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Healthcare Systems in the American Continent

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Abstract

The healthcare system is one of the strategic areas that most governments focus on to provide services and comfort to their citizens. Hence, a significant portion of the state budget is reserved for the construction of hospitals and the training of general doctors, specialists, as well as nurses. Although health services are necessary for any society, the variation in the quality of the services provided from one country to another triggers a research to find the reasons for the success of some health systems compared to others. Therefore, we chose to study the health system in the Americas continents, focusing on the United States of America and Canada as a model of the health system in developed countries. On the other hand, we studied the success factors of the health system in Cuba as a developing country. We have concluded in this study that health services in developing countries are provided free of charge to citizens or even to tourists and immigrants. But it remains that the quality of services such as rehabilitation and emergency in hospitals is not up to what Canada and America provide. We also concluded that Canada was able to reconcile the quality of services to its citizens and immigrants within the framework of health insurance services, which are significantly funded by the government. Although the quality of health services provided in America is distinguishable, health coverage does not include all portions of society despite the large contribution of the federal budget and the state budget. We concluded through our research that the solution is to allow taxpayers to use their money directly to choose the appropriate health insurance, which creates a competitive atmosphere between insurance companies.

Keywords: Healthcare System, Medical Insurance, Cuba, Canada, United States.

Resumé

Le système de santé est l'un des domaines stratégiques sur lesquels la plupart des gouvernements se concentrent pour fournir des services et du confort à leurs citoyens. Ainsi, une part importante du budget de l'État est réservée à la construction d'hôpitaux et à la formation de médecins généralistes, de spécialistes, ainsi que d'infirmiers. Bien que les services de santé soient nécessaires à toute société, la variation de la qualité des services fournis d'un pays à l'autre déclenche une recherche pour trouver les raisons du succès de certains systèmes de santé par rapport à d'autres. Par conséquent, nous avons choisi d'étudier le système de santé dans les continents américains, en nous concentrant sur les États-Unis d'Amérique et le Canada comme modèle du système de santé dans les pays développés. D'autre part, nous avons étudié les facteurs de succès du système de santé à Cuba en tant que pays en développement. Nous avons conclu dans cette étude que les services de santé dans les pays en développement sont fournis gratuitement aux citoyens ou même aux touristes et aux immigrants. Mais il reste que la qualité des services tels que la réadaptation et les urgences dans les hôpitaux n'est pas à la hauteur de ce que le Canada et l'Amérique offrent. Nous avons également conclu que le Canada était en mesure de concilier la qualité des services à ses citoyens et aux immigrants dans le cadre des services d'assurance-maladie, qui sont largement financés par le gouvernement. Bien que la qualité des services de santé fournis en Amérique soit remarquable, la couverture sanitaire n'inclut pas toutes les couches de la société malgré la contribution importante du budget fédéral et du budget de l'État. Nous avons conclu à travers nos recherches que la solution est de permettre aux contribuables d'utiliser directement leur argent pour choisir l'assurance maladie appropriée, ce qui crée une atmosphère de concurrence entre les compagnies d'assurance.

Mots clés: Système de santé, assurance médicale, Cuba, Canada, États-Unis.

ملخص

يعد نظام الرعاية الصحية أحد المجالات الإستراتيجية التي تركز عليها معظم الحكومات لتقديم الخدمات والراحة لمواطنيها. وهكذا ، يُخصص جزء كبير من ميزانية الدولة لبناء المستشفيات وتدريب الممارسين العاميين والمتخصصين والمرضى. على الرغم من أن الخدمات الصحية ضرورية لأي مجتمع ، فإن التباين في جودة الخدمات المقدمة من بلد إلى آخر يؤدي إلى البحث للعثور على أسباب نجاح بعض الأنظمة الصحية على غيرها. لذلك ، اخترنا دراسة النظام الصحي في القارات الأمريكية ، مع التركيز على الولايات المتحدة الأمريكية وكندا كنموذج للنظام الصحي في الدول المتقدمة. من ناحية أخرى ، درسنا عوامل نجاح النظام الصحي في كوبا كدولة نامية. خلصنا في هذه الدراسة إلى أن الخدمات الصحية في الدول النامية تقدم مجاناً للمواطنين أو حتى للسائح والمهاجرين. لكن تظل الحقيقة أن جودة الخدمات مثل إعادة التأهيل وحالات الطوارئ في المستشفيات لا ترقى إلى مستوى ما تقدمه كندا وأمريكا. خلصنا أيضاً إلى أن كندا كانت قادرة على التوفيق بين جودة الخدمات لمواطنيها والمهاجرين في إطار خدمات التأمين الصحي ، والتي تمولها الحكومة إلى حد كبير. على الرغم من أن جودة الخدمات الصحية المقدمة في أمريكا رائعة ، إلا أن التغطية الصحية لا تشمل جميع شرائح المجتمع على الرغم من المساهمة الكبيرة للميزانية الفيدرالية وميزانية الدولة. خلصنا من خلال بحثنا إلى أن الحل هو السماح لدافعي الضرائب باستخدام أموالهم بشكل مباشر لاختيار التأمين الصحي المناسب ، مما يخلق جواً من المنافسة بين شركات التأمين.

كلمات مفتاحية: نظام الرعاية الصحية ، التأمين الطبي، كوبا ، كندا، الولايات المتحدة.

Dedicates

To my mother Larem, who was proud that I was pursuing a master's degree. She wanted to live long to attend my graduation. May Allah rest her soul in peace. I love you Mom.

I dedicate this modest work to my family and my friends.

A special feeling of gratitude to my loving father Abdelkader, my loving husband Mohammed whose words of encouragement still ring in my ears.

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General Introduction

The healthcare system is a system that provides healthcare to the people, so that the relevant authorities fund and organize it and then present it to the people because it has become a basic human right that people cannot live without. Therefore, the health system must include basic services that aim to improve the health of the population through the use of more effective methods within the capacities of society. Healthcare differs from a country to another according to culture, development and social values so that some countries are concerned with disease prevention, while others focus on treatment and care. Health systems aim to meet the needs and expectations of the population, improve their health, defend them against attacks, as well as protect the population from the financial problems they face when their health deteriorates, by providing equitable opportunities for access to healthcare, and enabling them to participate in decisions that affect their health.

The first Canadian health care system was introduced in 1967. It was publicly funded and provides free health services to Canadian citizens as well as expatriates regardless of medical history, income, and level of health. However, the publicly funded healthcare system does not cover prescribed medicines, rehabilitation, and dental care. Therefore, citizens are forced to either pay directly for those services or adhere with a private insurance company and by a convenient health plan.

As for the United States, it has largely spent on healthcare including public and private sector health. Total health expenditure was always increasing over the years. The increase will mainly result from this expected inflation in the prices of services, a health that will exceed overall price growth. Despite massive healthcare spending, the United States does not have a unified healthcare system and universal coverage for all people. America uses a mix of health systems as the federal government funds some healthcare

programs for several segments of the population and its civilian and military personnel, and also supports state and local governments in other healthcare programs. Many laws regarding healthcare system have been proposed to enhance the services for all Americans. For instance, Obamacare law aimed to affect almost all American industries from hospitals to doctors, factories, stores, etc. However, from the day it was passed, the law has sparked controversy in various American circles and has led to divisions in society.

On the South American continent, Cuba has made great strides towards self-sufficiency in doctors and nurses, as well as producing medicines locally. Emphasis on prevention and local drug production reduced mortality and health costs. Today, life expectancy and infant mortality in Cuba are better than in America and Canada. There is no doubt that scientific research in this country has greatly contributed to eradicating many diseases. In fact, Cuba recently managed to produce a domestic vaccine for Covid-19 to reduce the bill for importing it from developed countries.

The approach used in this dissertation is descriptive and analytical. It investigates the healthcare systems over three countries in the American continent that follow socialism as well as capitalism. We will conduct an analytical study of the system components such as the doctors, the nurses using factors or mortality rates and number of physicians. This research attempts to answer a number of questions. The first one is whether there existed a relation between the political aspect of the country and the quality of healthcare services that are provided. The second question is why the republicans insisted to take down the Obamacare and why they did not succeed until his successor Donald Trump came to the white house. Finally, what were the reasons behind the success of healthcare systems in some developing countries where it failed in others?

To answer the aforementioned questions, many resources were consulted to insure the objectivity of our findings and conclusions. The dissertation is composed of three

chapters. The first chapter provides some definitions of the healthcare system, its components, goals, categories and resources of funding.

In the second chapter, we present two healthcare systems from a capitalist country (Canada) as well as a socialist country (Cuba). For comparison purposes, we consult data from the World Bank related to primary factors that describe the healthcare situations in those countries.

In the third chapter, we present in brief the American healthcare system in addition to a specific description the Obamacare **Act** that witnessed a long struggles between democrats and republicans since it was passed in 2010. We will also investigate the flaws of this act that made it non supported by a large portion of the American population. At the end, we present opinions of senators from both parties and lay out the amendments that were proposed by President Joe Biden to enhance the Obamacare.

Chapter One

Healthcare Systems: Definitions and Basics

I.1 Definition

Health care is defined as the state of living in good living conditions. Governments support this concept based on the needs of society in general and more specifically of families and individuals (Gevers). Health care covers all physical aspects of well-being as well as the psychological state of mind. Its essence is to provide care for the whole person concerning lifelong health needs, not limited to a specific disease group. Successful plans focus on the daily needs of citizens, including their rehabilitation after injuries and accidents, counseling for children and care for mothers, prevention of deadly diseases through vaccination. The most successful healthcare systems ensure a comprehensive plan that relieves citizens of the hassle of medical costs (Daily Mail Ghana).

Primary health care is based on a commitment to social justice and equity and the recognition of the fundamental right to the enjoyment of the highest attainable standard of health, as stated in article 25 of the Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, in particular in matters of food, clothing, accommodation, medical care and necessary social services" (Copp 231).

There are many definitions of primary health care that have emerged over the past centuries. It started by providing a simple service of transporting patients to hospitals and extended to performing surgeries, spending necessary time in hospitals and even transferring patients to other specialized hospitals with helicopters. Therefore, primary health care is seen as an important factor in the development of citizens and hence its impacts will be reflected both economically and politically within a country (Daily Mail Ghana).

I.2 Elements that consist of the Definition of Healthcare

The World Health Organization has developed a consistent definition based on many elements:

- a) Health care must provide care for people, including protection and prevention against disease, in addition to the comprehensive care of patients in the event of an accident, rehabilitating them if they need it. Thus, public health must be comprehensive and cover most medical expenses. (Daily Mail Ghana).
- b) Healthcare policies and procedures should provide clear evidence that the system is socially and economically sound. Certain special cases must be dealt with separately and call upon third parties (for example international intervention). Healthcare is also concerned by the environmental aspect and special procedures are necessary (regions close to nuclear fields) (NCHHSTP).
- c) Optimal health care should promote the well-being of individuals as well as their families. Citizens must be educated to spread the culture of health caring in society (Gevers).

I.3 Importance of Healthcare

Primary health care is at the center of government efforts in the renewal of strategies. In fact, it is essential to continue to improve health services for the following reasons:

- a) The rapidly growing economy and rapid demographic changes affect the development and placement of a good healthcare system. Indeed, a weak healthcare development plan leads to political and social unrest and could change the political map of any country. Other factors such as education, sanitation and economic growth have commensurately improved the well-being of individuals and reduced

child mortality around the world. Thus, making citizens active players in the health system gives a clear impetus to improving people's lives (Bishai et. al.)

b) Primary health care has proven to be highly effective and efficient means of addressing the main causes and risks of illnesses and well-being today and emerging challenges to health and well-being of tomorrow (World Health Organization 1). Health care is a complex problem that can be solved through the involvement of many sectors including government, community, family and individuals. All these factors contribute to the development and promotion of national health care. Good health is not about healing and surgery; it extends to securing the lives of citizens through vaccinations and sanitation to protect society. This can also include surveillance as well as public education to be able to react as soon as an outbreak appears. Therefore, all kinds of advertisements are needed in schools, colleges, administrations, supermarkets, etc (Thomas 8)

c) Primary healthcare need to be strengthened to meet the international requirements. Governments that seek sustainable development always work to enhance its healthcare system through universal goals including eradication of hunger, inequality and poverty, good education, and powerful economy (Thomas 8)

I.4 World Health Organization Response

The World Health Organization (WHO) works with governments to improve such health care by sending experts and organizing conferences to impart the necessary knowledge and expertise. Therefore, it plays a major role in enhancing the lives of individuals as well as societies. The WHO is expanding its work to help develop policies and regulations to promote health care. Training health officials and advising advisers to parliament also provide an effective pathway to improving health care (Jervase).

I.5 Health Requirements

The World Health Organization has identified several health requirements in order to insure the spread of good health; cause healthcare is more than just getting a prescription for drugs (Briggs 12). Safety and peace are very important, since the individual's sense of security is one of the basics that must be available so that a person can live a healthy life free from psychological pressures and injuries. Housing is considered one of the necessities for maintaining the health of members of the same family (Briggs 15). In addition to education that helps increasing people's awareness of public health and how to maintain it (Briggs 81).

The individual's income plays serious role; obviously, poverty is one of the factors that negatively affect physical, psychological, and social health, and the availability of adequate income helps meet the basic needs of individuals like food, because good nutrition which includes the consumption of integrated and balanced meals containing all the essential nutrients for maintaining health and the prevention of many diseases (Briggs 14).

Moreover, the sustainability and the availability of natural, human, and material resources and their continuity contribute to the maintenance of health .Plus to the environmental stability; the public health of individuals will be affected if an environmental fault occurs, such as the formation of acid rain, the enlargement of the ozone hole, or natural disasters such as floods (Harris 1).

Furthermore, social justice and equality cause the individuals should be treated equally, having the same public rights, including health care and all other factors such as education, home accommodation and sanitation are also essential rights that should be guaranteed to citizens (Apha).

I.6 Primary Health Care Tools

Primary health care relies on a set of tools. If these tools are available, the direct health care services or system will reach every individual in the community, consequently raising the standard of living of the individuals in the community. These tools are:

- Education on common health problems and how to identify, prevent and control them (University of Rochester Medical Center).
- Promote food supply and good nutrition, adequate water supply, and basic sanitation (United Nations).
- Work to ensure adequate care for mother and child, including vaccination against diseases, and provide the necessary means to contribute to family planning (Unicef).
- Take preventive measures against any known pandemic; immunization against major infectious diseases (World Health Organization 2); treat common illnesses and injuries; promote mental health and provide essential drugs.

I.7 Different Health Care Levels

Health care has three primary levels of health care services (OneLibrary).

a) Primary level of care: As soon as a disease appears at the individual or societal level, a first level is addressed to manage the situation. It is the most efficient and the closest to people. Patients receive care from physician assistants, registered nurses, and pediatric nurses at this level.

b) Secondary level of care: This is higher than the previous level, in which complex situations are dealt with. When medical care is provided by a specialist in the institution on the recommendation of a primary care physician, this requires additional knowledge, skills, and special equipment.

3) Tertiary level of care: This includes specialized health care provided to the individual where specific facilities are provided, like health professionals, in addition to specialist hospitals, which include: university hospitals, regional hospitals, central hospitals and specialist hospitals.

All what we have seen is a general definition or basic aspects of health care system. However, the application of the latter differs from one continent to another, and even from countries within the same continent; according to economic, political and social aspects.

I.8 European Healthcare

Private insurance companies were established in most European countries with a strictly regulated system that enables poor citizens to have their financial support. These services are provided upon receiving a health insurance card which helps to obtain medical treatment, whether in the original country or when visiting other European countries (Stan and Erne 289).

And to illustrate more, I choose some countries that have the best and the successful healthcare experience.

I.8.1 Healthcare in Switzerland

Switzerland's medical treatments are known for their quality, expertise, and highly developed infrastructure. Hospitals in Switzerland are classified as the best among European hospitals with a slight difference in the kind of provided medical services. That is why the Swiss healthcare system got a higher international ranking with a gold medal. Short waiting times are an essential advantage for foreign visitors. The country's small size means that travel takes place between hospitals and top tourist attractions and is an easy and enjoyable experience. Because of the vast mass of medical staff - doctors and nurses-, citizens receive quick access to medical services (MySwitzerland) (Aiken et. al.).

Switzerland also ranks first for sub-specialty outcomes in the case of medical treatments. Patients with cancer, heart attacks, and strokes have excellent survival rates. This success depends on continued training and professional development and the latest medical technologies. International visitors target Switzerland's healthcare services because of the quality of medical treatment and the highly qualified trained specialists (Zhu et. al.).

I.8.2 Healthcare in Germany

Like Switzerland, Germany has an international recognition regarding the quality of Healthcare. Even heads of state and leaders travel to Germany to seek treatment from the most famous and qualified doctors. General practitioners also prefer to deal with German specialists since this country has one of the best and most modern medical systems (Ehrenreich and Deirdre).

Germany provides high-quality services, including prevention and rehabilitation, making it at the top of international healthcare systems. This is due to a well-organized network of medical services. In addition, Germany offers a generous budget for medical research. Furthermore, industrial and medical investment helped promote Healthcare to meet high standards. This multifactor system pushed many patients worldwide to visit Germany as medical tourists, enjoying its healthcare infrastructure, including five-star clinics distributed in cities such as Berlin, Bonn, Düsseldorf, Münster and Nuremberg (Lassen et. al.).

Germany possesses over 2000 hospitals, of which 37 support university studies, 500 private clinics, and 700 with religious affiliations. These hospitals provide services to local citizens and extend their care to foreigners and residents (International Insurance).

Germany has become a global destination, primarily for Arab and Russian patients and those coming from Eastern European countries. The brand "Medical in Germany" has

become the main quality advantage worldwide, even for patients from the rest of Europe and the United States, whose number is constantly growing. Instead of "made in Germany," a new brand called "Medicine in Germany" was spread internationally to mention the high quality of healthcare services and the premium care of patients (Rayan Medical).

Chronic diseases treatment and rehabilitation hospitals are widely integrated into the German healthcare system, making health tourism a reality (Rayan Medical). More than 1200 rehabilitation and prevention hospitals were built and equipped with comfortable rooms and baths, making it a complete service, especially for rich countries (United Arab Emirates, Qatar, ...) (Noor Medical). In addition, Germany is characterized by climatic conditions and landscapes that help patients recover faster. The mountainous regions, the fresh air, the picturesque coastal landscapes overlooking the North Sea and the Baltic Sea, and the mild climate are essential elements that play a critical role in the recovery of patients (Rayan Medical).

I.8.3 Healthcare in Britain

Since the National Health Care Act (NHS) was approved in 1948, this system has evolved to meet the healthcare needs of British nationals and expatriates of various nationalities. This institution is considered the largest in the Kingdom because it contains a large number of doctors, nurses and health workers, whose number exceeded one and a half million. Therefore, the costs related to the health system, including wages and salaries, are largely covered by the tax collection authority.

The national health system operates throughout the UK, but each government has its own healthcare system (England, Wales, Scotland, and Northern Ireland) (UK Immigration). UK countries have different systems, services, terminology, and prices. For example, healthcare services in Scotland are coordinated by the NHS Scotland through 14

regional health authorities. In England, patients receive care through 217 organizational units of the national healthcare system (NHS trusts). Unlike England, Wales fully subsidizes prescription drugs, as the system has much in common with the Scottish healthcare system. Therefore, the information below is generally relevant for all patients but particularly applicable to patients in England. Despite that the healthcare systems of the four countries are independent, they all agree on providing a high quality of services and almost full coverage (UK Immigration).

I.8.4 Healthcare in France

The French health system is part of comprehensive health care mainly funded by health insurance. The World Health Organization classified France as the best among European countries in comprehensive services. This is due to the high expenditure that reached more than 5000 dollars per capita (Pegon-Machat et. al. 197).

Most GPs work in private practice but derive their income from public insurance funds. Unlike their German counterparts, these funds never acquired the responsibility of self-management. Instead, the government assumed responsibility for health insurance's financial and operational management (setting income-based premium levels and setting prices for reimbursed goods and services). The French government generally reimburses patients for 70% of most healthcare costs and 100% for costly or long-lasting conditions. Supplemental coverage can be purchased from private insurance companies, most not-for-profit and mutual insurers . However, healthcare services were provided to workers who regularly contribute to social security; after 2000, the government switched its policy to extend the coverage to all citizens and legal residents (Pegon-Machat et. al. 197).

I.9 Asian Healthcare

The health system in Asia is characterized by the presence of both the private and public sectors, both of which provide distinguished services to patients. In order to ensure a good quality of services, doctors and nurses receive the same health training compared to Europe and America, and both the public and private sectors receive the same quality of training (Lunt et. al.). But if we take into account the proficiency in speaking English, you will find that the private sector doctors are more proficient due to their graduating from Western universities in America and Europe. In contrast, the costs of public service in the health sector are usually cheaper than private hospitals, and waiting times are acceptable to some extent. The private sector, on the contrary, benefits from greater flexibility in appointments. They also offer quality care and services and dedicated support. Everything suggests that the private sector is a better option than the public one. However, the prices for consultations and hospital stays can run into huge sums. The costs of medical visits and surgeries inside the hospital usually exceed what the simple family budget can bear.

I.9.1 Healthcare in Hong Kong

Hong Kong has one of the healthiest populations in the world and the longest life expectancy. In 2016, Hong Kong rose to the top of the ranking of countries with the best healthcare system in the world, due to its excellent care, developed equipment, and highly qualified doctors. Hong Kong has been able to find itself at the top of these rankings (Pacific Prime Hong Kong).

Hong Kong's health system is divided into a public sector and a private sector. The public sector is sponsored by the state, while the private sector depends on providing high-cost services with better benefits. That is why in Hong Kong you find 12 private hospitals and more than 43 public institutions (Pacific Prime Hong Kong). In order to ensure a distinguished quality of service, students are sent abroad to study medicine and surgical

sciences in order to obtain a good training as well as the English language. However, public establishments being the most affordable, are often overcrowded, and waiting times can be extremely long. In addition, with public doctors being assigned many patients, they cannot afford to spend more time than necessary with them.

The private sector, on the contrary, offers patients more flexibility when it comes to making appointments or choosing the doctor they wish to consult. Patients can easily find a specialist who will agree to see them during the day while waiting times can reach several weeks. In terms of high costs, the health care system in Hong Kong is ranked second in the world compared to the United States of America (April International).

I.9.2 Healthcare in Golf countries

The UAE ranks first for healthcare facilities that meet the International Accreditation Report, The committee's report, which was briefed by the country's Ministry of Health and Community Welfare, showed that 220 of the various medical institutions across the UAE apply the international accreditation standards specified by the committee, and these licensed health facilities include hospitals, primary health care centers, specialist and treatment centers, and laboratories. The report's findings revealed that sister kingdom Saudi Arabia ranked second globally with 107 accredited medical institutions, followed by 89 accredited medical institutions in Thailand; while China came in fifth place with 47 licensed healthcare facilities (News Agency WAM).

International accreditation of healthcare facilities means that healthcare facilities apply international best practices in quality of clinical services, patient safety, staff, and facilities by the best standards and approved clinical care protocols and outcomes at an international level. Health sector officials affirmed that the world's first place in international accreditation reflects what the UAE has achieved in quality health care and the provision of comprehensive health services. It was innovative and sustainable that

exceeded the expectations of a happy society (Koorneef et. al. 1). Official data released by the Statistics and Research Center of the Ministry of Health and Community Welfare indicate that 107 various hospitals have obtained international accreditation out of 122 hospitals, with a rate of up to 87.7% of accredited hospitals, until the end of December last year 2020. These hospitals include 31 state-level public hospitals that have obtained international accreditation, equivalent to 75% of the total number of hospitals in the country. In contrast, 80% of semi-governmental hospitals have obtained international accreditation, with four out of 5 hospitals and 72 approved hospitals in the private health sector. Other healthcare institutions have also obtained international accreditation or appropriate accreditation for their specialties (US UAE Business).

I.10 African Healthcare

The African region comprises countries with very different economic and social development levels. This is reflected in the wide disparities in healthcare outcomes for the population and the varied challenges and needs of the healthcare sector (Azevedo 1). This area generally falls into two groups regarding healthcare products and systems: Low and middle income countries. The low-income countries continue to have poor health care outcomes, accompanying the prevailing poverty situation. The middle-income countries are making significant progress in improving health outcomes for their populations and, in general, are on track to meet the targets for health care. However, most of these countries still face huge disparities between rural and urban areas regarding health outcomes and healthcare coverage gaps. For example, infant mortality rates among the poorest 20% of the population by income are double those of the wealthiest 20% of the population in Egypt and Morocco. Most of these countries face structural deficiencies that will require regulatory and institutional reforms of the health care system.

I.10.1 Healthcare in South Africa

The South African health system comprises the public and private sectors in parallel. The public sector serves the vast majority of the population. Nearly 80% of the population opts for public health care which is almost free for the locals. The middle class and the wealthy choose to subscribe to health insurance for care in private centers (Expatica). These private plans offer comprehensive medical coverage and other basic coverage for hospitalization or emergencies. South Africa has over 400 public and 200 private hospitals (Flairng). The local health services directly manage the most critical regional hospitals. Small hospitals and primary care clinics are managed at the district level.

I.10.2 Healthcare in Algeria

The national health insurance system covered 90% of the total population. Under the public health insurance system, vulnerable groups such as the poor, children, and the elderly are entitled to free health care. At the same time, better-off citizens must partly pay for health care according to a progressive scale. The Algerian government has decided to invest in expanding state-run health centers and clinics instead of investing in expensive hospitals (Johnson). Health facilities and medical facilities vary depending on the size of the local population. Remote areas tend to have more primitive medical services. The Algerian government had a four-year plan from 2010 to 2014 to spend 5.7 billion Euros on health care, which directed the majority of the fund towards creating more than 1,500 health establishments in Algeria. In 2015, the Algerian government allocated 4.85 billion Euros for the construction of 10 hospitals and the restoration of the old ones. The Algerian government invested in creating thousands of jobs for doctors and nurses (Trade Commissioner). The Algerian government is allocating increasing funds to increase the number of resources; the health sector needs to develop its new facilities. Access to health

care is improved by requiring doctors and dentists to have worked in public health for at least five years. However, doctors are more easily found in northern cities than in the sub-Saharan regions. Although, medical equipment and medicines in public facilities are not always up to date, staffing levels are high (Pharm Exec).

I.11 Healthcare System in America

Many types of healthcare systems are used in America, which vary between universal coverage for all citizens and a unified system. However, most of these systems are funded by the federal government. This funding helps propagate the coverage to all classes of Americans, including the military staff. Furthermore, the federal government supports healthcare systems deployed locally in states. Moreover, the medical insurance of workers is supported by the employers as well. Employees support around 30% of American health expenditure, and employers and companies support 20%. Federal and state governments cover the rest (Lister).

Families benefiting from public programs or special coverage bear certain costs, with each program setting initial amounts payable by the beneficiary and setting limits on the consumption of health services. Due to the complexity of private insurance and the healthcare system (in terms of regulations), many families found themselves without any medical coverage, which cost them a deficiency in their budget (Lister). Even though the excellence of health services and technologies and colossal expenditure, the American health care system suffers from obvious flaws such as excessively high costs, a manifest lack of health coverage (10% of the population has no health insurance), and an inequitable distribution of benefits based on income, race or gender.

In the second chapter, I will deal with more details concerning the economic and political aspects of healthcare in America as a continent. Then I will discuss the case of the United State of America in the third chapter.

Chapter Two

**Healthcare Systems in
North and South
America: A case study of
Canada and Cuba**

II.1 Introduction

Is capitalism an effective infrastructure for a healthcare system? or is it socialism? The healthcare reform debate has been always confusing. In a capitalist country like the United States, it is quite confusing how such an industrial country ranks 37th in the World Health Organization's, in terms of healthcare quality (Nash and Jacoby). Moreover, the fact that Americans pay nearly twice what other countries pay for the same level of care indicates that the capitalist healthcare system could use some socialist guidance. In this chapter, we will present two models of healthcare systems that are applied in a developed and undeveloped countries to assess which factor is more important for the success of any healthcare system: socialism or capitalism.

II.2 Canadian Healthcare System

II.2.1 Overview

Canada has thirteen healthcare systems distributed at the level of its provincial and territorial that operate within a national legislative framework (Canada Health Act). The act defines the standards to which provincial health insurance programs must conform in exchange for federal funding. In practice, medical necessity is broadly defined, covering the vast majority of physicians services by the Canadian government. But the extent of public coverage for pharmaceuticals, home care, long-term care, and the services of non-physician providers such as chiropractors, optometrists, and physiotherapists varies across the provinces and territories (Marchildon et. al. 46).

In addition to funding through the tax system, hospitals and medical research are partially funded through charitable contributions. For example, in 2018 the Toronto Hospital for Sick Children launched a campaign to raise \$ 1.3 billion to equip a new hospital (Global News Canada). Charities such as the Canadian Cancer Society help, for example, to transport patients. There are no deductions for basic healthcare and no

additional expenses for the patient (additional insurance such as Fair Pharmacare may deduct them, depending on income). Generally, under Canadian health law, it is not permitted to charge a user, but some doctors may charge a small fee to the patient for certain reasons such as missed appointments, doctor notes, or prescriptions over the phone (CPSO News). Some doctors charge a "yearly fee" as part of a comprehensive package of services they provide to their patients and families. This fee is completely optional and can only be for healthy, unnecessary options (CPSO News).

II.2.2 The five principles of the Canada Health Act

The Canadian government raised the Canada Health Act that consists of five major principles. Portability, all citizens are eligible for coverage in all governorates. This means that employees can pursue job opportunities within and between governorates, without losing coverage and without restricting the flexibility of the workforce (Canada Health Act). Private insurance is implicitly or explicitly forbidden, and there is no choice not to pay taxes to the public system (Canada Health Act). The third principle is Universality, everyone is included, which shows not only the democratic side, but also cheaper and more efficient (Canada Health Act). Next, we have Accessibility that prohibits a two-tier system¹, or any preferred access (Canada Health Act).

The last principle is Comprehensiveness, healthcare services should provide all types of care including medical visits, chirurgical interventions, medicine provisions, rehabilitations, etc... (Canada Health Act).

¹ "Two-tier healthcare is a situation in which a basic government-provided healthcare system provides basic care, and a secondary tier of care exists for those who can pay for additional, better quality or faster access. Most countries have both publicly and privately funded healthcare, but the degree to which it creates a quality differential depends on the way the two systems are managed, funded, and regulated.", https://en.wikipedia.org/wiki/Two-tier_healthcare

II.2.3 Strengths in the system

Adherence to the principles helped ensure the equitable selection and treatment of patients, service providers, and employers. Supplemented with federal formula payments for poorer provinces, it also promoted parity between provinces that vary widely in population and wealth, while providing them with sufficient flexibility to develop their own methods of care giving. All provinces spend roughly the same amount on healthcare per person. Rich counties are doing slightly better in terms of life expectancy, but not necessarily through other health measures (Allin 83). For instance, private nursing care and nursing services may be covered in Alberta (high-income province) but not in Saskatchewan (low-income province).

II.3 Cuban Healthcare System

The Cuban experience of health reform is one of the most successful experiences in the developing world. Sixty years after the launch of the first health reform programs, Cuba today has a free healthcare system. Although, there is a shortage of medical resources, there is no shortage of medical personnel. As primary healthcare services became available across the island, infant and maternal mortality rates are lower than those in developed countries (Cooper et. al. 817).

When the revolutionary government led by “Fidel Castro” took over Cuba in 1959, millions of Cubans were without healthcare, and the post-revolution period in the 1960s witnessed a comprehensive deterioration in the health sector; half of its doctors, numbering at the time, 6000, left the island. Health services deteriorated further in the countryside, and the infant mortality rate in the countryside reached 100 per 1,000 live births (Gorry. 12).

The Cuban health authorities quickly initiated a number of corrective measures in the health sector, with the aim of establishing a national health system through which all

citizens can access all health services, it has relied on three pillars to achieve (Keck and Reed 13). First, through expanding the range of health services, and paying attention to primary healthcare. Second, giving a serious importance to the education and training of all healthcare workers. Finally, merging multiple healthcare delivery systems into one system; so that this system is able to meet all the health needs of citizens.

II.3.1 Health Reform Programs in Cuba

Cuba has resorted to a set of reform programs that has been gradually implemented since 1960; the most prominent features of these programs can be summarized as follows:

1- *Medical convoys*: The first health policy that Cuba resorted to, in 1960, was the launch of medical convoys in the rural areas that were suffering most from a lack of medical services and an outbreak of infectious diseases. These convoys helped in providing better medical services to the citizens and educating them about how to avoid infectious diseases, especially malaria. Medical convoys contributed to building a number of hospitals in rural areas, increasing the number from one hospital in 1960 to 150 hospitals in 2019 (Statista), and medical caravan workers began to be distributed in those hospitals according to the needs of the population (Keck and Reed 14).

2- *Development of educational curricula*: In the mid-seventies, the Ministry of Public Health was established in Cuba, and it became fully responsible for planning and implementing medical programs and training. While the Ministry of Education oversees the awarding of academic certificates, the Ministry of Public Health designs and supervises educational and training curricula according to the needs of the population and its new vision in reforming the health sector. The Ministry of Public Health had a clear strategy for health reform, namely, good management of the medical human resources available in Cuba (Keck and Reed 15).

3- *Establishing databases and limiting the centralization of medical education:* The Ministry initially started to create a complete database for all university level workers and students in the medical sector; in order to inventory all available human resources. However, it has taken a parallel path to reduce the centralization of medical education in the main cities, by establishing colleges in all medical specialties in rural cities for free, to encourage students from those cities to join colleges and graduate the largest possible number of workers in the medical care sector, while covering the needs of manpower in hospitals all over Cuba (Keck and Reed 16).

4- *The family doctor and nurse program:* in spite of those efforts previously mentioned, there are still a number of problems existing in the Cuban health system. The system's reliance mainly on hospitals led to a long waiting period for patients to obtain medical services, with preventive and curative services not being fully integrated. So the Ministry of Public Health resorted to introducing a new health system that includes establishing public medical clinics and adopting them as a basis for providing healthcare services in what is known as the "family doctor and nurse" program. In 1974, the Ministry of Public Health opened the first integrated general medical clinic. The following year, the Ministry circulated the form throughout Cuba (Keck and Reed 17).

II.3.2 Investing in medical personnel

During more than half a century of health reforms, health education in Cuba has seen a major boom, especially with the Cuban government allocating more than 10% of its gross domestic product to public education spending. So, Cuba has the highest percentage of doctors in relation to the population of the world, where the average number of doctors per thousand people in Cuba is 8.4, a rate that far exceeds the number of doctors in the United States of America and other developed countries. However, the average number of nurses and midwives per thousand people in Cuba is less than United States and Canada

(Keck and Reed 18).

But with the low wages of doctors in Cuba (about 50 dollars a month), the poor quality of health facilities and the frequent shortage of basic medicines, doctors resorted to immigration outside the country, which made Cuban doctors a real economic lever for the island, as they are the first source of foreign exchange. Thanks to an agreement signed in 2000 with the late Venezuelan President Hugo Chávez, Cuba has long had access to 100,000 barrels of oil per day (at subsidized prices) in exchange for the work of more than ten thousand Cuban doctors and academics in Venezuela. There are about 50 thousand Cuban doctors in 67 countries, and they generate annual revenues of more than 11 billion dollars for their country (Keck and Reed 19).

II.4 Discussion

By comparing the main features of health systems in Canada and Cuba, it is noted that they were formed as general systems that gave great importance to primary care in health; and organized their services around the care of families. It should be noted that each country, when analyzed separately, has its own systems for promoting health as basics of life. These fundamentals are based on the principles of inclusiveness and equity, which ensure coverage of health services for all citizens, under uniform conditions and without any form of discrimination. The general character of the health system is considered as the first principle that must be fulfilled by ensuring universal service, in all levels, and in implementation of the content of the constitutional principles. Whether in Cuba, or even in Canada, it was included in the beginnings of the creating their health system that they should provide necessary of medical services for all citizens and residents.

The principle of decentralization is common in Canadian systems. Although this is not mentioned in the principles of the Cuban system, it is recognized that in practice decentralization guides the organization of the health system in the country. It is also worth

noting that it was socialist principles, which are closely related to the principles of the health systems in Cuba, that allowed the enactment of a semi-free health system, which is not equivalent to the Canadian principles. It is important to recognize that some principles are quite specific to each health system, such as the principle of transfer between local and international hospitals.

In terms of common factors, in both health systems, there is the principle of the family doctor, available access to specialists, hospital admissions, all of which are similar for both countries. On the other hand, the way the health system in Canada is structured, the coverage of health services, the autonomy granted to the physician and the form of incentives and rewards are specific characteristics of the Canadian system.

As for the differences, the dental service for instance is considered a supplement in the Canadian health care system, while in Cuba it is an important aspect of the care that must be provided to families. Moreover, the fact that Canada has thirteen health systems provides an essential difference between the Canadian system and the Cuban system.

With regard to the relationship between the public and private sectors, the partnership between the two sectors is provided directly and completely in Cuba, while in Canada, the relationship is defined more restrictively for health plans, and this centers around the range of services that are not covered by the government. When looking at what the private sector affords, in terms of overlap in operations with services provided by the public sector, the latter poses a dilemma for the Canadian patient, who pays many times for each service in the private sector, which in fact could have been covered in the public system.

With regard to the provision of medicines, the general insurance for medicines used in the hospital is similar in the two countries. But coverage for medicines used outside hospitals is provided in Cuba, some for free, while others are subsidized. In contrast, the

Canadian federal government does not cover drug costs for the majority of the population, leaving these costs to the provinces and territories, which vary widely in the extent of the upper ceiling for coverage.

In summary, the Cuban health system has the advantages of general health coverage and basic care for the sick and injured citizens, all for free, and even the provision of medicines. However, the Canadian health system is distinguished by the quality of health services provided, especially in the private sector.

Chapter Three

Healthcare System in the United States

III.1 Historical Background

In 1912, US President Theodore Roosevelt made the centerpiece of his election campaign a healthcare project; inspired by reforms launched by Bismarck in Germany forty years ago, but he was defeated in the election by his opponent, Woodrow Wilson, in the White House race.

In 1933, when Franklin Roosevelt, the nephew of President Roosevelt and the owner of the new contract¹ aimed at extricating the country from the crisis of 1929, thought about a healthcare system, but the medical corps condemned the plan that did not even reach the stage of a bill. In 1945 Harry Truman, who takes office as his successor, proposes to impose a compulsory insurance system and the project fails in Congress (Monte and Harry, page ix).

In 1962, the same thing was repeated with President John F. Kennedy, who proposed a healthcare project for the elderly, but the project was not accepted by Congress (Kennedy 995).

The next president, Lyndon Johnson, was luckier than his predecessors. In 1965, Johnson succeeded in approving two aid programs: Medic-Aid for the poor and Medicare for the disabled and those over the age of sixty-five, and nearly a hundred million people benefit from the two programs today (Shoven 166). In 1976, President Jimmy Carter campaigns for a universal healthcare system. The project was postponed during his term due to the economic sanctions. In 1989, Congress repealed a law passed 18 months earlier, at the initiative of President Ronald Reagan, that would spare the elderly a financial disaster if they became seriously ill. In 1994, Bill Clinton presented a universal healthcare

¹ New Contract, domestic program of the administration of U.S. Pres. Franklin D. Roosevelt between 1933 and 1939, which took action to bring about immediate economic relief as well as reforms in industry, agriculture, finance, waterpower, labour, and housing, vastly increasing the scope of the federal government's activities. The term was taken from Roosevelt's speech accepting the Democratic nomination for the presidency on July 2, 1932. Reacting to the ineffectiveness of the administration of Pres. Herbert Hoover in meeting the ravages of the Great Depression, American voters the following November overwhelmingly voted in favour of the Democratic promise of a "new deal" for the "forgotten man."

project that was supported and defended by his wife Hillary Clinton, who was a member of the Senate, but Congress refused to pass it (Skocpol 66).

The US House of Representatives approved a reform bill in 2010 submitted by President Barack Obama to the healthcare system. It allowed coverage of more than thirty million US citizens who had previously been deprived of benefiting. The reform law does not provide for the creation of a public healthcare fund, but it compels each person to insure or pay a fine of 5.2 percent of their income (Obama 525).

III.2 Overview of American Healthcare System

The United States spends the most on healthcare, with total health spending by the public and private sectors reaching \$ 3. 4 trillion in 2016 (Keehan 553). Total health spending is anticipated to grow by 59 percent over the following nine years, a rate that exceeds the expansion of GDP, which is able to raise the share of health spending to about 20 percent of GDP in 2025 (Martin et. al. 208).

America uses a mix of health systems, as the federal government funds some healthcare programs for multiple segments of the population and its civilian and military personnel, and also supports state and local governments in other health programs. The federal government funded about 28 percent of total health spending, while state and local governments paid about 17 percent (Martin et. al, 153).

Over 150 million people have health insurance through their employers, about 90 million have insurance from their own sources, employers usually pay most of the insurance, and the rest is paid for by employees (Rice 894). Meanwhile, federal, provincial, and local governments fund health care through public programs targeted at specific population groups. Next are the most important programs:

1- Medicare, which is a program for seniors (over 65 years old) that guarantees for them comprehensive health care, as well as citizens with disabilities, regardless of age. A

financial fund has also been established to take care of this program in addition to deductions from employees' wages within the framework of tax collection (Odeyemi and Nixon 1).

2- Medicaid, the health coverage program for the poor and low-income citizens. This program is under the local supervision of the states (Ridic et al. 112). In addition, the federal government contributes to providing health coverage to the 71 million people who are unable to obtain health insurance with their own income. This program costs the state budget \$575 billion, but fortunately, costs are shared by the federal government and state governments (Erwann 165).

3 - The children's health insurance program, directed specifically to the low-income groups. The costs are also shared by the federal government and the state governments (Sasso and Buchmueller 1059).

4- The Veterans Program for retired soldiers who participated in the wars of the United States of America. The federal government created a special office, and provides them with some special services in hospitals and health centers specialized in treatment and rehabilitation (Hynes et al. 214).

5- The Army Health Care Program, which provides health services to American soldiers and their families. What distinguishes this program is the army's private hospitals and surgical and rehabilitation departments, which civilians cannot benefit from. This program also guarantees dental surgery services to military personnel and their families (Mansfield et al. 101).

6- Health coverage program for federal government employees, which is a program for government employees, whether in the federal or local government (Trends 1).

In general, most programs rely on federal and local government funding to provide health coverage to US beneficiaries. Despite the great diversity in health services and the

huge governmental spending, the American health system suffers from a clear deficiency, especially with regard to the high costs, the lack of comprehensive health coverage for all health symptoms, and the existence of discrimination on the basis of age or race (Smith et al. 56).

III.3 Obamacare

For nearly a century, the issue of medical care has been one of the most prominent issues of contention between Democrats and Republicans in a country that currently lacks health insurance for about fifty million residents.

Since the late President Theodore Roosevelt called for the first time to amend the healthcare system, many departments have sought to enact legislation in this direction, but their efforts to introduce radical amendments to the sector failed, as happened with Bill Clinton's plan between 1993 and 1994, plunged under the blows of the American pharmaceutical complex (Hoffman 69).

Until 2010, the United States remained the only country among industrialized and developed nations that did not provide comprehensive healthcare to its citizens, leaving the space to do so for private companies.

According to the Organization for Security and Cooperation in Europe, the United States spends the most on health expenses, as the volume of spending on this sector reached 2.6 trillion dollars in 2011, at a rate of 8402 dollars per citizen (Tulchinsky 1) .

The Obama Act 2010 is seen as the most important healthcare reform since 1965, that is, since legislation was enacted to make it easier for older people to access treatment. It is also considered the most important achievement of Obama in his first term in office, and he is supposed to make a profound change in the private health insurance market, unless the new president, Donald Trump, cancel it, as he had previously promised during his election campaign (Obama 1).

From the start, the law faced fierce opposition from the Republican, as not a single Republican approved it during the 2010 congressional vote. Opponents of the law say that it contradicts the principles of the Constitution, and focus on the clause requiring Americans to buy a health insurance policy, as it is an assault on civil liberties and an interference with the powers of the states. They also say the law will increase federal spending and mean greater administrative complications and control by the federal government over the health insurance market (Jones et. al. 97).

III.4 Obamacare Goals

Obamacare's goals are three main points that the law seeks to achieve mainly: First, Obamacare aims to require health insurance for the majority of Americans, at reasonable and affordable prices, especially for those who do not have any health insurance covered by a company (Buchmueller and Wittwer 235).

One of the primary goals of Obamacare is to require insurance companies to take care of people who have pre-existing medical conditions and not refuse them based on their disease, because that is unacceptable discrimination under the US Constitution. The program also provides for the care of children suffering from chronic, incurable and serious diseases (Buchmueller and Wittwer 235).

The third objective of the law is to abolish competition for health among the giants that operate in the field of health. And this is based on the fact that health is not a commodity, which is what the American Democratic Party believes (Buchmueller and Wittwer 236).

III.5 Basics of Obamacare

Obamacare is a comprehensive healthcare program that was activated in 2010, which most of the general public believes only covers the issue of health insurance, but in fact it is a program that has made a change in the way healthcare is provided to Americans, and

one of its most important requirements is that the American be covered by health insurance for 9 months. Otherwise, he will be forced to pay tax instead, and that tax is estimated at 2.5% of the total per capita income, and this program is named after the efforts made by former US President Barack Obama in this matter, as for the mechanism of benefiting from this program, it centers on the following points: If the American citizen had health insurance before the period 03/23/2010, he is exempt from taxes. If the American citizen has health insurance, then the employer applies his own health system, as some companies use this provision to reduce the coverage rate for treatment costs or change how they are provided. If the American citizen has health insurance, the insurance company keeps the insurance plan as it is (Gruber and Urbanowicz 2).

III.6 Obamacare Importance

Obamacare consists of two main parts; part one is expanding health insurance to include more members of American society. Second, changing the way the federal government pays doctors. The importance of the law lies in the enjoyment by millions of people and benefit from it. A number of economists and budget experts expect that the number of people enjoying the law and its benefits will reach 25 million by the end of the current decade, noting that there are about 17 million of them already benefiting from the law since 2014, and these statistics are, of course, increasing (Hamel et. al. 281).

This law has led to a noticeable increase in the number of individuals who have been covered and have health insurance, by reforming the individual health insurance system, so that everyone can insure himself, in addition to expanding the Medicaid program, which represents health insurance for low-income Americans in the United States.

A number of reasons led to an increase in the number of beneficiaries of the law, especially the low-income families. The first reason is to expand the Medicaid program; it is a program created by the federal government, it provides coverage and health insurance

for low-income Americans. The second reason is because of the creation of multiple government websites, and making health insurance available online. So that individuals are allowed to purchase a number of products related to healthcare, in addition to requesting financial assistance from the federal government. The third reason is individual health insurance, so that individuals can insure their own health, and over the federal government's control of how doctors are held accountable. It does this in order to ensure access to the best service and care for patients, and to try to link doctors' fees to good service, and to eliminate services that are unnecessary, not performed well, or that have not improved the health of individuals in the community (Hamel et. al. 277).

III.7 Obamacare Fundamentals

Obamacare is based on entering the federal government to compete with private insurers in providing healthcare (Gruber et. al. 1, Buchmueller 231).

It will include, among other things:

- Obliging citizens to insure themselves of health, under penalty of imposing a federal fine.
- A fine for every company that has fifty workers or more, if it does not insure its members.
- Preventing insurance companies from withholding insurance from their customers if they are seriously ill, a method widely used in the United States.
- Limiting the freedom of insurance companies to withhold insurance for the elderly.
- Set aside federal aid for those who cannot insure themselves.
- Expanding a system of health coverage aimed at low-income people, so that 15 million citizens benefit from it, whose salaries do not qualify them to enter it.

III.8 Obamacare Funding

To fund Obamacare, the federal government resorted to imposing new fines and fees, including, for example, collecting taxes from institutions that apply an expensive insurance system to their members. But the law also places restrictions on federal aid. For example, an abortion cannot be covered unless the doctor testifies that the mother's life is in danger, or the pregnancy was a result of a rape. Also, illegal immigrants will not be able to purchase health insurance even if they pay all the costs out of their pockets (Bylander 10).

The Congressional Budget Committee estimated that the plan would cost the federal treasury 938 billion dollars over ten years, but in return it would reduce the budget deficit during the same period by 143 billion and 1.2 trillion over twenty years (Bylander 11).

III.9 The Presumed Mechanism of Action of Obamacare

Health insurance is an urgent and basic need in our days, and because we are exposed to health risks and accidental accidents, the costs of treatment may lead us to pay what is beyond our ability and may lead us to bankruptcy, and accordingly, the Obamacare program guarantees that we will not engage in these problems if it was implemented according to the following: Benefits from the Obamacare Program: People over the age of 65 and those with special needs, poor people, official employees of government and large corporations, Low-income workers and people of great wealth will pay for the treatment out of their pocket. Who does not benefit from the Obamacare Program: temporary Employees, Professionals and workers in small businesses (Calvo et. al. 13)

III.10 Hilary Clinton's Point of View (Democratic Senator)

Clinton defended the Affordable Care Act as a whole: "For many people... there are exceptions, like what you tell me... The Affordable Care Act has lowered costs, creating real insurance coverage, because if you have a pre-existing case in Under the old system, you will not get affordable insurance." (Latimes, Clinton explains the pros and cons of the

Affordable Care Act, 2016)

In the 2016 race for presidency, Hillary Clinton has shown her support for President Obama's signature healthcare initiative, saying, "It's much better than starting from scratch." She added, "I am committed to making sure that people maintain the coverage they can afford," Clinton told reporters during a stopover in Harrisburg, Pennsylvania. This will require covering premium costs, deductible costs and prescription drug costs. The Democratic candidate added that the challenge is "to try to ensure that this important step towards providing insurance for every American is fixed and not canceled, which is the Republican position." (Haskel and Kreutz 1).

III.11 Bernie Sanders's Point of View (Republican Senator)

Bernie believes that the health care system is a priority for the president and the government, and it should be available to all Americans without exception. Therefore, it is necessary to provide complete freedom in choosing the appropriate doctor for them according to their illness and their location. On the other hand, Bernie criticizes the Obama law and considers that health insurance costs have increased years after the implementation of Obamacare. This makes the goals on which the Obama Act was built a failure, as many companies and even individuals have suffered bankruptcy as a result of high health insurance prices. Bernie also stresses that bank loans were the only way for individuals to cover medical bills and buy medicine (Battaglia 155).

Regarding Obamacare, Sanders mentioned many times that he is willing to enhance it if he got elected as a president. On many occasions, his staff began to prepare for the project of his new healthcare bill. However, his fellow senate republicans would improbably revive their drive to repeal Obamacare. Hence, Sanders' team would postpone the launch of their "Medicare-for-all" campaign (Chelsea, and Scherer).

Sanders repeatedly insisted that Obamacare was, at best, a step on the path to single payment. "Obamacare was a small victory for the uninsured, but it's time to take the fight against inadequate coverage even further," he said (Oberlander and Weaver).

III.12 Donald Trump's Point of View (US President 2016-2020)

In 2017, US President Donald Trump signed an executive order, starting with him the process of abolishing the affordable healthcare law, "Obamacare", after he failed to abolish the majority Republicans in both chambers of Congress (the Senate and Representatives) (Van Nostrand and Hershey 180).

Before signing the executive order, Trump held a press conference from the White House, according to the Anatolian Correspondent, in which he addressed several points regarding the new decision. "(The executive order) will direct the Ministries of Health and Human Services, Treasury, and Labor to take measures that increase competition (among health insurance companies) and enhance options (in getting insurance)," Trump said. "It will also direct them (the mentioned ministries) to increase access to lower prices and higher healthcare options," he added (Rice et. al. 698).

The US President considered the step he took by signing the executive order, a first stage in getting rid of "Obamacare", which he described as a "nightmare." He noted that implementing his new health insurance plan will not cost the US government anything "while people will have great healthcare." And Republicans were unable for more than seven years to repeal the law (Jones et. al. 282).

Republicans believe that "Obamacare" reduces competition between insurance companies, raises monthly health insurance premiums, and that it bears financial and legal burdens for the American citizen. While the Democrats say that the law has provided large sectors of people with health insurance that was not available to them before. In addition to preventing insurance companies from raising the prices of their services for people with

chronic conditions (Campbell and Sheppard 8).

III.13 Joe Biden's Point of View (US President 2021-)

In the context of a set of decisions to reverse the policies of former US President Donald Trump, US President Joe Biden signed just after his election an executive order to resume registration in the Obamacare healthcare program. Biden directed, according to the White House, the Department of Health and Social Services to reopen registration in the health insurance program from February 15 to May 15, 2021 (Rice et. al. 1277).

Biden said in a statement released by the White House, "My administration's policy is to protect and strengthen Medicaid and the Affordable Care Act, and to put high-quality healthcare within the reach of (citizens) at reasonable prices for every American." (Thompson and Gusmano).

On the other hand, Biden's healthcare plan sees that ACA individual health insurance plans are far too expensive; Medicare - and Medicare beneficiaries - pay way too much for drugs. Moreover, many states have not developed Medicaid and there was too little competition with big insurance companies (Thompson and Gusmano).

The executive order gives Americans who lost their jobs and health insurance benefits during the pandemic the opportunity to register for and receive coverage. Biden directed his administration to study reversing other Trump healthcare policies, including restrictions associated with abortion counseling and the work requirements imposed on low-income Medicaid beneficiaries (Rice et. al. 1277).

Biden ordered the Health Department to repeal legislation pushed by Trump that bars federal family planning clinics from referring women for an abortion. "There is nothing new we are doing here other than restoring the Affordable Care Act and restoring Medicaid to what it was before Trump became president," Biden said during the signing of the executive order (Thompson and Gusmano).

According to the White House, the registration period will be accompanied by a promotional campaign to invite citizens to take advantage of the program. The law provides benefits to those who do not currently have health insurance, and who cannot afford private insurance, or fall into circumstances that make their premiums too high (Thompson and Gusmano).

III.14 Advantages of the Obamacare Program

The overriding goal of the Obamacare program is to reduce the costs of treatment and healthcare, as Congress stated that the state's spending on healthcare programs is eating away at the state's treasury greatly, and for this reason this program was approved as an urgent priority. Donald Trump made some strategic changes to the program to reduce costs, and Obamacare's method of reducing costs is based on the following three strategies: Through government aid, the costs of treatment become reasonable and affordable; by emphasizing preventive care to reduce disease; by improving the mechanism of healthcare delivery (Williams 143).

III.15 Disadvantages of the Obamacare Program

Since the day it was passed, the law sparked controversy in various American circles, and led to divisions in society. Where there were more than 50 votes in the US Congress to cancel it, in addition to the presence of a number of pleadings, cases and court rulings that sought to nullify it, or reduce it, but all of this failed to drop the law (Williams 141).

Since the Obamacare Act was passed many years ago, it has been under attack from Republicans who see it transforming healthcare into a European Medicaid social service, according to the French Press Agency, as it aims to provide medical insurance for 95% of the US population by 2019 (Williams 134).

All contestants for the 2011 Republican nomination seat, without exception, have pledged to drop the law if they are elected to the presidency (Oberlander 704). Mt Romney

- the leading candidate for the Republican nomination seat in the 2012 elections - described it as "the economic disaster that awaits the American economy." (Glenn 13)

But supporters of the law see the enactment of a comprehensive healthcare system at the heart of Congress's duties, by virtue of the fact that this legislature has the power to regulate commerce and tax citizens. The logic of the law's advocates can be summed up in saying that the new reform will reduce federal spending on the health sector, a sector they recall that consumes 17% of the gross national product. They also say that the new reform will mean an expansion of the market for private companies to include many young people who are reluctant to purchase medical insurance (Zelený and Bencko).

III.16 Further Discussions

Opponents of Obama's Medicare failed to invalidate the bill before Congress and the Senate. Critics have focused on the fact that Obama's law does not discriminate in purchasing health insurance between a healthy person and a seriously ill person. In fact, they both pay the same amount when buying insurance, regardless of their medical history. In this way, those who are in good health do not have to buy insurance, because when they are sick, they can then buy it without any additional costs. In order to remedy this flaw in the law, the purchase of insurance was made "compulsory" for employers. But these measures were not enough, as companies can choose to pay a small fine in the range of \$2,000, which is a small amount compared to the \$16,000 deposit.

III.17 Why is US Healthcare Still Deficient?

The health care system, in the United States of America, needs a deep reform as patients and doctors must be empowered to control the health system; and make health providers and insurance companies compete for customers. As more and more people are enrolled under group insurance rather than individual insurance, the costs of government programs have risen. Instead of allowing individuals to decide what type of service they

want in terms of medical care, the government subsidizes insurance companies by paying a significant portion of taxes. However, Americans do not have many choices about doctors, rehabilitation, and medications.

A recent study showed that waiting times in Canada are the worst. Make an appointment for surgery may take months, which is why many of them visit the United States and Cuba every year to get medical care.

Therefore, the failure of the American health system should not be addressed by pumping money into private companies or creating a new law. However, the government should return the money withheld as taxes to the taxpayers themselves and make them decide where to go with their money. In this way, we make health care service providers compete to provide the best offers and the least expensive, as is the case with other goods (cars, consumables...) and services (internet, air transportation, etc...) (Heritage Foundation).

III.8 Conclusion

The United States is one of the countries that spend the most on health care, with nearly two trillion dollars. The federal government funds some health care programs for multiple segments of the population and its civilian and military employees. Most of the proposed health programs were supported by central and local governments, with funding to provide health coverage to citizens and residents. Despite the huge spending on health services, the American health care system still suffers from many problems, such as high costs, and low universal health coverage for all citizens, as the system is built in a hidden way on the basis of income. When Obama took office, he proposed a new law to reform the individual health insurance system that led to a marked increase in the number of individuals covered by health insurance. This law was considered a victory for the low-income population, who were previously unable to obtain comprehensive or even semi-

comprehensive insurance. However, this law was opposed by a large segment of Republicans who reject the idea of government control of insurance companies and the imposition of health insurance costs on employers. The crisis of healthcare system failures in the United States of America, compared to a developed country like Canada, is mainly due to the inability of taxpayers to directly use their tax cuts to receive a descent insurance coverage.

General Conclusion

General Conclusion

The healthcare system is a service that provides health care to citizens and residents. Usually, the government finances and organizes it, and then provides it to the population through health insurance companies, whether public or private. Countries have made a lot of efforts to improve their health system as a basic and indispensable human right. Facilities such as hospitals and the workforce such as doctors and nurses are considered among the most important sources of health care. Therefore, governments try to achieve as much equality as possible in their health care distribution according to the needs of society.

Health care differs from one country to another according to the political and economic approach. Some countries are concerned with the prevention of diseases, while others focus on treatment and care. In this dissertation, I chose to focus on examples of health systems in developed countries such as Canada and the United States of America, and a developing country such as Cuba.

Canada provides health services to citizens and residents alike. In fact, public health insurance is provided by the government to everyone and free of charge. All provinces also provide emergency medical services to all citizens, even if they do not have health insurance. Employers are responsible for paying part of the costs of employee health coverage. Even in the event of unemployment, Canada contributes through a special fund to cover the costs of treatment and medicine for those who do not have a job, whether for themselves or their families.

As for Cuba, health care is preserved in the constitution, and any citizen or visitor has the right to benefit from health care without payment. Although socialism is the main reason for free health care, the statistics indicate very good results with regard to life expectancy, infant mortality, and the high number of doctors compared to other developed

and developing countries. However, critics argue that this percentage comes at the expense of Cuban doctors, who are paid very low salaries.

As for the United States, many reforms has been launched to enhance the American healthcare, though none of them has succeeded to satisfy taxpayers. The healthcare reform passed by President Barack Obama in 2010 (ACA) extended insurance coverage to millions of Americans who would not have had it otherwise. However, the act reduced patient flexibility to choose from a wide range of medications, treatment options and surgical procedures offered by most expensive doctors and hospitals. Also, the social feature of the act reduced the possibility to enter the medical profession due to the lower chances of occupying high paying positions.

In this study, we concluded that the success or failure of the health care system depends on the political machine within the country. In the case of countries that have adopted socialism, health care is provided almost equally to all groups of the population. It goes well with some countries such as Cuba, despite the fact that the quality of service provided is moderate. In the case of developed countries, the health care system has succeeded where the government has complete control over insurance companies like Canada. While in the United States of America, legislators are still struggling to create an equitable health care system that provides universal coverage for all citizens and residents.

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