

# NEW YORK POST

## US Health Care Still Tops

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Some Congress members and even President Obama have been bamboozled into believing that health care is better in other developed countries than in America.

On Nov. 20, for example, Sen. Kent Conrad (D-ND) pointed to a large blue chart showing the United States in last place in health performance. "All of these countries have much lower costs than we do," he said, "and they have higher-quality outcomes than ours."

Conrad was duped by a bag-of-tricks report from the Commonwealth Fund (Health Affairs, vol. 27, no. 1, 2008). This put America in 19th place due to our nation's large number of preventable deaths -- meaning deaths from diseases that are curable if treated soon enough.

Yet most of these deaths are caused by heart disease and circulatory diseases. The United States has a high incidence because for 50 years Americans were the heaviest smokers and now are among the most obese. Bad behavior, not bad medicine, is to blame. Our health-care system treats these diseases very effectively.

As the National Bureau of Economic Research concluded, "It seems inaccurate to attribute . . . high death rates from these causes to a poorly performing medical system."

Plus, while the Commonwealth researchers claimed to consider curable diseases of all sorts, they conspicuously omitted malignant prostate cancer -- where US care is stunningly successful. An American man diagnosed with it has a 99.3 percent chance of surviving it -- far higher than in any Western European country. It's not a death sentence here, but in Scotland only 71 percent survive, in Germany, only 85 percent.

Conrad also trotted out another "pro-reform" statistic, pointing to a "shorter [US] life expectancy compared with other industrialized countries." Again, demographers are quite clear on this: The causes of reduced US life expectancy are our higher rates of auto fatalities and violent crime, plus half a century of excessive smoking -- not bad medicine.

As the NBER concludes, "The low longevity ranking of the United States is not likely to be the result of a poor functioning health-care system."

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Politically convenient studies are also hauled out to justify big cuts to Medicare funding. Conrad and Obama himself have cited the Dartmouth Atlas Healthcare 2008 study, which purports to show that patients who get less care -- fewer days in the hospital, doctors' visits and imaging tests -- had the same medical "outcomes" as patients who got more care.

But read the fine print: The Dartmouth authors arrived at their dubious conclusion by restricting their data to patients who died, tallying what was spent on chronically ill patients in the last two years of life. Lo and behold, high-spending and low-spending care produced the same result: death.

The Dartmouth study did *not* consider patients who recovered, left the hospital and resumed active lives. Did these patients survive because they got more care?

That's likely, according to evidence in the journal *Circulation* (November 2009). Examining patients with heart failure at six teaching hospitals in California, doctors found that hospitals providing more care saved more lives. This evidence suggests that substantial reductions in spending on Medicare patients, as the House and Senate "reform" bills propose, will cost lives.

When First Lady Michelle Obama marked Breast Cancer Awareness Month at the White House, she said American health-care is "a system that only adds to the fear and stress that already comes with the disease." That's not true, but that's what she's been told. The Commonwealth Fund proclaimed the American health system is "faltering."

In truth, breast cancer is diagnosed earlier in the United States and treated more aggressively. A woman diagnosed with it in America has a 90 percent chance of surviving it, higher than anywhere in Europe. In England and Germany, a woman diagnosed with the disease is twice as likely to die as in America, according to Eurocare data published in *Lancet Oncology* (2007). And these comparisons reflect the experiences of all women, not just those with insurance.

Yet Congress pushes ahead with its health bills -- ignoring the fact that bad science will lead to costly, even dangerous laws.

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