



Food, fun fill Akron's downtown hamburger festival
LOCAL, B1

2008 BROWNS TRAINING CAMP

QB SET, BUT OTHER CHOICES AHEAD

SPORTS, C1, 5



Summer of box-office heroes has the good, the bad and the ugly.
PREMIER, E1

Iranians refuse to freeze nuclear activity

World powers set stage for new sanctions. U.S. at talks for first time

By George Jahn
Associated Press

GENEVA: A U.S. decision to bend policy and sit down with Iran at nuclear talks fizzled Saturday, with Iran stonewalling Washington and five other world powers on their call to freeze uranium enrichment.

In response, the six gave Iran two weeks to respond to their demand, setting the stage for a new round of U.N. sanctions.

Iran's refusal to consider suspending enrichment was an indirect slap at the United States, which had sent Undersecretary of State William Burns to the talks in hopes the first-time American presence would encourage Tehran to make concessions.

The major shift in U.S. diplomacy was viewed by officials at the talks as a sign that the Bush administration wanted to avoid going to war.

But the drama of the moment was undercut when the Iranian side submitted a document that failed to address the key issue of a freeze on the enrichment of uranium, officials involved in the

Please see **Iran, A6**

Insurance misery has no easy cure

With health care tied to job, Copley family battles to keep daughter with cancer covered

By DAVID GIFFELS ■ Beacon Journal staff writer Photos by ED SUBA JR.

As she talks, Christine Gurbis unzips a teal vinyl bag that looks like a makeup case and she removes four glass vials - three brown and one clear - along with two needles and a syringe.

She sets them before her on the family kitchen table, lined up like captured chess pawns.

She and her father are talking about her sister Carrie's upcoming wedding,

and it's as though the needles and the chemicals aren't even there. Like the act of breathing, they are vitally mundane. These thrice weekly injections in her backside, usually administered by her mother, Mary Kay, keep her life something like normal, which is another way of saying Christine's life is not normal.

"Her mother's quite good," Al Gurbis says of his wife's skill with a syringe, in a tone that might just as easily describe her facility with a bundt pan. "Very seldom does she bleed."

Christine twists one of the needles into place and jabs its tip through the rubber top of the saline bottle, drawing back the stopper to extract a milliliter of the liquid, which she then squirts into the first brown bottle, liquefying the powder inside. She repeats this two more times, never losing pace with the conversation, shaking each of the three bottles to mix the solution. When she is finished, she draws the contents of each vial back into the syringe, which now contains the day's dose of Synthroid to replace the hormone that is supposed to be secreted by the thyroid gland.

Christine doesn't have a thyroid gland. Instead, she has a long scar across the front of her neck, a pink line that tells the story of her raw deal with cancer. It traces the story of a young woman's life - of an entire family's life - that changed completely and forever when Christine asked her doctor about a lump at the base of her throat.

Here's what cancer did:

It wrenched an independent, emerging young woman from her place in the world back to a bed in her parents' house.

It cost her a good job with benefits.

It knocked her out of college 12 credits shy of graduation.

It alienated her friends and left her nearly alone.

The cancer is gone, but so is the thyroid, meaning Christine will never be "cured." These injections, or some version of them, will be with her forever.

This is what treating the cancer did:

It led the family on a chase after insurance: maintaining Christine's policy meant paying premiums that rose from about \$20 a month in the fall of 2003 - when she was diagnosed - to nearly \$800 by mid-2007 - when she'd nearly run out of affordable options.

It cost the family at least \$110,000 more in additional medical costs, the money sucked from savings.

It sidetracked her 65-year-old father's retirement, which would

Please see **Cancer, A12**



Cancer survivor Christine Gurbis baby-sits children at Stewart's Caring Place, a nonprofit cancer resource center where Gurbis received help and now volunteers. At top, medications sit on the family kitchen table. They are used to replace the hormone that is supposed to be secreted by Gurbis' thyroid gland, which was removed.



■ Focus group participants speak out on health care. A12

Is the American Dream dying? If so, what can we - ordinary citizens, business and community leaders and public policymakers - do about it?

E-mail comments to middleclass@thebeaconjournal.com or mail to **Middle Class, Akron Beacon Journal, 44 E. Exchange St., Akron, OH, 44308-1510. Responses must include a name, address and contact number.**

To find the entire series, go to [Ohio.com](http://www.ohio.com/news/16959911.html) at <http://www.ohio.com/news/16959911.html>

RECLAIM THE DREAM

Americans are being buried under piles of consumer debt. Paying off credit cards is first step to financial health. **BUSINESS, D1**

Health-care matchup finds Ohio falls short

Buckeye State doesn't measure up when compared to Ontario, which has Canada's universal coverage

By David Knox
Beacon Journal staff writer

The United States pays far more for health care - more than \$7,000 a year for every American, from infant to codger - than any other advanced nation in the world.

That's an undisputed fact. The only argument is whether Americans are getting their money's worth.

There's plenty of evidence they're not.

A study released last fall by the research arm of Congress found Americans have shorter life spans and die at faster rates because of major diseases than the averages for 30 democracies that make up the Organization for Economic Cooperation and Development.

The death rate for infants is

especially chilling: The United States came in third worst, ahead of only Mexico and Turkey.

But that dismal showing by the nation doesn't necessarily say anything about the cost and quality of health care in Ohio.

To explore how Ohio compares to the nation and the world, the Beacon Journal looked 60 miles across Lake Erie to the Canadian province of Ontario.

How does Ohio measure up to its neighbor?

Not very well:

• A 65-year-old Ontario resident can look forward to living about 20 more years - three years more than an Ohioan the same age can expect. At birth, the difference in life expectancy is greater - 76.4 years for Ohio-

Please see **Ohio, A11**

INSIDE

■ Sunni bloc rejoins Iraqi government, which could speed departure of U.S. forces. **A3**

■ Task force says county should create Web site to track meth-tainted houses. **B1**

■ Hoppin' Frog microbrewery wins rave reviews, plans expansion. **D1**

Some sun with a p.m. thunderstorm

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ELECTION 2008

Candidates test waters for VP

McCain, Obama gauge support by appearing with prospective running mates

By Adam Nagoumey and Patrick Healy
New York Times

For all the lengths Sens. John McCain and Barack Obama have gone to in keeping their hunt for a vice president under wraps, their deliberations are in some ways being conducted in plain sight.

There was McCain appearing yet again with Mitt Romney, his former rival for the Republican nomination and a frequently mentioned possibility for the No. 2 spot, in Detroit on Friday. In Indiana last week, Obama ap-

peared with two of the names on Democratic lists, Sen. Evan Bayh of Indiana and former Sen. Sam Nunn of Georgia.

McCain walked down the steps of his chartered airplane in Minneapolis the other day to find Gov. Tim Pawlenty of Minnesota ready to introduce him to dignitaries in front of a phalanx of cameras.

On his trip to Afghanistan this weekend, Obama was accompanied by two senators whose foreign policy acumen and similar positions on the war make them intriguing long shots: Jack Reed,

D-R.I., and Chuck Hagel, R-Neb.

Although aides to both McCain and Obama were quick to discount the idea that such appearances are vice presidential tryouts, these moments are calculated and do provide a chance for the candidates and their aides to assess how they and their prospective running mates look as a ticket as projected through the media. That is no small thing, as could arguably be seen in Bayh's eyes last week as he cast a vice-presidential gaze at Obama.

Please see **VP, A4**

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THE AMERICAN DREAM: HEALTH CARE

Ohio

Canadian province is similar demographically

Continued from Page A1

ans, compared to 80.7 years in Ontario.

In Ohio, nearly eight of 1,000 newborns die each year – significantly higher than the U.S. rate of 6.8 deaths. In Ontario, the infant mortality rate is 5.5

Ontario also has lower death rates for each of the top six causes: heart disease, cancer, stroke, emphysema and other chronic lower respiratory diseases, diabetes and accidents.

Overall, the gap in these key health-care yardsticks was wider between Ohio and Ontario than between the two nations as a whole in all but two categories: strokes and accidents.

That difference was striking because the state and the province are so similar demographically.

While the 300 million people in the United States are nine times more than Canada's head count, Ohio and Ontario are close in population, overall economic size and demographic measures such as median age, average household and family size, and education.

Ohio and Ontario also have similar economies, with almost the same percentage of both work forces employed in manufacturing and retail and wholesale trade – the two largest industry categories. Wages and salaries also are comparable.

There are differences.

Ohio has a larger minority population – nearly 23 percent, compared to 17 percent for Ohio. But the largest group in Ontario is Asian. About three of four of Ohio's minority residents are black, compared to about 4 percent in Ontario.

Canada adopted a national system more than 40 years ago calling for universal insurance coverage for all basic hospital and doctor care, with a "single-payer" – the government – picking up the bill. Private spending pays for care beyond the basics, including drugs, dental and eye care in most areas.

In the United States, public dollars pay for only 46 percent of health care, mainly for Medicaid for the elderly and Medicaid for the poor. The rest comes from private insurance, often through employers, and out of pocket.

The United States is one of only three OECD countries – the others are Mexico and Turkey – without some form of universal coverage.

Millions uninsured

According to last year's Census Bureau figures, about 16 percent of Americans – about 47 million – are uninsured at any one time.

Ohio's figure is about 12 percent.

Canada's system covers everyone, but struggles with long waiting lists for non-life-threatening surgery and high-tech tests, such as magnetic resonance imaging (MRI) scans.

Earlier this year, the average wait was 121 days for cataract surgery, 216 days for a hip replacement and 110 days for an MRI.

Despite those problems, Canada typically scores higher than the United States in overall quality of health care.

An especially damning study released this year ranked Canada fifth and the United States last among 19 industrialized nations in deaths that could have been prevented "by timely and effective" medical treatment.

"They looked at things like people who died of diabetes before the age of 50, kids 15 and under who die of infectious diseases and people who die of treatable cancers," said Robin Osborn, vice president of the Commonwealth Fund, a non-partisan foundation that sponsors research on health issues.

"These are things we know we've got the medical artillery to attack – things you shouldn't be dying of."

Osborn cited the growing number of Americans without health insurance as one reason for the poor U.S. showing.

"If you don't have health-care insurance, you're not going to get the preventive care you need," she said. "You're basically going to get stuck in the emergency room."

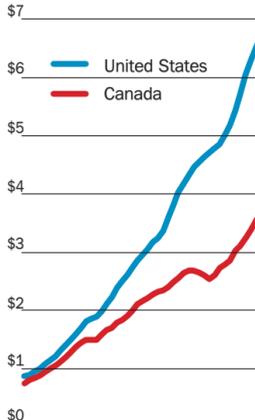
The study concluded that the United States wasn't keeping pace with medical advances in other countries, noting that five years earlier, the United States ranked 15th in preventable deaths.

In contrast, Canada moved up a notch, over the same time. France, Japan and Australia

Growth of U.S. health-care spending

In the 1960s, the U.S. and Canada spent about the same per capita for health care. Since then, costs have gone up much faster in the U.S.

Figures in thousands



Spending figures adjusted to 2006 U.S. dollars to compensate for differences in purchasing power and inflation.

SOURCE: OECD Health Data 2008

Akron Beacon Journal

were best.

Within the United States, Ohio fares slightly worse than the U.S. average of 110 preventable deaths per 100,000 population, according to another Commonwealth study.

A comparable score for Ontario isn't available. But the Beacon Journal's comparison found Ontario's death rates are better than the Canadian average for three of the six leading causes of death.

Ohio's rates are worse than the nation's in every category but accidents.

Unhealthy lifestyles

Some experts argue such international comparisons are unfair because the United States is so much larger, wealthier and more culturally diverse than other countries.

Rather than lack of care, they blame the poor U.S. rankings on higher rates of illness, triggered by unhealthy lifestyles led by many Americans. In fact, studies do show Americans eat the most sugar, are fatter and have the highest rates of cancer and AIDS among developed nations.

While the factors behind the health results can be debated, there's no question the Canadian system is less costly.

According to the latest OECD data, U.S. health-care spending in 2006 was 15.3 percent of its gross domestic product, with per-person spending more than double the average of all 30 member nations.

Latest figures from the Department of Health and Human Services put U.S. spending even higher: 16 percent of GDP and \$7,026 per person.

Canada spends \$3,768 per person, or about 10 percent of GDP. Ontario does even better, with health spending at 6.2 percent of GDP in 2004, according to the province's Ministry of Finance. That works out to be less than \$2,000 per person – about a third of what the United States spent that year.

Why is Ontario's cost so much lower?

Canada's universal health insurance system is better able to take advantage of the province's large urban population, health ministry spokesman Mark Nesbitt said.

About 40 percent of Ontario's 12.8 million people live in the Greater Toronto area, along the northwest shore of Lake Ontario.

"It's less expensive to deliver health care where the infrastructure is already set up, where the transit is there, where the equipment and man-

power is there," Nesbitt said.

There are no comparable total health-care expenditure figures for states. But available data indicate that Ohio spends about 6 percent more than the U.S. per-person average.

On its Web site aimed at attracting new businesses, Ontario crowds about how little the province spends for health care compared to the United States and other nations.

The pitch is aimed directly at companies in Ohio and other states saddled with providing health coverage for their employees: "This provides a valuable advantage for Ontario in competing for jobs against U.S. jurisdictions, especially in manufacturing sectors, where the cost of health benefits is cited as harming U.S. competitiveness."

Costs add up

Indeed, in 2006, the Detroit News reported that health care added more than \$1,500 to the cost of each General Motors vehicle assembled in the United States.

The same vehicles made in Canada cost GM \$197 in health care.

The company pays only for supplemental insurance covering dental bills and prescription drugs.

Workers also benefit from not having to fight for health insurance, said Gordon Lilley, an official with United Auto Workers Local 251, in southwestern Ontario.

"It makes negotia-

Ohio and Ontario: Similar demographics

The name Ohio comes from the Iroquois words "beautiful river." Ontario means "beautiful lake." But Ohio and the Canadian province of Ontario share more than a watery border and the origin of their names. Close in population, they are similar in most basic demographics, such as age, household size, education and earnings. Where Ohio and Ontario differ dramatically is measures of health.



Flag of Ohio



Provincial flag of Ontario

HOUSEHOLDS, FAMILIES AND HOUSING

	OHIO	ONTARIO
Households (occupied housing units)	4.5 million	4.6 million
Average household size	2.48	2.6
One-person households	29.1%	24.3%
Single-parent households	11.3%	11.9%
*Median household income	\$44,532	\$51,601
Married-couple families	48.9%	55.6%
Average family size	3.08	3
*Median family income	\$56,148	\$59,028
*Average value of owned home	\$135,200	\$247,899
Percent homeowners	70%	71%

PEOPLE

	OHIO	ONTARIO
Population	11.5 million	12.8 million
Percent citizens	98.1%	92.5%
Demographic breakdown		
By gender		
Male	48.8%	49.3%
Female	51.2%	50.7%
By age		
Under age 15	19.6%	17.5%
65 and older	13.5%	13.2%
Median age	37.9	38.5
By race/ethnicity		
Nonminority	83.1%	77.2%
Minority	16.9%	22.8%
Blacks	12.0%	3.9%
Asian/others	4.9%	18.9%
Education attainment		
Bachelor's degree or more, age 25-64	25%	26%

EMPLOYMENT BY INDUSTRY

	OHIO	ONTARIO
Total nonfarm jobs (2007 average)	5.4 million	6.5 million
Percent breakdown		
Manufacturing	14.2%	14.6%
Construction	4.1%	6.3%
Forestry, fishing, mining oil and gas	0.2%	0.5%
Total goods-producing industries	18.6%	21.5%
Retail and wholesale trade	15.5%	15.8%
Transportation, warehousing and utilities	3.9%	5.6%
Finance, insurance, real estate and leasing	5.6%	7.3%
Professional, scientific and technical services	4.5%	7.4%
Business, building and other support services	7.7%	4.5%
Educational services	8.8%	7.2%
Health care and social assistance	13.3%	10.3%
Information, culture and recreation	2.8%	5.1%
Accommodation (motels, etc.) and food services	8.0%	6.2%
Other services and government administration	11.2%	9.2%
Total service-providing industries	81.4%	78.5%
Median earnings, full-time, year-round workers		
By gender		
Men	\$42,346	\$42,726
Women	\$31,748	\$33,215
Commuting to work		
By car, truck or van	91.4%	79.2%

MEASURES OF HEALTH

On average, Canadians live longer than U.S. residents and report lower mortality rates for infants and for the six leading causes of death in both nations. The gap widens further for most measures if the comparison focuses only on Ohio and Ontario.

	OHIO	ONTARIO	U.S.	CANADA
Life expectancy				
Life expectancy at birth	76.4	80.7	77.8	80.4
Men	73.8	78.5	75.2	78.0
Women	78.7	82.7	80.4	82.7
Additional years of life after 65	16.3	19.7	18.7	19.6
Men	14.6	18.1	17.2	17.9
Women	17.7	21.0	20.0	21.1

	OHIO	ONTARIO	U.S.	CANADA
Infant mortality				
Deaths per 1,000 live births in 2004	7.7	5.5	6.8	5.3

Leading causes of death

Age-standardized mortality rates per 100,000 population in 2004

	OHIO	ONTARIO	U.S.	CANADA
Diseases of the heart	229.0	127.3	217.0	126.8
Cancer (malignant neoplasms)	200.6	169.3	185.8	173.7
Stroke (cerebrovascular diseases)	50.9	36.5	50.0	34.9
Chronic lower respiratory diseases	47.0	21.6	41.1	24.8
Diabetes	28.9	20.8	24.5	19.6
Accidents	35.6	22.9	37.7	24.7

SOURCES: U.S. Census and National Center for Health Statistics and Statistics Canada



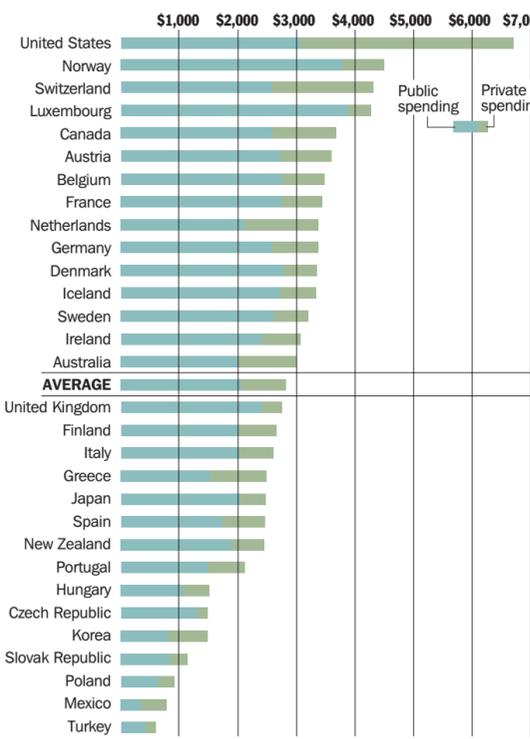
* Canadian home values, income and earnings are adjusted to 2006 U.S. dollars to compensate for differences in purchasing power.

SOURCES: Population, gender and age data are July 1, 2007, estimates from the U.S. Census Bureau and Statistics Canada. Racial/ethnic, household, education, income and commuting data are from the 2006 American Community Survey and the 2006 Canadian Census. Employment data are 2007 annual averages from the U.S. Bureau of Labor and Statistics and the Canadian Labour Force Survey.

RICK STEINHAUSER/Akron Beacon Journal

U.S. outspends other democracies for health care

The U.S. spends far more for health care than any of the world's other major democracies – an average of \$6,714 for each American and 15.3 percent of the gross domestic product. Below is the per capita spending breakdown for the 30 democracies that make up the Organization for Economic Cooperation and Development.



Spending figures are adjusted to U.S. dollars to compensate for differences in purchasing power. Totals are for 2006 except for Australia, Japan, Slovak Republic and Turkey, which are for 2005.

SOURCE: OECD Health Data 2008

tions easier because health care is a big-ticket item that isn't on the table," said Lilley, whose local represents about 2,700 workers in the auto-parts industry and other manufacturers.

Lilley acknowledged the Canadian system has flaws, such as the waiting lists, but he would never switch to a U.S.-style system that relied on private insurance.

"Absolutely not," he said. "I have peace of mind, knowing that if anything happens to a member of my family or myself, that we're taken care of and it's not going to cost us our house or thousands and thousands of dollars."

"I just think it would be disastrous to have it go private. I think it would do away with our middle class."

Most Canadians agree with Lilley, according to a 2007 survey sponsored by the Commonwealth Fund.

While 60 percent of the Canadians agreed that "fundamental changes were needed" in their health-care plan, only 12 percent favored "completely rebuilding the system."

But more than a third of the Americans surveyed agreed with the statement, "Our health-care system has so much wrong with it that we need to completely rebuild it."

That isn't likely to happen soon, according to Dr. C. William Keck, who served 27 years as Akron's health director, retiring in 2003.

Keck, a longtime critic of the American health-care system, blamed the insurance lobby for blocking change.

"There are a lot of well-monied, powerful, smart people who benefit from the system the way it currently is," Keck said. "They have spread money in ways that make it difficult for anyone to take them on."

Keck noted that all of the major presidential candidates "seem to have automatically ruled out a single-payer system."

"It's almost like they've conceded they can't beat the insurance companies."

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