

NATIONAL REVIEW

The COVID-19 Crisis Doesn't Argue for Single-Payer Health Care

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As the Coronavirus crisis deepens, some have seized on it as evidence that the United States needs a government-run, single-payer health-care system. People are justifiably frightened and dissatisfied with our response to the pandemic. The holes in our current health-care system and safety net have been laid bare for all to see. As a result, a recent *Morning Consult/Politico* poll found that more than half of Americans now favor Medicare for All.

But before we all rush off to join the Bernie Bros., maybe we should ask whether Medicare for All would really have made dealing with the Coronavirus easier.

The United States was certainly unprepared for a pandemic of this magnitude and has been slow and disorganized in responding to it. But the most egregious errors have actually been made by government organizations, from the FDA to the CDC to FEMA, while many of the breakthroughs that we've seen, such as rapid tests, potential treatments, and possible vaccines, have originated in the private sector. We might have seen even quicker results from the private sector without the government regulations and bureaucracy that slowed it down. Does anyone really believe that we should put the same government that can't manage the acquisition and delivery of ventilators and personal protective equipment in charge of even more of our health-care decisions?

While some countries, especially in Asia, have responded better than others, that appears to be as much a question of tactics as of systemic design. In Europe, government-run, socialized health-care systems from Italy to Spain have been every bit as overwhelmed as ours, if not more so. One should be skeptical of death rates, given the many well-documented limitations of the currently available data, but, notably, some countries with government-run health care have reported higher mortality rates than the U.S.

Indeed, by some metrics we may have been better positioned to absorb a crisis like this one than many other countries.

According to the National Center for Biotechnology Information, the United States has the most ICU beds per capita of any country studied; Italy has only two-thirds as many, and 11 percent fewer ventilators.

In Canada, often pointed to as a model by Medicare for All advocates, nearly half of Ontario's acute-care hospitals were over 100 percent capacity during the first six months of last year. Roughly a quarter of the province's hospitals average more than 100 percent of capacity. Pity the poor health-care professional who must respond to a pandemic when his hospital is already stuffed to the gills with patients.

Britain's National Health Service didn't come into this crisis in much better shape. The NHS has long had a problem handling even outbreaks of the flu; during the 2018–19 flu season in Britain, one out of four patients waited more than four hours in an emergency room, and 11 percent of ambulances transporting patients were forced to wait outside the hospital for 30 minutes or longer.

The U.S. is often criticized for spending far more on health care than other countries. In part, this is because most single-payer systems hold down costs by imposing capital controls in order to limit overall health-care spending. This can, in turn, limit the availability of hospital beds and life-saving equipment such as ventilators. In normal times, there's a legitimate debate to be had about whether the U.S. overconsumes health care. But when a pandemic hits, those extra resources can make a huge difference — and Bernie Sanders's Medicare-for-All plan would, according to analysts, require a 40 percent reduction in reimbursements to health-care providers, almost certainly leading to fewer doctors, nurses, and hospital beds.

The really galling fact is that, even after those cuts, Sanders's plan would still cost more than \$36 trillion over the next ten years. How, exactly, do we expect to pay for that? Having just passed a \$2 trillion stimulus to deal with the pandemic and its economic fallout, are we going to borrow more? Are we going to impose new taxes on businesses that are struggling to come back from the brink? While some low-income workers and small businesses might come out ahead on net, since they wouldn't have to pay premiums, the overall cost would place an enormous burden on the economy at a time when we can least afford to do so.

Obviously, the United States health-care system needs to do better. We need to rethink our attachment to employer-provided insurance, and we may need to do a better job of subsidizing health care for those who can't afford it. Certificate-of-need laws should be repealed and the scope of practice expanded for allied health professionals. We should make it easier for foreign doctors to practice here, and rein in the FDA. We can and should learn from the failures of our response to this crisis.

But Medicare for All would not have spared us the pain of this pandemic.

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