

# National Health Insurance: A Socialist Nightmare

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One characteristic of the collectivists is that when a particular term becomes unpopular, such as the word socialism, they create a succession of more socially friendly terms. For example, in the 1800s they did not shy away from the term socialism, but as people began to understand that socialism was a form of social control and engineering, they dropped the term for more acceptable terms such as liberalism, progressivism and collectivism. The socialist promoting a government-run health care system did likewise. Knowing that the term socialized medicine was frightening to a great number of people, they began to use such terms as national health care, universal health insurance and now single payer system.

I find it ironic that no one asks these socialists, who is that mysterious single payer? Should the public consider this for even a moment, they would quickly realize that the single payer is the taxpayer and the administrator of the system is the government via an army of bureaucrats. The socialist has, over the years, become quite adept at selling his wares. It was the Italian communist Antonio Gramsci and earlier the Fabian socialists, who understood that most of the West would never bring about socialism (communism) by violent revolution as had Russia. Rather, they would be more successful by a piecemeal implementation of socialist programs disguised as social reform or as they termed it “change” (this term had been used by the socialist long before Obama).

If you read the socialist literature of the 18th and 19th centuries, you will see that a great many men of tremendous social influence and in positions of power, especially in the universities, were promoting most of the programs now being openly discussed—such as population control, eugenics, abortion, social engineering and social control, of course to be administered by elite groups of the “wise”. The ultimate goal was a destruction of the private ownership of property. Many today think these are all new terms and programs.

Powerful intellectuals such as Voltaire, Saint-Simon, Auguste Comte, d’Alembert, Condorcet and Turgot set the stage for the subsequent intellectual leaders of the socialist

revolution, Marx, Engels, Proudhon, Lenin and Hitler. As stated, it was the brilliance of the communist Antonio Gramsci that taught the radical revolutionaries that they could never succeed by violence alone—society would have to be tricked into accepting socialist ideas.

The central core of collectivist ideology is best stated by Eric Voegelin in his scholarly book, *From Enlightenment to Revolution*, when he states:

*“In its outline we see the idea of mankind dominated by a chosen people which embodies the progressive essence of humanity. In historical actuality that would mean a totalitarian organization of mankind in which the dominating power would beat down in the name of mankind and freedom everybody who does not conform to the standards.”*

In other words, they believed that society contained men of such vision and anointed wisdom, that it is they who should design all of society and the duty of the people is to follow their stated plans for this new society. This is why Nancy Pelosi boldly states that people are to do what she says and becomes angry when citizens reject the socialist health care plan. They just do not understand, in her mind, their role as her subjects and as the vassals of the collectivist system.

In the collectivist mind, the people (the masses in socialist jargon) must be made to adhere to “the plan” because, like children, they do not understand that it is good for them. If they can be made to take their medicine, later they will be thankful. As Voegelin states:

*“...man is no end in himself but merely an instrument to be used by the legislator. This is the new basic thesis for collectivism in all its variants, down to the contemporary totalitarianism.”*

The great Austrian economist von Mises stated that a man is a socialist in proportion to his contempt for the common man. That is, man becomes merely a cog in the all-embracing wheel of government.

### **How Socialized Medicine Arose in Western Societies: Building the Foundation**

This subject is actually far too large to cover in any detail in this short paper, but as with most philosophical and ideological systems, the groundwork had been laid many years

before they appeared to the general public. The Fabian Socialists in England and the United States were writing numerous tracts and scholarly books promoting the idea of such a system of health care in the mid to early 1800s.

With their position in influential positions, such as educational institutions, as popular writers (H.G. Wells) and politically connected individuals, they were able to move the intellectual elite in the direction of socializing health care. But, the real opportunity came with the war—that is World War II. One learns from reading history that all great political change comes during a crisis—the greater the crisis, the greater the opportunity for radical change. For example, the greatest social changes came with the War for Southern Independence, the Great Depression, World Wars I & II, the burning of the Reichstag and Russia's involvement in wars with Japan.

In each case there was a call for massive social planning and social engineering. The idea of social engineering and social control became the obsession of the Rockefellers and the Carnegies as far back as the early 1920s. In her book, *The Molecular Visions of Life*, a detailed history of the rise of molecular biology, Lily E. Kay states:

*“By the time of the launching of the molecular biology program, the Rockefeller philanthropies had considerable experience with eugenics. ... they did support eugenics projects, such as the sterilization campaign of the National Committee for Mental Hygiene to restrict breeding of the feeble-minded. The Rockefeller philanthropies also acted in the area of eugenics through the Bureau of Social Hygiene (BSH) and the Laura Spelman Rockefeller Memorial (LSRM). The BSH was incorporated in 1913 for the purpose of “the study, amelioration, and prevention of those social conditions, crimes and diseases which adversely affect the well being of society, with special reference to prostitution and the evils associated therein.”*

She goes on to explain that the BSH had a 30 year history of promoting, via educational material and other projects, population control and birth control—all long before it became universally accepted and funded by the federal government.

If one studies the power of the Rockefeller family and the Carnegies they find that their influence and control of education was extensive and ever growing. By massive funding of selected institutions, such as Cal Tech, Johns Hopkins, Harvard and especially the University of Chicago, as well as using their powerful influence to assure their people were appointed as department heads and presidents of these prestigious universities,

they guided the direction of research toward a “progressive” direction—that is, toward social engineering. It was primarily through their control of the University of Chicago, the Rockefeller Institute for Medical Research and the General Education Board (founded in 1903) that they, in essence, promoted and controlled their “science of man” research, which was a way to mold people in the image imagined by the wise elite. Those considered unfit, were to be eliminated by eugenic methods, both positive and negative.

All of this activity was setting the stage for an eventual acceptance by the public of their ideas concerning the social engineering of man, the core of which was eugenics. This would require intense, massive educational efforts. Through his General Education Board, Rockefeller was able to design the education of the population from cradle to grave. John Dewey’s new ideas on education were heavily supported by foundation money, all from the shadows. It is also instructive to note that Margaret Sanger, a virtually unknown person at the time, was also heavily funded and promoted by Rockefeller money, which brought her to great prominence. Remember, Sanger was primarily a eugenicist—her books and later work clearly indicates that she had little concern for poor, pregnant women.

In her book, *The Cruelty of Charity* she states that charity should be discouraged because we want these people to die, even if by starvation.

*“Fostering the good-for-nothing at the expense of the good is an extreme cruelty. It is a deliberate storing up of miseries for future generations.”*

This financial support by the great foundations explains the phenomenal growth of Planned Parenthood and why the clinics are strategically placed in poorer neighborhoods. It is interesting to note that the “charming” Southern girl was considered “borderline feebleminded” and should be a target for forced sterilization by the state. It gets even worse.

An ophthalmologist by the name of Lucien Howe, who was the president of the American Ophthalmologic Society at the time, became obsessed with controlling blindness and started a campaign to sterilize blind people and prevent marriage between the blind, even though only 7% of blindness was hereditary. He was also the president of the Eugenics Research Association. In 1918 he initiated a census of all blind people in America and found that 90% had no blind relatives.

In conjunction with the AMA and the Eugenics Research Office, Dr. Howe drafted a law that would permit the government to prohibit marriage between people with imperfect vision and to either isolate these unfortunates or forcibly sterilize them. It also encouraged neighbors to turn in those who were suspected to have “imperfect vision”. Notice how the criteria quickly went from hereditary blindness, to any blindness to even those wearing glasses. We see this in a great deal of future socialist legislation. They present a worse case to gain the sympathy of the public and it quickly becomes an all encompassing program to include virtually everyone or a large targeted group (Like the elderly).

Dr. Howe and the AMA’s justification for such a draconian program was that taxpayers were spending far too much money on blind people—the money could be better spent on other medical projects. You will notice that this is the same justification for Obama’s health plan—that the young can benefit more from the health care dollar we are spending on those who are older or those with chronic conditions.

On April 5, 1921 this frightening idea was introduced as Bill # 1597 in the New York legislature. Fortunately, it did not pass. Dr. Howe and his backers failed to give up. Next they proposed having the State Board of Health and schools hunt down defective members of families having blind or vision-impaired children. He also proposed that the law have a provision that would allow imprisonment of the visually impaired. He even submitted a bill that would require the “unfit” to post a bond with state health officials for \$14,000 (equal to \$130,000 today) which would be forfeit should they become pregnant.

It is instructive to note that the Carnegie Foundation was sponsoring Dr. Howe’s efforts and formulating deportation specifics for these “unfit” members of society. The only reason his plans were not eventually implemented is that he died. Even today the American Ophthalmology Association awards a Lucien Howe Medal for service to the profession and mankind. (See Edwin Blacks’ well-researched book—**War Against the Weak**, for more details.)

It is important to keep in mind that these were not a small group of deranged psychopaths of no real influence, these were men and women in very powerful positions, educated in some of our finest institutions and strongly connected to the politically powerful. Most important is their support by the powerful, enormously wealthy tax-exempt foundations—especially the Rockefeller Foundation, Carnegie Foundation and the Laura Spelman Foundation. They poured millions of dollars into

educational propaganda, flooding schools; appointed believers in eugenics to high positions in universities and strongly supported political candidates that were true believers, such as Theodore Roosevelt. It also included the superrich such as E.H. Harriman, the railroad magnate and his wife; James Wilson, secretary of the Department of Agriculture (1910); Dr. John Harvey Kellogg (the cereal king); Irving Fisher, an economist from Yale University; professors of medicine from Harvard, Columbia, Yale, Brown, Emory and Johns Hopkins, and the list goes on and on.

The lesson here is that when the intellectuals and elite put their stamp of approval on an idea, it can lead to monstrous policies that can ruin the lives of millions. As the title to Richard Weaver's most important book says—*Ideas Have Consequences*. The great Austrian economist, Ludwig von Mises in his book, *Bureaucracy* stated that:

*“It is remarkable that the educated strata are more gullible than the less educated. The most enthusiastic supporters of Marxism, Nazism, and Fascism were the intellectuals, not the boors.”*

The people in the Obama administration, and those operating this government from the shadows, are driven by equally dangerous ideas, which to them, as with the early eugenicists, seem reasonable and logical. They truly believe that reducing human populations worldwide is critical and is an emergency. This means that the elite must decide who lives and who dies, but unlike Hitler, Stalin and Mao, they will do it, in their mind, in a more compassionate, subtle way. Yet, the victims will be just as dead as those placed in gas chambers, executed in Stalin's gulags or slaughtered by Mao's cultural revolutionary gangs.

### War Crisis Sets the Tone

During war, governments are allowed to execute emergency measures that would never be allowed during peacetime—that is, until today. This can entail, controlling movement of citizens, food rationing, rationing critical war material and even dictating professions. My father told me that during World War II, you could not move without the government's permission and changing jobs was controlled as well. People were given food and gas ration tickets. In the UK food was severely rationed, near starvation levels. The people tolerate this as necessary to win the war, but they expect it to end when the war ends.

One of the first socialized medical systems arose in post-war England. The rationale was that war planning had been a success in winning the war and supplying critical essentials so it surely would work during peacetime. One can forgive the British for their foolishness because no Western nation had really experimented with a planned society on such a grand scale. There is no excuse today, since there are so many examples of failure and harm to the public by socialized medicine.

To really get a grasp on the effects of national planning, a code word for socialism, one should read the book by John Jewkes—*Ordeal by Planning*, written in 1948. For example, he shows the fallacy of the efficiency of wartime planning. He says:

*“Great Britain is one very good illustration of this point. They have produced virtually nothing; almost all technical development in war-time came from the private firms; Government technical experts frowned on nearly every one of the crucial new devices for improving aeronautical performance until the persistence of the entrepreneur settled the dispute beyond doubt. The history of the appalling delay in tank development is another excellent illustration of what a technical bureaucracy is capable.”*

Edmund Burke has said wisely - *“The people never give up their liberties but under some delusion”*. People in England were sold the disastrous National Health Service based on the illusion that they would receive their health care free, just as we are hearing today. Of course, nothing in this world is free—someone must pay. The delusion is that the wealthy will be the ones to pay—which is a tried and true prescription of the left. Of course two things eventually happen—the “rich” run out of money and two, they find ways to evade the taxes and shift them below.

Another delusion is that this health care proposal can actually reduce overall medical cost by streamlining administrative methods and cutting the fat out of actual care. After all, who knows more about fat than the government? One would have to be one of Dr. Howe’s feeble-minded to believe that the government can do anything at a lower cost than a free market.

Examine any government program, no matter how small or large, and you will observe an exponential growth in cost over time. Medicare and Medicaid cost have increased exponentially since they were originally created and the cost continues to escalate. And in every case the proponents swore that cost would not increase. Those who expressed

warnings concerning these programs were attacked viciously—as are those at the townhall meetings. Cecil Plamer, in his book examining the history of British Socialism—*The British Socialist Ill-fare State*, notes:

*“The written or printed word is quite another story. The critical condition of contemporary British socialism can be measured by the socialist government’s intemperate disapproval of criticism from any quarter whatsoever.”*

Others have noticed this propensity of the socialist to react violently when any portions of his grandiose plan is attacked or even questioned. Jewkes, for example, notes that—*“For the more threatened it is by failure, the more savage will be the efforts to make it succeed at any cost”*. And of course, it extends into their fear of failure. Jewkes again notes—*“For to the politician, a public confession of failure is tantamount to political suicide. The aim must always be, therefore, to cover up mistakes at all cost.”*

This is a major problem with all socialist plans—as they begin to fail, the more desperate the creators become, not only hiding mistakes, but by making the system more and more oppressive and unbearable. Every failure is not seen as a fault of the plan but sabotage by either their political enemies or uncontrollable forces—such as the doctors or hospital administrators. Each failure calls for more controls. This is the origin of progressive rationing.

Every HMO, PPO and collectivist medical care system has experienced this. In the beginning services were abundant, doctors were happy and patients were cared for. But soon, costs begin to mount. This calls for more controls and rationing of services. It also calls for an ever-increasing bureaucracy. As in this plan, they see the biggest enemy as being the specialist—the surgeon, the ophthalmologist, the cardiologist and the endocrinologist. To prevent too many referrals they make the primary care physician (a fancy name for a general practitioner) the triage officer, but they limit the number of specialist referrals he can make each month—if he goes over that limit he is punished financially.

This tends to make the primary care physician treat complex cases that he should be referring to a specialist—this can cost lives. My uncle was in an HMO and when he had his stroke he contacted me to see what he should do. I asked him what his CT scan showed. He said they didn’t do one. When I asked why, he said that they told him it wasn’t covered. A brain scan is essential for every stroke patient, since the stroke may

be an intracranial bleed, an AVM or even a hemorrhagic tumor. He paid for the CT scan out of his own pocket.

When I was in England in the 1980s, I picked up my morning paper-The London Times and there was a headline in which the National Health Service was bragging that it had reduced the waiting period for common elective surgeries from 2 years to 18 months. They were proud of it. Canada is no better.

I recently spoke to a fellow from Canada and I made a comment about the Canadian health system and he quickly replied that all those stories about it being bad were myths. He said people in accidents can be seen right away. I replied that was true no matter the system, but what about elective surgeries and complex treatments. He chuckled and said—*“Well of course if you want something special you will have to wait.”* He then told me that he had just taken his father, a retired physician, to the hospital for his heart and was on one of the upper floors of the hospital. His father collapsed and no one was around to help. Worse, none of the elevators were working. He remarked—*“What kind of hospital doesn’t have working elevators?”* Then he said his father whispered to him—*“Get me the hell out of here before they kill me.”* This is a major finding in socialized medical care systems that people grow up in—they think the terrible health care they are getting is the norm. Just as with my uncle, he did not know that not getting a CT scan could have cost him his life—he thought he had gotten good health care.

### **All Socialized Planning Requires Progressive Rationing**

Those of us who have studied socialist planning know that all such plans are sold to the public as being of low cost or even as paying for itself. Then several years later, the costs have risen so rapidly that new regulations have to be implemented to control the ever-escalating cost. The politicians began to panic when the public begins to complain loudly and this forces them to find ways to reduce the services being provided without causing more complaints.

One thing health care economists know is that the most expensive care is among the elderly—they have the most complex problems and usually multiple problems. They also have the greatest number of complications during treatments, mainly because they often have poorer healing ability and a fragile constitution. Over fifty percent of health care cost is from caring for those over sixty-five years old. With a growing number of elderly (nearing 50% of the population) the health bureaucrat sees financial disaster

looming on the horizon—it's much like the eugenics and population control fanatics. They see an exploding population as bringing disaster to the world. Both see as the answer reducing the number of people, especially those over age sixty-five, otherwise soon the world will be overcrowded.

The number crunchers in government and the think tanks knew that the ever rising number of people living past 70 years was bankrupting the social security system. Now they see it as overwhelming the health care system. In both cases the answer is to reduce the population in question and do it so it doesn't appear to be murder by the government.

Rationing of health care is the perfect answer for these of this mind set. It allows deniability and can be continuously tightened. Because the cost of the national health care system will grow massively, it will also free up more money to buy votes from those who will be voting, especially those who are paying little or no taxes.

They see the elderly much in the same way the Defense Department sees the injured soldier—he has served his purpose and is of no further use to the military and, more importantly in their eyes, he is now a liability. The elderly, likewise, have payed taxes all their lives, added considerably to the society in many ways and many have defended their country in time of war, but now they are of little use to the government—worse, they have become a liability.

Knowing they cannot easily pass a euthanasia law or just have them rounded up and exterminated, they use the medical care system to speed them along to their deaths. It is done by making critical care difficult to access. By using primary care physicians as triage officers and limiting access to specialists, more elderly with complex illness and the very ill will die sooner.

When I was in the military, I could not prescribe second or third generation drugs, only 1st generation. For example, I tried to write a prescription for Lodine for a patient but was told that it was not on the list of permitted drugs. I finally asked what was allowed—indocin they told me. A drug that is associated with frequent stomach pains and bleeding complications as well as liver and kidney damage.

As further rationing progresses, you will not be seen even by a primary care doctor, instead you will see a nurse practitioner or physician's assistance. They have been talking about this for years.

Much of the advanced diagnostic equipment will also be rationed, being limited for only approved patients and the waiting list will continuously grow. PET scanners, many MRI units and complex cardiac testing technology will be limited to special regional centers and anointed medical centers. The privileged—politicians, international banking elite and those in foundations and other elitist institutions, will have access to the highest quality medical care and instrumentation without a wait—after all they are the elite—the chosen. The rest of us will patiently wait in line for our turn and those who survive the wait may have access.

We have had enough experience with progressive rationing to know that it rarely attains its stated goal, it creates enormous strains on health care delivery and ultimately results in harmed patients. A few examples will help illustrate this.

During the 70s, Joseph Califano, then head of HEW, pushed through a number of bureaucratic regulations designed to control hospital cost, which he targeted as the main problem area of rising health care cost. These appeared as utilization review, PSRO regulations, certificate of need rules imposed on states, pre-admission screening and other tinkering. An economic review revealed that instead of saving money it merely shifted spending to other areas, such as bureaucracy and administrative cost.

Its main impact was to make treating patients much more difficult for physicians. In a normal economy a contract is between the person seeking a service and those providing the service—that is the patient and the doctor. Suddenly, hundreds of people and agencies were standing between the patient and the doctor, making health care decisions not based on what was best for the patient, rather what would make the bureaucrat and politician look good, what would give the appearance of reducing cost and providing quality and mainly, how would it all be perceived by the always confused media.

I can remember dealing with these new bureaucracies. To admit a patient for a condition that all thinking physicians would agree needed admitting would require me to speak to a number of clueless bureaucrats, struggling to make them understand the urgency of the situation. They never understood medical reasoning, rather they spoke of rules, regulations and conditions that had to be met. To go through this with each

patient was frustrating, aggravating and time consuming—but the bureaucracy doesn't really care—they are “just following orders”.

In addition, we had the Joint Commission on Accreditation of Hospitals (JCAH) reviewing hospitals, adding an ever-expanding list of conditions for approval. I remember a very humorous episode that happened in my hospital. We had just constructed a new hospital to replace the antiquated older hospital and the JCAH rules for that year said that the ICU had to have a window. The thinking at that time was that the fire department would need access to the unit. So, the compliant hospital put in a window.

The next year, the JCAH reviewers passed through on review and spotted the window. They asked—“*Why is there a window in the unit?*” The surprised hospital administrator stated that it was required by last year's JCAH rules. The arrogant reviewer shook his head in disgust and said—“*No, the new rules say there can be no window—cover it up.*” The incredible reasoning was that a despondent patient might leap out of the window. The hospital spent more money to meet the new requirement.

Those experienced with bureaucracies know that often one department rule contradicts another's rule and that the hapless victim (the doctor or hospital administrator) is left trying to find out whom to obey. Penalties for disobeying rules can be devastating.

As the bureaucracy grows the regulations began to grow like crab grass. As the economists F.A. Hayek and Ludwig von Mises have pointed out so many times, in a free economy each intrusion by the government necessitates an ever-expanding array of new regulations to deal with the disruptions caused by the last intervention. The process never ends, but what we see is that slowly the system becomes more and more oppressive and dictatorial and the penalties become increasingly severe.

A case in point is an ophthalmologist in California who had a patient in his seventies who was nearly blind from cataracts. The surgeon operated on the man and restored his sight. A competing ophthalmologist turned him in to the Medicare bureaucracy and he was arrested for abusing a Medicare patient—that is, he dared restore useful sight to the man. The Government's case was based on the idea that the old man wasn't working and therefore did not need to see—a white stick with a red tip would have been much cheaper. In other words, as with this present administration, the man was not worth the cost.

The surgeon was not just fined a huge sum of money he was sent to prison for 10 years for “abusing a federal patient”. The abuse was giving him his sight. This was a young doctor with a number of small children. He was used as a warning to other recalcitrant doctors not to spend too much money saving “useless eaters” as National Socialist classed these unfortunates. Remember the earlier quote by John Jewkes concerning a failing government plan—*“For the more threatened it is by failure, the more savage will be the efforts to make it succeed at any cost.”*

Obama has assured the public that his health plan will solve all problems and save tremendous amounts of money—as it falls far short of this goal, he will turn to ever more desperate rationing methods to save it. And as Jewkes noted, being politicians, they will also do all in their power to hide the monstrous effects of the rationing. Few in the public know of all the horror stories associated with the rationing plans that have been implemented so far, yet they are abundant.

Another brilliant plan the rationing bureaucracy had was to limit the number of expensive technologies available to doctors. They reasoned that if every hospital has a CT scanner it would be over utilized. Their answer was to set up certificate-of-need (CON) boards in each state that would decide who could get the technology.

Most hospitals figured ways to get around the regulation—mostly by using politically connected individuals. My senior partner served on the board of the CON organization, so our hospital always got what it wanted. But, what if the plan had worked?

Let’s say I practice at a hospital that does not have a scanner. The only one allowed in town is at the medical university. My patient needs a scan rather urgently. Under the Obama plan, I would first have to apply to the regional government office for permission to see if there is really a need—and, of course, I will be speaking to a young person with no knowledge of neurosurgery. They search the long list of indications and finally agree—that is, after a number of phone calls and endless pleading.

The next step is that I have to have transportation approved from my hospital to the anointed scanning center. More haggling, searching the thousands of pages of regulations and hanging on the line waiting to be transferred to the next bureaucrat in charge of transportation ensues. Finally, all of this is approved. But then I discover that the waiting list at the university is very long and my patient will have to wait behind the university’s urgent cases. Meanwhile my patient is deteriorating steadily. No amount of pleading will move the process forward—it all falls on deaf ears. I know this

because I have experience similar frustrations, even with the limited regulations in place now.

If my patient is still alive, they are finally transferred to the regional scanning center, where they spend hours waiting in the hallways to be scanned. Then I have to arrange for them to be transported back to my hospital. Now, the report for the scan will take days or even weeks to be read, since the doctor reading the scan will have a stack of scans to review from his own institution as well as all surrounding hospitals and doctor's offices. This is how it works in Canada and England.

The only reason the Canadian system survives is because the medical system in the United States cares for many of their really sick patients. The US scanners in the boarder states work overtime scanning Canadian patients because the wait to be scanned in Canada is so long. We act as the Canadian government's relief valve, but then what is going to happen when we are strapped with a similar system? I predict both will end up bankrupt. Just our experiment with Medicaid and Medicare alone has been a financial disaster—it is in debt to the tune of 36 trillion dollars, more than the entire GNP of hundreds of nations and costs continues to grow exponentially.

The more controls added to the system, that is the more regulations and impediments to access will mean necessarily more dead people, mostly the sickest and the oldest. But then, isn't that what they have been calling for over 100 years, as quoted earlier? What is ironic about this administration is that those who are making these decision have a long written record of involvement in the population control movement and have expressed, as did the President, that the elderly have lived long enough and that the medical dollar would be better spent on the younger. This of course pits the younger generation against the older.

Despite the fact that the socialist bristle at being compared to National Socialist, that is exactly what the German National Socialist government did. It has been noted that in German schools children were given math lessons in which they were asked to calculate how many housing units could be purchased for the young with the money used to treat the elderly, the chronically ill and the infirm. This sounds very close to what Dr. Ezekiel Emanuel states regarding providing too much health care to the "hopeless" and those at the end of their lives. Here are some quotes from the good doctor:

*“Medical care should not be given to those who are irreversibly prevented from being or becoming participating citizens. An obvious example is not guaranteeing health services to patients with dementia.”*

*“Unlike (health care) allocation by sex or race, allocation by age is not discrimination.”*

*“Doctors take the Hippocratic Oath too seriously as an imperative to do everything for the patient regardless of the cost or the effects on others.”*

Dr. Emanuel was appointed by the President as the “health czar” and as his chief advisor on designing America’s health care. He is one of many powerful and politically connected individuals who accept the socialist idea that some members of society are of less value than others and that a person’s worth is gauged by his “social worth”. Yet, more important, that it is the duty of the government’s social engineers to correct this problem—that is, to remove these undesirables.

If you can no longer work or are retired, pay little or no taxes and receive any federal benefits, you are deemed to be of no value to society—again, as the National Socialist labeled them—you are a “useless eater”.

### **Who Owns Society?**

The question must be asked—Who owns society? Are we allowed to live in this country only at the behest of the government or a selected group of wise servers who shall decide our worth? Are we to be judged as worthless life, as a social liability because those with power deem it so? Even a perfunctory examination of the thoughts of our founding leaders will answer that question. Nowhere is it stated or even implied that we must show our worth to the elite of the government or be eliminated, even if we are exterminated humanely.

I do not wish that my grandmother remained with our family as long as possible because she carries out some useful function to the family, or to the city or the county or the state or the nation. If a person chooses to spend their retirement years just sitting on a porch drinking lemonade, wiling the day away reminiscing about their lives—that is their business and they deserve all the protections guaranteed by the Constitution and Bill of Rights. They do not exist solely by the grace of those with the power of the

government and they do not deserve to be eliminated at the whim of the socialist planners.

As I read Edwin Black's book, *The War on the Weak* and Lily Kay's book-*The Molecular Vision of Life*, I was overwhelmed with anxiety, knowing that powerful men, the intellectuals and men of vision, were using that power and vision to redesign man in their image and to create a society that conforms to their utopian plan. Even the pastors were joining in this move to create a designed society. In a sermon called "Qualifying for Survival", Reverend Robert Freeman in the 1920s told his audience in Pasadena's Presbyterian church:

*"Theologians are ready to make large concessions to the theories set forth in the Origins of the Species ...in the world of men these two things are true: there are those who survive despite unfitness, and there are those who, though marked by an initial unfitness, make themselves fit to survive. There are the ragweed and the rattler; the mosquito and the despicable housefly in humanity, which although they make no beneficent contributions to life, they only poison and destroy, continue to exist."*

It is of note that California, from the 1920s until the 1940s, led the nation in sterilization of the insane, feeble-minded, the unfit and the "morally degenerate". The idea that such a monstrous plan of designing human society by forced sterilization, prevention of marriages, incarcerations in holding camps and even proposals for extermination through abortions had actually been in place so early in our country's history is frightening enough, but as Dr. Kay points out these manipulators of mankind did not stop, they merely changed the names of their organization and programs and redirected it toward more advance biological ways to bring about their dream of a perfect society. Massive funding of these projects continues to this day by major tax-exempt foundations and many powerful intellectuals continue to write about the need to eliminate the "unfit". Obama's chief health advisor is one of these people.

Linus Pauling, a two-time winner of the Nobel Prize and who held a position on the board of the Ford Foundation, in 1968 even publicly promoted a policy very similar to that of the National Socialist in Germany, when he stated:

*"There should be tattooed on the forehead of every young person a symbol showing possession of the sickle-cell gene or whatever similar gene...It is my opinion that legislation along this line,*

*compulsory testing for defective gene before marriage, and some form of semi-private display of this possession, should be adopted.”*

In the conclusions to her book, Dr. Kay states:

*“This view has persisted into the 1990s, backed by the institutional and commercial interest that dwarfed the millions of dollars of the Rockefeller Foundation....This dialectical process of knowing and doing, empowered by a synergy of laboratory, boardroom, and federal lobby, has sustained the rise of molecular biology into the twenty-first century.”*

In other words, they always intended for these political systems of social control and social engineering to be implemented into society by specific legislation. Population control and the weeding out of undesirables and the unfit were central to this process.

### **Reality versus Socialist Dreams**

Any careful study of socialist planning brings one to the conclusion that they do not live in reality, but rather, in a dream world of their own making. I'm sure they still put their lost teeth under their pillow, fully expecting to be rewarded for their faith by the Tooth Fairy.

One of the great myths is that it is the free market system of medical care that needs fixing. We have not had a fully free market in this country since the Great Depression. If one carefully examines the present health care mess one immediately sees that it is the product of a litany of previous meddling by the government—so called, ad hoc socialism.

One of the often cited problems is that people lose their insurance coverage when they change jobs or lose their jobs, yet no one bothers to ask the question—Who created the idea that companies should provide health insurance coverage? The answer is the same people who are now asking for more government intervention—the intellectual collectivists and unions. Today 63% of the insured are receiving their health care coverage through their employers.

In an excellent article appearing in the American Spectator by Philip Klein, he shows that government policy even affected the cost of health care for the 6% who have their

insurance independent of their employers. This is because the social engineers decided to pass laws in most states requiring insurance companies to offer only comprehensive plans that covered such things as pregnancy benefits, in vitro fertilization and treatment of morbid obesity, etc, etc.

He sites statistics from the Council for Affordable Health Insurance, which found that states are requiring some 2000 benefit mandates nationwide, adding a whopping 20 to 50% to the cost of the policy. The Obama plan adds even more such mandates and if your policy does not contain them you, will be forced to accept the socialist plan. If younger, healthier people were able to buy only catastrophic coverage or even stripped down basic plans, health care cost would plummet.

The article also cites studies that show that in 2007 the cost of all government health care at all levels increased health care spending by 1 trillion dollars. Today, 31% of people's health care is paid for by government programs (taxpayers).

Another way collectivist meddlers have forced up medical care cost outside the market is the litigation explosion. I remember when I was first going into private practice, I was being recruited by a neurosurgeon from California. He told me that my starting salary would be \$50,000, but that my malpractice cost would be \$50,000 a year—in other words, I would be working for nothing. Some surgeons today are paying well over \$100,000 a year in malpractice premiums. This means specialists have to charge their patients' insurance companies more to cover a part of this cost, and it goes up each and every year.

The litigation boom also changed the way physicians practiced medicine. Instead of ordering tests and admitting patients based on medical necessity, we were instructed by our malpractice insurers to order every tests conceivable and if there is a doubt—admit the patient. Not only did this result in a massive direct increase in cost but it also resulted in a great number of unnecessary procedures and surgeries.

If you do, for instance, a chest X-ray and find a small shadow on the film, you must do more tests or risk being sued should something be overlooked. This requires a CT or MRI scan, which can cost several thousand dollars. If you still are not absolutely sure all is well, you must do a guided biopsy of the suspicious shadow. One of the complications of a lung biopsy is a collapsed lung. Now things get real expensive. The patient's lung collapse and he is rushed to the ICU, the most expensive place in the hospital. A chest tube is inserted and days of intensive care ensues. Because of a chest

X-ray, which really never needed to be done, the patient almost dies and ends up with a hospital bill costing close to \$100,000. This is defensive medicine, which is now extensively practiced in this country. This scenario actually happened in one of the hospitals I worked in.

Defensive medicine not only results in a massive increase in health care expenses each year, but it subjects patients to unnecessary cancer treatments, expensive scans, invasive procedures and prolonged hospitalizations. How did this all come about—the collectivist intellectuals flooded the media with stories of both real and alleged medical malpractice and insisted that patients undergo better diagnostic workups. The attorneys just saw an opportunity to make a killing, and like vultures, descended for the feeding.

The lesson, as F.A Hayek has stated repeatedly, is that every time the government planner tampers with the market, it causes a number of disruptions that can increase cost or result in problems of supply. This, in the mind of the collectivist, demands more intervention, which again creates more misallocation of resources. Soon we have system that looks like a diagram of the New York subway system.

In the United States, we view the individual as important and attempt to provide everyone with the best medical care we can deliver. Under socialism, the individual doesn't matter—what matters is the plan and society as a whole—the masses. Under such a system, individuals are mistreated, abused, frustrated and forgotten—they just don't matter.

Mr. Klein cites several cases of medical abuse in countries with socialized medical care. For example, the British Healthcare Commission found between 400 and 1,200 people had died as a result of what they characterized as “appalling care” at the hospitals in Staffordshire. Even more shocking is the case of a man injured in a traffic accident in Japan, who was turned away by 5 emergency rooms because they were overcrowded. Worse was a woman from Osaka who died after being denied emergency care by 30 hospitals.

Many Eastern European countries are abandoning their socialist health care systems for private care and dissatisfaction continues to grow worldwide. Only those with minor health problems like the system, because they have the illusion of “free health care” and usually the wait to see a doctor is not that long. It is the seriously ill, those with complex diseases and diseases requiring the care of a specialist that are in real danger. What the

healthy young do not appreciate is that one day they may find themselves in this category.

No one is cataloging the horror stories, deaths and agony caused by the rationing common in socialist health care systems. It is safe to say that hundreds of thousands die unnecessarily every year under such systems due to neglect and purposeful rationing to prevent access.

Kline also cites the case of actress Natasha Richardson, who suffered a head injury while skiing in Quebec. Even though she was conscious shortly after the accident, she was not rushed to the nearest hospital by helicopter, but rather endured a two and a half hour ambulance ride to the trauma center in Montreal. Why was there no helicopter available? Daniel LeFrancois, “director of Quebec’s prehospital care told the Montreal Gazette that helicopters were expensive, and they weren’t used because medical resources were allocated according to the ‘biggest gain for the biggest need’.” With traumatic brain hemorrhages time is critical—but then she was just an individual.

I had a friend from Louisiana relate the following story to me concerning a friend’s experience in the British socialist medical care system:

*“My wife has a friend in Monroe with a daughter in Medical school. She went to England to do a rotation there because she wanted to see what socialized medicine was like...and she found out first hand. She was there for a few weeks and took pneumonia. They admitted her in the hospital and she didn’t see a doctor for 6 days. She was not given any medication. After 6 days she called her mother in the Monroe and told her what was happening. She asked her mother to come get her. Her mother caught a flight and went to the hospital to find her daughter still there with no medication and no doctor visit. The mother asks one of the medical students about her chart and they informed her they were at the nurse’s desk so she marching up there and finds the chart. The nurse says...you can’t look at her chart and calls the administration. The person in charge comes to the room and informs the mother the chart is private and she has no right to look at it. The mother informs them the information is her daughters’ and she has a right to it. The mother takes her daughter out of the hospital and catches a flight back to the States. When they get to Houston they call ahead to Monroe to have ambulance at the airport to take her to the hospital.”*

## **The Elite Are Different**

If one studies how we came to this dangerous idea of social control and human engineering, he will find that it is based on the Gnostic idea that some men are born far wiser than the common rabble and they are destined to rule. It is a paternalistic view that the populace (the masses in Marxist jargon) have no idea of the great questions that face mankind and that the wise of society must force them to obey to save society as a whole. They are viewed as small children, that is, ones not privy to the wisdom of their parents.

One thing always present when it comes to the elite members of a socialist system--the elite never come under the rules they impose on others and this is not just self preservation, but the idea that the wise do not need to be controlled, after all, they have a superior intellect and moral understanding—they, as Thomas Sowell says, are the anointed.

One of the other prime ideas of socialism is egalitarianism as an article of faith. Remember in school when a child was caught chewing gum, and the teacher would scold them by saying—"I hope you bought gum for everyone in the class." –I think the socialist never got over this.

In real politics the prime motive is less philosophical. Take for example, the social security system. The justification given for the program was that the elderly will not save enough money during their earning years to be able to live comfortably in their later years, therefore the government must forcibly take a portion of their money and store it away for them. If we think about it, there are several problems with providing this "supplemental income" to a person based purely on age—that is, those fortunate enough to reach age 65 years.

It has been shown that in truth the older person is the richest class in the United States—most own their homes, cars and have significantly fewer bills than younger citizens. We also know that there is a great disparity of this wealth, with some having millions and other lesser sums. So, why not design the system based on need rather than age—in other words target only those below a certain income? Because then the number of recipients would be far lower, hence fewer voters voting in gratitude.

The same holds true for Medicare—why give it to everyone once they reach age 65 years, why not have it based on actual need? Again, it would be far less expensive and would be less of a lightning rod for voting. This is also the driving force for most politicians voting for such plans—suddenly the public’s health care, in essence—life and death—is in the hands of politicians. With each election, decisions are going to be based on who will provide even greater funds and coverage for the various plans and who are its enemies. This is why England cannot get rid of its fraudulent and inefficient health care system—that, and the fact that it is supported by 1.4 million health-care bureaucrats—the third largest employer in the world.

This is also why those who say we have to do something about the 45 million (the number keep growing in their mind) uninsured. Even though many of these include the 18 million who do not want health insurance, 8.4 million youth who feel they are invulnerable, 12.6 million illegals who shouldn’t even be here, 8 million children whose parent have not signed them up and 3.5 million eligible for Medicare who have just not bothered to sign up, a total of 42.5 million who should be of no concern to the government.

Granted, some of the 18 million who chose not to get insurance do so out of family budget constraints. This is a far smaller number than what is being proposed for new coverage by this government—that is, the remainder of the American population. If you wanted to help these young families—just give them a tax break—after all it’s their money anyway—it’s as if the government just didn’t steal it in the first place. The socialists in our government are hungry for every cent the population earns to pay for other socialist schemes—so significant tax breaks are not even an option.

Even though politics drives the politician, many of the designers of these socialist programs are dedicated to egalitarianism, these are the intellectual socialists (an oxymoron). We also observe, as stated earlier, that they never include themselves in this egalitarianism. Harry Schwartz, a member of the New York Times editorial board gives a poignant example of their arrogance and elitist attitude.

He tells us that when Joseph Califano was head of HEW he insisted that his staff always remain on call 24 hours a day. One of the physicians working on his staff managed to get permission to take his family on a vacation. He was almost at his destination hundreds of miles away when he gets a call from Califano’s staff that the “boss” needs him right away. He turns around, drives all the way back, goes running up to the boss’ office to see what terrible crisis has exploded. Califano greets him and says—“ Hey, look

Joe. I got this tennis elbow. What can you do for me?" You may be asked to wait in line for months or even years, but the "boss" gets seen in his office by his own personal physician.

In the Soviet system, the politburo members had expensive dachas on the Black Sea, shopped at special stores stocked with the best Western foods and items and lived in lavish apartments or houses, while the ordinary Russian stood in line all day to get a pair of shoes, often settling for a pair that were of different sizes. Some are more equal than others.

This is why the Congress has its own retirement system and will have its own, high quality, no-waiting health care system—it was the only way the designers could get them to support socialist systems for the "masses".

## **Conclusions**

The history of socialism, also called collectivism, should teach us that it is extremely elitist, looks upon the common man with disgust and secretly plans to manipulate the population like chess pieces—the people are viewed as mere cogs in an all embracing wheel of the state.

Socialism consist of a number of grandiose plans, each designed to create a "better world". These plans are sold with utopian promises to the public and any dissension is met with violent attacks. It has been said that if you cannot answer a man's arguments, all is not lost—you can still call him vile names. We see this with the vicious attacks upon townhall attendees and any who even question the new "plan". Socialism is all about compulsion and regimentation and has no room for dissension—your duty is to do as you are told by the enlightened wise ones.

A review of the National Health Act in England, demonstrates that they used many of the same tactics as are being used today. The doctors, and especially their medical societies, were told by its chief architect, Aneurin Bevan that if they helped bring the plan about, they would be included in the decision-making process. They believed him and paid for that error ever since.

He promised that he would put them on decision-making boards, which he did. It was all a ruse. In truth, they spent valuable time drafting proposals that would make sure

quality was preserved and bureaucracy was minimized. Their suggestions were merely place in a file cabinet and never looked at again. While the doctors were busy drafting proposals, Mr. Bevan was creating the real plan, which was heavy in progressive rationing, regimentation of physicians and controls.

The AMA not only has failed to support the private-practicing physician, in my opinion, it has betrayed him at every step. Coding was and is one of the biggest nightmares in the doctor's practice. Did the AMA fight to stop it? The answer is a resounding—No! Not only that, the AMA has made a windfall profit selling coding manuals, which are updated every few months. In this battle, once again they are silent. Why? Because they want to participate in the system—it can be very lucrative. Why physicians continue to belong to the AMA and provide them with money is a mystery to me.

The socialists use emotional cases to sell their plans—a poor single mom with a pre-existing disease that is denied health insurance is displayed. It's not that she is denied health care—everyone in America that can use a phone can get health care. Emergency rooms are free entrances to all health care. It is illegal to deny them health care in all 50 states. But, if they want to buy health insurance, they will have to pay and meet requirements.

I hear politicians and leftist cry that 45 million Americans are without health care, that is a lie. Ironically, the health care they will get with this socialist plan, over time, will be no better than just going to the emergency room—certainly the service will be much faster with ER visits.

They deny that rationing will be used and that quality will be higher. Over 40 years of tinkering with the Medicaid and Medicare programs using every description of quality assurance method has not changed quality of health care in any significant way. They tell the doctor that regimentation will not be used, yet they have already drafted treatment and diagnostic protocols that every physician will be forced to follow or face heavy fines, a loss of license or even criminal penalties. Who makes these protocols?—compliant elitist physicians from medical centers and the AMA, people of the same mind-set as doctor Ezekiel Emmanuel.

Every promise and assurance will be given and when the plan actually is implemented, especially as it is fine-tuned after enactment, everything you were assured would not be done, will be done—severe, progressive rationing, regimentation of physicians, abortions, forcing people to give up their current health plans and death counseling. In

each instance, the government will tell people that they were forced to do it because of some form of sabotage from the plan's enemies. Their favorite scapegoat is the physician.

When you hear Obama telling you that unscrupulous physicians are doing amputations on diabetics and making \$45,000 he is lying—not mistaken—lying. Most of these amputations are done on poor people with advanced diabetes. Most are on Medicaid and this program doesn't even pay 20 cents on the dollar and they would never even pay close to what a surgeon would charge a private-pay patient for the same procedure. The actual reimbursement for the surgeon is \$750 to \$1500.

What would Mr. Obama and his cronies have the surgeon do—nothing? Failing to amputate a gangrenous leg is a death sentence—but then that is what they want anyway. It would save the state a lot of money. While it is true that some surgeons will do unnecessary surgery just to pad their income, most surgeons are highly skilled, principled men and women. They, unlike doctor Emanuel, uphold the Hippocratic oath. Do they think the unscrupulous surgeons among our profession will just disappear under his plan?—no, they will be sitting on the decision-making boards and bureaucracies that dominate other physicians—that is their nature. They, unlike principled physicians, will do anything to remain on top.

As the program evolves it will get worse and worse, because it will quickly fail in most of its objectives. The more it fails the more desperate the planners will become. More scapegoats will be hunted down and slaughtered on the public square for effect. Controls will tighten, physicians will try to leave in droves and the government will make it a crime to quit (called unlawful quitting of profession in socialist systems); the elderly and chronically ill will die in increasing numbers, while the government blames the deaths on medical mysteries, physician corruption or a need for tighter regimentation.

As the economy worsens, which they can engineers with their Federal Reserve friends, people will be more accepting of such things as euthanasia on the elderly and terminally ill, the insane, the feeble-minded and the chronically ill.

To really understand how these things progress, just observe Dr. Kevorkian. In the beginning, he chose terminal cases that were so pitiful many agreed he was doing a humane thing. Then he moved to people who were fully awake but who faced a strong prospect of dying in the near future. More began to question his judgment. Then he

included a woman who was depressed—not terminally ill, or comatose—depressed—and he killed her. We see this in all such programs—just as I outlined in the beginning of this paper.

First, it was the mentally subnormal, the severely feeble-minded, the dangerously insane and then it moved to include borderline feeble-minded—that is, women who were “charming” or who were merely illiterate, but had a capacity to learn. Then there was Dr. Howe, a prominent ophthalmologist who started by advocating the sterilization of those with hereditary blindness, then all of the blind and finally those who wore glasses.

It has been said that the easiest time to stop totalitarianism is in the beginning, once it is established it becomes all but impossible to reverse. This may be our last opportunity to save this republic.

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This article was taken from: Russel L. Blaylock’s blog, formatted for legibility, and edited to correct a few typos, first on 17 April 2011 and then on 31 December 2016. -Leif Smith, Explorers Foundation, Inc.