



Written by [Michael Tennant](#) on May 21, 2013

Sebelius: Healthcare a “Right” Granted by “National Governments”

Health and Human Services Secretary [Kathleen Sebelius](#) (shown) told the World Health Assembly (WHA) on Monday that “universal health coverage” is a “right” and that it is the responsibility of “national governments” to achieve this goal.



Speaking at a plenary session of the World Health Organization’s (WHO) governing body in Geneva, Switzerland, Sebelius said, “One goal that is particularly essential to health and development ... is universal health coverage. Advancing the health of our nations is a fundamental commitment we make to all our people. As President Obama recently reminded us, access to health care is *‘not some earned privilege — it is a right.’*” (Emphasis in original.)

In other words, everyone is entitled to healthcare whether he can pay for it or not. This clearly is not a right in the sense of “life, liberty, and the pursuit of happiness” — rights that every person can exercise without imposing on others. Instead, it is a government-granted privilege whereby some individuals are permitted to plunder others — and where the victims of this theft are penalized by the government for resisting.

It is clear that this is the kind of “right” that Sebelius has in mind. “Expanding access to health coverage,” she told the WHA, “is a responsibility belonging chiefly to national governments.”

Other nations may foolishly believe this — and are learning the hard way that nationalized healthcare means [declining quality of care](#) and ultimately [euthanasia](#) — but in the United States healthcare and coverage are plainly no business of the federal government. Tortured Supreme Court decisions notwithstanding, nothing in the U.S. Constitution authorizes the federal government to be involved in healthcare or health insurance in any way, shape, or form. Sebelius and the other globalists at the WHA may wish it were otherwise, but it is not.

“The Americas region,” Sebelius noted, has “come together to promote equitable access to essential health services.”

She elaborated:

In every nation, those who live in extreme poverty, people with disabilities, and members of traditionally discriminated-against groups have all faced additional barriers to good health and the security of health coverage. Some of those barriers have been put in place by stigma and discrimination. For our goal of universal health coverage to be truly universal, we must work tirelessly to remove those social and institutional barriers — and to find new ways to reach out to those who are most vulnerable to health disparities. We need to ensure that all people, even those



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at the margins of our societies, have the full opportunity to access health coverage.

Few would question the notion that some people have been unfairly denied healthcare because of prejudices. The difference of opinion concerns how to rectify this injustice. To Sebelius, the only possible solution is to use the blunt instrument of the state to force people to treat everyone equally. Others, observing that Sebelius' way invariably leads to a trampling of property rights and the institutionalizing of reverse discrimination, prefer persuasion through appeals to moral teachings such as the Golden Rule, an approach that preserves individual liberty and leads to more lasting improvements rather than breeding resentment.

Sebelius went on to tout the Obama administration's healthcare policies.

"In the U.S., we are now in the process of dramatically expanding Americans' access to affordable health coverage," she said.

That, of course, is a reference to ObamaCare, a law that, far from making health insurance "affordable," is making it vastly more expensive, as 17 of the nation's largest insurance companies recently [told](#) the House Energy and Commerce Committee.

"Consumers purchasing health insurance on the individual market may face premium increases of nearly 100 percent on average, with potential highs eclipsing 400 percent," the committee wrote in a report summarizing the data provided by the insurers.

Access to health coverage can hardly be said to be increasing, either. Employers are [reducing employees' work hours](#) to [avoid having to offer them cost-prohibitive health insurance](#). The Congressional Budget Office [estimates](#) that beginning in 2019, as many as 20 million Americans each year are likely to lose their employer-based health coverage. And according to a new poll by the American Action Forum, young adults will drop their health coverage, opting to pay the (cheaper) individual mandate penalty instead, if their premiums increase significantly, as they almost certainly will. This will put even more upward pressure on premiums for those retaining coverage.

"New rules have been put in place to prevent the worst insurance company abuses that for decades contributed to many people being denied care," Sebelius told the WHA.

What she means, of course, is that insurers are no longer allowed to take each potential beneficiary's risk into consideration when deciding whether to offer him coverage and at what rate. As Dr. Jane Orient told [The New American](#) in 2010, ObamaCare "basically outlaws anything that follows the principles of insurance." Insurance companies are now expected to operate as charities, offering a nearly infinite variety of mandated benefits to everyone who applies and at the same rate regardless of how sick — and therefore costly to the insurer — the applicant is. This will surely lead to higher and higher premiums or the bankruptcy of the insurance industry — or, in the long term, both.

The Obama administration, Sebelius said, has created a "domestic action plan for reducing racial and ethnic health disparities," which can only mean the dispossession of some racial and ethnic groups to benefit those with political power.

She continued:

But we know that health disparities are often exacerbated by forces that go beyond access to care. For example, due to market failures, there are insufficient incentives for private sector investment in research and development for products to address diseases that primarily affect the poor. And this often results in products that are too expensive, not ideally formulated, and often lacking in



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innovation entirely.

As the observant recognize, “market failure” is one of the standard excuses for government intervention into the economy. If some group doesn’t get what it wants, it blames the market and demands that the government make things right. In this case, presumably, an already-bankrupt Washington will be called upon to “invest” taxpayer dollars in coming up with treatments for diseases affecting the poor. Besides being unconstitutional, such an approach will end up costing vastly more than it would if privately funded, diverting resources from more highly valued private uses, and driving the United States ever more deeply into debt.

Sebelius’ prescription for access to affordable healthcare is a cure worse than the disease. In fact, it is just more of the same disease — socialism — that already afflicts healthcare systems the world over. The only cure for that disease is to excise it from the body politic like the cancerous tumor it is and to let freedom ring.

Photo of Health and Human Services Secretary Kathleen Sebelius: AP Images



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