

**FRONTLINE TRAVELS TO FIVE COUNTRIES IN SEARCH OF A
UNIVERSAL HEALTH CARE SYSTEM THAT COULD WORK IN THE U.S.**

**FRONTLINE presents
SICK AROUND THE WORLD
Tuesday, April 15, 2008, at 9 P.M. ET on PBS**

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FRONTLINE teams up with T.R. Reid, a veteran foreign correspondent for *The Washington Post*, to find out how five other capitalist democracies—United Kingdom, Japan, Germany, Taiwan and Switzerland—deliver health care and what the United States might learn from their successes and their failures. In *Sick Around the World*, airing Tuesday, April 15, 2008, at 9 P.M. ET on PBS (check local listings), Reid turns up remarkable differences in how these countries handle health care—from Japan, where a night in a hospital can cost as little as \$10, to Switzerland, where the president of the country tells Reid it would be a “huge scandal” if someone were to go bankrupt from medical bills.

Reid’s first stop is the U.K.—a system very different from ours, where the government-run National Health Service is funded through taxes. According to Whittington Hospital CEO David Sloman, “Every single person who’s born in the U.K. will use the NHS, ... and none of them will be presented a bill at any point during that time.” Reid is surprised to find the system often dismissed as “socialized medicine.” The U.K. is now trying free-market tactics like “pay-for-performance,” where some doctors are paid more if they get good results controlling chronic diseases like diabetes, and patient choice, in which hospitals compete head to head. While such initiatives have helped reduce waiting times for elective surgeries, the London *Times*’ medical correspondent Nigel Hawkes tells Reid the NHS hasn’t made enough progress. “We’re now in a world in which people are much more demanding, and I think that the NHS is not very effective at delivering in that modern, market-orientated world.”

Reid reports next from Japan, the world's second largest economy and the country boasting the best health statistics. The Japanese go to the doctor three times as often as Americans, have more than twice as many MRIs, use more drugs, and spend more days in the hospital, yet Japan spends about half as much per capita as the United States. Reid finds out the secrets of the nation's success: By law, everyone must buy health insurance—either through an employer or a community plan—and unlike in the U.S., insurers cannot turn down a patient for a pre-existing illness, nor are they allowed to make a profit.

Reid's journey then takes him to Germany, the country that invented the concept of a national health care system. For its 80 million people, Germany offers universal health care, including medical, dental, mental health, homeopathy and spa treatment to its 80 million people. Professor Karl Lauterbach, M.D., a member of the German parliament, describes it as “a system where the rich pay for the poor and where the ill are covered by the healthy. It is ... highly accepted by the population.” As they do in Japan, medical providers must charge standard prices which are negotiated with the government every year. As a consequence, physicians in Germany earn between half and two-thirds as much as their U.S. counterparts.

Taiwan researched many health care systems before settling on one where the government runs the financing, but Reid finds the delivery of health care is left to the market. Taiwanese health care offers medical, dental, mental and Chinese medicine, with no waiting time and for less than half of what we pay in the United States. Every person in Taiwan has a “smart card” containing all of his or her relevant health information, and bills are paid automatically. But what Reid finds is that the Taiwanese spend too little to sustain their health care system. According to Princeton's May Reinhardt, who advised the Taiwanese government, “As we speak, the government is borrowing from banks to pay what there isn't enough to pay the providers.”

Reid's final destination is Switzerland, a country whose health care system suffered from some America's problems until, in 1994, the country attempted a major

reform. Despite a huge private insurance business, a law called LAMal was passed, which set up a universal health care system that, among other things, restricted insurance companies from making a profit on basic medical care. Today, Swiss politicians from the political right and left enthusiastically support universal health care. Pascal Couchepin, the president of the Swiss Federation, argues: “Everybody has a right to health care. ... It is a profound need for people to be sure that if they are struck by destiny, ... they can have a good health system.”

Sick Around the World is a FRONTLINE co-production with Palfreman Film Group. The films correspondent is T.R. Reid. The writers are Jon Palfreman and T.R. Reid. The producer and director is Jon Palfreman. FRONTLINE is produced by WGBH Boston and is broadcast nationwide on PBS. Funding for FRONTLINE is provided through the support of PBS viewers. Major funding for FRONTLINE is provided by The John D. and Catherine T. MacArthur Foundation. Additional series funding is provided by the Park Foundation. Additional funding for *Sick Around the World* is provided by The Colorado Health Foundation, The Commonwealth Fund, and The Colorado Trust. FRONTLINE is closed-captioned for deaf and hard-of-hearing viewers and described for people who are blind or visually impaired by the Media Access Group at WGBH. FRONTLINE is a registered trademark of WGBH Educational Foundation. The senior producer is Raney Aronson. The executive producer of FRONTLINE is David Fanning.

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