

Professor Rosenthal

Part 1 (UNIT 1)

(1) In order to talk about the American health care system, which I'd like to do
(2) this afternoon, we have to say a few words about America. Uh like every
(3) other health care system in the world, our health care system reflects three
(4) things. It reflects our cultural history and values, okay. Uh it reflects our (5)
political system and it re-reflects our economic philosophy. And I-I would say (6)
we could talk about any of the health care systems of your countries and we (7)
would find the same thing to be true. And of course it's not only true about the (8)
healthcare system, but its true about every social institution. Uh, religion, (9)
education, uh a-all the family structure, all of these things are a reflection of (10)
those three characteristics. So that's very true of the American healthcare (11)
system as well. Now I think the the first thing wh-when we talk about basic (12)
other basic American characteristics is to recognize diversity. America is a (13)
very diverse and heterogeneous country. Many of you come from countries (14)
where the population shares a very common history for many many (15)
hundreds of years. That is not true in the United States. We are a land of (16)
immigrants, so our background is very diverse and that means many of our (17)
institutions are diverse. So the first thing I want to say about the American (18)
healthcare system is that *it* is very diverse. So if if you said to me, choose (19)
one word that captures the essence of the American healthcare system, I (20)

would have to say diverse. Or another word might be heterogeneous. That's (21)
that's a kind of a nice word to add to your vocabulary, but what it means is (22)
that there isn't any one system or any one characteristic that describes this (23)
whole healthcare system. So the first thing we want to remember is that it's (24)
very diverse in its characteristics. Secondly, like America, we emphasize (25)
individualism. Many countries in the world emphasize a more community or (26)
collective orientation. But here in the United States we emphasize (27)
individualism. So individualism is an important thing to remember when (28)
we're trying to understand the American healthcare system. And a third uh (29)
a-and part of individualism is choice. Americans like to have choice they like (30)
a-to be able to choose who their doctors are, where they go for their care, (31)
the hospitals where they have their hospital services. So choice is part of (32)
individualism and is reflected to a certain extent in the American healthcare (33)
system. And then one third char-uh third characteristic of the system that's (34)
important to understand is that we have primarily a market oriented (35)
healthcare system. This is a capitalist country and uh most services and (36)
activities in this country take place in the marketplace and therefore are part (37)
of capitalist dynamics. Now there are some debates about that actually. And (38)
we're going to get to that by the end of the lecture, so try and keep those few (39)
things in mind as I describe the American health care system to you and of (40)
course I am just picking out selected things to tell you and we'll have lots of (41)
uh opportunity to um uh talk about your own questions concerning the (42)
system and I'll give you as much information as I can. And if you have a (43)

particular interest in the American healthcare system, perhaps because of (44)
the subject your going to study or your own occupational interest, I can give (45)
Susan some additional readings for you and I'd be glad to talk to you myself. (46)
Okay so we've said a few things that we have to remember about America (47)
and uh about the healthcare system. Uh, so carrying on from there okay, we (48)
can note that our healthcare system is divided into two sections. One is the (49)
private sector and most of the hospitals and uh most of the activity in the (50)
healthcare system takes place in the private sector, okay. But there are two (51)
parts to the private sector, okay. One is for profit and the other is non-profit. (52)
And there of course you see the reflection of our market orientation, okay. (53)
So we have hospitals that are for profit hospitals that are are part of national (54)
corporations that sell uh stock to shareholders and they have to pay a return (55)
to those shareholders. So they are very profit oriented. However, the (56)
majority of hospitals in the private sector are non-profit. In this state, where (57)
we are today in the state of Michigan, there are actually almost no for-profit (58)
hospitals. Bec – why? Why should that be? Because the tax laws of this (59)
state are written to discourage for-profit hospitals. Our legislators have taken (60)
the position that we don't want for-profit hospitals in the state of Michigan. (61)
So it's very tough for any to start, although there are a few here and there. (62)
There are other states in the United States where the tax laws are written to (63)
encourage for-profit hospitals. So now we've learned another important (64)
thing. How many states are there in the United States? Fifty, right! So we-eh (65)
here's a reflection of our diversity and our heterogeneity, there can be fifty (66)

different sets of laws concerning taxes on for-profit uh or- for-profit hospitals. (67)
But here in the state of Michigan, we discourage them, so we don't have any (68)
for-profit hospitals. Uh so all of our hospitals are either non-profit or they're (69)
in the second division, the public sector. And they are owned and operated (70)
by local government, that would be cities, by state government, or else (71)
they're federal hospitals, okay. So we have then the private sector and the (72)
public sector and the private sector is divided into two segments, the for- (73)
profit enterprises and the not for-profit enterprises. Let's go back to the for-(74)
profit, private sector. Uh, a healthcare system is of course much more than (75)
hospitals and doctors and nurses and other people delivering health care. (76)
It's also other kinds of enterprises and those enterprises are in the private, (77)
for-profit sector. The largest group in that is the pharmaceutical industry. (78)
Okay, we have many pharmaceutical companies. A relatively small number (79)
of big companies, about six or seven very big pharmaceutical companies. (80)
And indeed most of them are not just American, but they're international. Uh (81)
and they may collaborate with pharmaceutical companies in your countries, (82)
okay. And uh we also have many many thousands perhaps over 2,000 uh (83)
small pharmaceutical companies and they're very exciting and interesting (84)
because most of them are doing the very cutting edge research. So for (85)
example a lot of the genetic research which is very important in medically (86)
related research today is actually being done by one of these several (87)
thousand small pharmaceutical companies. And what happens is when they (88)
discover something very good they hope that one of the very big companies (89)

will buy them up and market their product. So in addition to hospitals in the (90) private sector, we also have business enterprises of which the (91) pharmaceutical industry is the biggest and then there would be the medical (92) equipment industry, the medical building industry, data services. Healthcare (93) data are becoming more and more important in our healthcare system and (94) that would be in the private sector and mainly in the for-profit private sector. (95) Okay, now uh I started to talk about research and I want to especially (96) emphasize the American medical research work or enterprise that is going (97) on. American probably leads the world in the amount of research although (98) other countries have made very significant contributions to medical (99) research, many countries have. But I think that we have to say that more (100) money is given for medically and health related research in the United (101) States than in any other country and we have many many projects going (102) on. Uh the biggest source of money for medical research in America is the (103) government, the federal government through what are called the National (104) Institutes of Health. And recently our congress has actually increased the (105) budget for the National Institutes of Health so that more money will be (106) flowing to cancer research, gene research, and various uh various other uh (107) areas that are related to uh medical care. And uh uh health care. Uh uh (108) universities, particularly big uh universities uh or very well endowed (109) universities like the University of Michigan do a great deal of medical (110) research. A lot of the money coming to this university actually comes from (111) federal funds uh to support medically related research. So perhaps you've (112)

had a tour or will have a tour of the campus and one of the places you'll be (113)
taken to is the medical center which is quite enormous and a good deal of (114)
the space in those buildings you'll see is taken up not only with patient care (115)
but with research laboratories. So a lot of cutting edge research is done (116)
here at this university and supported by uh uh public money, public tax (117)
money through the National Institutes of Health and also from foundations (118)
from private foundations that have an interest in uh medical care.

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Part 2 (ADDITIONAL PRACTICE SECTION)

(119) Alright now of course there are many different people working in a
(120) healthcare system. Uh nurses, occupational therapists, physical therapists,
(121) medical social workers, aides and so forth. And in fact the healthcare
(122) system is a major employer in every country. In your country, I guarantee it.
(123) And in our country as well. Uh in some communities perhaps 20% of the
(124) jobs in those cities or towns are related to the hospitals that exist in that
(125) location. So the healthcare system employs a lot of people. Uh, now I-I'm
(126) just I'm going to tell you a little bit about American doctors and how they're
(127) trained. There are i-in the nineties approximately 600,000 doctors in the
(128) United States. And uh we have about 126 medical schools and so a
(129) student who would like to be a doctor applies to the medical schools of of
(130) her or his choice. And has to go through a very complicated process. And
(131) in fact, American medical education is different in its in its uh sequence of
(132) events so to speak and in its demands than most other medical e-uh
(133) education enterprises in other countries. In most countries, you apply to
(134) medical school when you finish high school. In how many of your countries
(135) is that true? Okay, uh-huhok . Mo-most of you have your hands up, okay.
(136) In the United States, first you have to get a bachelors degree and that
(137) takes four years. So you have to come to a college or university like the

(138) University of Michigan and do your four-year undergraduate degree during
(139) which time you are a pre-med, okay. Then when you apply for medical
(140) school you have to first take a national standardized examination. It's
(141) called the MCATS – the medical college admissions test. And uh that's a
(142) standardized test because in our over seven thousand colleges and
(143) universities we have e-each college university is free to develop their own
(144) curriculum and their own grading system. So you could have all A's from
(145) Harvard and apply or University of Michigan and apply to medical school
(146) and you could have all A's from a a small college just somewhere in uh I
(147) hope I don't offend anybody in uh Iowa or Wyoming here and come out
(148) with all A's. So the medical colleges want to see what your knowledge level
(149) is, so you take a very complicated test called the MCAT. And it's the same
(150) test all over the country and then how you score on that test comes very
(151) important in the admissions process. So you send in a-applications to the
(152) schools that you would like to apply to. The average number of schools a
(153) student applies to is seven. And then you hope that the school'll be
(154) interested in you and that they'll invite you for an interview. And then you
(155) have to go for an interview and then y-you get your uh acceptance or
(156) rejection from that school. So it's quite tough to get into medical school.
(157) Today there are about five applicants for every one place in those 126
(158) medical schools. Then when you get into medical school you have four
(159) years of study and and one year of internship. Okay, that's sort of a
(160) practice period of time and during this period of time you begin to take

(161) some other national examinations. The end of your second year you take
(162) the first e-national exam and the end of your internship uh y-you let's see
(163) how's it go? Yeah, you take it at the end oh you take it at the end of your
(164) second year, your fourth year, and the end of your internship. And if you
(165) pass all those exams, then you can begin to practice medicine and you are
(166) an M.D. – a medical doctor. Sixty percent of American doctors who get this
(167) far go on to further education, which is voluntary. The law doesn't require
(168) you to go on, but 60% they go on to specialty training which we call a
(169) residency. And this can vary from three to nine years. And in fact during
(170) this period of time many doctors who went to medical school in your
(171) countries would like to come to the United States to do their specialty
(172) training here to do their residency here. Did you wanna ask a question?
(173) Okay. Uh there will be plenty of time for questions after, that's okay. Um so
(174) uh you then do your specialty training ok and depending on your specialty
(175) you can do it from three to nine years. And uh then after that it's now
(176) become popular to do something called a fellowship. Okay. And that could
(177) last between one and three years. So let's tote this up. You have four years
(178) for your undergraduate work. You have five years to get your uh your M.D.
(179) Let's pick an average let's say six years for your specialty training and let's
(180) say you do a one year residency. Uh twelve...that looks like sixteen years.
(181) Okay. Uh and so I'm just putting that up there to to to make a point about
(182) the uh medical profession it it it trains for a very long period of time. And in
(183) fact, 'kay, if you're a conscientious doctor you don't stop there. Uh you

(184) engage in what we call life-long or continuing medical education so that
(185) you can keep up with knowledge. So uh the American healthcare system is
(186) far from perfect it has lots of problems and I'm gonna tell you about two
(187) very serious ones. But we can say that medical education (coughs) in the
(188) American healthcare system is uh very extensive, very rigorous, and is
(189) recognized worldwide uh as being very very good. Okay, so that's that's a
(190) little bit uh about doctors although we can make one other comment here
(191) that is a reflection of uh some issues in the American healthcare system. If
(192) you go on to residency or specialty training and go on to a fellowship,
(193) which uh brings you into a sub-specialty then you can guess that many of
(194) our doctors are specialists rather than general practitioners. Our
(195) educational system for doctors emphasizes that and some people in the
(196) United States think that that's a problem and think and think we have too
(197) many specialists and that we should be training more general doctors or
(198) general practitioners.

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Part 3 (ADDITIONAL PRACTICE SECTION)

(199) Okay, and uh that that is a nice lead in to some other problems in the
(200) system. So we have some debates about whether we have too many
(201) specialists and there are at least two other serious problems in our system.
(202) One is how to control the cost of the system. How much money is spent in
(203) the system. And this is the major problem in the American healthcare
(204) system today. And I may add that it is a major problem in the healthcare
(205) systems of all of your countries. It is an international problem because
(206) when we look at healthcare costs, let's say in the last twenty years, in each
(207) of our countries and we compare it to the general inflation rate, we see that
(208) healthcare costs sometimes go up three or five times faster than the
(209) general inflation rate. And that has been the problem in the United States.
(210) And it's a very very serious problem particularly for government programs.
(211) Now uh while I have emphasized the private sector I want to add now that
(212) our government, our national and state governments, are responsible for
(213) two very important pieces of our healthcare system. Particularly insurance
(214) parts of the system. Most people in the United States get their healthcare
(215) insurance from the place they work, okay. It's a benefit of your job. So for
(216) example I am employed by the University of Michigan and the University of
(217) Michigan gives me five or six choices of the kind of healthcare insurance I
(218) would like. And I pay a very small part of that, but the university pays the
(219) bu- the the overwhelming amount of my health insurance. And it is eh a

(220) very important benefit for me to have that health insurance. That is true for
(221) about 82% of Americans. They get their health insurance, okay and their
(222) ability to pay for their healthcare through their work. Now other countries uh
(223) do that as well, but there also are countries where the government pays for
(224) everybody's health insurance. In our country in the United States, our
(225) government pays for two groups or actually three groups of people. It pays
(226) for everybody in the defense forces in the Army, the Navy, the Airforce, and
(227) the Marine Core. If you if you work there, the government pays for your
(228) health insurance. The government also pays for two kinds of insurance that
(229) I have listed under important terms, alright. The first uh kind of insurance is
(230) called Medicare and that is the national government's insurance plan for
(231) everybody over 65. So everybody over 65 no matter where they live in the
(232) country is entitled to a special health insurance paid for by the federal
(234) government called Medicare. We also have a second government
(235) insurance plan for people who are poor. And that is called Medicaid. And
(236) that program is shared by each of those 50 states. So the federal
(237) government puts up a certain amount of money and the state government
(238) puts up a certain amount of money. And the state government decides
(239) what the borderline is for being poor. Uh so that will be different depending
(240) on the state whereas the Medicare insurance is the same. Alright so here
(241) e-uh-about uh 13% of the American population is over 65. So the
(242) government is paying a lot of money, okay. Uh for Medicare insurance. So
(243) it's very worried about how those costs are going up. And the University of

(244) Michigan which is paying for my insurance and the General Motors
(245) company ehh whose headquarters are not too far away in Detroit or the
(246) Ford Motor company that employs tens of thousands of people all over the
(247) country. They're paying the health insurance for their workers and they're
(248) very worried, too. So we are trying hard in our government and in our
(249) private sector to control the cost of uh of healthcare. And uh we're doing
(250) that in uh one major way. I have up here two terms: HMO, health
(251) maintenance organization; and managed care, okay. These are uh very
(252) peculiar American developments to try and control the cost of care, okay.
(253) And I think about 40% of Americans are in managed care plans, okay. Now
(254) what does that mean? The managed care plans try to give you a general
(255) practitioner who monitors all your care, okay. And they try to keep you uh
(256) well. They try and practice preventive medicine so as to keep you healthy
(257) so you won't cost too much money, okay. Uh but in essence they try to limit
(258) your choice of the doctors you go to and they also try and control the
(259) doctor's decisions about your treatments, okay. Uh doctors are considered
(260) in every healthcare system the gatekeeper. Do you know that term,
(261) gatekeeper? They're the person standing by the door that you go through
(262) to get your your your healthcare. So th-the doctor is a very important
(263) decision maker. So our health maintenance organizations and our
(264) managed care organizations they try and control the patient's choice and
(265) the doctor's choice of services. Now if you remember we started out by
(266) saying Americans like choice. That's uhh we're very individualistically

(267) oriented in the United States and we like to feel we can have any choices
(268) we want, okay. If we can pay for it. So what what and yet here I'm telling
(269) you that now our system is moving toward more and more manage care
(270) where we limit choice. So what's happening? This. We're having big
(271) clashes in the United States this very day, okay. This month. This summer.
(272) Over the issue of how much choice patients and doctors have in manage
(273) care companies. And the president of the United States is promoting in
(274) Congress a Patient's Bill of Rights. So if you're listening to the American
(275) news broadcast or reading a good newspaper like the New York Times,
(276) you will see an article everyday. Y- I see some people nodding, about the
(277) patient's rights bill because we have two things clashing in the United
(278) States today. Our desire for choice that comes out of our culture that
(279) emphasizes individualism and the need on the other hand to control the
(280) cost of healthcare. Okay, so then one of our major problems is controlling
(281) costs and that's getting us into some arguments, but we're used to that in
(282) the United States. Our political system is a system of arguing with many
(283) different interest groups trying to influence the laws that get passed. So
(284) we're i-it's nothing too startling for Americans. This is just what we're
(285) accustomed to, what happens in our political process all the time. The
(286) second major problem today in the American healthcare system is equal
(287) access to the system. Now I've already told you that eighty percent of
(288) Americans get their health insurance through work. So they're okay. The
(289) elderly get their health insurance from the government and the poor get

(290) their health insurance from the government. So those big groups that that
(291) amounts to quite a few uh Americans. The overwhelming majority of
(292) Americans have their health insurance and therefore have access to the
(293) healthcare system. But between twelve and fifteen percent of Americans
(294) do not have health insurance. Why should that be so? Because they work
(295) for small companies that can't afford to give them health insurance as a
(296) benefit of work or because they've lost their job and they're looking for
(297) another job so they don't have any insurance. Uh or because they are
(298) working part-time and most part-time workers do not get health insurance.
(299) So America, I'm sorry to say, is not a system that guarantees access to
(300) healthcare for all of its citizens. And I think we would all agree that this is a
(301) major problem in the American healthcare system and we're working on
(302) this in a variety of ways. Uh the current president, President Clinton, tried
(303) during his first term to pass some legislation. He called it the Health
(304) Security Act, which would cover all Americans and give us an equal access
(305) system. But he was not able to get that piece of legislation passed for a lot
(306) of different reasons, okay. Some of them rather good and some of them
(307) rather uh annoying. But at any rate he couldn't get that piece of legislation
(308) passed so now he's working on uh increasing the number of people getting
(309) covered through what we call an incremental. An incremental approach to
(310) do it little bit at a time. A little bit at a time. So right now he's working on
(311) getting all children who don't have health insurance to have health
(312) insurance. And he's trying to decrease the age at which you can get

(313) Medicare. So we're not sure what will happen, but at least we're working on
(314) that second very important problem, the lack of equal access in the system.
(315) Now I mentioned that we're having a debate in the country about patients
(316) rights and managed care, okay. And we can understand that by saying
(317) that in this country, we're constantly arguing about how much government
(318) regulation there should be and how much we should leave to the market,
(319) that capitalist market that America likes so much. That is an overriding
(320) issue, not only in health policy but in many other areas as well, but it's very
(321) important in health policy. In many other countries, the country agrees that
(322) the government should play a very big role in regulating or even
(323) offering health insurance or running the whole healthcare system. Most
(324) countries of Europe for example do that. And many countries in Asia as
(325) well. In the United States we've never come to that agreement, so we
(326) argue over and over again. What is the role of the government and what is
(327) the role of the market? And that is what undergirds our discussions today
(328) about our the problems in our our healthcare system. And and in fact, in
(329) many other countries where governments have played a very strong role
(330) because of the rising costs I told you about in every country, these
(331) countries are arguing that issue as well only what they're thinking about is
(332) trying to reduce the role of government and expand the role of the market.
(333) That is going on everywhere. Now if you go back to your country and begin
(334) to read about health policy I think you will see that is what the underlying
(335) issue is. How much role for the government? How much role for the

(336) marketplace? Okay, so uh let's see I've gone over all the terms, I'm getting
(337) through this uh little outline here.

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Part 4 (ADDITIONAL PRACTICE SECTION)

(338) Let me just mention a few selected statistics that I may not have
(339) mentioned. I think I mentioned we have 600,000 doctors. We have almost
(340) uh 2 billion nurses. Uh a hundred thousand million two two million nurses in
(341) the country. Uh there about five hundred eh sixty six hundred five thousand
(342) six hundred hospitals of which 1,700 are owned by various levels of
(343) government. Uh that number of hospitals is decreasing because we're
(344) trying to reduce the number of hospitals and the number of beds in
(345) hospitals and give more and more care outside of the hospital. Now why
(346) should we want to do that? Because it's cheaper to give care outside of the
(347) hospital. So it's part of that push to bring down the cost. Uhh and then in
(348) 1991 uh which is more or less the last year wh-when we have the most
(349) recent year that we have very reliable statistics. We were spending \$2, 868
(350) per person or we use the term per capita in the United States on
(351) healthcare. And we are the most expensive health care system in the
(352) world, although I think part of the problem is that we're a little more honest
(353) with how we gather our statistics than a lot of other countries are. So we're
(354) probably not as expensive as it seems if we could get better statistics from
(355) other countries. The second most expensive country in the world today is a
(356) country that has an entirely different kind of healthcare system than the
(357) United States. Anybody know by any chance what the second most
(358) expensive country is? It's a neighbor of ours. So if it isn't Mexico what is it?

(359) Canada! That's exactly right. Canada, which has an entirely different way
(360) of organizing its system. Uh ih ha it has the second most expensive uh
(361) healthcare system. And overall in 1991 um looking at all the different
(362) sectors in all the different related health care industries, we spent 751.8
(363) billion dollars or 14% of everything we spent that year. So it's uh it's a very
(364) costly enterprise. Okay, uh let's just very briefly then talk about the
(365) strengths and the weaknesses of the American uh healthcare system. And
(366) then let's uh let's listen to-to your question. I think uh we can say that we
(367) probably have the most advanced and the most pervasive medical
(368) technology in in the world. Other countries also do very very well, but
(369) particularly for a country our size I think we lead the world and that of
(370) course is one reason why we're so expensive. There are two basic reasons
(371) that drive up healthcare costs in every country. One is the cost of medical
(372) technology. So if I'm up here telling you we have the most and the most
(373) advanced healthcare technology, I also have to tell you that's one reason
(374) why our costs are are so high. The second thing in every country that
(375) drives up costs ar-is the number of people who are over 65, okay. So the
(376) percent of population that's over 65 is very important in driving up costs.
(377) Why is that? Well I think I mentioned to you that 12 or 15% of our
(378) population today is over 65. There are some countries in Europe where
(379) that number is 20%. It's extraordinary and it's quite wonderful. The closer
(380) you get to old age the happier you are that everybody is living so long. But
(381) the 12% of our population who are over 65, they consume 40% of the

(382) healthcare, health and medical care in our country. So as our populations
(383) live longer and longer as our healthcare systems are successful in keeping
(384) us healthy and as we exercise more and stop smoking and stop drinking
(385) and and don't take drugs, okay, we're going to live considerably longer.
(386) And therefore make more and more demands demands on on on the health
(387) care system. Okay, so I would argue that one of the strengths in the United
(388) States is the medical technology that's available. And I would also argue
(389) that we have some of the best care in the world. That doesn't mean that
(390) you can't get excellent and best care in many other countries. But many
(391) people come to the United States particularly for complex medical
(392) problems. Ve-because we we do offer in some of our medical centers what
(393) is probably the best healthcare in in the world. Um I think that has to be
(394) acknowledged and I, I would say that we also have weaknesses and I
(395) mentioned some of them here. And from my point of view and many
(396) people's point of view, our-our most serious weakness is the fact that we
(397) do not have equal access to to healthcare for all of its citizens. Uh-I now I I
(398) express a personal opinion and perhaps also a professional opinion, we're
(399) a very wealthy country and I think we could afford to c-give health
(400) insurance to all of our citizens. But it-it we don't have for som- for a variety
(401) of reasons the political will to to do that. And we perhaps we will
(402) accomplish that in the decade to come. I certainly hope so. Okay so what
(403) I've tried to do this afternoon in a very brief summary is to give you a
(404) general introduction to the characteristics of the American healthcare

(405) system and I've uh alerted you that in order to understand the system you
(406) have to understand the country. The the system, the healthcare system in
(407) my country is a reflection of the overall values and the political and
(408) economic uh philosophy of our country and the same thing is true of your
(409) healthcare system. So I've made that connection I've I've told you about
(410) some of the important characteristics of the system. Uh I've uh given you a
(411) little introduction to what it takes to be educated as a doctor in in the United
(412) States. I've told you about our major problems uh and I've indicated uh
(413) some of the current debate about health policy in the United States and
(414) how it's related to this central issue of how much the government should do
(415) and how much the marketplace should do. We are struggling like your
(416) countries are struggling to find the right combination, the right balance of
(417) government regulation and marketplace uh dynamics. And uh I've tried to
(418) summarize these strengths and the weaknesses of the country. So now
(419) I've had my say and now I'd like to hear from you and I'm happy to answer
(420) or try to answer any questions you may have.