The United States spends more than any other country on health care, yet a substantial portion of the population lacks health insurance. American health care deploys the latest technological advances, yet other countries have better health outcomes. Doctors in the US are among the most highly paid in the world, yet many complain that insurers have limited their clinical freedom to such an extent that the quality of patient care is in serious jeopardy. Milwaukee ranks among the poorest American cities, yet its health care costs are among the highest in the nation.

How can we explain these realities of American health care? How have other countries addressed similar questions surrounding equitable access to quality health care at a reasonable cost? Can the United States learn from them? Can they learn something from the US? This course seeks to answer these questions by examining health care politics and policies in the United States and other industrialized countries. In doing so, we will examine the organization and financing of health care in the US, and the role that government, private insurers, employers, and health care providers play in the health care system and in health policy. We will pay close attention to how political institutions, dominant political values, and health care interest groups have shaped health policies in the US. We will also examine the health care systems and underlying political factors driving health policy in other industrialized countries. The comparative approach will allow students to discover what is unique about the American approach to health care and what lessons other countries may provide.

We will also address special topics in comparative health policy, such as the challenge of HIV/AIDS and other infectious diseases confronting developing countries. The primary focus of the course, however, will be on the industrialized democracies.

The goal of this course is to provide students with the knowledge and analytical tools to participate intelligently in health policy debates and to evaluate critically health care reform proposals in the United States and elsewhere.
Course Requirements

Your grade is based on the completion of the following written assignments, as well as on class participation and attendance.

Two in-class exams: 50% (each exam is worth 25% of the course grade)
Policy memo on US health care reform: 15%
Final exam: 25%
Class participation and attendance: 10%

I will distribute instruction on the policy memo later in the semester.

There is a significant reading and writing component to this course. I will grade written assignments on the content and clarity of argument and on writing style (grammar rules, punctuation, spelling, etc.). Therefore, I encourage students to seek out advice and help from the Writing Center in completing these assignments. The Writing Center is located in Raynor Library R240; tel. 288-5542. (You need to call them to make an appointment.)

Students should complete the readings in advance of class so that they are able to participate in a meaningful way in class discussions. Class meetings will not simply recapitulate the readings but will also bring in additional material, so it is in your interest to attend class regularly and take notes in class. I expect you to read all assigned readings from required books, articles on reserve, and class handouts. It is not sufficient for you to rely only on one textbook or on a few of the assigned readings. If you do, it will be apparent in your written work and class participation and will be reflected accordingly in your course grade.

Attendance at all classes is mandatory. I will take attendance for each class and will follow College of Arts and Sciences policies on attendance. If you have seven (7) or more unexcused absences, your grade will be lowered accordingly. Excessive absences may result in a grade of WA. Your attendance and participation in class will affect your final grade. Class participation means more than merely attending class meetings; it also entails that you do the readings and contribute insightful comments and questions to class discussions.

I do not accept late assignments unless there is a legitimate medical or family emergency, or unless it is the result of an officially-sanctioned, scheduled university activity. Students who miss an exam or assignment because of a university-sanctioned activity must arrange a make-up exam or assignment with me in advance of their absence. Please let me know as soon as possible if you are experiencing a medical or family crisis so that we have time to make arrangements for you to complete the coursework for this class.
I do not tolerate academic dishonesty by students (including plagiarism, copying, or cheating). I will follow all University policies on academic dishonesty.

Readings

The following required books are available for purchase at Sweeney’s or at BookMarq.


In addition, required reserve readings will be either on D2L. These readings are noted in the syllabus with an asterisk (*). We will also read some chapters from my book, *Markets and Medicine*. The chapters will be on D2L but I will also place that book on Raynor Library reserve. In some instances, I may announce and distribute additional required readings in class. I will note on D2L the location of all reserve readings, so PLEASE CHECK D2L REGULARLY for any updates of assignments and their location.

Additional sources

Occasionally I will list recommended readings in the syllabus or announce them in class. I do not expect you to read these; they are for further reading if you are interested in the topic. I will make these readings available on D2L.

I encourage you to regularly read a newspaper to stay abreast of current health policy debates and issues. For national news, you should read *The New York Times* or *The Washington Post*. The *Milwaukee Journal Sentinel* provides excellent state and local coverage of health care policy issues. *The Economist* provides excellent coverage of international health care policies. All of these publications are in Raynor Library or available online. Discount subscriptions for students are also available.

Leading health policy journals include:

Health Affairs
Journal of Health Politics, Policy and Law,
Milbank Quarterly
The New England Journal of Medicine
Journal of the American Medical Association (JAMA)
There are also some good websites:

Kaiser Family Foundation (www.kff.org)
European Observatory on Health Systems and Policies
See also reports on health care by the OECD, the World Bank, and the World Health Organization (WHO).

Marquette University’s Raynor Library also has a number of excellent resources on health policy and politics. From Raynor Library’s website, go to Resources, then to Research Starting Points, and then Political Science and Government or Health Care listings. You will find a number of excellent electronic collections of academics journals and newspapers; see especially Proquest, JStor, PAIS, and EBSCO. Do not hesitate to ask a reference librarian at Raynor for additional assistance.
Class Schedule and Assignments

I. INTRODUCTION


A. Health status and expenditures in comparative context
Jan. 14:

Jan. 16:

Jan. 19: No class: Martin Luther King, Jr. Day

II. HEALTH CARE IN THE UNITED STATES

A. Financing and organization of US health care
Jan. 21: Bodenheimer and Grumbach, chaps 5 (Organization I) and 2 (Paying). Please read the chapters in that order.

B. Access and Cost Problems in US health care

Recommended:

Jan. 26:
Recommended:

C. Who are the uninsured?

Jan. 30: Sered and Fernandopulle, chaps. 6-7.
   In class: excerpts from Michael Moore’s film, *Sicko*.

Recommended:

Feb. 2: Sered and Fernandopulle, chaps. 9-10.


Feb. 9: 1st in-class exam

D. Why the US does not have national health insurance: the politics of health care reform


Feb. 16: Quadagno, chaps. 5-6.

Feb. 18: Quadagno, chap. 7: read pp. 181-200 only.

Feb. 20: Quadagno, chap. 8.
E.  Market solutions and the rise and fall of managed care
Feb. 23:
Bodenheimer and Grumbach, chap. 6 (Organization II).

Feb. 25:
Bodenheimer and Grumbach, chap. 4 (Reimbursing).

Feb. 27:

F. New efforts at comprehensive health care reform
March 2:

1. Reform in the states: the Massachusetts Plan; Wisconsin’s initiatives
March 4:

2. National level reform efforts
March 6:
*Obama-Biden health care reform proposal and Q& A on their plan, Obama website, 2008.
Bodenheimer and Grumbach, chap. 9 (Controlling costs)
Additional readings may be announced.
March 8-15: No class; spring break

March 16: Bodenheimer and Grumbach, chap. 16 (Conflict and Change)

March 18: Policy memo on US health care reform due

III. HEALTH CARE IN OTHER ADVANCED CAPITALIST DEMOCRACIES

A. Doctors and the state; The British National Health Service (NHS)

March 18:


**NOTE: *Markets and Medicine* book is on Raynor Library reserve; assigned chapters are on D2L.

B. Britain’s National Health Service (NHS)

March 20:

March 23:

*Nicholas Timmins, “From millions to billions in eight years,”* *Financial Times*, April 19, 2005, p.4.

Recommended:

C. National Health Insurance (NHI) in Germany

March 25:

March 27:

March 30:

D. Individual Insurance Mandate in the Netherlands’ NHI
April 1:

E. Single Payer NHI: Canada
April 3: Readings TBA.

April 6:

F. Comparative lessons

April 10-13: No class: Easter break.

April 15: 2nd in-class exam

IV. HEALTH CARE CHALLENGES IN DEVELOPING COUNTRIES

A. Disease and Poverty in the Developing World

April 20: No class; instructor at a conference

B. HIV/AIDS
April 22: *“Only a Glimmer of Hope,”* FT Business and AIDS Special Report, *Financial Times*, December 1, 2006 (excerpts to be assigned and posted on D2L).
1. Case study: Brazil and South Africa
April 24:

April 27:

C. A Paradigm Shift?


Final exam: Monday, May 4, 1-3 PM, Wehr Physics 122.