

Roatch lecture

Summary of comments by Roger Hughes

After the French historian Alexis de Tocqueville traveled through America in the 1830s, he observed that “In America, free morals have made free political institutions; in France, it is for free political institutions to mould morals.” This captures France’s far greater reliance on the republican state as an active agent in the quest for liberty and equality, while America relies first on the voluntary participation of free individuals to pursue the social good.

Today this is reflected in the differences between France and the U.S. in health care and pension schemes. The French put greater emphasis on a basic floor of social equality for all citizens, and ensure it through health care and pension benefits that rely on both individual contributions and a higher rate of taxation relative to the U.S. As the recent history of France indicates, when politicians attempt to reduce these benefits and rely more on worker’s contributions (more work days, fewer vacation benefits, etc.), citizens will mobilize to stop work, stop the trains and literally take to the streets in protest.

Not so in the U.S. While the country has managed to institute a floor of basic social benefits for all citizens through the social security system and health care for all citizens 65 years or older, there remain vast differences between people in terms of access to basic health and social services, and no guarantee that such benefits will be provided to all except through “individual initiative” and “ownership” (to borrow a term from President George W. Bush’s “ownership” society). As our Roatch lecturer remarked earlier, in France it would be unthinkable for a young pregnant woman not to have the security of prenatal, delivery and infant care, while in America the same pregnant woman takes it as a matter of course that it is her responsibility to “figure out” how to pay for medical care herself, unless she is fortunate enough to have comprehensive insurance.

Does the impetus from the current economic crisis and the Obama administration’s plans to implement comprehensive health care reform in the U.S. signal the dawn of a more “French-like” health and social pension system in the U.S.? Perhaps, but it’s not likely, at least in the short term. First, the rate of revenue generation it would take to move the U.S. system to the French level of pension support (70-75% replacement of highest 20 years of salary) would require significant increases in social security contributions and/or taxes – a political non-starter for most Americans. Second, the U.S. health care system, while grossly inequitable and inefficient compared to most other advanced industrial nations, generates huge amounts of revenue for large vested interest blocks (specialists, insurance plans, device manufacturers, pharmaceutical companies, etc.), all of whom grease the wheels in Congress. They’re not about to passively accept a transfer of wealth from themselves to others who retain smaller shares of the health care pie. Third, the American culture and philosophy of individual autonomy and personal responsibility (“God helps those who help themselves”) remains firmly entrenched in many political, social and media-driven circles, despite a growing recognition that “we’re all in this together.”

Ironically, while the U.S. inches toward comprehensive health and social security reform, France looks for ways to increase individual initiative and self reliance (longer work weeks, delayed retirement, use of individual pension schemes) and improve the efficiency of its health care system through such American techniques as managed care. As the U.S. becomes more European, the Europeans become more American. Perhaps we will all meet in the middle, a mythical nirvana of just the right blend of individual

freedom , personal initiative and social reciprocity under the aegis of a watchful, compassionate and “rational” state.

Perhaps – but I wouldn’t bet on it.