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THE LESSON OF SOVIET MEDICINE

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In 1918, the Soviet Union became the first country to promise universal “cradle-to-grave” healthcare coverage, to be accomplished through the complete socialization of medicine. The “right to health” became a “constitutional right” of Soviet citizens. The proclaimed advantages of this system were that it would “reduce costs” and eliminate the “waste” that stemmed from “unnecessary duplication and parallelism”—i.e., competition.

These goals were similar to the ones declared by Mr. Obama and Ms. Pelosi—attractive and humane goals of universal coverage and low costs. What’s not to like?

The system had many decades to work, but widespread apathy and low quality of work paralyzed the healthcare system. In the depths of the socialist experiment, healthcare institutions in Russia were at least a hundred years behind the average US level. Moreover, the filth, odors, cats roaming the halls, drunken medical personnel, and absence of soap and cleaning supplies added to an overall impression of hopelessness and frustration that paralyzed the system. According to official Russian estimates, 78 percent of all AIDS victims in Russia contracted the virus through dirty needles or HIV-tainted blood in the state-run hospitals.

Irresponsibility, expressed by the popular Russian saying “They pretend they are paying us and we pretend we are working,” resulted in appalling quality of service, widespread corruption, and extensive loss of life. My friend, a famous neurosurgeon in today’s Russia, received a monthly salary of 150 rubles—one third of the average bus driver’s salary.

In order to receive minimal attention by doctors and nursing personnel, patients had to pay bribes. I even witnessed a case of a “nonpaying” patient who died trying to reach a lavatory at the end of the long corridor after brain surgery. Anesthesia was usually “not available” for abortions or minor ear, nose, throat, and skin surgeries. This was used as a means of extortion by unscrupulous medical bureaucrats.

To improve the statistics concerning the numbers of people dying within the system, patients were routinely shoved out the door before taking their last breath.

Being a People’s Deputy in the Moscow region from 1987 to 1989, I received many complaints about criminal negligence, bribes taken by medical apparatchiks, drunken ambulance crews, and food poisoning in hospitals and child-care facilities. I recall



the case of a fourteen-year-old girl from my district who died of acute nephritis in a Moscow hospital. She died because a doctor decided that it was better to save “precious” X-ray film (imported by the Soviets for hard currency) instead of double-checking his diagnosis. These X-rays would have disproven his diagnosis of neuropathic pain.

Instead, the doctor treated the teenager with a heat compress, which killed her almost instantly. There was no legal remedy for the girl’s parents and grandparents. By definition, a single-payer system cannot allow any such remedy. The girl’s grandparents could not cope with this loss and they both died within six months. The doctor received no official reprimand.

Not surprisingly, government bureaucrats and Communist Party officials, as early as 1921 (three years after Lenin’s socialization of medicine), realized that the egalitarian system of healthcare was good only for their personal interest as providers, managers, and rationers—but not as private users of the system.

So, as in all countries with socialized medicine, a two-tier system was created: one for the “gray masses” and the other, with a completely different level of service, for the bureaucrats and their intellectual servants. In the USSR, it was often the case that while workers and peasants were dying in the state hospitals, the medicine and equipment that could save their lives was sitting unused in the nomenklatura system.

At the end of the socialist experiment, the official infant-mortality rate in Russia was more than 2.5 times as high as in the

United States and more than five times that of Japan. The rate of 24.5 deaths per 1,000 live births was questioned recently by several deputies to the Russian Parliament, who claim that it is seven times higher than in the United States. This would make the Russian death rate 55 compared to the US rate of 8.1 per 1,000 live births.

Having said that, I should make it clear that the United States has one of the highest rates of the industrialized world only because it counts all dead infants, including premature babies, which is where most of the fatalities occur.

Most countries do not count premature-infant deaths. Some don’t count any deaths that occur in the first 72 hours. Some countries don’t even count any deaths from the first two weeks of life. In Cuba, which boasts a very low infant-mortality rate, infants are only registered when they are several months old, thereby leaving out of the official statistics all infant deaths that take place within the first several months of life.

In the rural regions of Karakalpakia, Sakha, Chechnya, Kalmykia, and Ingushetia, the infant mortality rate is close to 100 per 1,000 births, putting these regions in the same category as Angola, Chad, and Bangladesh. Tens of thousands of infants fall victim to influenza every year, and the proportion of children dying from pneumonia and tuberculosis is on the increase. Rickets, caused by a lack of vitamin D, and unknown in the rest of the modern world, is killing many young people.

Uterine damage is widespread, thanks to the 7.3 abortions the average Russian

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woman undergoes during childbearing years. Keeping in mind that many women avoid abortions altogether, the 7.3 average means that many women have a dozen or more abortions in their lifetime.

Even today, according to the State Statistics Committee, the average life expectancy for Russian men is less than 59 years—58 years and 11 months—while that for Russian women is 72 years. The combined figure is 65 years and three months. By comparison, the average life span for men in the United States is 73 years and for women 79 years. In the United States, life expectancy at birth for the total population has reached an all-time American high of 77.5 years, up from 49.2 years just a century ago. The Russian life expectancy at birth is 12 years lower.

After seventy years of socialism, 57 percent of all Russian hospitals did not have running hot water, and 36 percent of hospitals located in rural areas of Russia did not have water or sewage at all. Isn't it amazing that socialist government, while developing space exploration and sophisticated weapons, would completely ignore the basic human needs of its citizens?

The appalling quality of service is not simply characteristic of “barbarous” Russia and other Eastern European nations: it is a direct result of the government monopoly on healthcare and it can happen in any country. In “civilized” England, for example, the waiting list for surgeries is nearly 800,000 out of a population of 55 million. State-of-the-art equipment is nonexistent in most British hospitals. In England, only 10 percent of the healthcare spending is derived from private sources.

Britain pioneered in developing kidney-dialysis technology, and yet the country has one of the lowest dialysis rates in the world. The Brookings Institution (hardly a supporter of free markets) found that every year 7,000 Britons in need of hip replacements, between 4,000

and 20,000 in need of coronary bypass surgery, and some 10,000 to 15,000 in need of cancer chemotherapy are denied medical attention in Britain.

Age discrimination is particularly apparent in all government-run or heavily regulated systems of healthcare. In Russia, patients over 60 are considered worthless parasites and those over 70 are often denied even elementary forms of healthcare.

In the United Kingdom, in the treatment of chronic kidney failure, those who are 55 years old are refused treatment at 35 percent of dialysis centers. Forty-five percent of 65-year-old patients at the centers are denied treatment, while patients 75 or older rarely receive any medical attention at these centers.

In Canada, the population is divided into three age groups in terms of their access to healthcare: those under 45, those 45–65, and those over 65. Needless to say, the first group, who could be called the “active taxpayers,” enjoys priority treatment.

Advocates of socialized medicine in the United States use Soviet propaganda tactics to achieve their goals. Michael Moore is one of the most prominent and effective socialist propagandists in America. In his movie, *Sicko*, he unfairly and unfavorably compares health care for older patients in the United States with complex and incurable diseases to healthcare in France and Canada for young women having routine pregnancies. Had he done the reverse—i.e., compared healthcare for young women in the United States having babies to older patients with complex and incurable diseases in socialized healthcare systems—the movie would have been the same, except that the US healthcare system would look ideal, and the UK, Canada, and France would look barbaric.

Now we in the United States are being prepared for discrimination in treatment of the elderly when it comes to healthcare. Ezekiel Emanuel is director of the

Clinical Bioethics Department at the US National Institutes of Health and an architect of Obama's healthcare-reform plan. He is also the brother of Rahm Emanuel, Obama's White House chief of staff. Foster Friess reports that Ezekiel Emanuel has written that health services should not be guaranteed to "individuals who are irreversibly prevented from being or becoming participating citizens. An obvious example is not guaranteeing health services to patients with dementia."

An equally troubling article, coauthored by Emanuel, appeared in the medical journal *The Lancet* in January 2009. The authors write that "unlike allocation [of healthcare] by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years. Treating 65-year-olds differently because of stereotypes or falsehoods would be ageist; treating them differently because they have already had more life-years is not."

Socialized medicine will create massive government bureaucracies—similar to our unified school districts—impose costly job-destroying mandates on employers to provide the coverage, and impose price controls that will inevitably lead to shortages and poor quality of service. It will also lead to nonprice rationing (i.e., rationing based on political considerations, corruption, and nepotism) of healthcare by government bureaucrats.

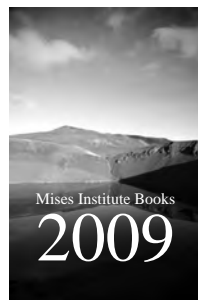
Real "savings" in a socialized healthcare system could be achieved only by squeezing providers and denying care—there is no other way to save. The same arguments were used to defend the cotton farming in the South prior to the Civil War. Slavery certainly "reduced costs" of labor, "eliminated the waste" of bargaining for wages, and avoided "unnecessary duplication and parallelism."

In supporting the call for socialized medicine, American healthcare

professionals are like sheep demanding the wolf: they do not understand that the high cost of medical care in the United States is partially based on the fact that American healthcare professionals have the highest level of remuneration in the world. Another source of the high cost of our healthcare is existing government regulations on the industry, regulations that prevent competition from lowering the cost. Existing rules such as "certificates of need," licensing, and other restrictions on the availability of healthcare services prevent competition and, therefore, result in higher prices and fewer services.

Socialized medical systems have not served to raise general health or living standards anywhere. In fact, both analytical reasoning and empirical evidence point to the opposite conclusion. But the dismal failure of socialized medicine to raise people's health and longevity has not affected its appeal for politicians, administrators, and their intellectual servants in search of absolute power and total control.

Most countries enslaved by the Soviet empire moved out of a fully socialized system through privatization and insuring competition in the healthcare system. Others, including many European social democracies, intend to privatize the healthcare system in the long run and decentralize medical control. The private ownership of hospitals and other units is seen as a critical determining factor of the new, more efficient, and humane system. ■



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THE AFGHAN DISASTER

Llewellyn H. Rockwell, Jr.

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In the private sector, there is always a test of success. The business must make a profit. It can sustain some losses, but the clock is always running on those. At some point, after all cuts have been made and costs are trimmed to a minimum, the business has to close shop. The summer of losses must become the autumn of profits, or else it's all over.

Not so in government. Failing projects can go on forever. There is no profit and loss test. There is no test at all, in fact. Agencies like the Government Accountability Office (GAO) can blast away at a particularly egregious case of government waste, but hardly anyone pays attention. Congress has no reason to scrap it. No one does. Taxpayers have no means to pull the plug, because the whole thing is run outside their purview.

Now, with an intro like that, you might think I'm about to talk about Medicare or public schools or the post office. It would be easy enough. But let us never forget that foreign policy constitutes another sector of government management, central planning, and bureaucratic-driven missions that are no more or less successful than anything else a government does.

The case in question here is the Afghan invasion and occupation. The top military commander there, Gen. Stanley A. McChrystal, has written a report (supposed to be secret but emailed to the *Washington Post*) that says that unless more troops arrive soon, the entire operation will fail. They won't be able to defeat the insurgency unless more force is applied. That's a serious problem, since it is not unreasonable to define the current and

would-be insurgency as the entire population of Afghanistan, perhaps excepting those directly on the United States payroll.

How well do I recall that first American foray into Afghanistan following September 11, 2001. The United States just had to kill someone and soon. The Islamic hardcores running that country made a good target, especially since the average American doubts that anyone in such a far-flung country, where people dress funny and believe crazy things, is up to any good at all. Let's go get 'em!

There was hardly any opposition. Oh sure, there were a few of us out there. But mostly, everyone went along, as if this were a case of dispensing justice and, after all, that's what government is supposed to do, according to its own storyline. So far as I know, all DC think tanks got on board with that one. It was the least objectionable war of the modern period, the one that almost no one opposed.

Never mind that the precise relationship between 9-11 and Afghanistan was fuzzy at best. Never mind that the secret hideouts of the alleged terrorists there were built by the United States itself during the days of the Soviet occupation. The basis of the attack was not that different from the attack on Iraq: it was something that the Bush administration wanted and 9-11 furnished the pretext.

Would it succeed? Anyone with a sense of history knows the answer to that. The British tried and failed. The Soviets tried and failed. The only way a person could believe that the United States

would succeed is if you believed that the United States is somehow a country of magic power. After the invasion, the Taliban fled—very smart—and went into the hills to have years of fun with us, and so on it has gone.

But the general's report can't even recognize the failure: "While the situation is serious, success is still achievable." Oh sure, and if we keep following this rainbow, we'll find a pot of gold at the end. We just have to keep walking and following the general.

People talk of the need for an exit strategy. A more serious problem for government is the exit motivation. So long as failed programs continue, everyone on the payroll loves it. The bureaucrats have power. The money rolls in. The Congress can pass out the contracts. The corporations in league with the warfare state get contracts and infrastructure development. The state gets to show force and muscle people.

What's not to love? The costs are borne by others, such as Americans who pay in taxes and inflation, and such as average Afghans who live amidst chaos and fear, and who stand little chance of experiencing normal lives so long as their country is used as a pawn in international politics. The resentments that are built up during times of occupation last for many generations, and the United States will pay a long and heavy price.

But failure? The United States will never admit it. The answer now, as it was under Bush and will be forever with government programs, is more force, more death, more money, more determination to win. The private sector can't do this, which is precisely why all the stuff that makes life worth living is produced privately, and all that the government does is slow down the progress of civilization and bring destruction and disaster wherever it goes. ■

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