



Why Amy Fears Obamacare

by **Veronica DiPippo**

Most liberals claim to be more “compassionate” than the rest of us. Currently, the “health-care crisis” has topped the left’s “Top 10 Moral Outrages” list. Suddenly, cries to free the latest victim class *du jour* (“the 47 million”) from their uninsured bondage can be heard from lib lips coast to coast. Whipped to a frenzy by Barry “the sky is falling” Obama, the MSM, ACORN and Nancy Pelosi are pushing hard to change the face of American medicine before their political capital evaporates. Why more people aren’t wary of a President who, with every (daily) speech, reveals himself to possess a disturbing tendency towards exaggeration, distortion, and outright lie, is beyond me. Bush may have practiced lying as a science, but this man does it as an *art*. This is the guy, after all, who - with enough *hoden* to make even a Stasiland apparatchik blush - dubbed 2010’s bloated, pork-laden, crony ass-kissing, \$3.55 trillion budget as “a new era of responsibility.”



Yes, I know. Our current system IS unquestionably in need of reform and there are several excellent ideas out there **for accomplishing this**. But reform is not what this administration has in mind. While our transparency-renegeing officials regroup for the next assault on our individual liberties, Americans need to ask themselves one, simple question: WHAT THE HELL IS THE RUSH? We are, after all, dealing with something that will eventually impact the lives of every single man, woman and child in America. And yet, Congress is being pressured to pass legislation - a kind of ‘gateway drug’ to socialized medicine - in the form of an unread bill roughly the size of *Atlas Shrugged* minus any of that distinguished novel’s wisdom.

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But, where the agenda-driven are concerned, what's reason got to do with it? As we careen towards socializing private health care, let's all just ignore the fact that the fastest growing sector of nationalized health care systems (e.g. Canada, UK) is *privatization*. Why? Ask Canadians. In a recent poll, 59% of Canadians believed their health care system required "fundamental change," a theme that is echoed throughout all nationalized health care countries. France, voted *nombre un* by the U.S.-bashing World Health Organization, offers a "universal plan" that is so wanting, 92% of French citizens purchase additional private insurance. The French pay about 13% out-of-pocket costs for health care each year (roughly what we spend) with most services requiring a 10-40% co-pay. So, basically, the French have a structure similar to ours, but lacking our level of care, our choices, timely access to a doctor and the latest technological advancements. But, of course, they're superior because...well, they're French.

And where did America rank on this infamous, widely debunked W.H.O. survey? Thirty-seventh; just below Costa Rica and above Slovenia. The last time I checked, I didn't notice tens of thousands of people flying to Costa Rica for surgery. But, when severely biased organizations use such subjective concepts as "fairness" to rank a country's health care, one shouldn't be surprised. Oddly, the W.H.O. didn't seem bothered by "fairness" for little things like - oh, let's say - survival rates from cancer. **In the U.S., roughly 66.3% of women diagnosed with cancer survive at least five years. And in far-superior Europe? 60.3% in Sweden, 49.8% in Italy, and 44.8% in Great Britain.** What exactly the W.H.O. believes is "fair" about relegating cancer patients to sub-standard treatment and shorter life spans is unclear.

One of history's oft-repeated patterns is that politicians who seek to obtain unlimited power concoct emotional frenzies that will appeal to people who are easily misled. In this case, the misled are those whose path to moral superiority is forged by 'compassionately' dispensing the federal largess (i.e., someone else's money) to the latest victim class. It is then - through the manipulation of these misled folks - that the politicians' ultimate goals can be achieved. We have all seen this tactic used by both sides of the aisle. We are seeing it being used right now to sell a big-ticket, big-gov health care "cure" that will eventually kill. Yes, kill. But more on that later.

Currently, the selective moral outrage of the left focuses largely on the so-called "47 million" Americans I mentioned earlier. Never mind the fact that "47" represents a *fluid* number consisting largely of: (1) people who are between jobs and will regain their insurance once re-employed, (2) people who are already availing themselves of a variety of public options, and (3) people who earn over \$50,000 per year and can well afford insurance but choose not to purchase it because they'd rather blow their dough on sushi dinners and a swanky new, fully loaded iPhone. In other words, this number, constantly trumpeted by the media to appeal to the emotion-over-reason crowd, is like saying "OMG! 100,000 people go to bed hungry each night in Hollywood!" and not bothering to mention that 99,999 of them are size one starlets starving themselves down to a size zero on purpose. The actual number of the "chronically" uninsured falls closer to 10 million. So, in the name of 'compassion' for 3.33% of our population, we must now turn the entire medical profession on its head, negatively impact those who are currently insured, eliminate individual choice, and turn all our life and death decisions over to a government appointed panel whose primary goal will be to limit care and cut costs.

Oddly, these same 'compassionate' ones who get their undies in a bunch over "the 47" appear unmoved by the tens of thousands of patients who flock to our shores from around the world each year because their socialized systems have failed to provide them with comparable medical care. Where's the empathy for cancer-diagnosed Canadians who flee to America because they know their annual cancer death rate is 70% higher than ours? Or for people waiting months for "non-urgent" surgeries such as cardiac catheterization? And, as for the all-important "fairness" that socialized medicine supposedly brings, according to a comprehensive 2005 report on nationalized health care by the Cato Institute "...*access to health care in a single-payer system is far from equitable; in fact, it often correlates with income - with rich and well-connected citizens jumping the queue for treatment....In particular, the elderly, racial minorities and those in rural areas are discriminated against.*" If Ted Kennedy's brain cancer takes a turn for the worse, does anyone honestly believe he'll cue up at the back of the

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ever-growing Massachusetts' health care lines?

Sadly, I've never sensed even a glint of awareness from the left that, should America be converted to a system of socialized medicine, an entirely new, and highly legitimate, aggrieved class will emerge within our borders. I am speaking of those with chronic, life-threatening illnesses.

If you don't believe me, just ask my friend Amy.

Amy was born with Cystic Fibrosis ("CF"), which is "a life-threatening, genetic disease that causes mucus to build up and clog some of the organs in the body, particularly the lungs and pancreas. The thick mucus also causes bacteria to get stuck in the airways which causes inflammation and infections that lead to lung damage." Amy just received her MBA from a top-tier university. She has suffered from this illness throughout her entire 27 years of life. She is a vibrant, funny, attractive, dynamic, disciplined, hard-working person. She also volunteers as a spokesperson for the CF Foundation to help educate younger patients about the importance of staying on track with their meds, and getting enough rest and exercise to maintain lung capacity.

I recently sat down and asked her what it was like growing up with CF.

Amy: "Growing up in L.A., it's very easy to get caught up in materialism. CF has helped to keep me grounded and close to my family. My parents didn't have college educations. They worked enormously hard to make sure there was enough money to pay my medical bills. They had insurance, but it wasn't cheap. We didn't go on the vacations that other families did or drive the fancy cars. When I got older I realized it was a very calculated decision. To work hard, save, and spend as little as possible to make sure I got the best medical care available."

And the U.S. does have the best medical care available in the world. Which is why, when Italian Prime Minister, Silvio Berlusconi, needed heart surgery in 2007, he opted for an out-of-network hospital...in Cleveland, Ohio. In fact, the world-famous **Cleveland Clinic receives thousand of patients from 80 countries** each year who, like Silvio, don't feel their homeland's heart surgery practices are quite up to snuff. Nor, for that matter, are their diagnostic procedures. For example, the U.S. has 8.1 MRI machines per one million citizens, while countries like the U.K. only have 3.9 machines per million, hence the Brits wait months to discover what ails them. As any truly 'compassionate' person knows, early detection of a disease is critical for treating it. This is one of the reasons why survival rates from life-threatening illnesses are so much higher here than anywhere else.

*Amy: "Average life expectancy in the U.S. today for a CF patient is about 37. It's also around that number in Canada, much of which can be attributed to our advancements here. Our companies do the research, spend the billions, create the innovations, and then Canada gets them...for less! As for CF life expectancy in other countries: **Germany is 35, the U.K. is 31. And, in Ireland, it's even lower.**"*

Can anyone possibly doubt that these reduced life expectancy numbers are directly related to the quality of care received? There's no doubt in Amy's mind.

*Amy: "Most advancements for CF have taken place here in the U.S. And these advancements go on to help the rest of the world. Pulmozyme, the first CF-specific medication, was developed by Genentech in San Francisco. Many of the devices I have, they don't have overseas. For example, I have a special vest that shakes me to help break up the mucus in my lungs so I can cough it up. When, as an undergrad doing an internship in Switzerland for three months, my vest broke, I went to a doctor. I was shocked to discover they didn't have it over there. The doctor told me their "research" said that it wasn't useful. Well, I not only have the **clinical trials that say it is**, I have the personal experience to prove it. Without this device, I'm dependant on someone else patting me on the back several times over the course of a day in a specific way. Which means there goes my independence. Without this vest, if I wake up in the middle of the night and I'm having trouble breathing, I have*

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to wake someone else up. And what if I'm alone?"

Question to 'compassionate' liberals: If you had Amy's disease, which country would you rather live in? If you answered "Canada," you're probably one of the people out there who "knows someone who lives in Canada and loves their health care." Well, if it's so ab-fab north of the border then why do 7 out of 10 Canadian provinces send a portion of their breast and prostate cancer patients to the U.S. for treatment? Due to the lack of capacity, Canadians spend \$1 billion on health care here in the U.S. each year. And how does socialized medicine affect research and development?

Amy: *"Here in the U.S. we have some **medications in the pipeline that** - if they're allowed to come to fruition - may have the ability to halt my disease from damaging my lungs any further and significantly extend my life. Unless, of course, under a nationalized health care system, these meds end up being scrapped."*

Whoa. Did she just defend "Big Pharma" - the left's favorite whipping boy, second only to Walmart? It is hypocritical in the extreme that Big Pharma-bashing libs expect to be compensated fairly for the services they provide - just ask any teacher if they think they deserve a raise. Why is it then that, when it comes to prescription drugs, fair compensation is somehow amoral? Hollywood looks for maximum profits on their investments, and does anyone criticize them for it? After all, the \$100 million they invest in a movie could buy a lot of mosquito nets in Africa. But do we expect Hollywood to cap their ticket prices, hand out massive freebies and - when their films yield record profits - demand that they give those profits away? Of course not! Then why do so many Americans vilify drug companies for actually wanting to make a profit for the pension funds, municipalities and citizens who own their stock?

Amy: *"If you're investing, on average, one billion dollars to come up with a product, you need to make sure you're going to get that money back. If companies don't see a return on their investment they will either put their efforts elsewhere or cease innovating. One of the best examples of this has been in AIDS drugs. The country of Brazil went to Abbott laboratories. They had an AIDS drug, and Brazil said either sell this to us more cheaply or **we will break your patent, reverse engineer your drug**, and sell it ourselves. And, since this happened, the amount of dollars going into AIDS research has plummeted. Companies are afraid of governments that will bully them into lowering their prices so much that they won't be able to get a return on their investment. If this keeps up, we'll end up seeing more drugs like Viagra or Botox on the market because consumers are willing to pay cash for them. More companies may end up going down that line instead of focusing on drugs that can prolong human life. I think the pharmaceutical industry is bracing itself. They see what's on the horizon."*

Perhaps, by now, you're getting the feeling that Amy isn't exactly a fan of Obamacare?

Amy: *"I am violently opposed to government run health care. I would be very concerned under Obamacare for those with chronic illnesses as well as the general population as a whole. The quality of care will decrease, period. It really scares me - people's lack of general understanding of what really happens from a broader economic view when the government gets involved. We have many examples of the government controlling various aspects of our lives and how it hasn't worked. My friends in Europe and Canada - I don't know if it's because they don't seek out the information, or because their governments withhold the info, so as not to make them upset - but they just don't realize the difference in care. Socialized medicine will either lower a CF patient's life expectancy, or, at the very least, keep it stagnant. Stagnation would be a best-case scenario, if we didn't actually end up taking steps backwards."*

And, as for the cost of "free" health care? Ever heard the old cliché that "nothin's free?" Taxpayers will end up doling out billions and still end up with massive liabilities like the ones we already have for Medicaid, Medicare and Social Security. Obamacare would impose a host of big, new stealth and direct taxes that will affect everyone

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regardless of income level. In essence, we'll all be paying more and getting less...and less...and less. Which is one reason why insurance, though imperfect and in need of free-market reform, is still a "no-brainer" for Amy.

Amy: *"My total out-of-pocket costs per year are about \$12,000. I take 18 prescription meds per day. Plus I co-pay on all doctor and hospital visits. A lot of people would say that's too expensive, but my attitude is: 'I don't HAVE to do my meds, I GET to do my meds.'" There are so many around the world with CF that don't have access to these treatments and don't have the quality of life or life expectancy that I do. And, as for State Medicaid, the care just isn't as good as mine. They can only see one doctor, so they can't explore options or get a second opinion. They also have a much more limited prescription drug plan. I had rather live in a shack and walk everywhere and not have a car and eat Ramen every day than not have my health insurance."*

Absurdly, Obama claims that "if you like your current health care plan, you can keep it." At face value that seems a pretty darned direct statement to me. But, in Obama-speak, it requires a White House spokesman to interpret its "subtleties." In reality, millions of Americans like Amy will eventually be forced to abandon their plans and hop on the government health care bandwagon. Their way or the highway. Like Amy, I pay for my health insurance out-of-pocket and have done so for much of my adult life. Is it 'compassionate' to make me pay Medicaid and Medicare for others while not allowing me tax deductions to help pay my own medical expenses?

Amy: *"If I could say anything to supporters of national health care, it would be: Do the research with your head instead of your heart. I know it feels good to think you're morally superior by believing that the government should give everyone health insurance for "free." But it's not free. Not at all. It's very, very costly in more ways than just tax dollars. It means stifling innovation, reducing everyone's care, and, ultimately, hurting the very people you're intending to help."*

If anyone would like to make a donation to the Cystic Fibrosis Foundation, go to: <http://www.cff.org/GetInvolved/ManyWaysToGive/MakeADonation>. Among other things, this wonderful charity's unique business model incentivizes smaller biotech companies to develop innovative treatments for people with CF. Ninety cents out of every dollar goes directly towards helping people like Amy live better lives.

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