

Do We Really Want to Pay for Everyone's Medical Care by Dan Faller

The following was taken from a letter sent out by another association that I also joined. As you know AOA is against raising taxes and expenses for apartment owners. I believe that the politicians will eventually force all landlords to purchase health insurance for our managers. Socialized medicine will cost us all dearly at a time when our nation is already so deep in debt that no sane person could argue that we should create another entitlement program that will eventually cost trillions of dollars—no matter how good and beneficial it might be!

America's health care system is certainly not perfect. We need to bring the cost down and make sure those who don't now have health insurance have affordable coverage.

But the answer to the high-cost of health care is not Socialism – which is what our politicians are rushing to give us. Socialism has failed wherever it's been tried.

It failed in the Soviet Union, North Korea, and Cuba. Communist China is still authoritarian, but is moving away from Communism. In fact, the Communist Chinese government recently expressed alarm at our multi-TRILLION-dollar spending spree.

Communist China is worried that the U.S. economy is about to collapse under the weight of all this spending and the staggering budget deficits that are now mounting. And that would be bad for China – which relies on strong demand from the U.S. for products made in China. So even Communist China is concerned about America's headlong rush toward Socialism.

Countries that have nationalized their health care systems (i.e. Great Britain, Canada, France, Sweden, and Germany) are all moving away from Socialized Medicine.

Those who have the misfortune of living under Socialized Medicine hate it. Brian Day, President of the Canadian Medical Association, a former socialist and acquaintance of Fidel Castro, made this comment to *The New York Times* about Canada's nationalized health care system: "This is a country in which dogs can get a hip replacement in under a week," he told *The New York Times*, "and in which humans can wait two to three years."

That's because dogs don't need permission from Canada's Health Care Rationing Board to get a hip replacement, but humans do.

Britain's Socialized Health Care System is no better – might even be worse. Here is what David Hannan, Member of the British Parliament, said about how well Socialized Medicine works in Britain when he appeared on the Sean Hannity Radio Show: "If you get nothing else from what I am saying to you today, please do not make the same mistake we made here in Britain. Nationalized health care is worse for patients, worse for doctors, worse for taxpayers. Nationalized health care has been a total disaster here in Britain."

The politicians say they want to make health coverage a “right” for all Americans.

But in countries that have a nationalized health care system, medical treatment even for life-threatening illnesses such as cancer is not a right.

All countries that have nationalized health care systems have Health Care Rationing Boards – bureaucracies which decide whether or not you will receive the medical treatment you need, and how long you must wait.

Seniors Are Put at the End of Waiting Lists for Medical Care in Countries that Have Socialized Medicine

Socialism always produces shortages and long waiting lists. This rule has proven just as true for Socialized Medicine. There are always shortages of doctors in countries that have Socialized Medicine. Why would anyone pay hundreds of thousands of dollars for medical school if there is no money in practicing medicine – if doctors are paid about the same as, say, postal workers?

Why would any pharmaceutical or medical research company invest the BILLIONS of dollars required to bring a new medicine or new treatment to market if there is no profit for doing so? These iron laws of economics are why Socialism always creates shortages.

It’s why countries that have Socialized Medicine don’t have enough doctors. And it’s why medical research and development (R&D) always grinds to a halt under Socialized Medicine. [And that’s why Obama’s health care plans for Americans will be much, much more inferior to what we now enjoy!]

Because of all these inevitable shortages under Socialized Medicine, Health Care Rationing Boards must make decisions as to who gets medical treatment, how long you must wait, or even whether you will get treatment at all. One criteria is age. The older you are, the less chance the Health Care Rationing Board will approve you for treatment. Or the longer you will have to wait for treatment. For example . . . in Canada, the average waiting time for a 65-year-old Canadian needing a routine hip replacement is more than six months. In America, the average wait is less than three weeks for the same operation.

59-year-old Canadian Edith Paulus spent two years trying to find a family physician in her home town of Barrie. She finally found Dr. Derek Nerdoly. When Paulus called Dr. Nerdoly’s office to set up an appointment, she was informed that the doctor does not accept patients over the age of 55.

In Britain, a report by the government’s own Healthcare Commission, the Audit Commission and the Commission for Social Care Inspection found that vulnerable elderly patients were often moved out of hospital beds to make room for younger patients.

The older you are in countries that have Socialized Medicine, the lower the chance you will be approved for (or the longer you will have to wait to receive) treatment for cancer, heart disease and other deadly illnesses . . . because the older you are, the less value you are thought to be for society.

At least, that's the thinking (and policy) of every Health Care Rationing Board in countries that have Socialized Medicine. Is this really what we want here in America?

The Enormous Cost of Socialized Medicine

The politicians in Congress are making all kinds of lofty, great-sounding promises about how every American will be guaranteed health coverage – “Universal Health Coverage” is what they call it. To most Americans, that sounds great. Who doesn't want “free” health care?

But, of course, it isn't free at all. Taxes will have to go up dramatically to finance this health care system (taxes will have to go up 20-30% according to estimates).

Much of this money will be siphoned off by government bureaucrats who are running it.

So you will actually end up paying far more for health care in the end – the cost of the health care plus the cost of the government bureaucracy required to run the system. Is it ever really cheaper when the government runs anything?

Do you really want the equivalent of the Post Office or the Department of Motor Vehicles delivering your medical treatment?: “Get in line and we'll get back to you on whether to approve your visit to a doctor in a few months . . . or maybe never.” Is that a future you are looking forward to? That's exactly how the system works in Great Britain, Canada, Sweden, France and Germany – which President Obama holds out as models for America.

Promises vs. Reality: What Every American Needs to Know about Socialized Medicine's Actual Track-Record

Let's take Sweden – often held out as a country America should copy, especially when it comes to its health care system. But here's the reality in Sweden: a multiple sclerosis patient in Gothenburg was denied access to newer, better treatment because the newer, better medicine was 33% more expensive than the older medicine. Sweden's Rationing Board would not allow this patient to pay for the newer, better medicine himself (on the idea that no one should be allowed better medical care just because they can afford it).

The Swedish city of Uppsala (population: 200,000) only has one mammography doctor. As a result, Sweden's National Cancer Foundations reports that female residents must wait months for a mammogram and soon won't have access to mammograms at all – a test American women can get in a matter of days.

In the Swedish city of Malmo (population: 280,000) a patient must go to one of just two local clinics before they can see a specialist. Armed guards are present at these clinics to

maintain order because the crowds are furious at the length of waits. Swedish Professor of Medicine Dr. Olle Stendahl, of Linköping University, says research and development of new medicines and treatments in Sweden is virtually non-existent because R&D for new breakthrough treatments is just not in Sweden's health care budget.

(Source for Swedish examples: "Lesson from Sweden's Universal Health System: Tales from the Health Care Crypt," published in the *Journal of American Physicians and Surgeons* – Spring 2008).

The condition of health care is no better in Canada, Great Britain, or other countries that have nationalized their health care systems.

In America, 20% of woman diagnosed with breast cancer die of the disease. But in Britain, 50% of woman who get breast cancer dies because of poor treatment.

For leukemia, the American survival rate is about 50%, the European rate just 35%.

The survival rate for prostate cancer is 81.2% in the U.S., 61.7% in France and 44.3% in Britain.

Former New York City Mayor Rudy Giuliani, a prostate cancer survivor, said this: "I had prostate cancer, five, six years ago. My chances of surviving prostate cancer – and thank God I was cured of it – in the United States: 82%. My chances of surviving prostate cancer in England: only 44% under Socialized Medicine."

The average American receives more than double the number of medical procedures than the average Canadian or British citizen (including coronary bypass, coronary angioplasty, renal dialysis, or any other sophisticated procedure required for longer and a higher-quality life).

Britain's Health Care Rationing Board has now effectively banned Lapatinib, the medicine shown to be most effective for treating breast cancer, because it's too costly.

Britain has also stopped using a drug called Sutent, the only medicine that can prolong the lives of patients suffering from stomach cancer – again because of cost.

Similarly, because of cost, Britain's Health Care Rationing Board has banned the use of Tarceva, a lung cancer drug proven to extend patients' lives, and Abatacept, which has proven to be effective for severe rheumatoid arthritis.

The government of Great Britain admits that one-in-eight British patients must wait more than a year to get into a hospital. The median wait time for any kind of medical treatment in Canada in 2006 was 17.8 weeks.

Waits for orthopedic surgery can be many years in Canada – and in the case of some elderly Canadians – forever. Waits for medical procedures such as gastric bypass and

sleep apnea average 4-5 years in Canada. [And our politicians want to “give” us nationalized health care?]

Canadian Janice Fraser had to wait nearly three years to get the treatment she needed for a relatively routine bladder infection. She then had to have her bladder removed in an emergency procedure. She will need to wear a urine bag for the rest of her life.

Canadian Lindsay McCreith was told he would need to wait four months in Canada to get an MRI, necessary to treat a suspected brain tumor. He traveled across the border to America and received his MRI within two days. He then got an immediate appointment with a specialist (which would have taken many more months in Canada) and got immediate treatment for what turned out to be early stage brain cancer. As a result, his life was saved. He almost certainly would have died waiting for this treatment in Canada (if ever getting treatment at all).

Eight-year old Canadian Julia Spodek had to wait six months to have her tonsils removed – a routine operation that could have been accomplished in a few days in the U.S.

Under France’s government-run health care system, 15,000 senior citizens died during a 2003 summer heat wave because doctors, nurses and hospital beds are in such short supply.

More than 800,000 Canadians are now waiting for operations that could be done within a few weeks here in the United States. That’s how government Health Care Rationing Boards always control costs in a Socialized Health Care system. They control cost by:

1. Banning the use of costly medicines and procedures (even when proven effective for treating the illness).
2. Denying treatment to older patients (on the grounds that older patients have less time to live anyway).
3. Making patients wait months, even years for basic medical care (causing many not to bother even asking for medical treatment because the process of applying and waiting for treatment is just too burdensome and lengthy).

As a result, Socialized Medicine is literally killing millions of people who are forced to live under it across the world. This year, more than 70,000 Britons will travel to other countries to find basic health care they can’t get from Britain’s government-run health care system.

Now President Obama and many other politicians, who have a special health care program set up only for themselves, want to bring Socialized Medicine to America just for you! This is what they want to “give” you.

Please make copies of this article and send it to a friend or a politician. Otherwise, I ask you, what are you going to do to preserve our good old American Economic System of Free Enterprise? Also, what do you think you’ll do when you or a family member needs immediate emergency health care??