Media coverage of health reform debates misses two big points. It doesn’t focus on all that needs fixing. And it doesn’t debunk the bunkum.

This column sets out facts on what needs fixing. A yellow caution light: we’re headed for serious trouble if we keep on like this.

The column also debunk some bunkum: rhetoric raising a red flag that this speaker can’t be believed. Bunkum comes from all sides: right, left and center.

Health reform confronts an iron triangle of issues: access, cost, and quality. Progress on one can create problems on the other two. But we have to address all three.

Access to care: 46 million Americans are uninsured at least 12 months running, and almost double that number lose insurance for part of the year or lack enough coverage for medical needs. America’s the only advanced nation not to provide all its citizens with basic health coverage. It’s a national disgrace.

Who lacks health insurance? Mainly working people. Most uninsured — two-thirds of the total — are in families with at least one full-time worker. The economic group whose uninsured has risen quickest is the working middle class, up from 15 percent in 1987 to more than 25 percent today. Rising unemployment, now more than 10 percent, costs many others their coverage. Hispanics (mostly citizens) have the highest uninsured rate, followed by blacks, Asians and whites.

Cost: Like a football punting on the moon, U.S. health care spending’s upward trajectory shows no sign of reaching apogee. In 1980, it was 9 percent of GDP. Today it’s more than 16 percent. Japan and Britain spend half that. Per person, that’s well more than $6,000 annually here, compared to just more than $3,000 in Canada, France and Holland, and $2,200 in Japan. Worse, our rate of acceleration outstrips all theirs.

One cause is waste. The Institute of Medicine found almost one-third of health care spending is squandered on duplicative tests, ill-advised procedures and excess billing and administrative costs.

Another cause is obesity. In six states, obesity afflicts more than 30 percent (!) of the population. Expansion of waistlines, and resulting diabetes and treatment cost, shows no signs of abating.

Health care inflation far outpaces wage growth and consumer prices. In other words, health care gobbles more of our economy every year. That cuts families’ living standards, and drags down international competitiveness of our companies that cover employee health costs.

Quality: What results does this lavish expenditure buy us? Pockets of excellence matching or surpassing any in the world; capable care for most — but embarrassingly poor health outcomes compared to other countries. Infant mortality in Japan and in western and northern Europe is three to four per 1,000 live births. Our rate is seven, like formerly communist eastern Europe. Our worst states are a Third-World-like nine. Preventable deaths in U.S. hospitals, by Institute of Medicine conservative estimates, number 44,000 to 98,000 annually.

The yellow caution light’s obvious: we’re not getting our money’s worth. High cost, blocked access, variable quality, too many bad outcomes: reform’s needed.

**What Reform?**

In the next column I’ll explain the choices. Today, I’ll red-flag some bunkum. (“Bunkum”: Empty, insincere claptrap; from Buncombe County N.C., whose congressman in 1820 blathered on.)

“Obama’s plan will bend the cost curve down.” It won’t. Expanding access from 85 percent to 94 percent of Americans (the current House bill) will cost more, not less. Money-saving system changes, such as paying for value not volume of care, are at an early stage.

“Public option’ means government-run health care.” It doesn’t. Government-run health care means doctors work for government, as in veterans hospitals or Britain’s National Health Service. “Public option” is about insurance, not delivery of care.

“Public health insurance contradicts American values — it’s the road to socialism.” It doesn’t and it isn’t. Medicare (seniors’ health care) is public health insurance. So is Medicaid, which insures millions of children. More Americans have public than private insurance. Who led Congress to enact these public programs? Former Rep. Wilbur Mills of Arkansas — no socialist by anyone’s measure.

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