canadian, how do you react to the controversy over this issue in the United States, given that publicly funded health care is a fact of life in this country and widely supported by the population as a whole?

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## Video Review

### Further Research

You may choose to watch a critical documentary film about the U.S. health-care system called *SiCKO*. It was written and directed by controversial filmmaker Michael Moore.

### Pre-viewing Activity

Before watching the video, discuss the following questions with a partner or in a small group.

1. What differences between the Canadian and U.S. health-care systems do you know about?

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2. What are some of the positive and negative features of the Canadian health-care system?

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3. Why does President Barack Obama want to reform the U.S. health-care system?

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4. Why has his health-care reform plan faced such vocal opposition since he was elected president?

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### Viewing Questions

Watch the video and answer the following questions.

1. What are the main features of Obama's proposed health-care reform plan?

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2. Who is Shona Holmes and what role has she played in the debate over health-care reform in the United States?

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3. How have Canadian political leaders responded to Holmes's claims about the problems with this country's health-care system?

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4. How many Americans die each year because they are unable to afford the medical care they need? \_\_\_\_\_

5. What happened to Cecil Page and his wife because of problems with health insurance in the United States?

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6. Once you make over what amount of money are you ineligible for free health care? \_\_\_\_\_

7. Identify the other problems with the U.S. health-care system that are highlighted by the case of Randall Emery.

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8. What kind of much-needed help does Dr. Sharon Lee's Kansas City medical clinic offer to its patients? How much money does it normally charge for treatments?

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9. What is a "pre-existing condition"? Why might such a condition disqualify someone like Maggie Romero from obtaining medical coverage from a private plan available from her employer?

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10. How can medical problems result in near-bankruptcy even for wealthy Americans like Dr. Joe Manley?

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11. According to CBC reporter Joe Schlesinger, what is the greatest advantage of the Canadian health-care system over its U.S. counterpart?

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## Post-viewing Activities

After you have watched the video, discuss and respond to the following questions. Your teacher may choose to place you in a small group with other students.

1. How do you respond to Shona Holmes's claims about the problems with Canada's health-care system and the role she has played in the debate over health-care reform in the United States?

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2. Considering the difficulties many Americans face in obtaining affordable health care under their private system, why do you think Obama's reform plans have faced such strong opposition?

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3. How would Canada's health-care system deal with people like the patients at Dr. Sharon Lee's clinic for low-income earners in Kansas City who were profiled in the video?

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4. "I don't think there's another country in the entire developed world where a person can go bankrupt because of a medical concern," said Sharon Lee, director of the Kansas City Family Health Care Clinic. Respond to Lee's comment and what it suggests about the United States.

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5. "Our medicare system doesn't just provide us with care when we're sick, it also brings us throughout life an assurance of something equally precious, and that is peace of mind," said CBC reporter Joe Schlesinger. Discuss this comment and state whether you agree with it or not, and why.

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# THE GREAT U.S. HEALTH CARE DEBATE

## *A Primer on the U.S. Health-care System*

### **Did you know . . .**

A 2008 report ranked the United States last in the quality of its health-care system compared with 19 other developed nations.

*What are the main features of the U.S. health-care system?*

Unlike most Western countries, the U.S. health-care system is mainly administered by private companies, not the government. This means that most Americans must obtain and pay for their own medical insurance, either as part of their job or on an individual basis. As is the case with other forms of insurance, these medical plans charge premiums in return for coverage. They may also impose deductibles requiring those covered by the plan to pay for at least part of their medical treatment, which can amount in some cases to many thousands of dollars.

People can be denied membership in private plans because they suffer from a “pre-existing” medical condition that affected them before applying for coverage. The quality of coverage under the thousands of private health-care plans operating in the United States can vary widely, from the costly “Cadillac” plans available to wealthy Americans to more limited forms of protection that set strict limits on how much of an individual’s or family’s medical bill they will cover and sometimes deny them any protection at all.

*Does the U.S. government operate any health-care plans?*

Currently the U.S. government administers a number of different public health-care plans. Medicare is available for people 65 years of age and older, and Medicaid provides some coverage for very-low-income families and people suffering from severe disabilities. There is also a program for war veterans and children whose parents may not be

poor enough to qualify for Medicaid. However, unlike in Canada there is no universal, government-run health-care program available for all Americans.

*What are some of the problems with the existing U.S. health-care system?*

The United States spends far more money on health care than any other nation in the world on a per capita basis (that is, according to population). In 2007, health-care spending totalled USD\$2.2-trillion, amounting to 16.2 per cent of the country’s total GDP. This is more than double the rate of spending in Canada and other Western countries. Its state-of-the-art medical research centres, such as the famed Mayo Clinic, can offer top-quality care for those able to afford it. This includes some wealthy Canadians who choose to pay for treatment in private U.S. facilities in order to avoid the sometimes lengthy wait times they may face for similar procedures in hospitals or clinics here.

However, to many health-care analysts, the U.S. system fails to deliver value for the enormous amount of money spent to sustain it. This is especially true for the estimated 46.3 million Americans—out of a total population of just over 300 million—who have no health insurance at all. And there are millions more whose plans do not protect them adequately against serious illness or injury.

In addition, the costs of private health-care plans are rising dramatically and are now double what they were less than a decade ago. As well, the percentage of participants in employee health-care plans who must pay a deductible of more than \$1 000 has increased from one per cent to almost 20 per cent between 2000 and 2008.

**Did you know . . .**

About 15 per cent of the total U.S. population, or about 46.3 million people, are without any form of health insurance.

*What is the impact of rising health-care costs in the United States?*

The rising cost of health care results in a situation where fewer Americans are able to afford it and may live in constant fear that a serious illness or injury could bankrupt them and reduce their family to a state of destitution. Films like *SiCKO*, directed by the documentary filmmaker Michael Moore, graphically depict the hardships that can befall Americans unable to afford quality private health care—including death in some cases. More than half the personal bankruptcies in the United States can be attributed to the inability to pay for medical expenses. In addition, the U.S. government is spending an ever greater proportion of the federal budget on the two main health-care programs it does operate: Medicare and Medicaid. The cost of these programs is now a major contributing factor to the rapidly escalating federal deficit and is expected to reach 12 per cent of GDP by 2050, up from four per cent in 2007.

*Why has health-care reform become such a significant political issue in the U.S.?*

President Barack Obama has committed his administration to a health-care reform plan that will provide coverage to all

Americans regardless of their ability to pay. If he succeeds, he will be the first U.S. president to achieve this goal. The most recent attempt, by President Bill Clinton and his wife Hillary Rodham Clinton, failed in the face of strong opposition from private health-care plans and other forces in the mid 1990s. In a speech to both houses of Congress in early September 2009, Obama outlined his case for health-care reform and appealed to the country's legislators to support it.

By late November, the House of Representatives had narrowly approved his plan, but it still awaited a vote in the Senate and it was unclear whether or even if Obama would meet his end-of-the-year deadline. Meanwhile, opposition to his proposal has galvanized the dispirited Republican Party, still smarting over its loss of the presidency to Obama's Democrats in 2008, and it has become a powerful focal point for a growing right-wing protest movement against Obama and his administration's policies.

Sources: "Q&A: U.S. health-care reform, BBC News, <http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/2/hi/americas/816058>; "Health care in the United States," Wikipedia, [http://en.wikipedia.org/wiki/Health\\_care\\_in\\_the\\_United\\_States](http://en.wikipedia.org/wiki/Health_care_in_the_United_States)

**Analysis**

1. What do you believe are some of the main benefits and drawbacks of the U.S. health-care system?
2. Do you think it is acceptable for Canadians to go to the U.S. for treatment rather than waiting their turn in Canada? Why?
3. What do you think are the main misconceptions (erroneous beliefs) about the U.S. and Canadian health-care systems?

# THE GREAT U.S. HEALTH-CARE DEBATE

## *Obama's Vision for Health-care Reform*

### Quote

In reference to the controversial "public option" in Obama's health-reform package, it may be necessary to "give up what is now a mere symbol for changes in the bill that will deliver affordable insurance more effectively and quickly to the millions of Americans who desperately need it."  
— Paul Starr, Princeton University, *The New York Times*, November 29, 2009

"I am not the first president to take up this cause, but I am determined to be the last" (BBC News, September 10, 2009). With these words, addressed to a joint session of the U.S. Congress on September 9, 2009, President Obama signaled his determination to press forward with his controversial health-care reform plan in the face of mounting opposition. Under Obama's plan, no American citizen would need to go without some form of health insurance, regardless of income or job status. Insurance companies would no longer be permitted to disqualify people from coverage on the basis of pre-existing medical conditions, nor would they be able to withdraw protection should someone become ill or suffer an injury.

For most Americans already covered under some kind of workplace health-care plan, little would change except for a possible reduction in the premiums they pay. Subsidies would be made available for those unable to afford health-insurance premiums, and some kind of government-run health plan would be established that could offer an alternative to already existing private plans and keep costs down by encouraging competition. Supporters of this idea refer to it as the "public option," and it became one of the most contentious aspects of the president's proposal.

Obama unveiled his ambitious health-care reform plan in the midst of widespread concerns about the health of the American economy and the mounting federal deficit. Opponents of the measure were quick to seize on the fact that it was projected to cost Washington about USD\$829-billion over the initial 10 years of its implementation. But according to

the Congressional Budget Office, the agency that reviews data on government spending in the United States, health-care reform would also help to reduce the deficit by \$81-billion over the same period. This is because it would result in reducing the financial costs of existing government health-care programs such as Medicare and Medicaid. In addition, it was argued that a population enjoying almost universal medical coverage would be healthier and more economically productive, and that this would help to increase tax revenues to offset the projected costs of the plan.

Obama's plan cleared its first legislative hurdle when the House of Representatives, the lower branch of the U.S. Congress, narrowly voted in favour of it on November 7, 2009. The House split along party lines in approving the measure, with most Democrats voting to support it, along with only one Republican. This result was a victory for House Speaker Nancy Pelosi, a strong supporter of the plan, but also an indication of Obama's failure to achieve what he called "bipartisan consensus" on the issue of health-care reform by appealing to his Republican opponents on the other side of the congressional aisle to join in his efforts to provide protection from illness or injury to all Americans.

However, passage of the bill in the House was only the first step; it still required approval from the Senate, the senior legislative branch, where a "supermajority" of 60 of 100 Senators was required for it to win approval. Even though the Democrats control close to that number of seats in the Senate, it was far from clear that there would be enough support in that chamber for Harry Reid,

**Did you know . . .**  
Members of the Democratic Party that narrowly won election in Republican states are known as “blue dog” Democrats.

the Democrats’ Senate Majority Leader, to ensure passage of the legislation before the end of 2009.

Unlike Canada’s parliamentary system, in which elected members of Parliament almost always vote according to their political party’s position on a particular issue, members of the U.S. Congress are far freer to break ranks and vote against a measure that the President supports, even if they belong to the same party. The heated debate over health-care reform has not only pitted Democrats against Republicans, it has also revealed a significant split between liberal Democrats who strongly support Obama’s vision and more conservative members of the Democratic party who are suspicious of any further government intrusion into the U.S. economy and society.

Democrats who were elected in Republican states are afraid that supporting the president’s health-care reform package could lead to defeat at the polls for them when the next round of congressional elections takes place in November 2010. For this reason, and because they are aware of the mounting opposition to health-care reform demonstrated in the vocal town hall meetings over the summer of 2009, these

lawmakers have proven quite reluctant to embrace Obama’s reform plan with any degree of enthusiasm.

To supporters of health-care reform in the U.S., the removal of the “public option” in the health-care package would be a major disappointment. But it may be necessary to get the reforms approved. For in order to pass any kind of health-care reform package at all, proponents of the “public option” may have to accept the fact that for many Americans, it is just too radical and costly a step for their country to take at a time when there is mounting concern about ballooning fiscal deficits and any increased government spending that may impede the chances of an economic recovery from the effects of the recession.

Sources: “Obama begins healthcare fight back,” BBC News, <http://news.bbc.co.uk/2/hi/americas/8247658.stm>; “Can Obama pass health-care reform?” BBC News, <http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/2/hi/business/8153449>; “Analysts cost Senate health plan,” BBC News, <http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/2/hi/americas/8296537>; “Fighting the wrong health care battle,” *The New York Times*, November 29, 2009, [www.nytimes.com/2009/11/29/opinion/29starr.html](http://www.nytimes.com/2009/11/29/opinion/29starr.html)

## Analysis

1. (a) Why has it been so difficult for Obama to win legislative approval for his health-care reform plan?  
  
(b) How is this different from the Canadian political system?
2. What are your predictions about this issue? Do you think the health-care reform package will be passed with a “public option”? Without? Or not at all?



# THE GREAT U.S. HEALTH CARE DEBATE

## *Canada's Health-care System*

**Did you know . . .**  
The five pillars of the Canada Health Act are: public funding, comprehensiveness, universality, portability, and accessibility.

Canada's universal and free system of health care is one of this country's most widely respected and valued social institutions. Since its inception in Saskatchewan in 1961, publicly funded medicare spread to the rest of Canada during the 1960s and was officially enshrined in the Canada Health Act passed by Parliament in 1984. The Canada Health Act outlaws user fees for medical treatments and extra billing by doctors for their services.

According to most opinion polls, support for this country's health-care system is nearly universal, with almost 90 per cent expressing general satisfaction with it. This is in stark contrast to the United States, where a large majority of Americans have indicated considerable discontent with their privately run health-care system. To many Canadians, free, universal medicare is one of the hallmarks of Canadian society and is an example of its values of social justice and equity. As an expression of this view, in a 2004 CBC-sponsored vote to select the "greatest Canadian," a majority of participants chose T.C. "Tommy" Douglas, the former Saskatchewan premier and later NDP leader who led the struggle for public health care in his province against strenuous opposition from doctors and other anti-medicare groups.

The Canada Health Act guarantees that all Canadians—irrespective of their income or place of residence—are entitled to free, quality medical care in case of illness or injury. Each province is responsible for administering its own health-care system, but the federal government ensures that the quality of care Canadians receive across the country is relatively equal through

financial transfers to poorer provinces. In return, each province must ensure that its health-care system does not deviate from the basic principles outlined in the Canada Health Act.

A proposal in Alberta to establish a parallel, private, for-profit system as an alternative to the public one met with strong opposition from the federal government and was abandoned. However in 2005, a Supreme Court ruling that Quebec's ban on private health insurance violated the province's human rights legislation appeared to open the door for the return of some kind of privately run health care in the future.

Like many Western countries that have adopted some form of publicly funded health care, Canada spends a great deal of money on it, especially as the population ages and becomes more dependent on medical treatment and services. Total spending was expected to reach \$183-billion in 2009, representing a five per cent increase over the previous year. This amounts to almost \$5 500 per person. Hospital costs consume the greatest proportion of health-care spending, followed by pharmaceuticals and doctors' salaries.

Health-care costs represent over 10 per cent of Canada's GDP, which is slightly higher than the average spent by the world's most developed and prosperous nations. However, the cost of running Canada's public health-care system is far less per capita than in the United States, where spending on its private system amounts to almost double the rate for this country—and the system does not cover everyone.

Although Canadians are generally satisfied with the country's health-care system, there are some areas that could

be improved. Many people would like to see coverage extended for such items as prescription drugs, semi-private hospitalization, eyeglasses, home care, dental care, and other services not currently covered. To obtain coverage for such “extras,” many Canadians have enrolled in private insurance plans through their employers, but this alternative is not available to everyone. While all Canadians are assured that they will be protected from the costs of serious illness or injury—which is not the case in the United States—many families find it difficult to finance expensive dental work or provide home care for aging relatives and would like to see the government play a greater role in the provision of such services.

A more common complaint with the Canadian health-care system is the lengthy wait times for certain medical procedures that are not emergencies or life-threatening. For example, the median wait time to see a specialist in Canada is just over one month, but many people have to wait three to six months. For some surgical procedures such as hip replacements, which are becoming far more prevalent in an aging population, wait times can occasionally extend to almost a year. For this reason, a growing number of Canadians, impatient with lengthy wait times and eager to have their medical conditions dealt with quickly, have opted to pay for

private treatment in the United States or occasionally in other countries as well.

One of the reasons why wait times have become such a problem for the health-care system in Canada is the fact that federal governments beginning in the 1990s made considerable spending cuts in order to reduce the federal deficit. These are alleged to have impacted negatively on the delivery of health care in hospitals and led to an increase in wait times as these facilities struggled to provide quality services with shrinking financial resources.

The popular film *The Barbarian Invasions*, directed by Denys Arcand, portrayed this situation in a semi-humorous fashion, as its protagonist was forced to travel to the U.S. to receive cancer treatment after languishing for weeks in a poorly run, underfunded Montreal hospital. In addressing such concerns, Prime Minister Stephen Harper promised in 2007 that the federal government—in consultation with the provinces and territories—would establish firm wait-time guarantees by 2010, especially in priority areas such as hip and knee replacement, cancer and cardiac care, diagnostic imaging, cataract surgery, and primary care.

Sources: “Health-care system,” Health Canada, [www.hc-sc.gc.ca/hcs-sss/index-eng.php](http://www.hc-sc.gc.ca/hcs-sss/index-eng.php); “The birth of medicare,” CBC Digital Archives, <http://archives.cbc.ca/health/health-care-system/topics/90>

## Analysis

1. Do you share the view of most Canadians that this country’s publicly funded health-care system is a positive expression of our national identity? Why or why not?
2. What do you think are some of the main areas for improvement in the funding and functioning of Canada’s health-care system?
3. If you were advising President Obama, how would you suggest he deal with the opposition to his efforts to achieve health-care reform in the United States?

# THE GREAT U.S. HEALTH CARE DEBATE

## *Two Different Perspectives*

### **Did you know . . .**

Shona Holmes continues to claim that she had received no financial reward from Americans for Prosperity in return for her advertisement against the Canadian health-care system.

Here are profiles of two people who hold very different opinions on the current health-care debate in the United States. One is a Canadian and one is an American. Before you read the following information, answer this question: who do you assume would be more in favour of health-care reform: a Canadian or an American?

### **Shona Holmes**

Shona Holmes is a Waterdown, Ontario, woman who gained considerable notoriety in both her own country and the United States when she was featured in a television ad that was critical of Canada's health-care system. The ad, which was broadcast widely across the United States as part of the growing debate over health-care reform, was produced and sponsored by Americans for Prosperity, one of the many conservative groups opposed to President Obama's health-care reform initiative.

In it, Holmes claimed that she had to travel to the Mayo Clinic in Arizona to receive treatment for a rare type of cyst at the base of her brain that was threatening her life after being told that she would need to wait six months before she could receive equivalent care in this country. In order to pay the costs of the procedure, amounting to over USD\$100,000, Holmes had to mortgage her house. But the alternative, she charged, was facing likely death from her condition while waiting for a hospital bed to become available. She is currently suing OHIP for compensation for her expenses.

As the advertisement gained attention across the United States, vocal opponents of Obama's health-care reform plan such as South Carolina Republican Senator Jim DeMint pointed to Holmes's

case as proof that the Canadian system of government-run health care was a poor example for his country to follow. DeMint, who had vowed to "break" Obama over the issue, was one of an influential group of U.S. politicians and lobbyists who were spreading negative reports about Canada's health-care system as a way to sway public opinion against the reforms. One of these negative points was the issue of alleged long wait times for urgent medical procedures.

However, on closer scrutiny it appeared that significant elements in Holmes's story were open to question. Two prominent specialists who investigated Holmes's medical condition, Dr. Rolando Del Maestro of the Montreal Neurological Institute and Dr. Michael Schwartz of Toronto's Sunnybrook Hospital, concluded that her condition—known as Rathke's cleft cyst—was far from life-threatening. In fact, the doctors state that it is a benign, slow-growing condition that usually responds well when the cyst is drained in order to take pressure off the optic nerve where it can impede vision. And Schwartz commented, "if somebody called me about a patient that was losing her vision or had a structural abnormality of the brain, I would see them within days" (*CBC News*, July 31, 2009).

Americans for Prosperity has since discontinued the ad after running it in the 11 states whose senators were most critical of President Obama's health-care reform plan. Total cost of producing and running the ad is estimated at USD\$1.8-billion. For her part, Holmes has refused to comment publicly on the issue any further, but insists that despite the apparent discrepancies in her story

### Further Research

To learn more about Wendell Potter, watch his July 31, 2009, interview with Bill Moyers on PBS at [www.pbs.org/moyers/journal/07312009/watch.html](http://www.pbs.org/moyers/journal/07312009/watch.html).

it still illustrates some serious flaws in the Canadian health-care system, about which she believes Americans deserve to be informed.

### Wendell Potter

Wendell Potter is from the southern U.S. For over a decade, he was the head of corporate communications for CIGNA, one of the largest private health insurance companies in the United States. When director Michael Moore released his documentary film *SiCKO* in 2007—a searing indictment of the failings of the U.S. health-care system—CIGNA designated Potter as the company’s point man in its campaign to discredit the movie. However, instead of refuting Moore’s claims, Potter found the movie to be quite accurate and realized that he could no longer support the company that touted the virtues of private health care.

A few weeks later he witnessed a scene that changed his life. He went to observe a health-care “expedition” at the fairgrounds at Kingsport, Tennessee, sponsored by a non-profit organization called Remote Area Medical. Remote Area Medical sends volunteer doctors to treat people who cannot otherwise obtain medical attention in places like the Amazon rain forest. However, this expedition was taking place in Potter’s home town, and he was stunned to see long lines of people, some of them lying on gurneys or even on the wet pavement as they waited for medical staff to see them. These were individuals who could have been his friends and neighbours, and his experience that day proved to be the turning point in his life.

Potter quit his job with CIGNA and shortly after delivered dramatic testimony as a witness before a Senate committee in June 2009. He claimed that private insurance companies routinely dumped “policyholders who are less profitable or who get sick” (*The Progressive*, November 2009). Following his appearance before the Senate committee, Potter toured the country, speaking to audiences in pro-health-care reform rallies across the country. At one of these, in Wisconsin, he opened his speech by stating, “Folks, I’d like to apologize to you for the role I played for 15 years in cheating you out of health-care reform” (*The Progressive*, November 2009).

But Potter’s support for the President’s initiative is not unqualified. He is worried that Obama and his advisors may decide to abandon some aspects of the package, including the “public option” in response to pressure from the conservative movement and powerful lobby groups like insurance companies. Potter urged those who want public health insurance in the U.S. not to give up the fight: “Don’t think that just because you voted for Obama, that’s enough. This debate doesn’t come round often enough. It takes years and years to build up. I think it’s important to do whatever can be done” (*The Progressive*, November 2009).

Sources: “Anti-medicare ad an exaggeration: Experts,” CBC News, [www.cbc.ca/health/story/2009/07/31/medicare-ad-an-exaggeration/523.html](http://www.cbc.ca/health/story/2009/07/31/medicare-ad-an-exaggeration/523.html); “Insurance industry traitor,” *The Progressive*, November 2009, [www.progressive.org](http://www.progressive.org)

### Follow-up

1. How do the examples of Shona Holmes and Wendell Potter illustrate the deep divisions in U.S. society over the issue of health-care reform?
2. Which viewpoint on the question of health-care reform currently facing the United States do you find more convincing: Holmes’s or Potter’s? Why?

# THE GREAT U.S. HEALTH CARE DEBATE

## *Activity: Position Paper*

### **Your Task**

Write a five-paragraph position paper that summarizes your opinion on the U.S. health-care debate. You may choose to argue for one of the following positions, or create another:

- The U.S. health-care reform package, complete with a “public option,” should become law.
- A modified version of the reforms should become law.
- The U.S. health-care reform package should be abandoned.

### **To Prepare**

You may choose to watch the *News in Review* video again or review some of the material in the Resource Guide. You may also choose to do additional research to gain a better understanding of the issues.

Web sites you may want to check out include:

The White House: [www.whitehouse.gov/issues/health-care/](http://www.whitehouse.gov/issues/health-care/)

ABC News: <http://abcnews.go.com/Health/Politics/story?id=7766321&page=1>

PBS: <http://video.pbs.org/feature/87/tag/Obama>

The American Medical Association: [www.ama-assn.org/ama/pub/news/news/obama-principles-health-care.shtml](http://www.ama-assn.org/ama/pub/news/news/obama-principles-health-care.shtml)

CBC News: [www.cbc.ca/world/story/2008/12/15/f-rfa-champ.html](http://www.cbc.ca/world/story/2008/12/15/f-rfa-champ.html)

### **Format of Your Position Paper**

Opening paragraph: State your position and the main reasons why you’ve taken that position.

Body paragraphs: Outline each of your reasons in detail and with supporting evidence. It is always good to include quotes and references in your body paragraphs.

Closing paragraph: Restate your position and try to sway your reader with a catchy wrap-up of your main points.

Be prepared to read your paper to the class or to share it with others in a small-group setting.