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The Sick Solution – A Prescription for National Health

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The Unspoken Flaw of Government-Controlled National Health Insurance

Government-controlled national health insurance is inherently flawed because it is limited by virtue of the amount of government funding it receives. The money goes to pay for the operation of the medical facilities and for the wages to the providers of services - doctors, nurses, etc. *(Of course there is one more area where money is needed the most and that is for medical science research. This last comment will be addressed later in this paper.)*

Regardless, as demand for service and care grows, the system will by design break down and collapse. We are seeing this now in England, in Canada and soon we will see it everywhere where there is a government-controlled national health insurance program. One might even argue that how government officials work to keep this corpse from stinking is perhaps the greatest management job society will ever record.

We all understand that people can get all emotional and decry comments such as what is written here, but the truth is that mathematical laws are by definition irrefutable. The overly-emotional, uneducated citizens constantly argue for government-controlled national health insurance. Their actions demonstrate just how deep the proverbial cancer is in a society when they get all the attention with their illogical rants and organized protests.

There is a second group that seems to be demanding a government-controlled national health insurance. They are members of the medical community itself. You should be very fearful of a health care system where the medical providers themselves no longer want to be rewarded for their talents and instead seek nominal salaries in lieu of earning at the top of the scale. The actions of these medical providers speak loads. If their self-appraisal of their confidence is that bad, then what does it say about their ability to provide quality and comprehensive care? That is just plain scary.

However, far worse than the misguided citizenry or the surrendering members of the medical community, there is a third group who silently sits on the sidelines and fuels the fires of panic. They are the politicians. If they vote for a government-controlled national health insurance program because the misguided citizenry and the surrendering members of the medical community overrule common sense, then it will be interpreted as a mandate. Voila, government-controlled national health insurance. Fellow Americans, we all know who runs the federal government? It is the politicians who voted to create the plan in the first place. I will come back to this subject later in this paper as well.

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[I want to make sure at this point that you realize that my book does indeed promote a plan for health care for all, and I am pleased to see that so many people have obviously read it over the last 17 years. Some of the new plans being presented by attention seekers actually incorporate my ideas. The key difference in my plan is that it does not allow for governmental control. Rather, the control and funding for the delivery of health care rests in the hands of the local people and the local facilities that provide the care needed.]

Therefore, government-controlled national health insurance will always be dependent upon the federal government because they hold the purse strings. The last thing they can afford when things go awry is to vote for more unaccountable and unstoppable tax increases from open and hidden sources. There is not one person reading this paper who does not know that Congress cannot possibly act quickly. Let's look at a couple of countries who have reached this point because it is the unspoken flaw in government-controlled national health insurance plan.

For the proof all one has to do is look at what is happening in England and in Canada. In England they are offering business owners the right to opt out of their national system by purchasing private insurance to provide coverage for their employees. There are not enough public dollars to fund the system. Private dollars are now desperately needed to ensure care in England can continue to be provided.

Earlier this month, while on KSFO's morning show, Talk Show Host Brian Sussman asked me to comment on a story that appeared in American Thinker. It made the same point I made over 17 years ago. Canada is importing health care services from The United States and paying for these services in its next fiscal year. In other words, they, like England, are also broke and their citizens are demanding needed surgeries, regardless. CANADA also cannot deliver!

In any government-controlled national health care system, there will be a natural demand for services beyond expectations as people suddenly realize they have what they erringly believe to be "free" health care. The immediate consequence is that the system almost immediately begins to tear apart at its weakest point – its funding.

Now let's look back to my first paragraph and discuss new research funding. Research money comes from venture capital and is invested for only one reason. No, it is not to better mankind. It is for profit potential.

When new drugs are introduced or new procedures are developed, they are patented and sold to make money for the investors. Where is the incentive in a government-controlled national health insurance plan? Answer, there is no incentive. We will move backwards.

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As new procedures are quietly discovered in local facilities across America there is no guarantee they are going to be shared or nationally implemented because there won't be adequate government funds to pay for the cost of the new equipment. The result is the government-controlled national health insurance plan's credibility immediately fades. People will become disillusioned when they can't get their needed surgery or even just general care.

This raises the key question. If other countries send their people here for expensive surgeries with new procedures and we supply the world with new drugs and new equipment, AND we don't have the financial incentives to continue to do this, what happens to the quality of health care around the world?

Said another way, when the medical science community realizes there is no way to bring new ideas to the level where new treatments can be implemented, the system fails beyond repair and world society move backwards.

What is quietly running in the background and will slowly rear its ugly monstrous head is the evolving process of limiting certain surgeries or procedures or treatments because they are deemed too costly and because only a few lives will be saved. That leads to situational ethics where certain people are no longer deemed valuable to be saved.

Now let's re-open the topic of the politicians in control of our health care system. First of all, they are incompetent. Just how long do you think it is going to take before the medical community rises up in protest about the limitation of the funding, the lack of new modern equipment, and the inability to care for all the needs of their patients?

Listen carefully, my friends, the person who controls the purse strings of our health care dollars controls the citizenry. They decide who lives, who dies and who is worthy of care. If you are a citizen who is a member of the political party out of power and the choice for one surgery slot is between you and a favored member of the political party in power, well who do you think is going to get the surgery? You lose! You die sooner than you should have!

I trust this helps you understand the dilemma we face with government-controlled national health insurance. It is a dilemma that no one can deny will compound as we age as a society.

Please believe me when I say that the present system of reprehensibly high premiums for our aging population is not helping the problem of cost-delivery either.

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It has been difficult for me to sit idle for almost 15 years and watch everything come to pass as it has – continual misinformation, etc. The ideas in my book are more powerful today than in 1991. The proof is that “new” ideas emerging in books being published today are simply concepts repackaged from “The Sick Solution – A Prescription for National Health”.

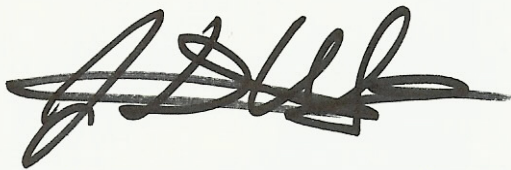
Incidentally, the radio appearance on KSFO on January 21st is the first radio interview I have given in 14 years. The last time I spoke was in August 1994 on an ABC affiliate in Macon, Georgia, just shortly before Hillary Care went down to defeat. I will never forget the last caller who condemned me by saying, “Hillary is a great person and you don’t know what you are talking about”. I told the caller that the plan would fail its final vote in The House. Two weeks later it went down in flames.

I said then and I say it now. Beware of Hillary Care. You do not want to go to jail for up to six months, lose your right to vote, be branded a felon and pay a \$10,000 fine just because you are willing to pay to see your own doctor who is not currently assigned to you under Hillary Care. Caveat Emptor!

Her plan and her direction for controlling your life must not be allowed to return. It is exactly what I said it is when I was on KSFO here in San Francisco - social engineering!

Get my book AND get Involved!

Order your copy today at www.amazon.com



I am Dennis Wolfe and thanks for learning!

If you would like to have me speak at any public function, please contact me regarding my requirements. I DO NOT charge any speaking fees for my time. I only ask reimbursement for actual travel expenses. I AM NOT doing this to make a profit and that is a far cry from the hidden agendas of those who claim they are offering workable solutions and want to “share” their ideas with you.

Remember, if you do not know how the system works and how a workable solution can be implemented, then you will be victimized by it!