

## **“The Lesson of Soviet Medicine As it Will Apply to You!”**

*The below article was written by Yuri Maltsev, a senior fellow of the Mises Institute. He is editor of Requiem for Marx (1992) and can be reached at [maltsev.yuri@gmail.com](mailto:maltsev.yuri@gmail.com).*

In 1918, the Soviet Union became the first country to promise universal “cradle-to-grave” healthcare coverage, to be accomplished through the complete socialization of medicine. The “right to health” became a “constitutional right” of Soviet citizens. The proclaimed advantages of this system were that it would “reduce costs” and eliminate the “waste” that stemmed from “unnecessary duplication and parallelism” – i.e., competition.

These goals were similar to the ones declared by Mr. Obama and Ms. Pelosi – attractive and humane goals of universal coverage and low costs. What’s not to like?

The system had many decades to work, but widespread apathy and low quality of work paralyzed the healthcare system. In the depths of the socialist experiment, healthcare institutions in Russia were at least a hundred years behind the average US level. Moreover, the filth, odors, cats roaming the halls, drunken medical personnel and absence of soap and cleaning supplies added to an overall impression of hopelessness and frustration that paralyzed the system. According to official Russian estimates, 78% of all AIDS victims in Russia contracted the virus through dirty needles or HIV-tainted blood in the state-run hospitals.

Irresponsibility, expressed by the popular Russian saying “They pretend they are paying us and we pretend we are working,” resulted in appalling quality of service, widespread corruption and extensive loss of life. My friend, a famous neurosurgeon in today’s Russia, received a monthly salary of 150 rubles – one third of the average bus driver’s salary.

In order to receive minimal attention by doctors and nursing personnel, patients had to pay bribes. I even witnessed a case of a “nonpaying” patient who died trying to reach a lavatory at the end of the long corridor after brain surgery. Anesthesia was usually “not available” for abortions or minor ear, nose, throat and skin surgeries. This was used as a means of extortion by unscrupulous medical bureaucrats.

To improve the statistics concerning the number of people dying within the system, patients were routinely shoved out the door before taking their last breath.

Being a People’s Deputy in the Moscow region from 1987 to 1989, I received many complaints about criminal negligence, bribes taken by medical apparatchiks, drunken ambulance crews and food poisoning in hospitals and child-care facilities. I recall the case of a fourteen-year-old girl from my district who died of acute nephritis in a Moscow hospital. She died because a doctor decided that it was better to save “precious” X-ray film (imported by the Soviets for hard currency) instead of double-checking his diagnosis. These X-rays would have disproven his diagnosis of neuropathic pain.

Instead, the doctor treated the teenager with a heat compress, which killed her almost instantly. There was no legal remedy for the girl's parents and grandparents. By definition, a single-payer system cannot allow any such remedy. The girl's grandparents could not cope with this loss and they both died within six months. The doctor received no official reprimand.

Not surprisingly, government bureaucrats and Communist Party officials, as early as 1921 (three years after Lenin's socialization of medicine), realized that the egalitarian system of healthcare was good only for their personal interest as providers, managers and rationers – but not as private users of the system.

So, as in all countries with socialized medicine, a two-tier system was created; one for the “gray masses” and the other, with a completely different level of service, for the bureaucrats and their intellectual servants. In the USSR, it was often the case that while workers and peasants were dying in the state hospitals, the medicine and equipment that could save their lives was sitting unused in the nomenklatura system.

At the end of the socialist experiment, the official infant-mortality rate in Russia was more than 2.5 times as high as in the United States and more than five times that of Japan. The rate of 24.5 deaths per 1,000 births was questioned recently by several deputies to the Russian Parliament, who claim that it is seven times higher than in the United States. This would make the Russian death rate 55 compared to the US rate of 8.1 per 1,000 live births.

Having said that, I should make it clear that the United States has one of the highest rates of the industrialized world only because it counts all dead infants, including premature babies, which is where most of the fatalities occur.

Most countries do not count premature-infant deaths. Some don't count any deaths that occur in the first 72 hours. Some countries don't even count any deaths from the first two weeks of life. In Cuba, which boasts a very low infant-mortality rate, infants are only registered when they are several months old, thereby leaving out of the official statistics all infant deaths that take place within the first several months of life.

In the rural regions of Karakalpakia, Sakha, Chechnya, Kalmykia and Ingushetia, the infant mortality rate is close to 100 per 1,000 births, putting these regions in the same category as Angola, Chad and Bangladesh. Tens of thousands of infants fall victim to influenza every year and the proportion of children dying from pneumonia and tuberculosis is on the increase. Rickets, caused by a lack of vitamin D and unknown in the rest of the modern world, is killing many young people.

Uterine damage is widespread, thanks to the 7.3 abortions the average Russian woman undergoes during childbearing years. Keeping in mind that many women avoid abortions altogether, the 7.3 average means that many women have a dozen or more abortions in their lifetime.

Even today, according to the State Statistics Committee, the average life expectancy for Russian men is less than 59 years – 58 years and 11 months, while that for Russian women is 72 years. The combined figure is 65 years and three months. By comparison, the average life span for men in the United States is 73 years and for women 79 years. In the United States, life expectancy at birth for the total population has reached an all-time American high of 77.5 years, up from 49.2 years just a century ago. The Russian life expectancy at birth is 12 years lower.

After seventy years of socialism, 57 percent of all Russian hospitals did not have running hot water and 36 percent of hospitals located in rural areas of Russia did not have water or sewage at all. Isn't it amazing that socialist government, while developing space exploration and sophisticated weapons would completely ignore the basic human needs of its citizens?

The appalling quality of service is not simply characteristic of “barbarous” Russia and other Eastern European nations; it is a direct result of the government monopoly on healthcare and it can happen in any country. In “civilized” England, for example, the waiting list for surgeries is nearly 800,000 out of a population of 55 million. State-of-the-art equipment is nonexistent in most British hospitals. In England, only 10 percent of the healthcare spending is derived from private sources.

Britain pioneered in developing kidney-dialysis technology, and yet the country has one of the lowest dialysis rates in the world. The Brookings Institution (hardly a supporter of free markets) found that every year 7,000 Britons in need of hip replacements, between 4,000 and 20,000 in need of coronary bypass surgery and some 10,000 to 15,000 in need of cancer chemotherapy are denied medical attention in Britain.

Age discrimination is particularly apparent in all government-run or heavily regulated systems of healthcare. In Russia, patients over 60 are considered worthless parasites and those over 70 are often denied even elementary forms of healthcare.

In the United Kingdom, in the treatment of chronic kidney failure, those who are 55 years old are refused treatment at 35 percent of dialysis centers. Forty-five percent of 65 year-old patients at the centers are denied treatment, while patients 75 or older rarely receive any medical attention at these centers.

In Canada, the population is divided into three age groups in terms of their access to healthcare; those under 45, those 45 to 65 and those over 65. Needless to say, the first group, who could be called the “active taxpayers”, enjoys priority treatment.

Advocates of socialized medicine in the United States use Soviet propaganda tactics to achieve their goals. Michael Moore is one of the most prominent and effective socialist propagandists in America. In his movie, *Sicko*, he unfairly and unfavorably compares health care for older patients in the United States with complex and incurable diseases to healthcare in France and Canada for young woman having routine pregnancies. Had he done the reverse - i.e. compared healthcare for young women in the United States having

babies to older patients with complex and incurable diseases in socialized healthcare systems – the move would have been the same, except that the US healthcare system would look ideal, and the UK, Canada and France would look barbaric.

Now we, in the United States, are being prepared for discrimination in treatment of the elderly when it comes to healthcare. Ezekiel Emanuel is director of the Clinical Bioethics Department at the US National Institutes of Health and an architect of Obama's healthcare-reform plan. He is also the brother of Rahm Emanuel, Obama's White House chief of staff. Foster Friess reports that Ezekiel Emanuel has written that health services should not be guaranteed to "individuals who are irreversibly prevented from being or becoming participating citizens. An obvious example is not guaranteeing health services to patients with dementia."

An equally troubling article, coauthored by Emanuel, appeared in the medical journal *The Lancet* in January of 2009. The authors write that "unlike allocation [of healthcare] by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25 year-olds receive priority over 65 year-olds, everyone who is 65 years now was previously 25 years. Treating 65 year-olds differently because of stereotypes or falsehoods would be ageist; treating them differently because they have already had more life-years is not."

Socialized medicine will create massive government bureaucracies – similar to our unified school districts – impose costly job-destroying mandates on employers to provide the coverage, and impose price controls that will inevitably lead to shortages and poor quality of service. It will also lead to non-price rationing (i.e., rationing based on political considerations, corruption and nepotism) of healthcare by government bureaucrats.

Real "savings" in a socialized healthcare system could be achieved only by squeezing providers and denying care – there is no other way to save. The same arguments were used to defend the cotton farming in the South prior to the Civil War. Slavery certainly "reduced costs" of labor, "eliminated the waste" of bargaining for wages and avoided "unnecessary duplication and parallelism." *[AOA: This was wrong then and still is wrong today as it will apply to government run health care!]*

In supporting the call for socialized medicine, American healthcare professionals are like sheep demanding the wolf; they do not understand that the high cost of medical care in the United States is partially based on the fact that American healthcare professionals have the highest level of remuneration in the world. Another source of the high cost of our healthcare is existing government regulations on the industry, regulations that prevent competition from lowering the cost. Existing rules such as "certificates of need," licensing, and other restrictions on the availability of healthcare services prevent competition and, therefore, result in higher prices and fewer services.

Socialized medical systems have not served to raise general health or living standards anywhere. In fact, both analytical reasoning and empirical evidence point to the opposite

conclusion. But the dismal failure of socialized medicine to raise people's health and longevity has not affected its appeal for politicians, administrators and their intellectual servants in search of absolute power and total control. *[AOA: But it sure has been made clear that these same politicians will have a different and better healthcare plan than what they have planned for you and me!]*

Most countries enslaved by the Soviet empire moved out of a fully socialized system through privatization and insuring competition in the healthcare system. Others, including many European social democracies, intend to privatize the healthcare system in the long run and decentralize medical control. The private ownership of hospitals and other units is seen as a critical determining factor of the new, more efficient and humane system.

*Reprinted with permission of the FREE Market, publication of the Ludwig von Mises Institute. For more information, please visit [www.mises.org](http://www.mises.org).*