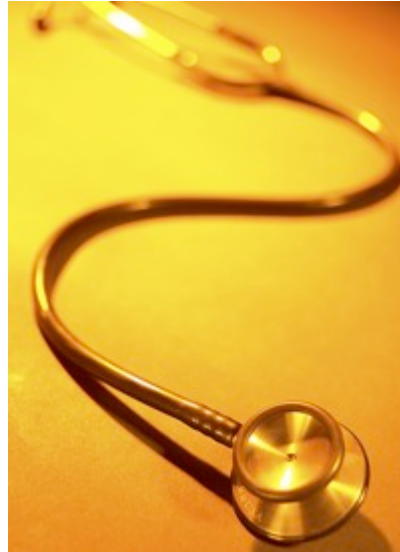




Written by [Selwyn Duke](#) on July 16, 2009

A Chicken in Every Pot and Healthcare for All

Writes the [San Francisco Chronicle](#), "The health panel's \$600-billion measure would require individuals to get health insurance and employers to contribute to the cost. The bill calls for the government to provide financial assistance with premiums for individuals and families making up to four times the federal poverty level, or about \$88,000 for a family of four, a broad cross-section of the middle class." The bill passed by a 13-10 margin, with all the Republicans on the committee voting nay.



So now the federal government is taking a leaf out of Mitt Romney's Massachusetts book, with its intention to force citizens to obtain health insurance at the end of a gun. Many support this, too, with a poll last year showing that even 52 percent of Republicans find this kind of coercion palatable.

(Although we should always take the findings of one poll with a grain of salt. That is, until the health czars prohibit that sort of thing.) Of course, their reasoning isn't hard to grasp. They figure that the uninsured cost the system money, so they should be forced to step up to the plate. But the point many seem to ignore is that this isn't a problem of the free market — it's a problem of socialism. It arises when you force people to be responsible for the consequences of others' decisions.

Now, many think this is only just, and this brings us to the Senate proposal to make healthcare a "right." Should it be?

It certainly sounds good. But it also sounds good to have a right to live to be 120 or not develop cancer. The question is, is it realistic and is it the government's role to try to secure it?

We first must understand the difference between moral and legal rights. For example, I think every person has a moral right to be treated with dignity, but do we want the government to try to enforce such a thing? Likewise, I do think that people in need should receive help, but who should administer it? Moreover, when we say there is a "right" to healthcare, it's rather ambiguous. What level of care? Will people have the right to play the hypochondriac and clog hospitals for frivolous reasons? Will the elderly have the right to extreme measures designed to prolong life to the tune of millions of dollars per



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person? Will people have the right to psychological counseling for the latest "condition" invented by head shrinkers, such as "Oppositional Defiant Disorder" or "Sibling Rivalry Disorder"?

These are not minor questions. And when deciding what kind of healthcare is a "right," we must add some perspective. Remember that for most of man's history healthcare was cheap, true enough — but life was also short. Without the miracles of modern medicine, doctors could do relatively little. Women didn't live as long as men, the infant mortality rate was high, and making it to adulthood was a dubious proposition. In fact, I once read that the average lifespan in the Roman Empire was only 22 years. (Yes, many Romans did live to be very old, but so many people died in infancy or youth, that the "average" was very low.)

So, yes, healthcare is infinitely more expensive today, but isn't it just a case of getting what you pay for? Can our unparalleled level of care be delivered "on the cheap"? And is it realistic to think that everyone could have precisely equal access to cutting edge technology and innovations? Bear in mind that an MRI machine [costs](#) approximately \$2 million to buy and \$800,000 per year to run, and it costs the better part of \$1 billion to research, develop, and bring a new medication to market. And what happens when you remove profit from the system? Well, note that the whole nation of Canada, with its much touted socialized medicine, has fewer MRI machines than the city of Pittsburgh.

The above fact illustrates well why we have heard [horror stories](#) about healthcare rationing in Canada, Britain, and elsewhere. It also brings us to a hard, cold fact and an immutable law of economics. The fact is that no amount of good intentions will grant us a special dispensation from the laws of economics. And one of those laws is that price caps ever and always lead to rationing. Always.

This is why we had gas lines in the 1970s. It's why 20 percent of curable lung cancer patients in Britain die because of long waiting lists. It's why that nation's prostate cancer survival rate is only 44 percent while ours is 80. Still want to be more like Europe?

The fact is that socialist systems don't work. And as a great example as to why, consider what author Daniel Gavron tells us about the problems encountered in a certain Jewish commune. In his book *The Kibbutz: Awakening from Utopia*, he writes, "There were also several endemic weaknesses in communal life, one of which was wastage. Food was 'free,' so members took more than they needed. Huge quantities were thrown away, and expensive items were fed to domestic animals. Electricity was paid for by the collective, so members left their air conditioning on all day in the summer and their heaters on all day in winter."

This story teaches a valuable lesson: price caps and profit loss within the medical system will mean less incentive to provide healthcare and less disincentive against using it wastefully. Collectivism would only ensure that the people collectively have worse healthcare. This is a fact.

Part of the reason so many today have trouble accepting this is immaturity. What do I mean? Well, when I was a boy, I often heard my father say, "Money doesn't grow on trees." He was old school, meaning, he understood reality. In contrast, too many of us — specifically, those of the leftist persuasion — are rather childish regarding money matters. So many Americans have a buy-today-pay-tomorrow mindset; this manifests itself in the liberal use of credit, both on the individual level with credit-card debt and on the collective level when we fund social programs with posterity's pocketbook. Many of us are also raised with a style-over-substance philosophy. That is to say, we seem to behave as if good intentions are all that matter; just institute the programs and worry about the details later. I mean, eat, drink, and be merry, for tomorrow we die — and maybe there is a money tree.



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The reality is quite different. We can pretend as if medical care is a right all we want, but doing the hopey-changey won't grant us that special dispensation from the laws of economics. Any which way you slice it, modern healthcare is an expensive proposition just as is modern transportation. Yet there is one difference: while we all expect that we should have a car, we don't expect it to be cheap. We will pay \$450 a month for a neat set of wheels, but many are taken aback when life-saving medication costs one quarter that much.

Unfortunately, reality doesn't matter to the radical egalitarians who are marching us toward healthcare oblivion. They want everyone to have equal healthcare — even if that means it will be equally bad. And if this sounds like a radical statement, just read the following story Walter Williams [relates](#) about Sweden's healthcare system:

Sven R. Larson tells about some of Sweden's problems in "Lesson from Sweden's Universal Health System: Tales from the Health-care Crypt," published in the *Journal of American Physicians and Surgeons* (Spring 2008). Mr. D., a Gothenburg multiple sclerosis patient, was prescribed a new drug. His doctor's request was denied because the drug was 33 percent more expensive than the older medicine. Mr. D. offered to pay for the medicine himself but was prevented from doing so. The bureaucrats said it would set a bad precedent and lead to unequal access to medicine.

Hard to believe, I know. It's like saying that instead of doing the good you can and feeding a large number of starving people, you won't feed any if you can't feed them all. It's what happens when you have equality-on-the-brain, that type of destructive zealotry that should itself be labeled mental illness.

The "right" to healthcare will ultimately mean the right to the kind of care we can already get for free. We should also note that members of Congress won't avail themselves of this right. They'll still have their special health plan.

Well, at least someone will still be getting the best healthcare.



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