

PHL 205 Contemporary Moral Issues – Health Care Handouts

Is Health Care a Right? - By Andrew E. Busch - Posted March 16, 2009

http://www.claremont.org/publications/crb/id.1607/article_detail.asp

Last October, in the second presidential debate, Barack Obama declared that health care "should be a right for every American." His electoral victory and the expansion of Democratic congressional majorities virtually assure that the debate over health care in America will heat up again. Liberals and conservatives will joust over a variety of arcane concepts—single-payer, play-or-pay, employer mandates, individual mandates, community rating, pre-existing conditions, health savings accounts, tax credits, risk pools. Beneath the minutiae, however, will lurk a philosophical dispute, framed by Obama's assertion in the debate: is health care a "right"? With Americans deeply ambivalent about health care policy options, it is important to come to grips with the first principles that ought to guide policy. This requires us to engage in some serious thinking about rights.

Modern liberalism has staked much on the notion that health care is a right. Franklin D. Roosevelt declared it so in his 1944 State of the Union message, when he included health care on the list of economic provisions that should form a "second bill of rights" parallel to our existing political one. Since then, several presidents have tried to father universal national health insurance, and Lyndon Johnson won enactment of Medicaid and Medicare. Politically astute liberals (including Roosevelt himself) have attempted to link the right to health care, like other positive economic "rights," to the American political tradition: a natural right of some sort, or a civil right necessary to put into effect the natural right to life or the pursuit of happiness.

Natural or Civil Right? Clearly, however, health care is not a natural right as the founders or John Locke would have understood it. In their view, natural rights exist prior to the formation of government. Since there is no government in the pre-political state of nature, there cannot be a right to government-supplied health care in the state of nature. One has the right to speak one's mind, to defend oneself, and to acquire property in the state of nature, but no one has the right to a free checkup at the National Health Service in the state of nature, because there is no National Health Service.

Nonetheless, perhaps health care could be regarded as necessary to effect the natural right to life or the pursuit of happiness, and consequently, it should be treated as a civil right. This formulation, too, is greatly flawed. The first problem is that even if the right to life led to a positive government obligation to provide health care, that right would logically be restricted to medical actions essential to preserve life, especially emergency measures. Yet medical professionals already provide life-saving emergency care in practice, without a grand declaration of rights; in any event, such a limited guarantee is far from what policy activists have in mind. Likewise, if a civil right to health care derived from the pursuit of happiness, one would have to show that it is positively correlated—perhaps even necessary—to the achievement of happiness. Yet this conclusion is surprisingly difficult to support. There are, as it turns out, a number of surveys that attempt to measure the happiness of people around the world. Residents of the U.S. tend to rank around 15th among the 90 countries typically surveyed. In recent surveys, 85% of Americans say they are personally happy or very happy. Consistently, a number of countries with universal health care (such as Denmark and Norway) rank ahead of the U.S., and a larger number of countries with universal health care (such as Great Britain, France, and Germany) lag considerably behind the U.S. in happiness. On balance, research tends to show that countries reporting the greatest happiness have political freedom, not universal health care, in common.

The founders, for their part, already named—in the Bill of Rights and several other constitutional provisions, such as the guarantee of habeas corpus—the civil rights they thought necessary for the execution of natural rights. There is no evidence that they considered provision of health care necessary for realizing natural rights, though medical care certainly existed in the late 18th century and was valued, as it is today, for its capacity to prolong life. Indeed, there is no evidence that the founders considered governmental provision of food to be a civil right, though its connection to the maintenance of life was, then as now, more direct and more constant than that of health care.

Guaranteed legal counsel is a rare example of a positive government-funded service that has attained the status of a civil right linked to a natural right, but defense against criminal accusation has a uniquely direct connection to natural rights, since the positive action of government prosecution might deprive the accused of life or liberty. Here the citizen is threatened not by the vicissitudes of nature but by government itself, undoubtedly placing a stronger obligation on government to go the extra mile to respect his due process rights.

In other areas, despite attempts by liberals to translate economic "rights" into civil rights like freedom of speech, America has never enshrined this concept into law. If one were to follow liberal thinking on health care to its logical conclusion, the government would also be obliged to buy a newspaper company or television or radio station for anyone wishing to exercise freedom of the press; pay the costs of petition-gatherers for those who wish to exercise their right to petition the government; purchase firearms for those wishing to exercise their right to keep and bear arms; pay for a church, synagogue, or mosque, on behalf of those wishing to exercise their right to worship as they please. Of course, several of these "rights" would collide with the right of citizens not to be forced to pay for the propagation of beliefs not their own. But the contradiction would be no greater than that between a right to government health care and the natural right of citizens to enjoy the fruits of their own labor.

Even in latter days, this approach has generally not prevailed. In the 1980 case *Harris v. McRae*, the Supreme Court rejected the argument that the right to abortion translated into a positive government obligation to fund abortions for the poor (leaving aside the controversy over the right itself). Despite considerable effort in the 1960s and 1970s, welfare advocates failed to gain wide acceptance of the notion of government welfare payments as a fundamental civil right, and the landmark welfare reform act of 1996 departed still farther from that goal by turning federal welfare from an entitlement program into an annually-appropriated block grant replete with work requirements and time-limited benefits.

Rawls to the Rescue Even though it is not possible to establish a right to health care on the basis of the American political tradition, liberals might try shifting the argument to a different, and vaguer, level. For example, they might argue on the basis of utilitarianism rather than natural right. If universal health care could be proven to produce the greatest good for the greatest number, it could be mandated in good conscience. Leaving aside the difficulty of asserting a "right" on the basis of utilitarian calculation—how can it be a right if the calculation can change?—John Stuart Mill's utilitarianism held that the "greatest good" could be defined by the degree to which the action enhanced freedom and individual development. He also argued that the only reason for government to use coercion on an individual was to prevent him from doing harm to another. Socialized medicine clearly does not pass those tests.

Another approach would be consistent with the liberal welfare-statism expounded by philosopher John Rawls (though he was criticized by liberals for not including health care on his list of basic rights). Imagine two people with identical life-threatening medical conditions. One has money, the other does not. Why should one live and the other die? Any reasonable person hidden behind Rawls's "veil of ignorance" would want government to ensure that he was not the one without medical care at the critical moment. For some disciples of Rawls, that by itself is enough to establish a kind of moral right.

But here liberals conflate two notions that are superficially complementary but actually distinct from a moral point of view: the duty to help others in mortal danger, recognized by doctors themselves in the ethics of their profession, and the right to forcibly extract help from others. The first is a noble code cultivated in a free society and accepted by free people who voluntarily take responsibility for their fellows. The second is a form of conscription in which some individuals forcibly commandeer the services and resources of others for what is, after all, fundamentally their own private benefit. In any event, the argument is disingenuous, inasmuch as liberals are not contending for equal access to lifesaving procedures; they are contending for guaranteed issue of the whole panoply of health services.

And the Rawlsian approach, virtually context-free, does not fare so well when it makes, as it eventually must, solid contact with mundane realities. Suppose, for instance, that without knowing in advance your station in life, you may choose either (a) a simple 99% probability of obtaining health insurance, or (b) an 85% probability of obtaining health insurance combined with higher quality of care if you receive it, significantly lower taxes, and less intrusive and less centralized government. It is far from clear that reasonable people would be in favor of (a) at all.

Undemocratic Rights The great danger of health-care-as-a-right is that it threatens to supplant the American republic's key political principles. Accepting a positive government obligation to fund social services claimed as a matter of right would lead inexorably to government without limits. How could one fence off claims on government resources or demands for the exercise of government power, if the right to the pursuit of happiness, for example, became a font of positive economic rights? When applied to health care, this principle could easily lead to individual rights, traditionally understood, being eaten up by confiscatory taxation, health regimentation and rationing, and insurance mandates.

Although the right to health care is an article of faith among modern egalitarians, it does not square with equality as the founders understood it: an equality of natural rights, which led to equality under the law, consent of the governed, and the mandate that law be exercised for the common good, not the private benefit of the few. Yet health-care-as-a-right leaves little room for democratic debate or compromise—after all, the point of a right is to remove an issue from the realm of majority rule—and would mandate a wrenching economic and social dislocation in order to promote the private benefit of the 12% of Americans who do not have health insurance at any given time.

Practically speaking, a right to health care denies the nation an important element of flexibility in fashioning a response to health care problems. Sticking to the founders' sound general principles would actually leave policymakers with greater room for policy innovation.

A Conservative Solution But it is not enough for conservatives to demonstrate that health care is not a right; they should take a much more assertive interest in health care policy, for three reasons. First, many if not most of the problems with our health care system have been caused by bad government policy. Government has an obligation to fix its own mistakes. Second, conservative skepticism by itself is not politically tenable. Although Americans remain suspicious of a government takeover of health care, conservatives must offer some way to allay their concerns about the current system. Finally, the longer the issue remains unaddressed by sensible conservative policies, the more likely the Left will be to use it as a wedge for advancing socialism more broadly. It's like leaving a loaded pistol in a room of drunken pirates. No one knows when it will be used or who will use it, but it's clear that nothing good will come of it. So how should conservatives begin constructing an approach to health care? They first ought to recognize that individuals exist in a social web of family, friends, co-workers, churches, and other associations. One of the great conservative insights is that civil society can often contribute to solutions to social problems because its institutions can act compassionately, possess strength beyond the capacity of individuals, and enjoy local knowledge beyond the capacity of big government. Conservatives need to find a role for civil society. More generally, they need to promote solutions that openly treat the nation's fundamental principles as a resource. This would mean reducing arbitrary distinctions in the tax code, giving individuals more freedom, using market mechanisms to help restrain costs, guaranteeing that states have an important role, and insisting that Congress retain accountability for whatever it enacts rather than delegating its responsibility to executive agencies. And it means, in true conservative fashion, insisting that reform not make the perfect the enemy of the good. But first, conservatives will have to prevail in the argument with the new president and his followers over whether health care is a right.

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Health Care Is a Right, Not a Privilege by Sen. Bernie Sanders

http://www.huffingtonpost.com/rep-bernie-sanders/health-care-is-a-right-no_b_212770.html

Let's be clear. Our health care system is disintegrating. Today, 46 million people have no health insurance and even more are underinsured with high deductibles and co-payments. At a time when 60 million people, including many with insurance, do not have access to a medical home, more than 18,000 Americans die every year from preventable illnesses because they do not get to the doctor when they should. This is six times the number who died at the tragedy of 9/11 - but this occurs every year. In the midst of this horrendous lack of coverage, the U.S. spends far more per capita on health care than any other nation - and health care costs continue to soar. At \$2.4 trillion dollars, and 18 percent of our GDP, the skyrocketing cost of health care in this country is unsustainable both from a personal and macro-economic perspective.

At the individual level, the average American spends about \$7,900 per year on health care. Despite that huge outlay, a recent study found that medical problems contributed to 62 percent of all bankruptcies in 2007. From a business perspective, General Motors spends more on health care per automobile than on steel while small business owners are forced to divert hard-earned profits into health coverage for their employees - rather than new business investments. And, because of rising costs, many businesses are cutting back drastically on their level of health care coverage or are doing away with it entirely.

Further, despite the fact that we spend almost twice as much per person on health care as any other country, our health care outcomes lag behind many other nations. We get poor value for what we spend. According to the World Health Organization the United States ranks 37th in terms of health system performance and we are far behind many other countries in terms of such important indices as infant mortality, life expectancy and preventable deaths. As the health care debate heats up in Washington, we as a nation have to answer two very fundamental questions. First, should all Americans be entitled to health care as a right and not a privilege - which is the way every other major country treats health care and the way we respond to such other basic needs as education, police and fire protection? Second, if we are to provide quality health care to all, how do we accomplish that in the most cost-effective way possible?

I think the answer to the first question is pretty clear, and one of the reasons that Barack Obama was elected president. Most Americans do believe that all of us should have health care coverage, and that nobody should be left out of the system. The real debate is how we accomplish that goal in an affordable and sustainable way. In that regard, I think the evidence is overwhelming that we must end the private insurance company domination of health care in our country and move toward a publicly-funded, single-payer Medicare for All approach.

Our current private health insurance system is the most costly, wasteful, complicated and bureaucratic in the world. Its function is not to provide quality health care for all, but to make huge profits for those who own the companies. With thousands of different health benefit programs designed to maximize profits, private health insurance companies spend an incredible (30 percent) of each health care dollar on administration and billing, exorbitant CEO compensation packages, advertising, lobbying and campaign contributions. Public programs like Medicare, Medicaid and the VA are administered for far less.

In recent years, while we have experienced an acute shortage of primary health care doctors as well as nurses and dentists, we are paying for a huge increase in health care bureaucrats and bill collectors. Over the last three decades, the number of administrative personnel has grown by 25 times the numbers of physicians. Not surprisingly, while health care costs are soaring, so are the profits of private health insurance companies. From 2003 to 2007, the combined profits of the nation's major health insurance companies increased by 170 percent.

And, while more and more Americans are losing their jobs and health insurance, the top executives in the industry are receiving lavish compensation packages. It's not just William McGuire, the former head of United Health, who several years ago accumulated stock options worth an estimated \$1.6 billion or Cigna CEO Edward Hanway who made more than \$120 million in the last five years. The reality is that CEO compensation for the top seven health insurance companies now averages \$14.2 million.

Moving toward a national health insurance program which provides cost-effective universal, comprehensive and quality health care for all will not be easy. The powerful special interests - the insurance companies, drug companies and medical equipment suppliers - will wage an all-out fight to make sure that we maintain the current system which enables them to make billions of dollars. In recent years they have spent hundreds of millions on lobbying, campaign contributions and advertising and, with unlimited resources, they will continue spending as much as they need. But, at the end of the day, as difficult as it may be, the fight for a national health care program will prevail. Like the civil rights movement, the struggle for women's rights and other grass-roots efforts, justice in this country is often delayed - but it will not be denied. We shall overcome!

Health Care Is Not A Right 23 January 1998 - Leonard Peikoff

<http://www.capitalismmagazine.com/index.php?news=9>

I do not agree that socialized medicine is moral and well-intentioned, but impractical. Of course, it is impractical -- it does not work -- but I hold that it is impractical because it is immoral. Delivered at a Town Hall Meeting on the Clinton Health Plan Red Lion Hotel, Costa Mesa CA, December 11, 1993.

Good morning, ladies and gentlemen. Most people who oppose socialized medicine do so on the grounds that it is moral and well-intentioned, but impractical; i.e., it is a noble idea -- which just somehow does not work. I do not agree that socialized medicine is moral and well-intentioned, but impractical. Of course, it is impractical -- it does not work -- but I hold that it is impractical because it is immoral. This is not a case of noble in theory but a failure in practice; it is a case of vicious in theory and therefore a disaster in practice. So I'm going to leave it to other speakers to concentrate on the practical flaws in the Clinton health plan. I want to focus on the moral issue at stake. So long as people believe that socialized medicine is a noble plan, there is no way to fight it. You cannot stop a noble plan -- not if it really is noble. The only way you can defeat it is to unmask it -- to show that it is the very opposite of noble. Then at least you have a fighting chance.

What is morality in this context? The American concept of it is officially stated in the Declaration of Independence. It upholds man's unalienable, individual rights. The term "rights," note, is a moral (not just a political) term; it tells us that a certain course of behavior is right, sanctioned, proper, a prerogative to be respected by others, not interfered with -- and that anyone who violates a man's rights is: wrong, morally wrong, unsanctioned, evil. Now our only rights, the American viewpoint continues, are the rights to life, liberty, property, and the pursuit of happiness. That's all. According to the Founding Fathers, we are not born with a right to a trip to Disneyland, or a meal at Mcdonald's, or a kidney dialysis (nor with the 18th-century equivalent of these things). We have certain specific rights -- and only these. Why only these? Observe that all legitimate rights have one thing in common: they are rights to action, not to rewards from other people. The American rights impose no obligations on other people, merely the negative obligation to leave you alone. The system guarantees you the chance to work for what you want -- not to be given it without effort by somebody else.

The right to life, e.g., does not mean that your neighbors have to feed and clothe you; it means you have the right to earn your food and clothes yourself, if necessary by a hard struggle, and that no one can forcibly stop your struggle for these things or steal them from you if and when you have achieved them. In other words: you have the right to act, and to keep the results of your actions, the products you make, to keep them or to trade them with others, if you wish. But you have no right to the actions or products of others, except on terms to which they voluntarily agree. To take one more example: the right to the pursuit of happiness is precisely that: the right to the pursuit -- to a certain type of action on your part and its result -- not to any guarantee that other

people will make you happy or even try to do so. Otherwise, there would be no liberty in the country: if your mere desire for something, anything, imposes a duty on other people to satisfy you, then they have no choice in their lives, no say in what they do, they have no liberty, they cannot pursue their happiness. Your "right" to happiness at their expense means that they become rightless serfs, i.e., your slaves. Your right to anything at others' expense means that they become rightless.

That is why the U.S. system defines rights as it does, strictly as the rights to action. This was the approach that made the U.S. the first truly free country in all world history -- and, soon afterwards, as a result, the greatest country in history, the richest and the most powerful. It became the most powerful because its view of rights made it the most moral. It was the country of individualism and personal independence. Today, however, we are seeing the rise of principled immorality in this country. We are seeing a total abandonment by the intellectuals and the politicians of the moral principles on which the U.S. was founded. We are seeing the complete destruction of the concept of rights. The original American idea has been virtually wiped out, ignored as if it had never existed. The rule now is for politicians to ignore and violate men's actual rights, while arguing about a whole list of rights never dreamed of in this country's founding documents -- rights which require no earning, no effort, no action at all on the part of the recipient.

You are entitled to something, the politicians say, simply because it exists and you want or need it -- period. You are entitled to be given it by the government. Where does the government get it from? What does the government have to do to private citizens -- to their individual rights -- to their real rights -- in order to carry out the promise of showering free services on the people? The answers are obvious. The newfangled rights wipe out real rights -- and turn the people who actually create the goods and services involved into servants of the state. The Russians tried this exact system for many decades. Unfortunately, we have not learned from their experience. Yet the meaning of socialism (this is the right name for Clinton's medical plan) is clearly evident in any field at all -- you don't need to think of health care as a special case; it is just as apparent if the government were to proclaim a universal right to food, or to a vacation, or to a haircut. I mean: a right in the new sense: not that you are free to earn these things by your own effort and trade, but that you have a moral claim to be given these things free of charge, with no action on your part, simply as handouts from a benevolent government. How would these alleged new rights be fulfilled? Take the simplest case: you are born with a moral right to hair care, let us say, provided by a loving government free of charge to all who want or need it. What would happen under such a moral theory?

Haircuts are free, like the air we breathe, so some people show up every day for an expensive new styling, the government pays out more and more, barbers revel in their huge new incomes, and the profession starts to grow ravenously, bald men start to come in droves for free hair implantations, a school of fancy, specialized eyebrow pluckers develops -- it's all free, the government pays. The dishonest barbers are having a field day, of course -- but so are the honest ones; they are working and spending like mad, trying to give every customer his heart's desire, which is a millionaire's worth of special hair care and services -- the government starts to scream, the budget is out of control. Suddenly directives erupt: we must limit the number of barbers, we must limit the time spent on haircuts, we must limit the permissible type of hair styles; bureaucrats begin to split hairs about how many hairs a barber should be allowed to split. A new computerized office of records filled with inspectors and red tape shoots up; some barbers, it seems, are still getting too rich, they must be getting more than their fair share of the national hair, so barbers have to start applying for Certificates of Need in order to buy razors, while peer review boards are established to assess every stylist's work, both the dishonest and the overly honest alike, to make sure that no one is too bad or too good or too busy or too unbusy. Etc. In the end, there are lines of wretched customers waiting for their chance to be routinely scalped by bored, hog-tied haircutters some of whom remember dreamily the old days when somehow everything was so much better.

Do you think the situation would be improved by having hair-care cooperatives organized by the government? -
- having them engage in managed competition, managed by the government, in order to buy haircut insurance from companies controlled by the government?

If this is what would happen under government-managed hair care, what else can possibly happen -- it is already starting to happen -- under the idea of health care as a right? Health care in the modern world is a complex, scientific, technological service. How can anybody be born with a right to such a thing? Under the American system you have a right to health care if you can pay for it, i.e., if you can earn it by your own action and effort. But nobody has the right to the services of any professional individual or group simply because he wants them and desperately needs them. The very fact that he needs these services so desperately is the proof that he had better respect the freedom, the integrity, and the rights of the people who provide them. You have a right to work, not to rob others of the fruits of their work, not to turn others into sacrificial, rightless animals laboring to fulfill your needs. Some of you may ask here: But can people afford health care on their own? Even leaving aside the present government-inflated medical prices, the answer is: Certainly people can afford it. Where do you think the money is coming from right now to pay for it all -- where does the government get its fabled unlimited money? Government is not a productive organization; it has no source of wealth other than confiscation of the citizens' wealth, through taxation, deficit financing or the like.

But, you may say, isn't it the "rich" who are really paying the costs of medical care now -- the rich, not the broad bulk of the people? As has been proved time and again, there are not enough rich anywhere to make a dent in the government's costs; it is the vast middle class in the U.S. that is the only source of the kind of money that national programs like government health care require. A simple example of this is the fact that the Clinton Administration's new program rests squarely on the backs not of Big Business, but of small businessmen who are struggling in today's economy merely to stay alive and in existence. Under any socialized program, it is the "little people" who do most of the paying for it -- under the senseless pretext that "the people" can't afford such and such, so the government must take over. If the people of a country truly couldn't afford a certain service -- as e.g. in Somalia -- neither, for that very reason, could any government in that country afford it, either. Some people can't afford medical care in the U.S. But they are necessarily a small minority in a free or even semi-free country. If they were the majority, the country would be an utter bankrupt and could not even think of a national medical program. As to this small minority, in a free country they have to rely solely on private, voluntary charity. Yes, charity, the kindness of the doctors or of the better off -- charity, not right, i.e. not their right to the lives or work of others. And such charity, I may say, was always forthcoming in the past in America. The advocates of Medicaid and Medicare under LBJ did not claim that the poor or old in the '60's got bad care; they claimed that it was an affront for anyone to have to depend on charity.

But the fact is: You don't abolish charity by calling it something else. If a person is getting health care for nothing, simply because he is breathing, he is still getting charity, whether or not President Clinton calls it a "right." To call it a Right when the recipient did not earn it is merely to compound the evil. It is charity still -- though now extorted by criminal tactics of force, while hiding under a dishonest name. As with any good or service that is provided by some specific group of men, if you try to make its possession by all a right, you thereby enslave the providers of the service, wreck the service, and end up depriving the very consumers you are supposed to be helping. To call "medical care" a right will merely enslave the doctors and thus destroy the quality of medical care in this country, as socialized medicine has done around the world, wherever it has been tried, including Canada (I was born in Canada and I know a bit about that system first hand).

I would like to clarify the point about socialized medicine enslaving the doctors. Let me quote here from an article I wrote a few years ago: "Medicine: The Death of a Profession." [The Voice of Reason: Essays in Objectivist Thought, NAL Books, c 1988 by the Estate of Ayn Rand and Leonard Peikoff.]

"In medicine, above all, the mind must be left free. Medical treatment involves countless variables and options that must be taken into account, weighed, and summed up by the doctor's mind and subconscious. Your life depends on the private, inner essence of the doctor's function: it depends on the input that enters his brain, and on the processing such input receives from him. What is being thrust now into the equation? It is not only objective medical facts any longer. Today, in one form or another, the following also has to enter that brain: 'The DRG administrator [in effect, the hospital or HMO man trying to control costs] will raise hell if I operate,

but the malpractice attorney will have a field day if I don't -- and my rival down the street, who heads the local PRO [Peer Review Organization], favors a CAT scan in these cases, I can't afford to antagonize him, but the CON boys disagree and they won't authorize a CAT scanner for our hospital -- and besides the FDA prohibits the drug I should be prescribing, even though it is widely used in Europe, and the IRS might not allow the patient a tax deduction for it, anyhow, and I can't get a specialist's advice because the latest Medicare rules prohibit a consultation with this diagnosis, and maybe I shouldn't even take this patient, he's so sick -- after all, some doctors are manipulating their slate of patients, they accept only the healthiest ones, so their average costs are coming in lower than mine, and it looks bad for my staff privileges.' Would you like your case to be treated this way -- by a doctor who takes into account your objective medical needs and the contradictory, unintelligible demands of some ninety different state and Federal government agencies? If you were a doctor could you comply with all of it? Could you plan or work around or deal with the unknowable? But how could you not? Those agencies are real and they are rapidly gaining total power over you and your mind and your patients. In this kind of nightmare world, if and when it takes hold fully, thought is helpless; no one can decide by rational means what to do. A doctor either obeys the loudest authority -- or he tries to sneak by unnoticed, bootlegging some good health care occasionally or, as so many are doing now, he simply gives up and quits the field." The Clinton plan will finish off quality medicine in this country -- because it will finish off the medical profession. It will deliver doctors bound hands and feet to the mercies of the bureaucracy.

The only hope -- for the doctors, for their patients, for all of us -- is for the doctors to assert a moral principle. I mean: to assert their own personal individual rights -- their real rights in this issue -- their right to their lives, their liberty, their property, their pursuit of happiness. The Declaration of Independence applies to the medical profession too. We must reject the idea that doctors are slaves destined to serve others at the behest of the state. I'd like to conclude with a sentence from Ayn Rand. Doctors, she wrote, are not servants of their patients. They are "traders, like everyone else in a free society, and they should bear that title proudly, considering the crucial importance of the services they offer."

The battle against the Clinton plan, in my opinion, depends on the doctors speaking out against the plan -- but not only on practical grounds -- rather, first of all, on moral grounds. The doctors must defend themselves and their own interests as a matter of solemn justice, upholding a moral principle, the first moral principle: self-preservation. If they can do it, all of us will still have a chance. I hope it is not already too late. Thank you. -- Copies of this address in pamphlet form are available from: Americans for Free Choice in Medicine. Almost ten years ago, Leonard Peikoff predicted that our medical system would be dismantled. Looking at the young people in the crowd, he remarked: "If you are looking for a crusade, there is none that is more idealistic or more practical. This one is devoted to protecting some of the greatest [men] in the history of this country. And it is also, literally, a matter of life and death -- -YOUR LIFE, and that of anyone you love. Don't let it go without a fight!" -- From "Medicine: The Death of a Profession" by Leonard Peikoff from concluding remarks from 1985 presentation with Dr. Michael Peikoff. Visit Dr. Peikoff's website at: <http://www.Peikoff.com/>

Leonard Peikoff (Dr. Peikoff was associate editor, with Ayn Rand, of *The Objectivist* and *The Ayn Rand Letter* (1971-76). He is author of *Objectivism: The Philosophy of Ayn Rand*. He is founder of the Ayn Rand Institute.)

The Whole Foods Alternative to Obamacare by John Mackey

Eight things we can do to improve health care without adding to the deficit.

<http://online.wsj.com/article/SB10001424052970204251404574342170072865070.html>

"The problem with socialism is that eventually you run out of other people's money." —Margaret Thatcher

With a projected \$1.8 trillion deficit for 2009, several trillions more in deficits projected over the next decade, and with both Medicare and Social Security entitlement spending about to ratchet up several notches over the next 15 years as Baby Boomers become eligible for both, we are rapidly running out of other people's money. These deficits are simply not sustainable. They are either going to result in unprecedented new taxes and

inflation, or they will bankrupt us. While we clearly need health-care reform, the last thing our country needs is a massive new health-care entitlement that will create hundreds of billions of dollars of new unfunded deficits and move us much closer to a government takeover of our health-care system. Instead, we should be trying to achieve reforms by moving in the opposite direction—toward less government control and more individual empowerment. Here are eight reforms that would greatly lower the cost of health care for everyone:

- Remove the legal obstacles that slow the creation of high-deductible health insurance plans and health savings accounts (HSAs). The combination of high-deductible health insurance and HSAs is one solution that could solve many of our health-care problems. For example, Whole Foods Market pays 100% of the premiums for all our team members who work 30 hours or more per week (about 89% of all team members) for our high-deductible health-insurance plan. We also provide up to \$1,800 per year in additional health-care dollars through deposits into employees' Personal Wellness Accounts to spend as they choose on their own health and wellness. Money not spent in one year rolls over to the next and grows over time. Our team members therefore spend their own health-care dollars until the annual deductible is covered (about \$2,500) and the insurance plan kicks in. This creates incentives to spend the first \$2,500 more carefully. Our plan's costs are much lower than typical health insurance, while providing a very high degree of worker satisfaction.
- Equalize the tax laws so that employer-provided health insurance and individually owned health insurance have the same tax benefits. Now employer health insurance benefits are fully tax deductible, but individual health insurance is not. This is unfair.
- Repeal all state laws which prevent insurance companies from competing across state lines. We should all have the legal right to purchase health insurance from any insurance company in any state and we should be able use that insurance wherever we live. Health insurance should be portable.
- Repeal government mandates regarding what insurance companies must cover. These mandates have increased the cost of health insurance by billions of dollars. What is insured and what is not insured should be determined by individual customer preferences and not through special-interest lobbying.
- Enact tort reform to end the ruinous lawsuits that force doctors to pay insurance costs of hundreds of thousands of dollars per year. These costs are passed back to us through much higher prices for health care.
- Make costs transparent so that consumers understand what health-care treatments cost. How many people know the total cost of their last doctor's visit and how that total breaks down? What other goods or services do we buy without knowing how much they will cost us?
- Enact Medicare reform. We need to face up to the actuarial fact that Medicare is heading towards bankruptcy and enact reforms that create greater patient empowerment, choice and responsibility.
- Finally, revise tax forms to make it easier for individuals to make a voluntary, tax-deductible donation to help the millions of people who have no insurance and aren't covered by Medicare, Medicaid or the State Children's Health Insurance Program.

Many promoters of health-care reform believe that people have an intrinsic ethical right to health care—to equal access to doctors, medicines and hospitals. While all of us empathize with those who are sick, how can we say that all people have more of an intrinsic right to health care than they have to food or shelter? Health care is a service that we all need, but just like food and shelter it is best provided through voluntary and mutually beneficial market exchanges. A careful reading of both the Declaration of Independence and the Constitution

will not reveal any intrinsic right to health care, food or shelter. That's because there isn't any. This "right" has never existed in America

Even in countries like Canada and the U.K., there is no intrinsic right to health care. Rather, citizens in these countries are told by government bureaucrats what health-care treatments they are eligible to receive and when they can receive them. All countries with socialized medicine ration health care by forcing their citizens to wait in lines to receive scarce treatments. Although Canada has a population smaller than California, 830,000 Canadians are currently waiting to be admitted to a hospital or to get treatment, according to a report last month in Investor's Business Daily. In England, the waiting list is 1.8 million.

At Whole Foods we allow our team members to vote on what benefits they most want the company to fund. Our Canadian and British employees express their benefit preferences very clearly—they want supplemental health-care dollars that they can control and spend themselves without permission from their governments. Why would they want such additional health-care benefit dollars if they already have an "intrinsic right to health care"? The answer is clear—no such right truly exists in either Canada or the U.K.—or in any other country. Rather than increase government spending and control, we need to address the root causes of poor health. This begins with the realization that every American adult is responsible for his or her own health.

Unfortunately many of our health-care problems are self-inflicted: two-thirds of Americans are now overweight and one-third are obese. Most of the diseases that kill us and account for about 70% of all health-care spending—heart disease, cancer, stroke, diabetes and obesity—are mostly preventable through proper diet, exercise, not smoking, minimal alcohol consumption and other healthy lifestyle choices. Recent scientific and medical evidence shows that a diet consisting of foods that are plant-based, nutrient dense and low-fat will help prevent and often reverse most degenerative diseases that kill us and are expensive to treat. We should be able to live largely disease-free lives until we are well into our 90s and even past 100 years of age.

Health-care reform is very important. Whatever reforms are enacted it is essential that they be financially responsible, and that we have the freedom to choose doctors and the health-care services that best suit our own unique set of lifestyle choices. We are all responsible for our own lives and our own health. We should take that responsibility very seriously and use our freedom to make wise lifestyle choices that will protect our health. Doing so will enrich our lives and will help create a vibrant and sustainable American society.

Mr. Mackey is co-founder and CEO of Whole Foods Market Inc.

My Healthcare Plan – Ann Coulter

<http://www.anncoulter.com/cgi-local/article.cgi?article=359>

Liberals keep complaining that Republicans don't have a plan for reforming health care in America. I have a plan! It's a one-page bill creating a free market in health insurance. Let's all pause here for a moment so liberals can Google the term "free market." Nearly every problem with health care in this country -- apart from trial lawyers and out-of-date magazines in doctors' waiting rooms -- would be solved by my plan. In the first sentence, Congress will amend the McCarran-Ferguson Act to allow interstate competition in health insurance. We can't have a free market in health insurance until Congress eliminates the antitrust exemption protecting health insurance companies from competition. If Democrats really wanted to punish insurance companies, which they manifestly do not, they'd make insurers compete.

The very next sentence of my bill provides that the exclusive regulator of insurance companies will be the state where the company's home office is. Every insurance company in the country would incorporate in the state with the fewest government mandates, just as most corporations are based in Delaware today. That's the only way to bypass idiotic state mandates, requiring all insurance plans offered in the state to cover, for example, the Zone Diet, sex-change operations, and whatever it is that poor Heidi Montag has done to herself this week.

President Obama says we need national health care because Natoma Canfield of Ohio had to drop her insurance when she couldn't afford the \$6,700 premiums, and now she's got cancer. Much as I admire Obama's use of terminally ill human beings as political props, let me point out here that perhaps Natoma could have afforded insurance had she not been required by Ohio's state insurance mandates to purchase a plan that covers infertility treatments and unlimited ob/gyn visits, among other things. It sounds like Natoma could have used a plan that covered only the basics -- you know, things like cancer.

The third sentence of my bill would prohibit the federal government from regulating insurance companies, except for normal laws and regulations that apply to all companies. Freed from onerous state and federal mandates turning insurance companies into public utilities, insurers would be allowed to offer a whole smorgasbord of insurance plans, finally giving consumers a choice. Instead of Harry Reid deciding whether your insurance plan covers Viagra, this decision would be made by you, the consumer. (I apologize for using the terms "Harry Reid" and "Viagra" in the same sentence. I promise that won't happen again.) Instead of insurance companies jumping to the tune of politicians bought by health-care lobbyists, they would jump to the tune of hundreds of millions of Americans buying health insurance on the free market. Hypochondriac liberals could still buy the aromatherapy plan and normal people would be able to buy plans that only cover things like major illness, accidents and disease. (Again -- things like Natoma Canfield's cancer.) This would, in effect, transform medical insurance into ... a form of insurance!

My bill will solve nearly every problem allegedly addressed by ObamaCare -- and mine entails zero cost to the taxpayer. Indeed, a free market in health insurance would produce major tax savings as layers of government bureaucrats, unnecessary to medical service in America, get fired. For example, in a free market, the government wouldn't need to prohibit insurance companies from excluding "pre-existing conditions." Of course, an insurance company has to be able to refuse new customers with "pre-existing conditions." Otherwise, everyone would just wait to get sick to buy insurance. It's the same reason you can't buy fire insurance on a house that's already on fire. That isn't an "insurance company"; it's what's known as a "Christian charity."

What Democrats are insinuating when they denounce exclusions of "pre-existing conditions" is an insurance company using the "pre-existing condition" ruse to deny coverage to a current policy holder -- someone who's been paying into the plan, year after year. Any insurance company operating in the free market that pulled that trick wouldn't stay in business long. If hotels were as heavily regulated as health insurance is, right now I'd be explaining to you why the government doesn't need to mandate that hotels offer rooms with beds. If they didn't, they'd go out of business. I'm sure people who lived in the old Soviet Union thought it was crazy to leave groceries to the free market. ("But what if they don't stock the food we want?") The market is a more powerful enforcement mechanism than indolent government bureaucrats. If you don't believe me, ask Toyota about six months from now.

Right now, insurance companies are protected by government regulations from having to honor their contracts. Violating contracts isn't so easy when competitors are lurking, ready to steal your customers. In addition to saving taxpayer money and providing better health insurance, my plan also saves trees by being 2,199 pages shorter than the Democrats' plan. Feel free to steal it, Republicans!

A Modest Healthcare Proposal by Jeffrey Borrowdale (December 2, 2008)

Health care costs have risen dramatically since the turn of the millennium, moving from 13.2% to 15.2% of GDP between 2000 and 2005.¹ In 2007, we spent 16% of GDP or \$2.3 trillion on health care, \$7600 per person. That number is expected to be \$4.2 trillion or 20% of GDP by 2016², the amount we currently spend for all Federal, State and Local Government. Between 2000 and 2006, health insurance premiums went up 78%, with wages rising only 20%.³ The average cost of health insurance for an employee was \$4,400 and \$12,100 for a family of four. Clearly we are in a cost crisis.

Why does health care cost so much? In part, we're victim of our own success. Our highly developed economy, birth control and government retirement program has led to people having fewer or no children, and putting off child bearing until later in life. Sophisticated medical technology and a peaceful, prosperous nation have led to people living longer. For example, take Larry King. In 1987 he suffered a heart attack, underwent quintuple bypass surgery and made some lifestyle changes. Now, over 20 years later, he continues to host his nightly interview program on CNN at age 75.⁴ But heart bypass operations and cancer treatment are not cheap, and these are diseases which primarily affect the elderly. As demographics have shifted, costs have risen.

However, much of our current problems stem from how health care is funded. The current cost crisis began in the 1940s when businesses began looking for a way around government wage controls. They discovered that they could offer fringe benefits to attract the best employees, including health insurance. The Federal Government then made health expenses for employees deductible for businesses, providing further incentive for them to provide health care for their employees. In 1965 the Federal Government itself got into the health care business, creating Medicare, a social insurance program for the aged to go along with Social Security and Medicaid, an insurance program for the poor. Together, these programs account for 23% of the Federal Budget⁵ with Medicare outlays alone exceeding income in 2012, representing \$68 trillion in unfunded liability over the next 75 years.⁶

Next came the Health Maintenance Organization Act of 1973, which requires all businesses with 25 or more employees to offer their workers either HMO coverage or insurance, as well as providing Federal subsidies and regulating coverage. Although the HMO provision expired in 1995, the current government-created system of funding health care through mandates on employers along with government provided health insurance or insurance funding is primarily responsible for driving up prices, because end-users are so divorced from the costs they incur. Moreover, mandates and benefits continue to be added, with no consideration of cost. Recently Barbara Boxer was able to attach a mandate all employer-provided health plans cover "mental health" to the \$700 billion Financial Bailout Bill. Even so-called "conservative" President Bush added a prescription drug plan to Medicare in 2003, which was estimated to cost only \$534 billion over 10 years. A year and a half later that estimate had more than doubled, to \$1.2 trillion.⁷ The program has no means-testing. The first Medicare recipient was President Harry S. Truman.

This hodge-podge of government mandates and subsidies plus private insurance is an inefficient system. This has led some to support a "single-payer" plan. Since the government is already funding 60% of our health system through Medicare, Medicaid and other programs, why not have the government fund it all? Paul Hochfeld estimates a cost savings of 25% in administrative costs alone.⁸ Doctors and hospitals would no longer have to deal with an array of differing and complicated rules from the myriad of HMOs and insurance carriers and plans, made worse by a highly mobile work force and employers switching plans to save on costs. Moreover, eliminating private insurance would bring down cost through eliminating insurance middlemen, who, after all, need to make a profit. People without insurance clog emergency rooms, where the cost of care is significantly higher, or put off the treatment of conditions which could be treated more cheaply or prevented altogether with proper care. The quality of care would also improve, with health and the judgment of a doctor, not the profit motive of an HMO or insurance company, driving treatment decisions. In countries like Great Britain, government health care costs \$3500 per person, less than half of what it costs in the U.S., and less than what a typical employee pays for health insurance.

As attractive as this sounds, socialized medicine is an unworkable solution. Though there may be some administrative savings by not having to deal with insurance and HMO paperwork, ever increasing government regulations and mandates are likely to fill the gap. Medicare will be insolvent in 2012 and politicians continue to tax, borrow and inflate to expand benefits to win reelection.⁹ Europeans and Canadian health care systems keep down costs by rationing care and limiting access to specialists. Long waits for tests or procedures are often the difference between life and death. Instead of having HMOs or insurance companies deny coverage for

procedures, government policy and budgetary limitations do. This takes the choice out of the hands of patients and doctors and puts it into those of bureaucrats.

The real solution is in putting choice back in the hands of health care consumers. I therefore propose a free market, fee for service model, supplemented by private catastrophic insurance. There is no reason routine care should be covered by insurance. A Rand study showed that people who paid most of their medical bills out of pocket spent 30% less than those whose health care costs were covered by insurance, with little or no difference in health outcomes.¹⁰ Universal private catastrophic insurance could be funded by the Medicare payroll deduction plus 1.5% diverted from Social Security deductions. The difference could be offset by putting the remainder of Social Security deductions into individual retirement accounts, invested in top-rated, conservative funds. This would provide additional retirement income for workers, including the resources to cover the non-catastrophic, routine medical expenses of an aged person. Employees could be encouraged to invest the money they would ordinarily be putting towards insurance premiums into tax-free medical savings accounts, to be drawn upon when needed, or an IRA with an increased contribution cap. Unburdened by an unsustainable medical and pension scheme, which taxes an increasingly smaller numbers of younger workers to care for increasingly larger numbers of retirees, the Federal Government could expand Medicaid coverage. The reform I propose would thus introduce market forces to both lower prices and improve care, encourage savings, boost economic growth through increased investments and savings, and still provide a safety net for the truly needy.

ENDNOTES

1 http://www.who.int/whosis/whostat/EN_WHS08_Table4_HSR.pdf, p. 16

2 Poisal, J.A., et al, "Health Spending Projections Through 2016: Modest Changes Obscure Part D's Impact," *Health Affairs* (21 February 2007): W242-253.

3 "Health insurance jumps twice inflation rate; Study: Smallest increase since 1999, but costs up 78 percent since 2000," *Associated Press*, Updated 8:37 a.m. PT, Tues., Sept. 26, 2006, <http://www.msnbc.msn.com/id/15014332/>.

4 Larry King, [Mr. King, You're Having a Heart Attack: How a Heart Attack and Bypass Surgery Changed My Life](#) (Delacourte Press, 1989).

5 "Financing Medicare: An issue Brief," The Henry J. Kaiser Family Foundation, Prepared by Lisa Potetz, Health Policy Alternatives, Inc., <http://www.kff.org/medicare/upload/7731.pdf>, p. 1.

6 Testimony of Tommy G. Thompson, Secretary of Health and Human Services, 2001-2005, "Seizing the New Opportunity for Health Reform," Testimony before the Senate Finance Committee, May 6, 2008, p.4. <http://finance.senate.gov/hearings/testimony/2008test/050608tttest.pdf>.

7. Ceci Connolly and Mike Allen, "Medicare Drug Benefit May Cost \$1.2 Trillion: Estimate Dwarfs Bush's Original Price Tag," *The Washington Post*, <http://www.washingtonpost.com/wp-dyn/articles/A9328-2005Feb8.html>.

8 Paul Hochfeld, Producer, "Health, Money and Fear," Video Documentary (Heron Productions, 2007) <http://www.ourailinghealthcare.com/>.

9 Advocates point to studies that show that countries with socialized medicine have longer-lived populations than the U.S., better infant mortality rates and rates of overall health. This may be true, but many other factors affect longevity and health care besides health care including diet, levels of stress, automobile accidents, and violent crime rates.

10 The High Cost of Health Care, *The New York Times*, November 25, 2007, http://www.nytimes.com/2007/11/25/opinion/25sun1.html?pagewanted=3&_r=1.