**AMU Faculty Research Grant Application**

AMU is awarding **$100,000** in research grants for AMU faculty in 2009 in support of areas of research related to currently offered disciplines and those areas of advanced studies currently being explored at AMU. The aim of these grants is to advance online higher education, or advance knowledge and/or practice in a discipline area. The research grants will be awarded to selected faculty who will:

* Advance knowledge in their discipline areas
* Conduct scholarly research
* Submit for publication in scholarly journals or books
* Submit the research in the name of AMU

Applications for research grants are due by **January 15, 2009** and will be awarded by **February 15, 2009.** Research is expected to be completed with an article, book, or approved draft (for later publication) submitted for publication by December 15, 2009 or by approval of the Academic Dean no later than January 15, 2010. An update on project status will be required half way through the project. Details on payment of awards and timing will be sent with the award letter. Research dollars can be used for resources required for the research including travel, books, and expenses (excluding time) incurred during the research activities.

Criteria for approval of research grant funding:

* Full time or highly engaged adjunct faculty AMU faculty
* Solid end of course evaluation feedback demonstrated quality and standards of teaching at AMU are met or exceeded
* Contributes to advancement of knowledge in the discipline
* Scholarly research proposed
* Solid scholarly proposal and timeline for completion
* End product of a scholarly paper, article, or book for publication in the related discipline

Please complete the information requested below: (Use additional sheets if necessary)

**Research Proposal Application**

**Calendar Year 2009**

**Professor(s) Name and Title(s):**

**Dr. Thomas Kirkwood, Professor of Political Science and International Relations**

**If multiple professors what is the role of each in the project:**

**N/A**

**AMU Academic School and Department:**

**School of National Security, Intelligence Studies and International Relations - Political Science/International Relations**

**Research Question or Hypothesis:**

**Facilitating a Politically Feasible Transition to Universal Healthcare in the United States: What Can We Learn From the French Experience with Public Medicine?**

**Abstract for Research Paper/Book/etc:**

**The last World Health Organization assessment of national performance in the area of medical care found France to be the world’s leader; the US was not ranked in the top 35.[[1]](#footnote-1) Since publication of the study, conducted in 2000, all indices point to a growing inability of our country to translate its vast medical expenditures (double the expenditures per unit GDP of the most costly public systems) into a fair and functional distribution of medical services. This failure has not gone unnoticed by the American electorate; the prevailing view is that something serious yet reparable is wrong with our system of medical care. This awareness has crystallized into a voter-driven demand for change, and our political system has responded. The new Administration has made universal healthcare in America one of its top priorities. But what is politically feasible in an environment in which many powerful interests are committed to defending the status quo? Researchers have turned primarily to the United Kingdom and Canada as possible models for change, most likely because of cultural similarities and the absence of a language barrier. Yet these two countries have had less success than many affluent capitalist democracies with their systems of national health – and probably have the least of all of the Western democracies to offer the United States as models for change. The same might not be true of France, as several perceptive observers have pointed out.[[2]](#footnote-2) [[3]](#footnote-3)**

**Objective of Research Project (what you hope to accomplish)**

**My objective is to provide AMU with a timely document that will be of interest to the Department of Health and Human Services (K. Sabelius) and to the Congressional Committees named below that will be trying to devise a system of universal healthcare. Change on such a massive scale will have to be affordable and efficient in providing all Americans with access to medical care. *More importantly, it will have to be politically feasible*. Among other things, I think such a policy paper would represent an opportunity for our university to present itself in Washington as a source of scholarly political advice not limited to military matters.**

**Rationale for Research:**

Why is it important as a contribution to the field of study?

**The research is important in that it underlines immediate practical uses of Political Science, an asset often ignored by the discipline itself.**

**Research Methodology:**

**Although later work will lead to a publishable study of comparative national health systems, my immediate goal is to draft a policy paper for delivery to the following: HHS (Sabelius), the Senate Finance Committee (Baucus), the Senate Committee on Health, Education, Labor and Pensions (Kennedy or successor), the House Committee on Energy and Commerce, Subcommittee on Health (Waxman), the House Committee on Small Business (Velázquez). Timing for submission is based on an informed estimate of when the fight over universal healthcare nears the front burner of the legislative agenda. Given the financial problems facing the nation, most experts don’t expect this to happen before 2010, making a December 2009 target date ideal. The first step in my research methodology is traditional and requires no funding; it is to familiarize myself with the literature of the French system that does not yet exist in English. Step two involves a trip to France, where I would interview participants (important interviews to be scheduled before leaving the States) in the healthcare system from all groups, and do so in their language. These groups would include patients, doctors, hospital administrators, provincial providers, both public and private and, with any luck, the French Minister of Health – and at very least an official of that Ministry. Specifics are provided below.\*\*\* Step three would involve an analysis of the American healthcare system as it now exists (using both traditional scholarship and interviews) in search of areas in which the French experience could be both relevant and helpful to our attempt as a nation to restructure our own system of medical care. I should point out that the battle over universal healthcare in the US is likely to be as fierce as the battles fought in the 1960s over Civil Rights, Medicare and Medicaid, making it one of the most explosive political issues since the Kennedy era. Studies in English devoted to this question, though some appear current, rely on hopelessly outdated sources.**

**\*\*\*Partial list of interview subjects in France: The current Minister of Health, Roselyne Bachelot-Narquin or a top member of her *Cabinet.* Chairperson or important member of the *Comité de la santé et de la sécurité*, the committee of the lower house of Parliament that oversees healthcare; the director of GIP SPSI (*groupement d’intérêt public Santé et protection sociale internationa*l), a type of public-sector interest group that doesn’t exist in the States. The GIP wasn’t founded until 2005 and brings together all parties, public and private, involved in healthcare. The head of SROS (*Schéma regional d’organisation sanitaire*) an agency created by government ordinance in 2003 and at work in the provinces since 2006, attempting to decentralize or regionalize parts of the medical system (of special interest to a federal political system such as ours.) An evaluation of the system in three regions, less developed, developed and highly developed. This evaluation will take place in Rennes, Bordeaux and Paris. Included in each region will be interviews with officials at regional hospital agencies, regional hospital centres (teaching hospitals), including professors, doctors, nurses, administrators and patients. Pharmacists, also part of the healthcare system, will be queried as well.**

**Proposed End Product:**

**A policy paper for those in charge of designing our country’s new system of universal healthcare which is more timely than a traditional scholarly work can be. The paper, conducted in this manner, should be considered as an initial inquiry into foundation material that will lead to publication of a book or article at a later date. How the French system has responded to the current global economic crisis will be of particular interest, making the “freshness” of the paper and subsequent publication that much more important.**

**Detailed Timeline or Plan of Action and Deliverables:**

**From now until early November, as time permits, research into both the French and the present American healthcare systems, as well as study of the proposals being drafted by various sources re: the change the new Administration hopes to achieve by making healthcare in the United States universal. For approximately 10 days in November, on location work in France as described above. Early December, 2009: delivery of position paper to relevant planners in Washington cited above. 2010: publication as book or journal article of a study of comparative healthcare systems in affluent Western democracies.**

**Benefit to you professionally:**

**Expanded research and publication portfolio with possible influence on the future of American healthcare.**

**Benefit to AMU and AMU students:**

**To AMU: The establishment of our university as a source of timely and scholarly analysis for relevant committees, agencies, etc., in D.C.; an additional demonstration of our faculty’s ability to research and publish.**

**To AMU students: A more knowledgeable instructor in an important area of comparative politics.**

**Benefit to knowledge development and/or to your discipline:**

**A demonstration of the ability of political science to contribute not only to a scholarly understanding of politics but also to political decision-making on issues of contemporary importance.**

**Research that will/could follow subsequent to this proposed project:**

**A book or journal article on comparative healthcare systems in the Western world (with emphasis on the impact of economic crises on differently structured systems.)**

**Proposed Budget**

(Provide an estimated cost of doing the research. All costs or expenses will not be funded.)

**Time** (Estimated hours required to complete): 200-350 hours

(not a grant funded expense)

**Grant Funded Expenses: USD EURO**

Travel, meeting expenses etc:

Airfare, Denver-Paris: 1145.00

Travel, Rail, Metro, Taxi: 574.00

Lodging, 10 nights: 1800.00

Meals, Misc, 10 days: 750.00

Meeting costs:[[4]](#footnote-4) 500.00

Cleaning/Incidentals: 100.00

Two Currency Total: $1,145.00 €3,724.00

Euro Total in USD at

Exchange Rate 1.2.2009: $5,199.00 (3,724 X 1.396)

Total USD: $6,344.00

Resources (books, documents, etc. ) Can’t determine yet: I will take care of these.

**Total cost of project**: $ 8,000.00 (Est)

**Total Grant request (excluding time)** $6,344.00

Approval of School Dean

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Approval of Academic Dean

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Dr. Karan H. Powell, Academic Dean

1. <http://www.photius.com/rankings/healthranks.html> [↑](#footnote-ref-1)
2. <http://www.boston.com/news/globe/editorial_opinion/oped/articles/2007/08/11/frances_model_healthcare_system/> [↑](#footnote-ref-2)
3. [www.**npr**.org/templates/story/story.php?storyId=92419273](http://www.npr.org/templates/story/story.php?storyId=92419273) [↑](#footnote-ref-3)
4. I have done this type of project before (for the Lilly Foundation on nationalized industries in France.) Many high-ranking government officials can only find time for an interview over lunch – lengthy in France, which is good for the interviewer – who must obviously bear the cost. [↑](#footnote-ref-4)