der the insurance funds will be outside the health ministry's control.

The economic forecasting group Global Insights has projected that removal of the social security mandate from the Health Ministry should ultimately cut the social security deficit in half, to under \$5.52 billion by year's end.

During last spring's election campaign, Sarkozy promised to introduce minimal out-of-pocket charges on consultations, treatments and hospital visits, up to a yearly spending cap, exempting children and seniors. Over the summer, Sarkozy made good on that promise, with a €2 (\$2.76) charge for ambulance rides and 50 centime (69 cents) fee to fill a prescription, to a maximum €50 (\$69) per year. The new Health Minister, Roselyne Bachelot, hopes the reforms will instill patients with a greater sense of responsibility toward the health care system.

Yet, the modesty of Sarkozy's user fees reveals that it would be political suicide for any French government to radically limit health care access to a populace who have grown used to Michael Moore's ideal of access to free health care as a fundamental human right. And it may be economic suicide not to.

Monsieur Sarkozy has some hard choices ahead. — Christina Lopes, Paris, France

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Adverse events reported for HPV vaccine

As 4 provinces began immunizing schoolgirls to prevent the human papillomavirus, a watchdog group in the United States warned of dangerous adverse events stemming from the vaccine's delivery — concern government regulators dismiss.

Public health officials in Ontario, Nova Scotia, Prince Edward Island and Newfoundland and Labrador began administering the Merck Frosst vaccine Gardasil to select groups of girls (grades 6, 7 or 8) in September, just as the US advocacy group Judicial Watch released documents obtained through

Freedom of Information indicating that 3 deaths and 1637 adverse events occurred after the vaccine was administered (prior to May 15).

Judicial Watch acknowledged, however, that it did not analyze the adverse events data from a medical perspective. "We wanted to get the information out in a public light. ... It's out there for people who know more than us to interpret," program manager Dee Grothe said, adding that the organization's main concern is that the vaccine not be mandated by state governments.

The adverse events data comes from the US Food and Drug Administration's Vaccine Adverse Event Reporting System. According to the Centers for Disease Control and Prevention in Atlanta, as of June 30, there were 2531 adverse reports, including 9 deaths, out of 7 million doses dispensed. The figures, however, can include multiple reports of the same event, since physicians, manufacturers and patients report to the same system.

Health Canada, meanwhile, received 82 adverse event reports out of 162 000 doses distributed as of Aug. 17. Five adverse events required hospitalization, including 2 later determined to be appendicitis. One patient fainted, 1 event appears related to a viral infection, and 1 appears related to encephalopathy, which Health Canada is investigating.

"This is not unusual," says Dr. Theresa Tam, director of the Public

Health Agency of Canada's Immunization and Respiratory Infections Division. "Every new vaccine that comes on the market, people monitor the safety profile, and inevitably, there are things that occur following immunization."

Neither the product monograph nor permission forms that parents (in Ottawa, for example) receive from local public health authorities contain a list of possible adverse events, such as deaths, following administration of Gardasil.

Although Canadian authorities are aware of the US reports, the deaths are not listed as possible adverse events because there is no scientific evidence proving a causal relationship with the vaccine, says Tam. "At this point, there is nothing that I can see that is of particular concern. ... It's what we probably would expect to see based on the clinical trials and the background rates of some of these conditions."

Centers for Disease Control and Prevention spokesman Curtis Allen says all deaths and other serious adverse events requiring hospitalization are investigated. The agency has classified 5% of vaccine-reported events as "serious." The most common reactions have been pain at the injection site, general pain, nausea, dizziness and fainting. The incidence of fainting is slightly higher than the background rate normally expected among that age group, Allen says. As a result, "we're suggesting that physicians keep patients in their office for 15 minutes after administering the vaccine."

Some of the 9 deaths were duplicate reports, while 1 patient turned out to be "very much alive," Allen added. There are 4 confirmed deaths in girls or women who received the HPV vaccine, but it is not known to have caused any of those deaths.

In 2 cases, women died after suffering pulmonary embolisms, but they were also taking birth control pills, a known risk factor, says Allen. In 2 other instances, girls had influenza, and myocarditis resulted in the death of 1 of those patients.

"The deaths do not appear to be connected at all with the vaccine," Allen says. "It appears to be a very safe and effective vaccine and we believe it's very important to women's health."

Sheila Murphy, a spokesperson for

Lisa F. Young / iStockphoto

Quebec recently became the fifth province to announce its HPV plans, unveiling a "voluntary" program that will vaccinate girls as early as grade 4.

Merck Frosst in Canada, says the company's worldwide database on adverse events, which is shared with regulators, does not indicate there's a need for a change in the product monograph or "some kind of an announcement. ... There are always adverse events with anything, whether they're related to the product or not is always the question."

Murphy says there's been intense media attention surrounding the vaccine "because it's about sex. And also cancer."

As HPV vaccines are administered to girls who are not yet sexually active and haven't been exposed to the virus, critics fear it confers tacit approval of premarital intercourse. Others worry that vaccination will reduce Pap test screening or will prove ineffective over time. Still others question the vaccine's value for money.

Concerns have also been expressed about Merck's political influence, having hired lobbyists well-connected to Prime Minister Stephen Harper and Ontario Health Minister George Smitherman. The federal government provided \$300 million in the last federal budget for provincial vaccination campaigns. —Laura Eggertson, Ottawa

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NEWS ANALYSIS

America poised on the precipice of health reform

Americans without health insurance shouldn't sweat it, according to US President George W. Bush. "I mean, people have access to health care in America," Bush proclaimed in Cleveland, Ohio, over the summer. "After all, you just go to an emergency room."

Americans aren't buying it. A recent poll indicated 90% of Americans believe their health care system needs fundamental change, if not a complete overhaul. Business titans like Safeway's Steve Burd and Wal-Mart's Lee Scott are forming unlikely partnerships with union leaders to push for universal health care. A year before voters choose a new president, Democratic and

Republican candidates alike are under pressure to roll out plans to cover more, if not all, Americans.

It might be the perfect storm. The confluence of middle-class anger, corporate readiness for change and a tight presidential race may finally lead to reform of the world's most costly and inefficient health care system (Box 1). Largely employer-based, it leaves 1 in 6 Americans uninsured and millions more underinsured, with minimal coverage and high deductibles, according to the 2006 US census. A recent study by the advocacy group Families USA says that number soars to 89.6 million Americans (over one-third) when measuring those who are insured for a portion, but not all, of the year.

David Freund / iStockphoto

Americans appear on an inexorable march toward universal health care coverage as corporate and citizen anger over the cost and inefficiency of the system has eroded blanket faith in private health care. Although the United States now spends 15.4% of its gross domestic product on health, it's projected that as many as one-third of Americans aren't covered by health insurance for at least a portion of each year.

As the lone industrial nation without universal health care, the United States ranks 37th on the World Health Organization's quality of care index, despite accounting for one-third of global health care spending. Americans shell out almost twice as much per capita for health care as Canadians, but lag behind in such health measures as infant mortality and life expectancy. A recent Institute of Medicine study found that 18 000 Americans die annually because they lack health coverage.

Americans lucky enough to be covered face mounting premiums, co-pays and deductibles. The average American

family spends 20% of its income on health care, up from 7% two decades ago. Indeed, Americans spend more on health care than on food. Some are squeezed out entirely: the average premium for a family of 4 (\$11 480) almost matches the gross annual income of a minimum-wage worker (\$12 168; source: Kaiser Family Foundation).

While Bush advises the uninsured to go to emergency rooms, 3 landmark reports by the Institute of Medicine recently warned of dangerously overburdened and underfunded emergency departments. Forbidden by law from turning anyone away, emergency departments end up providing non-critical care to the uninsured. Cash-strapped hospitals have responded by closing hundreds of the departments over the past decade.

Still, the myth of private-sector efficiency persists, although US for-profit insurance companies spend far more on administrative costs than single-payer systems in other countries. The excess bureaucratic costs of US insurance companies was calculated at about US\$98 billion by the management consulting firm McKinsey. The cost of covering uninsured Americans, by contrast, is set at \$77 billion.

Companies now say health care costs threaten their survival. General Motors paid more for medical benefits in 2004 than for steel. Starbucks spends more on employee health care than it does on coffee. Safeway's Burd became a convert to universal health care when his firm's annual health expenditures topped \$1 billion, exceeding its net profit.

The unique American system resulted from labour shortages during the Second World War. Pre-war health insurance plans were run by hospitals, which insured all comers at the same rates. War-time wage controls prompted companies to compete for scarce workers by offering health benefits. By the late 1940s, tens of millions were enrolled in Blue Cross plans, descendants of the early hospital plans. Their success attracted commercial insurers, who focused on relatively healthy groups, while charging individuals with pre-existing conditions more. As the Cold War deep-