



Vermont Prescribes Socialized Healthcare, Proscribes Freedom

The [New York Times reports](#) that the Green Mountain State's Democrat-controlled legislature just passed a bill "that sets Vermont on a path toward a single-payer system — the nation's first such experiment." Governor Peter Shumlin, also a Democrat, plans to sign the bill on May 26.

The bill as passed is — to put it kindly — sketchy. "The bill provides for the creation of the legal framework of a public insurance program, to be called Green Mountain Care, but includes no funding mechanism, defines no benefit standards, is vague on the future roles of private insurers, and is silent on exactly how existing federal programs are to be incorporated," according to a [Healthcare Finance News article by Roger Collier](#).

Those details are left to the newly created Green Mountain Care Board, which will make recommendations to the legislature by 2013. Even after that there will be much haggling among legislators and between the state and the federal government, all of which, says the *Times*, could delay implementation of the plan until at least 2017.



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What seems fairly clear is that the plan will cover all Vermonters, with a few exceptions, and that how much they will pay and what benefits they will receive will be decided by politicians and bureaucrats. This, according to proponents of the bill, is somehow supposed to be an improvement over the current — and far from ideal — system, in which private insurers make similar calls but at least are guided to some degree by market realities.

Dr. Deb Richter, a primary care physician who moved to Vermont specifically to enact single-payer healthcare and whom Shumlin described as "the backbone" of the effort to get the bill passed, certainly sees things that way. The *Times* describes her conversion to the cause of socialized medicine:

Dr. Richter said she embraced the idea of a single-payer system as a young doctor in Buffalo, where many of her patients put off crucial treatments because they were uninsured. As a medical student, she saw a patient with a life-threatening heart infection caused by an infected tooth that had gone untreated because he lacked dental insurance.



Written by [Michael Tennant](#) on May 23, 2011

“He was in the hospital for six weeks, and I was like, ‘This makes no sense,’ ” she said.

Of course, the same situation could occur under a single-payer plan. If the bureaucrats decided the man’s infected tooth wasn’t worth treating because the treatment costs too much — on the basis of political priorities rather than market signals — he still wouldn’t be treated and would end up in the hospital, where those same bureaucrats would once again decide whether or not to treat his heart infection.

This is, in fact, what is already happening in countries with socialized medicine. The British National Health Service (NHS), for instance, frequently [refuses to treat illnesses early on](#) because, to the bureaucrats’ way of thinking, the illnesses aren’t “serious enough” to warrant treatment at taxpayer expense. Once a patient’s condition becomes far worse, however, the bureaucrats then opt to pony up the money for treatment. Terminally ill patients are often denied drugs that would make their final days more pleasant; or, if they are able to obtain the drugs, it is only after a nightmare of red tape.

Socialism, by its very nature, results in scarcities of desired goods and services: Think of the famously long bread lines in the Soviet Union. When such scarcities arise, the government then doles out the available supply at the whims of state functionaries.

This, in turn, leads to stricter state controls over individuals’ decisions. The NHS already refuses to treat some [smokers](#) and [obese persons](#). Shumlin has indicated that similar state-mandated lifestyle modifications will likely be a part of Green Mountain Care, [telling the Manchester Journal](#):

The real [federal] money is going to come from moving from a fee for service system where they bill you for every procedure they do to reimbursing providers for keeping you healthy and *that means getting off cigarettes. We all have an interest in diet, exercise, all the preventative care, giving incentives for check ups instead of going to the emergency room when you’re in crisis.* [Emphasis added.]

Richter, Shumlin, and other proponents of socialized medicine in America are really treating the symptoms of our healthcare problems rather than the disease itself. They see the spiraling costs and the denial of care; but instead of attacking those problems at the root — government policies that encourage third-party payment, practically require employer-based health insurance, and drive up the cost of healthcare through mandates and regulations — they propose a cure that is actually worse than the disease.

There are, however, those who think Vermont isn’t going far enough because it allows exceptions for large businesses that directly pay for their employees’ healthcare. “Allowing private insurers to remain in the state will prevent meaningful savings,” the *Times* paraphrases Physicians for a National Health Program.

Therein lies the nub of the whole “right” to healthcare. As Sen. Rand Paul (R-Ky.) responded to Sen. Sanders, believing in a right to healthcare “means you believe in slavery” — forcing healthcare providers and taxpayers to do your bidding — which is, of course, as anti-liberty and anti-American as one can get. Thus, the state should, as far as single-payer supporters are concerned, force everyone to participate in its program and ban all private insurance, even for those who are satisfied with the insurance they have.

Collier, also a cheerleader for socialized medicine, cheerfully notes that “small businesses ... could be forced to participate in a future state-controlled single payer plan” but that “larger employers present more of a problem” by choosing not to participate. However, “they would,” the *Times* reports, “have to



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help finance the system, possibly through a payroll tax,” so their freedom is still curtailed regardless of whether they participate.

Doctors will also find their liberty restricted because the state will be dictating how much they will be paid and under what circumstances. The *Times* writes that “Dr. Richter said she believed a ‘slim majority’ of the state’s 1,700 licensed physicians were supportive” of the law — which means, *ipso facto*, that nearly half the state’s doctors will be forced to accept the government’s fee schedule and other mandates against their will or else leave Vermont for not-so-green mountains but greener pastures. Richter apparently has no problem with this brazen display of coercion on the part of the state. But then chattel slavery had its defenders, too.

The good news is that the long lag time between passing the law and implementing the Board’s recommendations will allow time for opposition to those recommendations to arise and, perhaps, derail the whole plan. Richter fears that this will happen, telling the *Times* “the opposition has a ton more money to convince people that the governor is evil and this is socialized medicine and all kinds of other scary stuff.”

Just let Vermonters see the details. After that they shouldn’t need much convincing.

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