



Some Thoughts on Healthcare

the IRS
the Post Office
Amtrak
Social Security
Medicaid
[Katrina](#)
and
now Healthcare ???

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Health Care vs. the Value of Human Life: Check out their formulas to calculate your life's value.
<http://pajamasmedia.com/blog/health-care-vs-the-value-of-human-life/>

Organization Chart under Dem's Healthcare bill: <http://docs.house.gov/gopleader/House-Democrats-Health-Plan.pdf>

Obama Care's cost could top \$6 trillion. <http://www.cato-at-liberty.org/2009/11/27/obamacares-cost-could-top-6-trillion/>

The House bill is not \$1 trillion but \$3 trillion! <http://www.youtube.com/watch?v=KBNh95SIZBY>

The Senate bill is \$2.5 trillion. <http://www.youtube.com/watch?v=28QFiOWgwjM>

A look into the future of "controlling costs." How the government sets health guidelines:
<http://video.foxnews.com/11690761/very-worrisome>

Democrats exempt themselves from their own healthcare reform. On July 16, Rep Dean Heller, R-Nev., offered an amendment to H.R. 3200 during the House Ways and Means Committee markup that would require members of Congress to enroll in its own government-run health care program. Democrats defeated the amendment by a vote of 21 to 18:
<http://republicans.waysandmeans.house.gov/tallysheet/heller2.htm>

The Healthcare bill would increase healthcare spending to 21.3 percent of GDP by 2019 compared with 20.8 percent under current law. The House approach would cost \$1 trillion from 2013-2019:
<http://blogs.reuters.com/james-pethokoukis/2009/11/16/china-questions-costs-of-us-healthcare-reform/>

"... Democrats on the Senate Finance Committee almost unanimously voted to defeat an amendment ... to require that the exact language of any healthcare legislation—and the bill's cost estimate—be placed on the committee's website 72 hours before a final vote in committee."
<http://www.usnews.com/blogs/doug-heye/2009/09/24/dem-transparency-promises-are--transparently-false.html>

Democrats defeat amendment that would exclude illegal immigrants from government health care.
<http://www.kxmb.com/News/Nation/408841.asp>

The DEATH panels are still in the healthcare bill:
http://www.americanthinker.com/2009/08/death_panel_is_not_in_the_bill.html

House Healthcare Bill: Buy a \$15,000 policy or go to jail:
<http://republicans.waysandmeans.house.gov/News/DocumentSingle.aspx?DocumentID=153583>

President Obama will strike any restrictions on abortions in healthcare bill:
<http://www.foxnews.com/politics/2009/11/15/axelrod-signals-obama-try-strip-abortion-language-health-care/>

Questions for Congress

1. How does the government running another business (healthcare) help Americans?
2. Will the healthcare bill in its *entirety* apply to the United States Congress and the President? Or will the Congress and President have separate healthcare?
3. I have heard language that this bill, if and once passed into law, is “un-repealable.” Is this true?

Milton Friedman

Milton Friedman, Nobel Laureate Economist Milton Friedman explores the unsettling dynamics set into motion when government imposes itself into the healthcare system (1978): “The Economics of Medical Care” – AKA “Socialized Medicine for Dummies” – delivered to a Mayo Clinic audience:
<http://www.youtube.com/watch?v=VPADFNKdGM>

PARTIAL TRANSCRIPT

I’m going to talk about the economics of medical care. This is an area in which as we all know there has been a trend toward ever greater government involvement. The spending for the provision of medical care inevitably leads to control over the fees that are charged for medical care – and it should, if government is going to spend money, it ought to be concerned with what it pays for what it gets. Control over fees inevitably leads to control over the practices that are followed, over the behavior of the medical personnel, and if this trend continues, inevitably leads to completely socialized medicine.

I believe that this trend, including many of the steps that have already been taken, is very much against the interests of patients, of physicians, and of other healthcare personnel and in the brief time I have available today I want to explain why I believe the trend is so much against their interest, why it has occurred, and what – if anything – can be done about it.

The trend towards increasing government involvement in healthcare and is not an isolated phenomenon; it is not restricted to healthcare; it is part of a general trend in our society toward replacing voluntary free market arrangements by government control and regulation. It is a trend that is happening all over; it has happened in one industry after another. There is nothing special in this respect about the move to replacing private, voluntary medical arrangements with compulsory governmental arrangements. This movement in the medical care field is not special in another sense. In industry after industry, producers who protest most strongly their belief in free markets have

fostered and helped produce government takeover, government regulation, government control. To begin with, a greater involvement of government in medicine may seem to serve the interests of at least the purveyors of medical care in providing an additional source of finance. This is a honey that has led to persons in industry after industry to support and promote governmental involvement which has reacted ultimately against them. I have been impressed again and again with how often businessmen, leaders in various areas, who are very farsighted when it comes to their own activities and concerns within their enterprises are very short-sighted when it comes to the area of public policy and allow themselves to be led by small advantages to foster and favor policies which ultimately redound very much to their disadvantage.

In the medical case, the initial inducement is that “here’s a new source of money,” and presumably this is why organized medicine has been schizophrenic about the trend toward government involvement. It has, on the one hand, tended to protest against the move towards socialized medicine; it has, on the other hand, engaged in activities which have promoted that development.

When the government is taking over any activity, there is more money available, but what typically happens is once the government has taken it over, the situation changes. There are no more votes to be gotten by taking it over some more. You have to move on to new fields and take over new areas in order to get some new votes, and the result of that is that those areas already taken over get starved, and instead of there being more resources available, there are fewer.

In addition to the fact that the ultimate result of a government takeover is less resources, you invariably get lower quality and a lower quantity of medical care. I am going to cite from a study that was made by a British physician, Dr. Max Gammon, who spent five years studying the British health service. Mr. Gammon in a rather amusing way developed what he called the theory of bureaucratic displacement. He argued that whenever you have any organization taken over by a bureaucracy like a government what tends to happen is that input goes up and output goes down; that useless work tends to displace useful work in a further extension of Parkinson’s laws and he illustrated it with hospital services in the United Kingdom. He took the eight year period from 1965 to 1973; in that 8 year period, the hospital staff (the number of people) went up 28 percent; incidentally administrative and clerical help went up 41 percent. But what about output; what about what they were producing? Input was up. Well he measured output by the average number of beds occupied daily. It turned out that the average number of beds occupied daily went *down* by 11 percent. And he hastened to go on to explain that the decline in the average number of beds occupied was not for want of patients; that at all times there was a waiting list in the neighborhood of 600,000 people waiting for hospital beds. I don’t know how many of you know the scandals in Britain about the waiting periods for what is regarded as optional or postponable surgery, including for example, by-pass operations for heart problems. There are stories of people who waited three years to have a by-pass operation because that could be postponed. Indeed some of them managed to die before the operation was performed. But 600,000 people waiting on the waiting list ... and for – rather – more readily more obviously postponable operations, the wait may be much longer than three years.

John Stossel

ABC’s John Stossel Destroys/Pulverizes/Crushes Obama’s anti-American ‘Health Care’ Plan
http://www.youtube.com/watch?v=q9GMKK_fWKg (2009, Aug 1)

Miscellaneous Articles

1. President Obama's transparency pledge "Public will have 5 days to look at every bill that lands on my desk." <http://www.youtube.com/watch?v=o5t8GdxFYBU>.
2. "We saw another example Wednesday afternoon, as Democrats on the Senate Finance Committee almost unanimously voted to defeat an amendment offered by retiring G.O.P. Kentucky Republican Sen. Jim Bunning to require that the exact language of any healthcare [legislation](#)—and the bill's cost estimate—be placed on the committee's website 72 hours before a final vote in committee." Heye, Doug. (2009, Sept 24). Dem transparency promises are transparently false. U.S. News & World Report. Retrieved 6 Oct 2009 from <http://www.usnews.com/blogs/doug-heyne/2009/09/24/dem-transparency-promises-are--transparently-false.html>
3. Democrats exempt themselves from their own healthcare reform ([Davis, 2009](#)). On July 16, Rep Dean Heller, R-Nev., offered an amendment to H.R. 3200 during the House Ways and Means Committee markup that would require members of Congress to enroll in its own government-run health care program. Democrats defeated the amendment by a vote of 21 to 18 ("[Democrats protect themselves](#)", 2009). Rep. John Fleming, R-La, a physician, said that under both the House and Senate proposals, members of Congress won't have to participate in the government plan for at least five years – and even after five years, enrollment will still be considered optional. Meanwhile, every other American will be forced to comply with government rules by obtaining "qualifying" plans.
4. Ashby, Joseph. (2009, Aug 15). Death panel is not in the bill ... it already exists. *American Thinker*. Retrieved from http://www.americanthinker.com/2009/08/death_panel_is_not_in_the_bill.html
5. (2009, Sept 25). Morning Bell: Obamacare puts transparency and accountability on death bed. The Heritage Foundation. The Foundry Blog. Retrieved from <http://blog.heritage.org/2009/09/25/morning-bell-obamacare-puts-transparency-and-accountability-on-death-bed/>.
6. Mathews, Anna Wilde. (2009, Sept 30). Making sense of the debate on health care: Three major reform bills offer different blends of penalties and perks. The Wall Street Journal. Retrieved from http://online.wsj.com/article/SB10001424052748703787204574443121104281790.html?mod=W_SJ_hpp_MIDDLENexttoWhatsNewsSecond