Karen Roach / iStockphoto

The choice facing Americans is simple: universal coverage or trickle-down health care.

Surprisingly, Romney has backed away from extolling his Massachusetts solution as a national one, although he touted mandatory insurance as a "conservative idea," when trying to sell it as governor. Now, as he courts conservative Republicans in the primaries, Romney sings a different tune. "I don't want the guys who ran the Katrina clean-up running my health care system," he tells interviewers.

But would he stick to his born-again principles, if elected president with a Democratic Congress? Or would he make a deal, as he did with Massachusetts Democrats, to push through reform? Indeed, whoever wins the Republican nomination will likely migrate to the political centre on health care, or risk ceding ground to the Democrats.

Senator John McCain released a plan in October aimed at making individual health insurance cheaper. He would allow Americans to buy insurance nationwide, instead of limiting them to in-state companies, and award tax credits of $2500 to individuals and $5000 to families, not nearly enough to cover premiums. Like Giuliani and Romney, he would end employer tax exemptions for health insurance, forcing workers to pay tax on their health benefits.

None of the 5 remaining Republican candidates have released formal plans. Actor and former senator Fred Thompson supports tax incentives to encourage people to buy health insurance. Congressman Tom Tancredo would permit professional associations to offer health plans to their small business members. Like McCain, Congressman Duncan Hunter would allow people to buy insurance across state lines. Congressman Dr. Ron Paul, a practising physician for almost 30 years, opposes governmental involvement in health care but would make all health care costs tax deductible. Alan Keyes favours tax-deductible medical savings accounts combined with catastrophic insurance to cover astronomical medical costs.

Americans so far strongly prefer Democratic solutions to the nation's health care woes, according to a recent Bloomberg/*Los Angeles Times* poll. A Gallup poll in October found that, among Democrats, Clinton's health care views have the most resonance. That there is a mood for change is also self-evident, leading many to believe that the current confluence of middle-class anger, corporate dissatisfaction over health care costs and the tight presidential race will finally drive reform of the costly and inefficient health care system (*CMAJ* 2007;177 [10]:1170-71).

Yet, voters haven't parsed differences in plans — most never read them, says Blendon. Instead, they back who ever they believe has the best chance of enacting reform. Aaron, meanwhile, warns that public opinion won't count for much until a new president actually proposes a specific health care bill.

For starters, there's that ideological split to overcome. And people can agree the health care system needs reform, but be unwilling to back changes, if they're happy with their own plan. "It's sort of like people saying the education system is a mess, but they like their kids' teachers," Aaron says.

There is also the tiny reality that the US political system appears calibrated to resist change, absent a substantial Congressional majority. "It's the same set of conditions that have killed health care in the past," says Aaron. "The stars may be aligned this time. I hope so. I'm just not holding my breath." — Janet Rae Brooks, Salt Lake City, Utah

DOI:10.1503/cmaj.071619

India moves to improve black fever tracking

Hoping to improve treatment rates for kala-azar, one of the world's deadliest parasitic diseases, which infects as many as 300 000 people and claims as many as 20 000 lives in India annually, the government has introduced a new coding system capable of tracking infected patients down to the village level to ensure compliance.

Known medically as visceral leishmaniasis and colloquially as black fever, kala-azar is caused by a parasite transmitted by the pheobozomine sand fly and is now endemic in 48 districts of 4 states in India, putting an estimated population of 165.4 million at risk, according to the Indian government's Directorate of National Vector Borne Disease Control Program. The disease primarily affects the rural poor, particularly the large economic class of landless agricultural labourers.

The directorate will introduce a new coding system that will enable tracking of kala-azar patients down to the primary health subcentre or village level. It's hoped the system will improve treatment compliance, while simultaneously providing more accurate tallies of the number of infected.

"It's an impressive scheme," Swapan Jana, secretary of an India-based non-governmental organization, Society for Social Pharmacology told *CMAJ*. "This scheme is a significant initiative to control kala-azar in India, because through the implementation of coding, the treatment would be more focused and a thorough patient monitoring would be plausible."

Under the scheme, "each Kala-azar case will have the country code IND along with the state code and have a 10 digit numerical code." The scheme will be implemented in 4 states: Jharkhand, Uttar Pradesh, Bihar and West Bengal. Country code-cum-state codes have been allocated to each: Uttar Pradesh-IND1, Bihar-IND2, Jharkhand-IND3 and West Bengal-IND4. — Sanjit Bagchi MBBS, Kolkata, India

DOI:10.1503/cmaj.071605