Northern Exposure

David Bumpass '03
David, you could go anywhere in the world. Why the heck do you want to go to Canada, instead of somewhere warm and interesting?"

This was my brother’s comment shortly after I was selected as a Fulbright Scholar for the 2003-04 school year. Considering that I’m a California native and the coldest place I had ever lived previously was Greenville, the prospect of enduring a Canadian winter did seem daunting. However, as I reflected on the reasons that led me to pursue graduate study in health policy and economics at the University of Toronto, I was confident that I would find the experience rewarding.

I graduated from Furman in May of 2003 with a degree in biology and an acceptance letter from the University of Virginia medical school. I had always planned to begin my medical studies immediately after graduation — until a suggestion by one of my biology professors led me to pursue a Fulbright grant, which would provide funding for a year of study abroad. I had developed an interest in health policy through several summer jobs in hospitals, and I realized that Canada would be an ideal place to pursue this line of study.

Canadian healthcare is often held up as a model for what can be accomplished with government-funded health insurance. All Canadians have access to medically necessary hospital and physician services, funded by tax revenues. The system is known as Medicare — but unlike its American counterpart, Canada’s Medicare covers all citizens, not just seniors.

Americans who lobby for a similar system argue that if it works in Canada, it can work in the States as well, given the
A FULBRIGHT SCHOLAR PUTS MEDICAL SCHOOL ON HOLD FOR A YEAR TO EXAMINE FIRSTHAND WHAT SEPARATES CANADIAN CULTURE FROM OUR OWN.

similarity between our cultures and economies. As a future physician, I felt a compelling need to learn about Canadian healthcare and other publicly funded systems so that I could be an effective voice in future debates in the United States.

Aside from my interest in healthcare, I also looked forward to learning more about the world’s second-largest country. Canada has long been one of the United States’ closest allies and economic partners. The U.S.-Canadian border is the longest unfortified border in the world, and since the terrorist attacks of 9/11, the importance of Canada’s cooperation in securing the border has become clear. Yet despite the vital nature of U.S.-Canadian relations, Americans often lack an understanding of the values, institutions and traditions that separate Canadian culture from our own.

During my year in Toronto, I discovered firsthand the distinct but often subtle differences between Canada and the United States. Indeed, especially outside of Quebec, everything in Canada appears identical to America: the same cars, the same stores and, of course, the same language. But because they are well aware of the often suffocating dominance of American culture and business, Canadians are constantly trying to define their own unique identity.

It has been said that Canadians talk about three things: hockey, the weather and healthcare. Winter is certainly a defining aspect of Canadian culture. Many cities have winter festivals, the most famous being Carnivale in Quebec City. In downtown Toronto and Montreal, mazes of underground...
malls connect the buildings and subway stations so that people don't have to brave snowstorms.

Winter sports are also ingrained into the Canadian consciousness, as will be showcased for the world when Vancouver hosts the 2010 Winter Olympics. During the 2004 National Hockey League playoffs, downtown Toronto transformed into a giant street party after each Maple Leafs victory. Having grown up playing hockey, I enjoyed frequent opportunities to play while in Canada, and my enthusiasm for the game earned me the instant respect of many Canadians!

Canadians like to celebrate the political traditions that distinguish them from Americans. Compared to Americans, Canadians have greater faith in the positive role that government can play in the lives of citizens. Canadian democracy also has fewer formal checks and balances and entrusts great power to the prime minister and his or her cabinet.

In December 2003, when Prime Minister Jean Chrétien retired, the governing Liberal Party selected Paul Martin as his successor. The amazing part of this process was that, although Martin was an elected member of Parliament, the Canadian people did not vote directly for him to lead their country. (Martin and his party did earn a minority victory in the June 28 parliamentary elections, claiming 135 of the 308 seats.) This implicit trust in government and the broad powers of the prime minister have been instrumental in Canada's adoption of many national social programs, most notably the Medicare system.

In the post-Cold War era, Canadians have increasingly viewed America's superpower status with caution, and today Canadian-American diplomatic relations are a bit strained. In a watershed decision last year, the Canadian government refused to support the war in Iraq, indicating a growing willingness to ignore Washington's lead. In addition, Canadian-European relations are becoming increasingly important, as these nations seek to maintain an influential role on the world stage.

Finding a delicate balance in its relationship with the United States is nothing new for Canada. During the War of 1812, the United States launched an invasion of southern Ontario that was repulsed by a much smaller British army. Intriguingly, Canadians cite this as a victory for their country, even though Canada would not officially exist for another half-century. The nation of Canada was created in 1867, completing a confederation effort begun three years earlier in direct response to the American Civil War raging to the south. The leaders of the British North American colonies were extremely concerned by the threat of the Union Army, which at the end of the Civil War was the largest army in the world.

Given these factors, the relative tension between America and Canada is understandable in light of the differences between the two countries' cultures, governments and history. But the importance of maintaining a close and friendly relationship cannot be understated.

Medicare in Canada is a major source of national pride, in large part because it is different from the American system. Canadians are particularly proud of the egalitarian ideals that form the foundation of universal health insurance.

All Canadians are entitled to receive, without charge, necessary medical services provided by hospitals and physicians. Medicare actually consists of 10 provincial health insurance programs that are regulated by federal legislation. While the provincial programs are the sole insurers for most medical services, hospitals and physician practices are typically privately owned. Thus the system is best described as "publicly funded, privately delivered."

A scenic shot at a lake in Algonquin Park in Ontario, which was established in 1893 and is one of Canada’s largest parks. It is a major center for biological and environmental research.

The altar of the Basilique Notre-Dame in Montreal. The cathedral’s interior is known for its ornate design and exquisite detail.
In terms of life expectancy and infant mortality, Canadians are healthier than Americans. In addition, less of Canada's gross domestic product is devoted to healthcare than that of the United States. However, the system is not perfect. Although all Canadians receive health insurance, the waiting times for appointments are longer and the number of patients per doctor is higher than in the United States. Many health services, such as dentistry and rehabilitation, also fall outside Medicare.

Some argue that Canadian Medicare needs to be "Americanized," with more private funding and market-driven health services. An example is privately owned, for-profit CT and MRI imaging clinics that allow people to pay out-of-pocket for a scan — and thus bypass long waiting lists. Many Canadians oppose such reforms on the grounds that they create a "two-tier" health system, in which the affluent have access to quicker or better medical care.

Moreover, the North American Free Trade Agreement, concluded in the early 1990s between Canada, the United States and Mexico, opened private-payment medical services in Canada to investment — and potential takeover — by American corporations. Parallel private and public systems would undermine the equality of Medicare and allow American businesses to have a much greater role in Canadian healthcare, essentially eliminating the distinguishing aspects of the Medicare system.

As a future physician, I am impressed that the Medicare system has delivered world-class healthcare to Canadians for nearly 50 years. The ideal of equal access for all citizens is admirable. And because the government is the only insurer for most medical services, Canada is able to slow the growth of healthcare costs through monopsony (one-buyer) power.

At the same time, the Canadian system is not particularly nimble. If a shortage exists for a certain medical service, such as joint replacement surgery, the government must approve new funding for hospital budgets — often a politically unpopular decision. In America, investors would be able to match supply with demand by expanding operating room capabilities. In the States, development of new medical technology and pharmaceuticals is fueled by the healthcare industry; Canada is often less willing to invest in new technologies. The current Canadian backlog for CT and MRI scans occurred because of a shortage of scanning machines in the provinces.

Increasing access to medical care for all Americans is a worthy goal, but it can be accomplished only with an understanding that simply copying the universal health insurance systems of other nations will not work. We must consider the scope of control that government would play in any revisions to our current system, the ability of our congressional system to bring about timely reforms, and the effect that changes would have on technological development and on the economy as a whole.

**Public health is truly a global issue, and communication and cooperation are essential to international health efforts.**

In the spring of 2003 Toronto was the only city in the Western Hemisphere to have confirmed cases of SARS (Severe Acute Respiratory Syndrome), which originated in Southeast Asia. The outbreak occurred primarily in several Toronto hospitals, and 44 people died before the disease was contained.

The SARS scare had passed before I arrived in Toronto, but I observed much of the aftermath of the outbreak. Both the national and provincial governments have been carefully re-evaluating the organization of public health resources and leadership. During the crisis, there was no designated person...
or agency to coordinate quarantines, gather data and lead the small army of health professionals who were doing their best to identify and contain the disease. Instead, hospital administrators, city officials and Ontario government officials each held certain responsibilities; vital information was not shared in a timely fashion for lack of cooperation and an effective means of assimilating data. For example, one patient in a hospital ward was not diagnosed with SARS for 13 days, a period in which he infected 42 other people. Yet when this man entered the hospital, SARS had already been identified in China, Hong Kong and Vietnam.

The Canadian government is in the process of creating an agency equivalent to the Centers for Disease Control and Prevention in the United States, in the hope that these kinds of mistakes will not reoccur. The lessons learned, though costly, have demonstrated that an efficient and prepared public health system is essential in these uneasy times, with ongoing threats of new epidemics and bioterrorism.

Aside from learning about Canadian politics and healthcare policies, the most rewarding aspect of my experience was the opportunity to develop friendships with people from all over the globe.

Toronto is one of the world’s most cosmopolitan cities, with large communities from Hong Kong, Italy, Portugal, South Korea, Greece and many other nations. Among the 12 guys on my dormitory hall, 10 nations were represented. Toronto has undergone tremendous growth in size and diversity in recent years, and there is a palpable sense of excitement and expectation for the city’s future.

Getting to know my international friends broadened my perspectives about global issues, and I was constantly learning something new about other nations’ history or culture. Over cafeteria dinners, I learned about ancient Korean capital cities, French culture in the Pondicherry region of southern India, the cultural and political tensions in Iran, and the importance of the Athens Olympic Games to Greeks. I tried to learn Cantonese and understand the rules of cricket — and wound up providing considerable comic relief for my friends.

While I learned much, I was able to contribute to others’ knowledge as well. When I tried to explain the concept of Santa Claus and the Tooth Fairy to a friend from China, I quickly realized that I had taken for granted the idea that these characters were inherent to other cultures. Another time, a friend from South Korea was convinced that the root beer button on the soda machine dispensed real beer. To his chagrin I explained that despite its name, root beer was not alcoholic.

Not surprisingly, the war in Iraq was the topic of many conversations. Hearing the views of people from other nations reinforced my understanding of the dizzying complexity of world politics and of the absolute need for Americans to develop a deeper awareness of world opinion. Most, including Canadians, do not support the invasion of Iraq, although there were varying degrees of satisfaction over the capture of Saddam Hussein. More than once, when people learned that I am American, they would launch into a lengthy rant against our nation. Without question, this is an interesting time to be an American abroad.

Because of the current world tensions, I had ample opportunities to discuss my perspectives of America with others. Many times people would argue that the United States should or shouldn’t act in a certain way, and yet their arguments were based on the assumption that our cultural values should be identical to those of other Western nations. I would respond

The CN Tower dominates the skyline of Toronto. At 1,815 feet, it is the world’s tallest freestanding structure.

Porte St. Louis (Gate to Quebec) is part of the city’s fortification system. Many structures from the 17th and 18th centuries have been preserved and are still in use in Quebec.
that America has a unique history, which in turn has given rise to our system of government and a fierce ideal of self-sufficiency.

I soliloquized, often at excessive length, about the American Constitution, the Civil War, Southern culture (a number of misconceptions, such as the impression that everyone carries a gun, required slight modification), and the concept of presidential primaries. What I hoped to communicate was that when other nations examine our actions, they must do it with an understanding of the events and traditions that make us Americans.

I greatly enjoyed living in downtown Toronto. Its innumerable restaurants serve cuisine from around the world, and the city boasts many parks, a stunning waterfront along Lake Ontario, and much intriguing architecture. Seeing Toronto transform from late summer to the brilliant colors of fall, and then blanketed in snow for several months, encouraged me to take many walks around town with my camera. I also visited much of southern Ontario, a place of great natural beauty with its waterfalls, huge forests and countless lakes.

One week I traveled to Ottawa, Montreal and Quebec City via train. The history of French Canada is celebrated in the modern cities of Montreal and Quebec, where many buildings from the 17th and 18th centuries have been preserved and are still in use. The cathedrals, courthouses, hotels and fortifications of these two cities exhibit astounding architectural and engineering achievement. While in Quebec, I braved high winds and driving snow to take a snowshoeing trek around the city. It was actually a lot of fun, which suggests that perhaps I adapted rather well to harsh winter weather.

In Ottawa, I skated on the "world's longest ice rink" — the frozen Rideau Canal that runs right through town and past the national Parliament buildings. And after watching sessions of both the House of Commons and the Senate, I am convinced that the parliamentary system far exceeds America's congressional system in terms of entertainment value. Parliament was quite raucous the day I visited, as a fiscal scandal involving the majority Liberal Party had broken several days earlier. The opposition Conservative Party members were leading chants mocking the responses of the deputy prime minister, often precluding her responses to their questions by hollering challenges to the (conveniently) absent prime minister in open session. As a neutral foreigner, I found the whole episode quite enjoyable.

Throughout my time in Canada, I often reflected on how the education I received at Furman prepared me to converse on a variety of subjects with people from around the world. I also began to realize that the benefits of my Furman education will extend far beyond simply having a respected transcript and a constant longing to return to a park-like campus setting. The chance to live in one of the most multinational cities in the world was tremendously valuable. My studies in health policy gave me the opportunity to compare the American and Canadian systems and to evaluate firsthand the strengths and weaknesses of universal healthcare. As I begin medical school at the University of Virginia, I hope to continue to expand my knowledge of our neighbor to the north, and to learn much that will help me contribute not only to the medical profession, but to American social policy as well.