



About Single-Payer...

By Arthur Christopher Schaper

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Critics have attacked me for not supporting a single-payer health care system, or that I have not offered any viable alternatives to the current mess created by President Obama through the Orwellian Affordable Care Act.

So, let's discuss single-payer. . .

There were rumblings from Reid and company that Obamacare was merely a stop toward single-payer, to begin with. Reid acknowledged that many of his supporters wanted single-payer, which at the time was masqueraded as "Public Option".

For horror stories about single-payer, check them out here:

Stephen Crowder went undercover into the socialized health care system. Clinics were closed on weekends. The waiting time for seeing a doctor or a nurse was at least a day, and even then, after waiting, they had to wait again to get an appointment. One lady shared how a friend of hers lost both legs because of medical incompetence.

Then there's John Stossel, who attacked the health insurance system in its entirety, pointing out that someone else ends up paying for it, which drives up costs, forcing doctors to hire more people to handle the outrageous paperwork. The third-party arrangements have created outrageous demand, rationing, and more paperwork.

And fraud.

John Stossel visited the Canadian Health Care system, and even spoke with doctors in the system (unlike Michael Moore, who tried to play up Canadian health care as if it's really something). Doctors expose the amount of waiting, and some die, or the pain gets worse. Hospitals throughout Canada are packed, as well, and there is no room for them in other hospitals. Some cities even have to throw a lottery just to give one person at a time a chance to see a family doctor. Black market health clinics have opened up all over Canada, as well. Black market for health care? Really?!

Here's another horror story from Canada stories about the Canadian health care system:

But that's Canada! What about Cuba?

John Stossel confronted crock-umentarian Michael Moore about the Cuban health care system, where in spite of the nice video ops. Refugees from Cuba, doctors as well as human rights activists expose that government officials will provide propaganda to the United Nations as well as feature hospitals with the best health care, which is reserved for political elites, while everyone else must succumb to sub-standard health care, often facing terrible, officious conditions, rationing, and a greater spread of disease.

But what about Great Britain?

The NHS neglected this woman's mother, dropped her. 400 hundred people have died at the hospital, as well. The government demanded a quota every month, and the hospital would rush through patients. These individuals call out a system which is terminally it.

Another UK report blasted the system, pointing out that many died needlessly. Poor care in fourteen hospitals, at least! And since everyone is forced to pay and forced to attend, such is the result of government force in health care. Another lady called the care that her deceased grandfather received "Appalling!"

Check out these links just on "NHS Failures"—are you kidding me!

The NHS is better known for its massive failure than delivering great care. UK Prime Minister was hard pressed to defend such terrible news. In Britain, however, the citizens have no choice but to pay for bad health care.

But what about France?

I have heard the best reports about France, so far.

CBS Sunday Morning investigated the French system, which spotlighted that the French make less, the prices which are set by the government. The doctors are willing to accept it. Doctors respond to all emergency calls first, which shield many of the cases which do not need an emergency team.

If a team is required, a doctor and a nurse with other staff come

The French pay \$3,400 per year on health care, and the French do complain. Yet the system is running a massive deficit—\$12 billion a year—and many come to the country just for the free health care. A Huffington Post article also points out the cost issue in the French system, which cannot be ignored.

The Cato Institute ended up shedding some light on the upside of the French system, as well, which included more use of private insurance, which is less regulated in France than in the United States. French citizens are expected to pick up more of the costs, too. More importantly,

though, Cato points out that market forces play a greater role in the health care cost control (not government intervention) and—the French government and legal system are “tort-averse”, meaning that doctors and hospitals do not contend with lawsuits, or the growing fear of lawsuits, nearly as much as occurs in the United States.

The report further reminds readers that despite the costs of health care in the United States, many come here to get the care that they need, and most of the technical innovations used in medicine originate in the United States, too.

Still, if there are any lessons one can take about health care reform, then, the answers lie not in granting more power to the state, but expanding options, instituting reforms within the system, employing market forces for insurance, engaging individual responsibility, and encoding tort reform.

Not single-payer per se, but free market reforms make the difference. I would further submit that with less regulation and increasing the role of market forces within the health care system, France would better control health care costs, and end the “moocher problem” of people coming to the country for free health care.

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