# Obamacare: The Unimaginable Suffering That Awaits Us

By John Perazzo

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There is a vital reason for all Americans to take a close look at how, specifically, the various government-run, single-payer healthcare systems around the world have already affected the lives of the people living under them. This is vital because Barack Obama and the Democrats actually have their sights set on creating precisely such a system here in the United States. For them, Obamacare is, and always has been, nothing more than a stepping stone toward their ultimate goal of a single-payer leviathan administered entirely by the federal government. Indeed, they've been quite clear about their intentions:

• In early August, Senator Harry Reid was asked whether his goal was to eventually use Obamacare as a springboard to a single-payer system. "Yes, yes. Absolutely, yes," he replied. "What we've done with Obamacare is have a step in the right direction, but we're far from having something that's going to work forever."

• In late October, Rep. John Conyers stated that Obamacare was just "a very small and modest bill," and that Congressional Democrats were already contemplating ways to pass "universal healthcare for everybody, single payer." "That's what the new direction is," Conyers affirmed, even as the supposedly "small and modest" Obamacare project was proving to be nothing more than a colossal lie administered with inexpressible incompetence.

• Nancy Pelosi, too, is on record stating: "I have supported single payer for longer than many of you have been—since you've been born, than you've lived on the face of the earth. So I think, I have always thought, that was the way to go."

• Kathleen Sebelius, the chief architect of Obamacare's pathetic rollout last month, has candidly declared herself to be "all for a single-payer [healthcare] system eventually." On October 7, she told interviewer Jon Stewart that "if we could have perhaps figured out a pathway [to single-payer], that may have been a reasonable solution."

And of course President Obama himself has been unambiguous about his own views on this matter:

• At an AFL-CIO conference in 2003, Obama said: "I happen to be a proponent of a single-payer health care plan…. 'Everybody in. Nobody out.' … That's what I'd like to see, but as all of you know, we may not get there immediately."

• At an SEIU Health Care Forum on March 24, 2007, Obama declared: "My commitment is to make sure that we've got universal healthcare for all Americans by the end of my first term as President…. But I don't think we're going to be able to eliminate employer coverage immediately. There's going to be, potentially, some transition process. I can envision a decade out, or 15 years out, or 20 years out …"

• On August 4, 2007, Obama announced that he planned to pass healthcare reform legislation and then "build off that system to … make it more rational." "By the way," he added, "Canada did not start off immediately with a single payer system. They had a similar transition step."

• In the summer of 2008, Obama said: "If I were designing a system from scratch, I would probably go ahead with a single-payer system."

• And in June 2009, Obama told an American Medical Association audience that "there are countries where a single-payer system works pretty well."
So, now that we know definitively what Obama and the Democrats ultimately want, let us look at the track record of single-payer systems around the world, so that we can see exactly what is in store for us if we follow the counsel of these masterminds. A monumentally important 2008 Cato Institute study offers keen insights into those systems:

**Great Britain**

Under Britain's highly centralized National Health Service (NHS), some 750,000 ailing and desperate people are currently on waiting lists for admission to a hospital. More than half of all British patients must wait more than 18 weeks to receive care of any kind. For most specialties, only 30 to 50 percent of patients are treated within that time frame. For trauma and orthopedics patients, the figure is just 20 percent. Cancer patients must sometimes wait as long as eight months for treatment, and roughly 40 percent of them never even get to see an oncologist. Many who were considered treatable when first diagnosed are incurable by the time their treatment is finally made available. Indeed, this is the sad fate of nearly one-in-five Britons with colon cancer. In addition, many life-saving procedures such as kidney dialysis and open-heart surgery are subject to explicit rationing, and treatment is often denied altogether to patients who are judged too ill or too old for the procedures to be worth the costs.

**Canada**

Physicians and modern medical equipment (such as MRI units and CT scanners) are in short supply nationwide, and at any given time as many as 800,000 Canadians are awaiting necessary medical treatment. Across all specialties and all procedures (emergency, non-urgent, and elective), it takes an average of 17.7 weeks for a patient to go through the process of seeing his or her general practitioner (GP), getting a referral to consult with a specialist, and receiving final treatment. And that figure does not even include the time a patient must wait to see a GP in the

first place. Canada's longest waiting periods are for procedures such as hip or knee replacements and cataract surgery, which could arguably be classified as elective. According to the journal *Health Affairs*, a 65-year-old Canadian man requiring a routine hip replacement must wait more than six months for this surgery. In August 2006, then-Canadian Medical Association president Brian Day lamented that "this is a country in which dogs can get a hip replacement in under a week, and in which humans can wait two to three years."

There are likewise protracted waiting periods for more urgent procedures such as neurosurgery and vascular surgery, where delays can dramatically affect a patient's chances of survival. A study published in the *Canadian Medical Association Journal* noted that 50 patients in Ontario alone had recently died while they were on the waiting list for cardiac catheterization. In an address to the Canadian Institute for Health Information, University of Ottawa Heart Institute cardiologist Richard F. Davies noted that in a single year, 71 Ontario patients had died before being able to undergo coronary artery bypass graft surgery, while another 121 had been "removed from the [waiting] list permanently because they had become medically unfit for surgery," and 44 others had left the province to have their surgery performed elsewhere—usually in the United States.

**Italy**

Because cutting-edge instruments such as MRI units and CT scanners in Italy are in short supply as compared to the United States, Italian patients must wait, on average, 70 days for a mammogram, 74 days for an endoscopy, and 23 days for a sonogram. Moreover, the nation's public hospitals are largely considered substandard, unsanitary, and overcrowded.

**Spain**

Because Spain has a severe shortage of primary care physicians and nurses, patients are not free to select their own healthcare providers. Rather, they are assigned a primary care doctor from a list of physicians in their local community, and if they need more specialized care, they must obtain a referral from that doctor. On average, Spaniards must wait approximately 65 days to get an appointment with a specialist—including, for instance, 81 days to see a gynecologist and 71 days to see a neurologist. Similarly, they must wait an average of 62 days for a prostectomy and 123 days for hip-replacement surgery. And a number of vital health services that U.S. citizens take for granted—such as rehabilitation, convalescence, and care for those with terminal illness—are virtually unavailable in Spain, where public nursing homes, retirement homes, hospices, and convalescence facilities are in limited supply.

**Portugal**

Portugal has only one general practitioner per 1,500 people in its population, and only about one-seventh as many MRI units per capita as the United States. Thus, despite guarantees of "universal coverage," waiting lists are so long and so prevalent that the European Observatory on Health Systems says that they resemble "de facto rationing." More than 150,000 Portuguese are currently on waiting lists for surgery, out of a population of just 10.6 million. Further, there is

little freedom to choose one's own doctor anywhere in the country; patients may change their GP only by applying in writing to the NHS and explaining their reasons.

**Norway**

Long and growing waiting lists are a serious problem in Norway, where citizens must consult a government list in order to choose a general practitioner who subsequently acts as a gatekeeper for whatever specialty services and providers they may need. On any given day, some 280,000 Norwegians (out of a population of just 4.6 million) are waiting for care. The average wait for hip-replacement surgery is more than four months; for a prostectomy, nearly three months; and for a hysterectomy, more than two months. Approximately 23 percent of all patients referred for hospital admission must wait longer than 90 days before they can be admitted.

**Greece**

Greece has fewer than one-eighth the number of general practitioners that would be required to meet the overall population's demand. Patients routinely wait as long as six months for surgery, five months for an outpatient appointment with specialists in fields like hypertension or neurology, and 30 days for just a simple blood test. The country's public hospitals are widely considered substandard; most suffer from severe staffing shortages caused, in large part, by low pay.

**Cuba**

Leftists revere Communist Cuba for numerous reasons, not the least of which is the government-run, universal healthcare system that was put in place by Fidel Castro. Many of these admirers—among the most notable of whom is the filmmaker Michael Moore—form their impressions of the Cuban healthcare system from its tourist hospitals, which are, by any standards, clean, well staffed, and of excellent quality. Indeed Cuba, in an effort to attract wealthy foreigners who are willing to spend their money on healthcare services, has pioneered the practice of so-called "health tourism" through agencies such as SERVIMED, which markets Cuban medical services abroad. Calling Cuba "the ideal destination for your health," SERVIMED frankly admits to being "a tourist subsystem."

But after providing for the needs of affluent foreigners (and of the country's top government officials), the Cuban healthcare system has little left for the general public. Hospitals for ordinary Cubans are typically unsanitary. Syringes are frequently used to inject multiple patients without any sterilization, and "disposable" gloves are likewise used and reused. Consequently, infectious diseases such an impetigo and hepatitis—and infestations such as scabies, lice and fungal diseases—are commonplace in the Cuban hospital population.
Moreover, Cuban hospitals have serious shortages of antibiotics, insulin, heart drugs, blood-pressure meters, disinfectants, and even clean water and soap.

It is noteworthy that in the pre-Castro years of the 1950s, the Cuban population as a whole had access to outstanding medical care through association clinics (*clinicas mutualistas*) which predated the American concept of health maintenance organizations by decades, as well as

through private clinics. At that time the Cuban medical system ranked among the best in the world, as evidenced by the fact that it had Latin America's lowest infant-mortality rate—comparable to Canada's and better than those of France, Japan, and Italy.

So the evidence is crystal clear. As the Cato Institute puts it, "In countries weighted heavily toward government control, people are most likely to face waiting lists, rationing, restrictions on physician choice, and other obstacles to care." By contrast, "those countries with national health care systems that work better, such as France, the Netherlands, and Switzerland, are successful to the degree that they incorporate market mechanisms such as competition, cost-consciousness, market prices, and consumer choice, and eschew centralized government control. In other words, socialized medicine works—as long as it isn't socialized medicine."

Yet socialized medicine is *precisely* the direction in which Obama and Democrats wish, beyond any shadow of a doubt, to steer the United States of America. What, then, does this tell us about the judgment and the motivations of these men and women?

Some questions simply answer themselves.