



Written by [Dennis Behreandt](#) on July 28, 2009

## My Experiences With National Healthcare

Obama's castle-in-the-air, pie-in-the-sky, wish-upon-a-star health care would never, could never, and should never be appropriate for Americans. As Dr. Seuss might put it, "not in a hush, not in a rush; not even if read; not even if...Red!" ObamaCare is doomed to fail and Congressional members who support it will be the next to go. Leave. Lose elections. Be relegated to life again in the real world.



We frequently hear that Britons, Canadians, French, Swedes and others are often ill-served by their health systems. I understand their concerns and their experiences because I, myself, lived under a national health program for a year and found the experience utterly awful. Chances are that the care has grown far worse since I left it 32 years ago.

I was accepted into a masters program at the University of Manchester, England for the school year 1976-77. I sold my house, packed my bags, and "went abroad." At that time I was a Teacher of the Deaf; Manchester was the first university to ever train teachers of the deaf; and I wanted to broaden my skill and knowledge base. Included in the out-of-country tuition costs was health coverage through the National Health system in England. I was relieved to learn that I had any kind of coverage at all, then thought no more about it. A few weeks later my nonchalance would change.

During a trip to Edinburgh, Scotland, to attend the International Festival, I walked and rewalked the Royal Mile, putting far too much stress on my vehicle-spoiled joints. Within a couple days of my return to Manchester, I was almost crippled and so went "to hospital." Once there, I was put into a waiting room that reminded me of a picture I had seen of suffering in mental hospitals, circa 1880 or so. The "room" was about the size of a small town gymnasium, high ceiling as well, but cold and unappealing. It was full-standing room only-of people with all kinds of emergency conditions waiting endlessly to be seen by a nurse, let alone a doctor.

After hours of painful standing, I decided to ask about the holdup and walked on through the treatment doors. A nurse stopped my advance so I asked for either 1) a timely visit by a doctor or 2) the phone number for a doctor with a private practice. I received neither. The nurse shepherded me to a quiet corner where she advised me to be more patient. She explained the costs I would face if I went elsewhere. She at least found me a chair and I...waited.

The local doctors' offices provided more shocking experiences. The service was faster but the treatments were nonexistent—unless prescriptions were all that one wanted. In fact, I do not recall ever leaving the office without a prescription, even when the decisions were highly suspect. Pills were passed out like candy. Public Pacifiers.

Appointments with a doctor were a hoot—once I learned the procedures. The first visit, however, was shocking and confusing. I had phoned to schedule an appointment then upon reporting in, I was given a 12-inch colored piece of the material used for name signs in offices. Mine happened to be red with a number cut out instead of a name. Say...34. I went to the waiting room where I joined a large group of



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people, all of whom were staring at a large wooden board with about 6 colored lights on it. I observed carefully so as to see what would be expected when my turn arrived. A buzzer went off, the blue light began flashing, and someone stood to ask those around him if they had blue with a number lower than his own. No one responded, so he left the room. On it went with yellow, green, orange lights flashing but then the red light flashed. Thus far, the herd had trained me well, so I stood and asked: "Does anyone have Red before number 34?" No one did, so I left the room...but that was as far as I had been trained. Someone finally noticed my confusion and told me that I must go down a long hall and report to the....RED DOOR. But of course! Dr. Red Door. Names were not important. Just procedures.

The appointments were five minutes in length and the patient sat in a chair in front of the doctor's desk. The doctor was never the same person on a subsequent visit, except for one time when I specifically requested that I see the same doctor when I returned. I was given the appointment, but not with good humor. Later, during the winter, I could barely breathe because of bronchitis. I boldly asked the doctor if he would please listen to my lungs to check if I might have pneumonia. My request threw him quite off-guard and he abruptly said, "You 'ave to go to 'ospital for something like that!" I could not believe my ears and I expressed my displeasure with a "health care" system that had no graduations of care between "Speak with doctor in a bank-like setting" and "Be admitted to hospital"!

With reluctance and displeasure, he arose, dug around to find a stethoscope, and listened to my lungs. That was the only time that a national health doctor ever actually physically touched me. How very different than my wonderful internist who I had just left in Colorado.

One of my classmates tried to convince me that the financial costs outweighed the long waits and minimal care. His was an impossible "sell" for I stubbornly maintained that nothing in life is free, especially doctors and hospitals. Finally he admitted that he was taxed a minimal fee that was taken out of his paycheck each month. I happened to have my last pay stub from Colorado so I suggested that he bring one of his the next day and we compare our costs. He did, so we did. We were both single; both homeowners; both the same age; neither had dependents. My cost for Blue Cross private coverage was \$18 and some odd cents per month. His tax for national health care was...\$18 and odd some cents per month. The argument ended once he saw real data instead of government propaganda.

One thing that I will give to national health care is that it provides much fodder for jokers and comedians. A show similar to our Saturday Night Live held a Bed Auction for a mythical empty bed in one of Britain's hospitals. The skit was hilarious! "I have a bid for one Measles! One Measles! Does anyone want to bid higher than that? Ah! I have a bid of One Potential Suicide! One Potential Suicide is my high bid! Going, going....wait! He jumped. Cancel the bid for the suicide. We are back to one Measles...." It was just too, too funny.

When a friend of mine gained admission to a local hospital, we were so happy for him. He did receive treatment but then his wife didn't arrive fast enough to get him on the day he was released. Ernesto was made to move to the visitor's chair while a new patient was put into his bed-while he sat right there! With a bit of wine, we were finally able to make jokes about that scene, as well.

But most often we felt fear for our well-being under the "care" of national health. We understood that we only had minimal control over our own bodies. During a week of study in The Netherlands, one member of our group had a bad shock; possibly even a nervous breakdown. The rest of us decided that the best way to help the person was to...hide the problem! We feared that Holland might run a similar Snake Pit for health care and that we might lose our friend into the bowels of some such system. We took turns sitting up all night with our friend; never letting the person away from our sides; laughed



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heartedly at the goofy “jokes” the person was telling and acting out. We worked hard to hide the affliction on the flight back to England and we had some scary moments at customs. We were worried that our friend would be nabbed by national health and be lost in some mental ward. We made it safely back to Manchester then the two nuns in our group handled the care and counseling through the Catholic Church. Whew! We made it past the health care system and into safety!

The fear was awful, even when we were young and healthy. Now we are in our 60s and 70s. When Obama says that 20 percent of the population is responsible for a huge percent of medical costs in America...it is time for our age group to realize that HE MEANS US: the older; the elder; the retired. I cringe and revisit those old fears that my friend would be snatched by the health authorities; be lost in a black hole of care. In Lois Lowry’s book, *The Giver*, any person unable to contribute to the society is “released”—i.e. killed, snuffed out, put to sleep...EUTHANIZED. I do not consider it farfetched to wonder if Obama, with his reassurances to save money, may not be thinking of the cost cutting solutions offered in *The Giver*, or in *This Perfect Day* by Ira Levin, or in....socialist and communist organization.

When such awfulness comes to pass, it will not be only the elderly that are “released,” but also the feeble, the retarded, the crippled, the handicapped, THE USELESS. The thought certainly gives one pause. Keep in mind that it is we who are costing the government more than we are contributing. Then it will be our children’s generations. Then it will be our grandchildren’s generation. And then it will be....

Think about it. Think about it long and hard. Are you willing to be ousted; released; murdered—for the supposed benefit of the rest of society? I, for one, am not.

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