



Written by [Michael Tennant](#) on March 17, 2020

COVID-19 Causing Americans to Favor Universal Healthcare, Poll Finds

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Proving that crises, whether real or perceived, usually redound to the state's benefit, a new poll finds that over half of Democrats — and a significant number of Republicans — are more inclined to favor universal healthcare as a result of the current coronavirus scare.

The [Morning Consult poll](#), released Sunday, surveyed 2,201 adults across the United States between March 12 and March 13. Among other things, respondents were asked, “Has the coronavirus outbreak made you more or less likely to support universal health care proposals, where all Americans would get their health insurance from the government?”

Over a quarter (26 percent) of those surveyed said they were “much more likely” to support universal healthcare, while 15 percent said they were “somewhat more likely” to favor it. Nearly three-fifths of Democrats said they were either somewhat (20 percent) or much more (39 percent) likely to support it. A full quarter of Republicans said they had become more disposed to national health insurance because of COVID-19, with 14 percent of them claiming to be much more likely to support it than they had been before. Among Americans who approve of the job President Donald Trump is doing, 26 percent said they now view universal healthcare more favorably.

The poll went into great detail about respondents' age, sex, ethnicity, religion, and so on. Few of the results would shock anyone familiar with American politics, though some might be mildly surprised to learn, for instance, just how many Evangelical Christians (35 percent) and self-identified conservatives (23 percent) say COVID-19 has pushed them in the direction of universal healthcare.

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Is Americans' newfound faith in universal healthcare justified, particularly as it relates to combating COVID-19? Columnist [Matthew Tanous](#) says no. In fact, he claims countries with free-market healthcare have performed much better in fighting the virus than those with government health insurance — and without the alleged need for draconian restrictions on personal liberty.

To prove his point, Tanous compares South Korea to Italy. Although both countries have roughly the same population, the more densely populated nation of South Korea, which is about a third the size of Italy, has experienced only about half as many COVID-19 cases. Moreover, South Korea's case load is increasing by about 100 per day, while Italy's is growing many times faster. Could the countries' healthcare systems have something to do with it?



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South Korea, Tanous contends, is “one of the closest healthcare systems in the world to a free market.” Hospitals “are 94 percent privately owned, with a fee-for-service model and no direct government subsidies.” While the government does provide basic universal health insurance, it does not fix prices and, like most state health programs, usually pays less than the actual cost of care. Fortunately, Seoul also permits patients to purchase private insurance to make up the difference; 80 percent of South Koreans have such coverage, for which they pay an average of \$120 a month. In some ways, this is more “free market” oriented than the U.S. healthcare system, which has a great deal of government regulation and a fair amount of government insurance (Medicare, Medicaid, VA, etc.).

This relatively free market in healthcare means costs are kept low. According to Tanous, South Korea’s private hospitals charge between 30 and 85 percent of what U.S. hospitals charge for similar care. In addition, the number of hospitals in the country is growing rapidly, partly owing to an aging population, so the hospital bed count per one thousand people (12.27) is higher than that of any other developed country save Japan.

Italy, meanwhile, has a combination of public and private hospitals, but its national health insurance pays all charges. Consequently, notes Tanous, “waiting times can be up to a few months for large public hospitals.” Because of the unfavorable conditions, doctors often emigrate, and hospitals frequently close. Furthermore, Italy has just 3.18 hospital beds per one thousand people, about one quarter of South Korea’s ratio, though still higher than that of the United States with 2.77.

Italy’s response to its massive number of COVID-19 cases has been “rationing care to prioritize the young, leaving those most at risk of the virus to essentially fend for themselves,” writes Tanous. As bad as the situation is, Italy “made [it] far worse by a reliance on government-centralized healthcare that manages costs by de facto price rationing rather than a free market system.”

“South Korean healthcare,” observes Tanous, “did what Italy’s already undersupplied system could not do — cope effectively with the pandemic and manage to get it under control without shutting down the entire country in the process.”

Michael Tennant is a freelance writer and regular contributor to The New American.



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