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Health Care Myths

(posted by Pam McRae, July 3, 2012)

"Health care expenditures roughly follow Pareto's Law: 20 percent of users spend 80 percent of the money. If the healthy 80 percent do not buy health insurance, the sick 20 percent will not be able to afford it. In 2009, the average expenses of the sick enrolled in State high-risk pools ranged from \$8,000 to \$24,000. Even the top 10 percent of taxpayers, with incomes over \$110,000, could barely afford these sums." — Regina E. Herzlinger, Huffington Post, June 29, 2012

"The Healthcare Myths We Must Confront" by Cliff Asness, The American

June 29, 2012, (<http://www.american.com/archive/2012/june/the-healthcare-myths-we-must-confront>)

As debate about whether ObamaCare is a good idea continues, rejecting four major misconceptions about healthcare is crucial to any chance of our eventually emerging with a better system.

In the wake of the Supreme Court's ObamaCare decision, we must refocus. The Court's decision was never about whether ObamaCare was a good idea, only about whether it was constitutional. The Court found a convoluted way to uphold the law.

That's done, but the debate on whether ObamaCare's provisions are good ideas will continue.

Pam: *Yes, the debate continues, as it certainly needs to do. Obamacare is an attempt to improve our health care delivery system, not a complete answer by any means. Because radical change is apparently impossible in this country, Obama was forced to cobble together a plan that could get enough support to pass. That meant making many compromises and foregoing many benefits that would serve the public interest.*

To date, this debate has been unable to shake off a lot of mythology—things believed about healthcare and our healthcare system in general, or ObamaCare specifically—that simply are not so.

Pam: *The goals of healthcare reform—covering more Americans, improving outcomes, and doing so more cost effectively—are all laudable, but are all hampered by the continued belief in these myths. Rejecting these misconceptions is crucial to any chance of our eventually emerging with a better system.*

I believe we can all agree that covering more Americans (I would argue ALL Americans), improving outcomes (with early interventions and preventative care), and cost effectiveness are things we can all agree on. The question is, how do we achieve these things?

Myth #1: Healthcare prices have soared in the recent past.

If we choose to subsidize a portion of the population we should do so openly, using taxation and government spending, which at least shines sunlight on the cost, not through tricky regulation that hides it.

Pam: *I couldn't agree more. We should use taxation and government spending to provide the foundation for our nation's health care. There are many things individual citizens cannot do for themselves: build highways across the country; provide electricity; organize a police force or army; provide rescue from fires (in urban areas especially); assure a safe food supply; assure a safe prescription drug supply; develop the technology to land a man on the moon. Government has the ability to spend money on research and development that private industry is not prepared to commit to. The space program is a case in point. It was government spending that provided the funds for NASA and brought about the dazzling technical innovations we are all aware of. Private industry did not do that. It would have taken far too long to have realized a profit, a profit that was by no means guaranteed. Who would have believed in 1950 that the Hubble telescope would penetrate the depths of space? Private industry and competition can accomplish great things, when profit is immediate and difficulty of implementation not overwhelming. The automobile, the airplane, the telephone--all were invented by individuals, alone or in concert, who were able to start small and build empires. No individual built the interstate highway system, created the FDA and the EPA, organized the construction of thousands of schools and universities, or insures air safety through the FTA. I submit that health care is one of those things that cannot be had at a reasonable cost, with advanced medical treatments, by relying on private industry. Insurance is, as this article, points out, a for-profit business. Insurance companies do not fund research, underwrite expensive labs, or build hospitals. (Kaiser Permanente MAY be an exception; I'm not sure.) Where do scientists look for funding? They apply for government grants. These grants provide the resources for innovation and development of all kinds, and where do these grants come from? Taxes. Health care rightly comes under the government purview for all the reasons I have stated above, and if tax revenue is going to be the ultimate source of funding, then it makes sense to eliminate as many middle men (insurance companies) as possible. Private industry (health insurance providers) drain off a tremendous amount of money that goes to investors and employees that could be better spent on health care itself. It is the shibboleth of socialism that ends debate before it has a chance to get started. It is Euro-phobia that makes Americans reluctant to learn from other countries' successes.*

Everyone knows that healthcare prices have soared, but everyone may well be wrong. The statistics we see are always about the amount we spend on healthcare, not the price of healthcare. Consider a comparison of healthcare in the 1950s versus today. In the 1950s, you had none of the subsequent developments in pharmaceuticals, surgery, diagnosis, etc. How much would you pay for that versus today's healthcare? Not so much, I'm guessing. In fact, if you look around the world, in impoverished countries you can probably find a reasonable facsimile of this 1950s healthcare at a low cost. While this example is intentionally extreme, the measurement problem it illustrates is important. The quality of the best healthcare has soared over time. This measurement problem is not unique to healthcare. Measuring the price inflation in computers is incredibly difficult. If the price of a laptop today is the same as 20 years ago, but the laptop is ridiculously better now, hasn't the price really fallen dramatically?

Consider another hypothetical. Imagine we develop a cure for all cancers that costs a flat \$1 million per person and works perfectly. Let's assume this is more than the total cost to treat these cancers otherwise. In this case, the amount we spend on healthcare will likely rise dramatically, because it just got much better and we chose to spend more on it. The cure we are talking about did not exist before now, so it does not make sense to ask whether the price rose. Here's a better question. Are we better off even though we are spending much more on healthcare? Yes, we are, although some will cite the dramatic rise in our healthcare spending and demand that action be taken.

One more, and let's get really simple. In the olden days, our great-grandparents might have had one pair of reading glasses. Now, many of us have one pair at home, one in the car, one at work, etc. Because we are more prosperous we spend more on reading glasses than our forebears, even though the price has not necessarily

changed. Again, there is a gigantic difference between what we spend on something and its price. And again, the comparison of old and new prices is particularly vexing in healthcare because most of the healthcare we buy was not even invented when our great-grandparents were ill.

Pam: *I agree that we spend more on health care because there is better and more care available to us in the 21st c. than in the 19th or 20th. But if you removed a lot of the non-medical things that are paid for out of private insurance, the cost of actual medicine would be much more transparent. I saw a documentary comparing the Canadian system with the American system. Granted, this was many years ago, but the point remains: two hospitals of comparable size, serving similar populations, one Canadian, one American were compared. The Canadian one had an office staff of 300. The American had a staff of 3,000, housed in a separate building.*

One argument given above is that our great-grandparents had one pair of glasses, where we have perhaps three or four. What the author does not say is that government insurance plans for eyeglasses do not cover more than one pair. More than that, and you pay for them yourself. That is fair. His argument is specious. I have heard of patients being charged \$600 for an MRI in one hospital, while the same test is performed at a different hospital for as little as \$50. That is not fair, especially when the patient has no clue that there is a choice of hospitals available. It is reasonable to expect a customer to shop around for an automobile; it is not reasonable to expect someone injured in a car accident or stricken with a heart attack to shop around for the cheapest hospital or doctor.

In these days of horrible discord, partisanship, and uncivil discourse (actually very much like the other 200+ years of the Republic) it is nice to know we can all still get together to rally around a really dumb idea.

The above is highly relevant to our ongoing debate because the “soaring price of healthcare” is often cited as a reason we desperately need reform, perhaps radical reform. Even if correctly referred to as the “soaring cost of healthcare,” this is presented as an unambiguously bad thing, when that is certainly false. It’s bad when it’s a function of waste or monopoly power gained through cronyism—undoubtedly part of our system and, as usual, with government the main culprit—but not bad when it’s the result of improvement, undoubtedly a huge component over time. The price of healthcare over time is hard to accurately measure, but those screaming about the price soaring are probably wrong.

Pam: *“Government cronyism”? It takes two to crony, and it's usually a duet with a politician on one side and a business interest on the other. Government is undoubtedly wasteful, and there is plenty of incompetence there, I'm sure, but nothing the government does can compare to the stranglehold big business and big money have on the American people and the American government. ALEC, the lobbying organization that advises and even writes the legislation for state legislatures across the country, that represents many, if not most, of our biggest corporations, engages in more cronyism in an afternoon than all the politicians, culpable though they are, in a week of Sundays.*

Myth #2: The pre-ObamaCare system was ‘insurance’.

It was not a system of insurance. Insurance, as practiced everywhere else but healthcare, is about catastrophes. What we had was a government-subsidized payment plan funneled through insurance companies.

OK, this part is going to sting a bit. I never promised you there would be no math. Let’s step back a bit and talk about how insurance works. Few of us buy insurance because we expect to make money on the deal. No, the insurance company expects to profit and we expect to lose a bit. Free marketers and socialists can both surely agree that the insurance companies expect to profit. Well, how do they profit? It’s statistics (I told you it would sting). If they sell 1,000 policies that pay out \$100,000 but only 1 percent of the time, they on average pay out \$1,000,000 (1,000 policies times a \$100,000 payoff times 1 percent, as 99 percent of the time they don’t pay). If they sell them for \$1,100 each they take in 1,000 x \$1,100 or \$1,100,000 and will make a profit of \$100,000. But despite the insurance company profiting, insurance can often be a great deal for you. You take out insurance because there are events that would cause you severe financial hardship—for instance, the totaling of a car you can’t afford to replace, the death of your family’s bread winner, or the destruction of your house. It’s worth overpaying a bit to avoid catastrophic financial consequences. We often call insurance like this “catastrophic,” as

you're only paying a small amount to insure against improbable but devastating events. Actually, we usually don't bother to even call it "catastrophic insurance." We usually just call it "insurance," as that's how it almost always works... except in healthcare!

Pam: *I agree that private insurance that balances risks and benefits should be in the business of catastrophe management. But it doesn't take a catastrophe to send a child with an ear infection to a doctor. What is a potential catastrophe is when that child's mother can't afford a doctor, waits until the infection spreads, and the child ends up needing expensive surgery, when if treated early a course of antibiotics would have done the trick. There are many, many, many Americans with no health insurance or inadequate insurance who delay seeking treatment because they can't afford it, or who skip their meds because they can't pay for both food and prescription drugs. I lived for many years without health insurance; I couldn't afford it, plain and simple. I was raising three children, and I lived in fear of illness or accident. My daughter did have a bicycle accident when she was in second grade and had to be rushed to the hospital, where she received X-rays and treatment. The bill came to several hundred dollars, money I did not have. It took me over four years to pay that off at \$5.00 a month. I now have insurance, thank god, but I remember what it was like to go without. I don't wish that on anyone. Our health is not a choice. I know, I know, smoking, over-eating, and risky behavior consume a lot of our health dollars, but denying coverage or under-insuring people is not the way to address those issues.*

The insurance companies' expected profits are not without risk. Companies compete on premiums to see who can sell the insurance for the lowest price while still being profitable, and, importantly, they compete on "underwriting." Underwriting is attempting to assess risks and charge consumers most accurately, charging more for expensive, more probable risks, and less for the opposite (in my example above, I pretended we knew these risks; in reality, the insurance company has to guess at them). The insurance companies that predict more accurately are generally more profitable, and those that are woefully inaccurate go out of business.

Let's get back to healthcare. Due primarily to the tax subsidy given to employer-provided healthcare (a bipartisan, so-far-untouchable disaster), catastrophic health insurance is not Americans' norm. Rather, employers provide essentially all healthcare from basic health maintenance and symptom relief to the most expensive life-saving procedures, and they do it because the government massively subsidizes this approach.

This is odd. You don't go to your car insurer to fill your car with gas or to your homeowner's insurance company to change a light bulb. Why do you go to your health insurance company for everyday medical services? That is not insurance, it is tax-subsidized provision of all your healthcare needs, and it causes two of our system's biggest problems. 1) Health coverage is not portable, as it's employer-provided, and 2) consumers are insulated from the cost of basic healthcare because they don't pay directly for services. Educated consumers spending their own money would be far better shoppers for healthcare.

Pam: *"Shopping" for health care is not like shopping for a new pair of shoes. "Consumers" of health care under a universal/single payer system do pay for services-- with their tax dollars. A mother who takes her sick child to a doctor at the first sign of an ear infection (kids have lots of ear infections) is going to cost the system far less than a mother who waits until the child has a temp. of 105 before seeking medical help. When people are not reluctant to seek treatment, they don't wait as long. Critics say people will abuse the system if they can see a doctor anytime they want for any reason, however trivial. Having lived for four years in Canada, with a universal/single payer system, I can attest that that is simply not true. If someone is the type to make a career out of going to the doctor, that person needs a psychiatrist and should be referred. Most people don't go unless they need to or it's time for their annual check-up, which more people would have if it were covered for everyone. To call patients "shoppers" is so misleading as to be absurd.*

Also, I wish I wasn't asked for a \$5 co-pay after a doctor's appointment. Ask me to pay at least \$200 or nothing. Paying \$5 for a prostate exam is demeaning to both parties.

Why does this matter? ObamaCare sets out to fix health insurance, and to provide it to more people. Laudable goals. But the system we had was not badly managed health insurance. It wasn't insurance at all. ObamaCare does

not throw out the crazy system we had in favor of real insurance, which would actually work, but rather enshrines and extends all the problems of an insane healthcare payment system masquerading as insurance and built as a tax dodge.

Pam: *We do indeed have a "crazy system," and it needs reform badly. The only solution that has a chance of working is a universal/single payer system, funded by taxes and distributed equally to all citizens and legal residents. Will we have to raise taxes? Probably. I was shocked when I moved to Canada and learned what taxes were like there. They were higher than in the U.S., but they were based on income, the way Social Security is here. The Canadian government I knew was in the business of serving its citizens, fairly and equally. Taxes are the price we pay for living in a society. Whether that society favors the ordinary Joe or whether it favors the profit-makers is up to us. It's a choice we're going to have to make and soon.*

Myth #3: Stopping insurance companies from charging based on pre-existing conditions is the one good part of ObamaCare.

Even many Republicans fall for this one, perhaps because it polls well. In these days of horrible discord, partisanship, and uncivil discourse (actually very much like the other 200+ years of the Republic) it is nice to know we can all still get together to rally around a really dumb idea.

The comparison of old and new prices is particularly vexing in healthcare because most of the healthcare we buy was not even invented when our great-grandparents were ill.

Most of the economic function of any insurance company is precisely about assessing the expected economic cost of a pre-existing condition, and charging based on it. Whether your house is a firetrap or fireproof is a pre-existing condition for homeowner's insurance. Whether you're 90 years old or 20 years old is a pre-existing condition for life insurance. Whether you have a good driving record in a modern car with airbags and that cool new blind-spot indicator thingy, or you are Lindsay Lohan, is a pre-existing condition for auto insurance.

If it's affordable to them, people should pay the cost of their own pre-existing conditions in all these instances. **After all, sad or happy as their state may be, it is their state and not other people's.**

Pam: *Talk about cold. Whatever happened to "no man is an island?" If people were covered from cradle to grave, many of those pre-existing conditions would not exist or at least not to the same degree. It's a cruel culture that tells a person, "You've got leprosy? Sorry. Coverage denied." Nowhere in the Bible does it say, "Blessed are the profit-makers, for they shall see God."*

Furthermore, economic efficiency is enhanced as, among other reasons, consumers have some control over many, though not nearly all, pre-existing conditions. An insurance company of any kind exists mainly to price these pre-existing conditions accurately, diversify across customers, and then do a lot of paperwork. **This accurate pricing is the hard and economically valuable part of what an insurance company does. It's really their main economic function.** Yet ObamaCare bizarrely seeks to remove this benefit, while retaining insurance companies for, what, their famous customer service?

Pam: *Really? Their main function is deciding what things should cost? Aren't we fortunate to have such a humongous, bloated, expensive, profit-driven entity to do this hard work for us? We need a CEO, making a couple million dollars a year, to do what a government accountant could do for a reasonable salary? "Consumers" (there's that word again) "have some control over many...pre-existing conditions?" I did not ask for my acne; my friend did not ask for her lymphoma; my brother did not ask to eat himself into obesity because of a disastrous marriage. We're all to blame for something. Was it Dr. Johnson who said, "If it were all about blame, who among us would escape whipping?" (Not an exact quote, but along those lines.) Yes, we are all responsible, and we are all human. And that means we should help each other, not throw the slowest hiker to the wolves.*

I snuck in something above, and I can sense the progressive reader ready to pounce: the phrase "if it's affordable to them." The trillion dollar question is what about those who can't afford it? Well, society should debate that

openly. Progressives can argue for a lot of help for those who can't afford paying for their own pre-existing conditions, libertarians can argue for much less, and conservatives, if they haven't learned from their recent history, can base their argument on whether they are currently running the government and will get credit for providing the goodies. **But, if we decide to subsidize the unfortunate, as is likely to some degree, we should do so directly through taxation and government largesse.**

Pam: *Couldn't have said it better myself. We MUST subsidize the unfortunate. That is as necessary as the military's mandate to protect the nation, which includes old women, little children, the disabled, even the criminal. Isn't protecting and defending the citizenry in the same camp with alleviating and preventing illness and suffering? The Army is not a for-profit institution. Why should health care be?*

No matter what the final decision on the amount of subsidy, this way is at least honest. In contrast, ObamaCare hides a massive government transfer program from those without these conditions to those with them. Besides basic dishonesty, hiding costs always leads to bad decisions.

ObamaCare is asking some Americans to pay large amounts for others, and is trying to hide it as private insurance premiums rather than admit it is bigger government. It's simply a scam for ObamaCare to not count programs like these, which force some Americans to pay for others, as government spending. The mafia keeps two sets of books, the government should only be allowed one.

The other very popular ObamaCare feature, "stay on your parents' insurance until you are 26" (65 if you're named Julia) follows the same idea. Comparing a family that wants that benefit to one that doesn't (because they don't have kids or their kids have their own insurance or they just don't like their kids!), the family that wants it should pay more, as they are consuming more valuable services. Economically, a tax on everyone to pay for those who want to keep their kids on their insurance until they are 26 would essentially do the same thing as ObamaCare here, but we'd recognize it as a large growth in government spending, a burden on those who do not desire this benefit, and a brand new entitlement for those who do. But, again, ObamaCare hides this transfer payment through regulating what different people pay their insurance company. Again, if we choose to subsidize a portion of the population we should do so openly, using taxation and government spending, which at least shines sunlight on the cost, not through tricky regulation that hides it.

Those who would call the above mean-spirited (or worse), please remember that I'm leaving wide open the question of how generous to be, and how much government should or should not directly subsidize things like pre-existing conditions and 25-year-olds without insurance, while you are intentionally hiding it.

Pam: *If everyone were covered from birth (pre-birth actually), the issue of whether 26-yr. olds could stay on their parents' policy would be moot.*

Educated consumers spending their own money would be far better shoppers for healthcare.

This theme of hiding costs is consistent throughout the progressive march to bigger and bigger government. Step number one, present great "benefits" you will bestow on the populace and present them as if you are nicer people than the other side who want to deny these benefits. Step two, hide the costs, either through the complexities of the tax system, or more overtly through off-the-books regulation like ObamaCare. **Step three, continue to advance the progressive myth that if government provides something, or mandates something, it's "free."**

Pam: *I don't know any progressive who imagines that what the government provides is free. That is simply ludicrous and insults this progressive's intelligence.*

Step four, get the people hooked on the freebie until they are too scared to give it up even if it costs them well more than it's worth to them. **Step five, move on to destroying the next part of our economy and freedom.**

Pam: *Does anyone seriously believe that progressives want to destroy our economy and our freedom? What nonsense! I would rather pay a fair tax for universal coverage, even if that meant paying more, than*

the gigantic sums the insurance industry pulls in. I do not call it freedom when I am a pregnant woman whose husband has lost his job and I can't afford pre-natal care. What's free about that? In Canada, our doctor was our choice. We weren't forced to do anything or go anywhere we didn't want to. My husband wasn't earning much money, and I couldn't afford to buy new baby clothes for my daughter, but I never had to worry about taking a sick child to the doctor. That, to me, is freedom.

Finally, note that the issue with pre-existing conditions is also an artifact of the government distorting the market away from insurance and towards employer-provided total healthcare (remember myth #2!). Consider your life insurance. You buy it on your own, not through your employer, and it's usually "guaranteed renewable." When you change employers, get sick, or just get older, you keep your policy and your premiums stay steady. This is the type of policy the free market, without massive government distortion, has produced. It would produce an analogous successful market in health insurance if left alone. People would buy insurance when young, and that insurance would include the right to keep buying insurance with no increase in rates due to getting sick. It's only because you lose your coverage when you leave an employer that we even have this problem at all. If you are getting the sense that government is the root of our problems, not the solution, you have been paying attention.

Myth #4: Healthcare costs are very high in the United States compared to socialized countries.

Like the opening myth about soaring prices, this one is used to undermine faith in our system and open us to radical change for the worse (ObamaCare or worse).

The statistics often cited by progressives seem to show that we spend a larger fraction of our GDP on healthcare and don't get better outcomes than other countries. I won't argue over whether we actually spend more, but will argue about why we sometimes spend a lot, and whether the outcomes often cited are measured fairly. Spending more is not always bad, and is not always only because we have (somewhat) private markets.

- Many of the surveys of "outcomes" that show other countries spend less for similar or better healthcare than the United States are just intentionally disingenuous (i.e., they lie). The ultimate example is the U.N.'s 2000 World Health Report, which has been extensively cited by progressives and the media. Yet there are concrete examples of its anti-American bias. For instance, the study included high-speed auto fatalities and murders in their assessment of a country's life expectancy, and then progressives cited that life expectancy to indict the U.S. healthcare system. Well, Americans drive more often on a more extensive highway system than most others, and we sadly have more crime than many. Reputable studies exclude these fatalities as, while tragic, they are not the fault of the healthcare system and should not be used to judge or modify the healthcare system. With these fatalities excluded, the U.S. ranks 1st in the world on life expectancy. With them included, we rank 19th, as reported in the 2000 study cited so often by ObamaCare advocates. The studies of infant mortality may be even worse, with the comparisons of what constitutes a live birth (and thus an opportunity for mortality) substantially different across countries, with the United States holding itself to the highest standard (and thus producing worse statistics). But, this does not stop enemies of free-market healthcare from citing warped statistics showing the United States to rank well below the truth, while to a person they'd all opt to have their babies in the United States, particularly if it was a complex or premature situation. That kind of hypocrisy is simply breathtaking.

Perhaps even more insidiously, most of the U.N.'s 2000 World Health Report does not really even rank healthcare outcomes. The actual oft-quoted final rankings, with the United States ranking poorly, are an average of many different ratings, many of them explicitly about how "socialized" or "progressive" a healthcare system is. For instance, their rating system gives 25 percent weight to "financial fairness," and if one goes through their other categories you find they again are not rating who lives or dies or lives better (you know, healthcare outcomes), but how much the healthcare system has such things as "respect for persons" (this is part of the 12.5 percent weight they gave to "responsiveness," which is separate from the 12.5 percent weight they gave to "responsiveness distribution," whatever on Earth that is). The report goes further, judging these things with such objective measures as "respect for dignity" and "autonomy." In total, more than 60 percent of a country's score in this survey was some measure of progressive desires, not what you or I would call a healthcare outcome. And, as in our auto example above, much of the rest contained expressly anti-American flaws. That we pay for the United Nations to lie about us is a topic for another day.

In other words, in this often-cited study, and in many others created by the international progressive community, the U.S. healthcare system has been ranked low solely for not being one of socialized medicine. Personally, when I am told how the United States ranks on healthcare "outcomes," I want it to be about whether my kids get good treatment, not about where we stand on the U.N.'s politically correct progressive agenda. But it's this and other similar nonsense that the Obama team cited again and again to denigrate the U.S. system and push the case for radical reform. In summary, they say "we have done a survey and found we must reform our system and become more socialist, because the survey says we are not socialist enough." That's how they argue. Really.

- Part of the reason we spend more is other countries have price controls and we don't. For instance, they restrict the amount drug companies can charge much more than we do. That sounds great; price controls save us money! But if nobody pays for new drugs, they don't ever get created. Without these controls, our consumers here indeed pay more, but that funds much of the life-saving and life-extending healthcare innovation available for Americans and the rest of the world. It is frankly unfair that the world is free-riding off us. Free-riding means they let us pay for the innovation that benefits them at lower cost. But if nobody pays for the innovation, the innovation just does not happen. If we try to free-ride off ourselves, it doesn't work—innovation dies for us too. U.S. consumers paying fair prices (not government restricted artificially low prices) does lead to higher U.S. healthcare costs, but the alternative is far worse: Joining the world in severely limiting prices, and not seeing the next generations of new innovations and improvements.

ObamaCare does not throw out the crazy system we had in favor of real insurance, which would actually work, but rather enshrines and extends all the problems of an insane healthcare payment system masquerading as insurance and built as a tax dodge.

- Americans lead less healthy lifestyles than much of the developed world. Americans historically value freedom more than other countries and cultures. We value it for its own sake, even if it sometimes leads to a worse outcome. But we mostly value it because these choices are personal. Frankly, some would sacrifice some health to eat what they want and avoid the StairMaster. Freedom isn't always sugar-free. Our American choices are costing us more, and raising the healthcare cost figures progressives love to cite. But they are our choices to make, not theirs to gainsay.

I have to add that the progressive version of healthcare, where people don't pay their own way, where someone else pays for their healthcare, actually pushes people to less healthy choices because they don't bear the financial cost themselves. The market solution would impose much more of these voluntary costs on the individuals making them, and besides economic efficiency, would also make us healthier. Of course, the progressives have a solution for this, too. **They just go around banning some things, forcing you to do some other things, and scheduling our mandatory jumping jacks for 5 a.m.!** It's all for our own good, of course. Finally, if you think the recently much-discussed "can they make you eat broccoli?" hypothetical is a crazy, extreme notion, you just have not paid any attention to progressives for the last 80 years...

Pam: *It is not being a "nanny" for government, or any group, to educate the public about health issues. Michelle Obama's emphasis on childhood obesity has not "forced" anyone to eat broccoli. Government-mandated education made the dangers of smoking abundantly clear, and many, many people quit smoking. Those who still smoke find themselves outside in the rain, apologizing for their nasty habit. We learn more about the dangers of obesity every day. The Right focuses on the costs incurred; the progressives focus more on individual well being. Everyone wants Americans to be healthier, and education--public service announcements, warning labels, whatever--is the way to go. I don't know a single person who decides to get fat because he knows the insurance company will pay the medical bills. Thin people love to blame fat people. Fat people have more trouble landing a job, finding a mate, fitting into an airplane seat, wearing stylish clothes. To suffer the opprobrium of others just adds to the list of difficulties they face everyday. People make unhealthy choices all the time when they drive over the speed limit, go sky-diving, race cars around a track, ride a steeplechase. Eating that extra slice of pie should be no more punishable than bungee jumping. As the freshman told the comp teacher, "I don't need criticism; I need help."*

- We spend more on end-of-life care than more regulated societies with socialized medicine or systems closer to it. That's our choice. It's that pesky freedom thing again. How is this cost going to be reduced by ObamaCare without introducing, how do I say it without prodding the progressive beast too sharply, well, it rhymes with "meth manels"?

Pam: *What's in a name? "Death panels" sounds like a grand tribunal, where grim-faced bureaucrats send some to the hospital for more tests and the rest to the grave. If it is indeed true that the last few months of a person's life are likely to cost more than a lifetime of care, then we do need a public discussion of how we manage the end of life. Americans are not good at this. We're either in denial or else frightened out of our wits. "Triage" is a good word. The firefighters in Colorado are performing triage on the homes they're trying to save. If a house is too far gone, they move on to the next one that still has a chance of not burning to the ground. Same thing on the battlefield. The no-hopers must give way to the could-be-saved. It is not a tragedy or a loss of freedom to limit end-of-life care for an 80-yr. old if it means those health dollars could be spent on childhood vaccinations, pre-natal care, blood pressure management in a 40-yr. old, or a cardiac ablation for a 35-yr old.*

But again, that those in a free system choose to spend more than those in other less free systems on the end of their lives is not an indictment of freedom or a call for government intervention. But it does raise our costs (and invalidates comparing these costs to others).

Pam: *It may not be an indictment of freedom, but spending appreciably more on drastic treatments for the dying rather than making preventive care the priority apparently does call for government intervention, as that's the only way we're likely to set reasonable priorities.*

- The cost of a healthcare system is not just what we spend directly on it, **it is also how much the healthcare system helps or hurts the overall economy. If socialized medicine slows economic growth, then this is part of its cost, perhaps a big part, and is left out of the simple analyses** (looking at direct expenditure divided by GDP) that are so common.

Pam: *This argument is as much about philosophy as it is about policy. For some, "socialism" is a dirty word that conjures up Stepford wives and gulags and not enough toilet paper. Does an American see the same thing when he thinks of socialism as a Swede or a German does? Does an Arab in a souk see the same thing when he thinks of democracy as a Tea Partyer? The real question is whom do we want to help? Every American, who by law has the same rights as every other (god willing), or those whose luck in life has been rewarded with enough money for a week's stay in a hospital. Are some Americans "deserving," as in the "deserving poor" in Victorian England. Is there a hierarchy of worth when it comes to human beings? Is money to be the only measure of that worth? Conservatives sneer at progressives for their touchy-feely approach to difficult issues, but progressives are not naive about the costs of a first-rate health care system. We prefer to pay higher taxes, cut out the middle men, and send those tax revenues directly to doctors and medical centers. Universal coverage/single payer. Let the Dept. of Health manage the health care budget, and let Congress (not THIS one) decide what that budget should be, as it does with defense.*

- Lawyers. We got lots, they have far fewer. We can separately debate how to design our legal system (some of my libertarian friends advocate for a large role for lawyers), but the size and scope of legal action here dwarfs most of the world. It leads to doctors practicing tremendous amounts of "defensive medicine." That is, prescribing procedures and drugs not medically called for but done to "cover their assets" in the event they are sued. That adds a lot to our costs and can and should be addressed and debated completely separately from much of the above. But, rather than address it directly, progressives instead simply cite how much we spend here versus other countries, a cost driven up by trial lawyers. Of course, progressives are tremendously supported by the trial lawyer lobby, the very group driving up these costs that progressives then cite as an indictment of our system. It's really quite beautiful logic, if you can learn to appreciate the qualities of exceptionally well-designed evil.

Pam: *Malpractice insurance for doctors is exorbitantly expensive, or so I am told by my doctor friends. Many obstetricians stop delivering babies because of the high premiums for their specialty. It's not bad for doctors to practice "defensive medicine" if that care is in defense of the patient's well being. I agree that trying to do good work with a team of lawyers breathing down your neck does no one but the lawyers any good. The huge settlements awarded by juries should be reined in. If punishment is needed for a particular doctor, punish the doctor appropriately; don't give the poor patient a mega-lottery win and the lawyers a vacation in the Bahamas.*

So, the "we pay more but get nothing in return" story is simply not true. It's beyond me to do a more thorough job and make a perfect comparison across countries, but it's enough to know that their story, like the story that healthcare prices are absolutely soaring, is propaganda, and propaganda with a purpose.

In conclusion, we must remember that there are many vital things our more free American healthcare system gets right, and more right than the less free rest of the world. If you have an adequate health plan, you often get better care with shorter wait times here than elsewhere. If you have a truly devastating illness, you—**like the rest of the world who flocks here**—get the best care possible, and healthcare a more socialized system will often declare not cost effective and phase out. **You live in the country that makes far and away the most productive innovations in pharmaceuticals and healthcare in general—innovations made possible by the profit motive.**

Pam: *The U.S. government footed the bill for space exploration, so obviously innovation does not depend solely on the profit motive. Dictators and international billionaires may "flock" to the U.S. for treatment, but more and more Americans are seeking medical care abroad, where it is cheaper. I know of at least one case personally, where the individual goes to South America for even routine care and checkups, and many are going to India for heart operations. They're cheaper there and just as safe. The Canadians developed a plastic device that vastly improves the detection of lumps in the breast. Women, as well as doctors, can prevent serious illness by discovering it earlier with this simple, inexpensive tool, but insurance companies lobbied hard and long to prevent its import into the United States. Many medicines that have been used routinely in Europe are not available here. I've had babies in the U.S. and in Canada, and the Canadian experience was by far superior. Europe has led the way in improving obstetrics. Babies born in France or Holland have a better chance than a baby born in Cleveland, whose mother doesn't have health insurance or who is unmarried. The last time I looked a woman had to have been married for at least nine months before her policy would cover her. Perhaps this has changed, but if it has, I haven't heard about it. The artificial heart was invented in South Africa, the birth control pill was developed by a French doctor. America does not corner the market on innovation.*

It may sometimes be cold comfort, but you are **footing a bill** that saves a lot of lives here and worldwide. And, **while you might pay a lot, getting those innovations, and also having the right to live your life as you—not as Mike Bloomberg, Barack Obama, or a team of academics from Harvard see fit—might raise costs, but is your right as an American.**

Pam: *It's our right to life as we wish. Can't argue with that. It's your right to support a system that favors certain populations above others? It's your right to spend a gigantic amount of insurance money to extend a loved ones life by a few days or weeks? Our rights have to be balanced against those of others.*

Life is not fair, but we can work to make it a bit more fair that it is now.

So, with the Supreme Court ruling that ObamaCare is constitutional, we're all going to be working on fixing, repealing, or replacing ObamaCare. Frankly, fixing our system is not as complicated as many make it out to be. There are lots and lots of specifics I won't cover (e.g., allowing interstate competition, the role of health savings accounts, whether individual policies should be some level of deductible) but **the big ones are 1) removing employer deductibility and getting back to a system of individuals buying catastrophic insurance**, and 2) deciding through open debate, not sneaky regulation, how much we want to subsidize those who can't afford adequate healthcare or insurance, whether they are poor, have pre-existing conditions, or are adults under 26 who can't yet pay their own way.

Pam: *Health insurance should not be tied to employment. Employers should have nothing to do with it. They shouldn't have to worry about it, made business decisions based upon it, fire people because of it. Universal coverage/single payer. Most Americans will not need catastrophic insurance, but all need good lifetime health care. I don't have to fly to Boston. I could drive there much more cheaply. But I wouldn't have that choice if the government hadn't built our nation's highway system. That is NOT something I could have done on my own. Let the rich buy their Cadillac plans, but let's have a health care system that benefits the entire country, not just the lucky few.*

Finally, as a basic input to the whole discussion, we need to understand myths #1 and #4: The rising amount we spend on healthcare is not the same thing as rising prices, and often reflects good not bad developments, and the costs of our system versus others are often exaggerated, and the benefits of our system often minimized, for political purposes.

We can fix all this and maintain what's very right about our system, and retain our freedoms, but we have to let go of our myths first.

Pam: *One of the most persistent myths propagated by the Right is that "socialized" medicine curtails freedom. Not so. Every other developed country in the world has some form of socialized medicine. We are way behind the curve on this one, all because insurance companies, drug manufacturers, and lawyers make a ton of money the way things are now. On NPR this morning I heard a man talk about his factory that makes cutting edge (!) surgical instruments. There are many companies doing this sort of thing apparently. His complaint was taxes levied against small companies that are not yet profitable, but are likely to become so. Give them some breathing space. I couldn't agree more. Many states make up their budget shortfalls by increasing sales taxes, putting a greater burden on the poor. I couldn't disagree more with that. Like it or not, the fairest, most efficient, most productive tax structure is a progressive wealth tax. At the very least, investment income and capital gains should be taxed at the same rate as earned income. That is not socialism, communism, barbarism, or any other --ism. That's just fair.*

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"Roberts' Health Care Ruling Sends a Message to Politicians" by Dan Balz, *The Washington Post*

June 30, 2012, (http://www.washingtonpost.com/politics/robertss-health-care-ruling-sends-a-message-to-politicians/2012/06/30/gJQAc4BzDW_story.html)

Chief Justice John G. Roberts Jr. delivered more than a historic ruling with his opinion upholding the constitutionality of the Affordable Care Act. Deliberately or not, he sent a message to politicians about the importance of protecting the vitality and reputation of public institutions.

That's a message badly needed in Washington and nowhere more so than in the Capitol building that sits across the broad lawn from the Supreme Court. Congress is an institution designed to represent the people. It has become a body where too often its members act as if they represent only Republicans or only Democrats. No wonder so many Americans hold it in such low regard.

It is useful to remember that, in the run-up to the health-care ruling, one strong subtext of discussion and analysis was what a decision striking down President Obama's health-care law would do to the court itself. Would the court, under those circumstances, be vulnerable to the charge that it had become as politicized as the other branches of government?

Fearing defeat, Democrats were preparing to make the court a target in the fall election. They were connecting the dots, from the *Bush v. Gore* ruling that handed the presidency to George W. Bush, to the *Citizens United* decision that helped unleash a torrent of big-money contributions in this year's election cycle (a huge share of the money going to Republican super PACs), and, finally, to health care and a decision that would have been seen as toppling the president's signature first-term accomplishment.

No Supreme Court is immune from the political currents swirling at any given time. But the assumption of most Americans is that the court, of the three branches of government, should be insulated from partisan politics and careful to protect itself from being seen as aiding or abetting those partisan wars. Its decisions may offend one side or the other, but its legitimacy should remain inviolate.

Had a majority of the justices struck down Obamacare, the court — fairly or unfairly — would have become a bigger issue in the presidential campaign than usual and in ways that could have been damaging to its authority.

How much the court's place and reputation entered into Roberts's thinking may never be known. Someday, the full story of how he found his way to writing a majority opinion on the health-care case with the four liberal justices may become known. Legal and political scholars would love to know how it happened and have been speculating in the absence of hard information.

The opinion Roberts wrote was, in the estimation of some legal experts, either tortured or fiendishly clever in maneuvering toward an outcome that upheld the constitutionality of the Affordable Care Act while attempting to adhere to conservative principles aimed at restraining the power of the federal government.

One can only imagine how Obama, the former constitutional law professor at the University of Chicago, analyzed the health-care opinion on Thursday and how he evaluated the motivations of the chief justice who, surprising to some, handed him a major legal and political victory in the middle of his tight reelection campaign.

That was all the more intriguing because the president and the chief justice have had a particularly testy relationship. It began with Obama's speech outlining his opposition to Roberts's nomination in 2005. He said Roberts had the intellect and temperament to sit on the court but questioned whether he had the values and heart not to side with the strong over the weak.

Their relationship may have reached its nadir when Obama publicly rebuked Roberts and the court for the *Citizens United* decision as the justices sat uncomfortably before him in the House chamber during his 2010 State of the Union address.

Roberts's detractors believe that he reinterpreted what Congress said in the legislation to find a legal justification for upholding it — by defining the individual mandate, the most controversial part of the act, as a tax. For that, he is taking considerable heat from conservatives. Coincidentally, he handed GOP presidential candidate Mitt Romney and the Republicans a new justification to attack Obama for raising taxes.

Roberts said in his opinion that he was not making a judgment about the wisdom of the policy; he said only that it was constitutionally permissible. He has thrown the debate over health care back into the political arena for adjudication in November and perhaps beyond. Those who looked to the court to redress political grievances over a health-care law that was passed on a party-line vote have the opportunity to win their case in the court of public opinion, which is the right place given all its history.

In his act of judicial activism, as some of his critics have described it, Roberts demonstrated restraint of a different kind — a bow to the political branches of government to exercise their powers within the broad framework of the Constitution. If it was judicial activism, it was in the service of institutional deference.

The ruling was handed down at the close of a week in which Congress finally approved a transportation bill and a measure that prevented student-loan interest rates from rising. The actions came after months of discord and against strict deadlines that would have imposed hardship on students and transportation workers had Congress not found agreement.

The passage of the two bills is an exception in an institution that is a forum more often used to advance partisan agendas or to seek political advantage in the next election. The public image of Congress is historically low. The successes of the past few days aren't likely to do much to enhance its dismal image in the eyes of the public.

The chief justice helped remind the country that each branch of government has particular powers, responsibilities and obligations. The legislative branch is designed for partisan debate — occasionally, angry partisan debate — but, ultimately, it is there to make laws and solve problems that it alone can solve. On many big issues, Congress has ducked or deferred, with members hoping that with the next election, they will be given a mandate — and the majorities required — to do what they want with minimal compromise.

That the country is polarized is beyond question. Obama has proved to be a divisive president, despite his insistence that he is open to compromise and accommodation. Congress reflects and feeds that polarization. As a result, as an institution, it enjoys little public confidence or respect. Congress has become an arena not to solve problems, but to avoid solving them. Even Americans with sharply partisan views find that distasteful.

Congress will get another chance to show leadership after the election, when a series of fiscal issues come to a head. If, for political reasons, the leaders choose to postpone some of the hard decisions, they will have to face them in 2013.

On one of the most politically charged cases in years, the chief justice chose to exercise the leadership that goes with his position. He may have protected his institution at the same time. The members of Congress have not done that very often in recent years. That is one lesson they can take away from the court's historic ruling.

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| 20120702-06 | 12:57 | Dennis | "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" |
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"Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" by Dan Treadway, Huffington Post

June 29, 2012, (http://www.huffingtonpost.com/daniel-treadway/hate-obamacare-dont-worry_b_1634706.html)

On the heels of the announcement of the Supreme Court's decision to uphold the majority of the Affordable Care Act, BuzzFeed released a compilation of tweets by outraged citizens claiming that they were going to move to Canada in an effort to avoid Obamacare.

While I may not agree with their utter disappointment at the prospect of roughly 40 million uninsured Americans being granted access to affordable health care, as a dual citizen of the U.S. and Canada, I feel somewhat of a responsibility to inform these people, in addition to those who have similar feelings but somehow held back from voicing them on Twitter, that Canada probably isn't the best place to go to avoid universal health care. In fact, it hasn't been since 1966.

While this may come as a disappointment to some who were hoping to blissfully drink Tim Horton's coffee while observing impoverished people die from treatable ailments, fear not: There are plenty of countries that you can move to where you'll have absolutely no government-mandated access to health care.

Perhaps you might consider moving to Haiti. Not only would you be able to dodge socialist doctors, but you might be able to avoid medical professionals altogether: The country only has 25 physicians per 100,000 people. While access to clean water may be a bit spotty, this is more than made up for by the short life expectancy and the absence of Barack Obamas. Pack your swimsuit!

But maybe Haiti is still a little too close to our socialist empire for comfort. (Dear God, what if America's newfound brand of Marxist, fascist dictatorship were to spread?!) Don't worry, because the majority of the continent of Africa is far away from both Obamacare -- and any sort of care whatsoever. In fact, for you diehard libertarians who hate having your government provide things, there aren't many places better-suited for you than Liberia. Not only will the Liberian government not provide you with health care, but it will also fail to provide for just about every other basic human need. It's no coincidence that the country's motto is, "The love of liberty brought us here," because nothing represents the anti-Obamacare brand of liberty than a very high risk of catching a serious infectious disease and a low likelihood of finding the resources to treat it. As a bonus for you fans of the Second Amendment who feel that it's necessary to have a gun on you at all times, you're going to love this beautiful land where that's probably a pretty good idea.

Now, I know what you're thinking: "But what if I hate Obamacare and also love human-rights violations? Where can I live to satisfy both these passions?" Worry not, friend, because I have four beautiful syllables for you: Turkmenistan. The former Soviet region not only abolished its free public health care in 2004, but it was also once again named as a chronic abuser of human rights by the United States State Department this past May.

There's really no reason to suffer through the grave injustice of universal health care when there is such a robust sampling of countries that (are not industrialized and) will happily allow you to not experience Obamacare. Granted, many have been plagued by poverty, unemployment, and civil war, but how is living in those conditions that different from life under the Obama administration? Have you seen that Rick Santorum ad? Spooky!

Of course, your other option is to continue to utilize your private health-care plan, as you are entitled to do, while taking pride in the fact that your country, which currently spends much more per capita on health care than any other nation in the world, has found a way to increase coverage for its citizens while reducing the deficit.

On the other hand, I hear Bangladesh is lovely this time of year.

[20120702-15](#)

16:03 Art

Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to Dennis, above)

Good one, but I fear these just pass over the heads of conservatives.

[20120702-10](#)

14:16 LarryK

Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to Dennis, above)

Saying that Haiti or Liberia is a model for Libertarianism, is like saying Cuba, Venezuela and North Korea are models for health care.

[20120702-12](#) 15:34 SteveB Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to LarryK, above)

Mmmm...but Cuba is a model for healthcare, Larry

To me, it's more like saying that if a person believes the government should provide no services for its citizens, he or she should move to one of the countries where the government provides only a level of services acceptable to Ron Paul, rather than trying to destroy the U.S.

From FotM Newsletter #172. Which part of the world does it look like the U.S. belongs with—not Cuba or Europe or Japan—Haiti, Bangladesh, India, Africa?



From our partners at *The Atlantic*: **The U.S. stands almost entirely alone among developed nations that lack universal health care.** (<http://wapo.st/MJE0Cu>.)

[20120702-16](#) 16:09 Art Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to LarryK, above)

Actually, Cuba does have pretty good health care. I think in aggregate, they have longer life spans than we do.

[20120702-18](#) 16:14 Dennis Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to Art, above)

Yes, Art, Cuba ranks 36th in life expectancy. The U.S. ranks 38th. So why are we lower than a pi*s poor thrid world totalitarian state?

[20120702-20](#) 16:20 SteveG Re: "Hate Obamacare? Don't Worry, Here Are Some Countries You Can Move To" (reply to all, above) & "Cuba Life Expectancy at Birth"

"Cuba Life Expectancy at Birth" Index Mundi/CIA World Factbook

Life expectancy at birth: total population: 77.7 years.
Male: 75.46 years.
Female: 80.08 years (2011 est.).

Definition: This entry contains the average number of years to be lived by a group of people born in the same year, if mortality at each age remains constant in the future. The entry includes total population as well as the male and female components. Life expectancy at birth is also a measure of overall quality of life in a country and summarizes the mortality at all ages. It can also be thought of as indicating the potential return on investment in human capital and is necessary for the calculation of various actuarial measures.

http://www.indexmundi.com/cuba/life_expectancy_at_birth.html

[20120702-17](#) 16:11 Dennis Health Reform Quiz

Take this ten question quiz to see how much you know about Obamacare. I just got all ten correct, better than 99.6% of all Americans. So please do not anyone ever tell me again that I have my head up my a*s!

<http://healthreform.kff.org/quizzes/health-reform-quiz/>

[20120702-19](#) 16:15 SteveG Re: Health Reform Quiz (reply to Dennis, above)

I got 10 right also, so we must know what we are talking about!

[20120702-22](#) 17:03 SteveB Re: Health Reform Quiz (reply to Dennis, above)

I'm a rebel. You still have your head up your ass, Dennis. (I couldn't resist such an opportunity!)

Just kidding. I only got 9 out of 10, but beat 97% of Americans, 100% of Republicans.

Good quiz.

We've all been educated by Friends of the Middle (each other!) by this point in time, I guess...

[20120702-02](#) 11:42 Dennis Re: "Conservative Southern Values Revived..." (reply to Art & LarryK, FotM Newsletter #172)

The real significance of the Alamo is that it became a profitable tourist attraction, not to mention a profitable stock photo subject.



©DennisCox/WorldViews

[20120702-03](#) 12:23 Dennis Video: "Bail Out The Bankers? Iceland ARRESTED Them & Look What Happened"

Justice Denied: Bailing out Wall Street failed. This is what should have been done with the bankers....

"Bail Out The Bankers? Iceland ARRESTED Them and Look What Happened" by Rollie Williams, Upworthy

June 28, 2012, Video: (http://www.youtube.com/watch?v=xt4Z3rm4r-4&feature=player_embedded) or (<http://www.upworthy.com/bail-out-the-bankers-iceland-arrested-them-and-look-what-happened>)

[20120702-04](#) 12:26 Art Re: "Bail Out The Bankers? Iceland ARRESTED Them & Look What Happened" (reply to Dennis, above)

Thanks, Good stuff and follows the line we all have been thinking that, if you have money in the hands of actual people, things go pretty well economically. Of course, the downside is how are we going to keep those corporate jets flying?

[20120702-07](#) 13:00 Pam Re: "Bail Out The Bankers? Iceland ARRESTED Them & Look What Happened" (reply to Dennis, above)

This is terrific. I hate to admit it, but I think there's a log of corruption in Washington, and it's hiding behind the American flag.

Little tidbit from a *Washington Post* article today on the Colorado fires. The article claimed the fires were an outcome of Global Warming, so I am sure all Republicans consider it a Communist planted article.

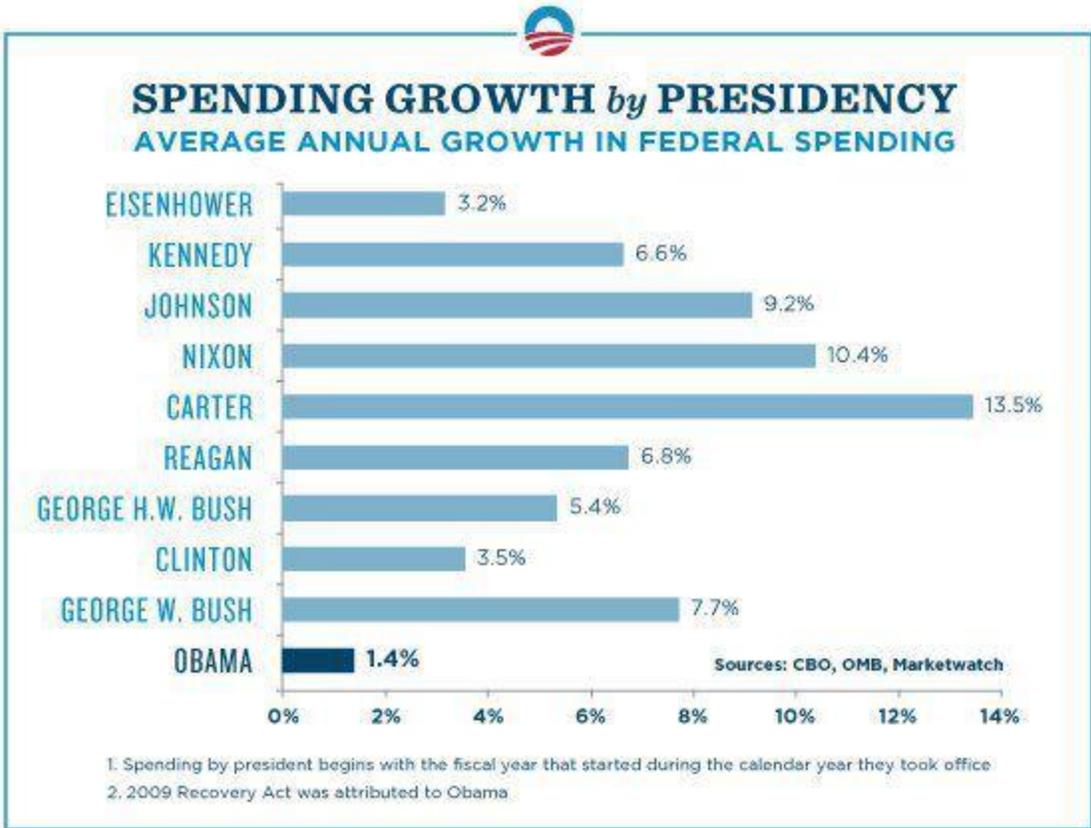
At any rate, the below caught my eye.

"Colorado is in the middle of 'a terrible dry period,'" Henson said. "The snowpack statewide was less than 3 percent of the normal level on June 1, about the time the fires started."

Less than 3 % of normal levels!!!!!!

If this was an anomaly, that would be one thing but it is all part of a growing pattern. We have a problem. Republican solution: the Keystone pipeline.

Conservative in the White House...This is not what Fox News says about Obama:



The bottom 40% of Americans own 2% of the nation's wealth. How is having them carry nearly twice the tax burden of corporations going to reduce the federal deficit?



Now here's an interesting little fact. I do hear all the time from my conservative that half the Americans don't pay taxes. Of course, that begs the question to me, are they so poor that they fall out of the grid? Also, it's not really true since payroll taxes aren't included in that figure.

Anyone dispute this?

"Income Inequality is America's Biggest Challenge: United Nations Economist" by Morgan Korn, Yahoo! News

July 1, 2012, (<http://finance.yahoo.com/blogs/daily-ticker/income-inequality-america-biggest-challenge-says-united-nations-162328171.html>) (w/ video)

In *The Measure of a Nation: How to Regain America's Competitive Edge and Boost Our Global Standing* statistician and United Nations health economist Howard Friedman compares the United States to 13 other wealthy nations in five key categories: health, education, safety, democracy and equality. His analysis and conclusions are alarming: the U.S. has fallen far behind in most of these areas, causing the nation to become "the Dog" when juxtaposed to its Asian and Western European competitors.

He backs up his assertions with sobering examples: the U.S. health care system — widely touted as the best in the world by the U.S. health care industry — ranks 37th in the world by the World Health Organization. France and Italy hold the top two spots. The U.S. also spends two to four times more on health care than any other country but the

U.S. also has the lowest life expectancy. "That's the worst ROI you can imagine," Friedman says in the accompanying video.

The U.S. also used to "enjoy the highest rate of college education in the world but has become the Middle Child today," Friedman writes in the book.

America even ranks poorly in levels of voter participation.

The data Friedman tested and measured may show the U.S. lagging in these cross-country comparisons but our track record can change, he says, if Americans are willing to seriously observe and learn from other countries. Part of the problem stems from the U.S. political process "which really does prevent a lot of meaningful change from happening" and from jaded Americans who have become ignorant of the country's economic and societal decline, Friedman argues.

"Americans don't realize that a lot of our practices aren't normal," he says. "And they're not typical of wealthy countries. They're really far behind the curve. So I think awareness is an issue. I think there is some complacency that goes on as well. We're not at a point where people feel the need for change."

According to Friedman, the biggest challenge for the U.S. centers on the nation's rising income inequality, a problem that led to the Occupy Wall Street protests and one that has become a central theme of President Obama's reelection campaign. The U.S. "has substantially higher levels of income and wealth inequality than our competition," according to Friedman, and Americans' "staunch faith" in U.S. meritocracy is a misconception derived from false notions.

"The U.S. has far less social mobility than other wealthy countries," he says. "The American dream of this social mobility actually turns out to be a myth. The top student from a poor neighborhood has roughly the same chance of graduating college as the worst student from a wealthy neighborhood. That's not a meritocracy. And that leads us to a system where those who have the most will continue to have more and more and the rest will struggle."

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| 20120702-13 | 15:35 | Dennis | Re: "Income Inequality is America's Biggest Challenge: United Nations Economist" (reply to SteveG, above) |
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from SteveG:

"The U.S. has far less social mobility than other wealthy countries...."

Actually social mobility has been accelerating....downward. Doesn't that count?

| | | | |
|-----------------------------|-------|--------|---|
| 20120702-14 | 15:43 | SteveG | Re: "Income Inequality is America's Biggest Challenge: United Nations Economist" (reply to Dennis, above) |
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Nice Republican twist/spin you sarcastically placed on the information. It really is scary and unless something major happens I really don't see it changing. The House is going to have its 31st vote to repeal the Affordable Care Act. Persistent SOB's aren't they?

You right-wingers will like the part about being lied to by Barack Obama.

"A Lesson from Crazy Horse" by Chris Hedges, Truthdig

July 2, 2012, (<http://truth-out.org/opinion/item/10107-chris-hedges-time-to-get-crazy>)



Chief Crazy Horse (Image: [Jared Rodriguez / Truthout](#))

Native Americans' resistance to the westward expansion of Europeans took two forms. One was violence. The other was accommodation. Neither worked. Their land was stolen, their communities were decimated, their women and children were gunned down and the environment was ravaged. There was no legal recourse. There was no justice. There never is for the oppressed. And as we face similar forces of predatory, unchecked corporate power intent on ruthless exploitation and stripping us of legal and physical protection, we must confront how we will respond.

The ideologues of rapacious capitalism, like members of a primitive cult, chant the false mantra that natural resources and expansion are infinite. They dismiss calls for equitable distribution as unnecessary. They say that all will soon share in the "expanding" wealth, which in fact is swiftly diminishing. And as the whole demented project unravels, the elites flee like roaches to their sanctuaries. At the very end, it all will come down like a house of cards.

Civilizations in the final stages of decay are dominated by elites out of touch with reality. Societies strain harder and harder to sustain the decadent opulence of the ruling class, even as it destroys the foundations of productivity and wealth. Karl Marx was correct when he called unregulated capitalism "a machine for demolishing limits." This failure to impose limits cannibalizes natural resources and human communities. This time, the difference is that when we go the whole planet will go with us. Catastrophic climate change is inevitable. Arctic ice is in terminal decline. There will soon be so much heat trapped in the atmosphere that any attempt to scale back carbon emissions will make no difference. Droughts. Floods. Heat waves. Killer hurricanes and tornados. Power outages. Freak weather. Rising sea levels. Crop destruction. Food shortages. Plagues.

ExxonMobil, BP and the coal and natural gas companies—like the colonial buffalo hunters who left thousands of carcasses rotting in the sun after stripping away the hides, and in some cases carrying away only the tongues—will never impose rational limits on themselves. They will exploit, like the hustlers before them who eliminated the animals that sustained the native peoples of the Great Plains, until there is nothing left to exploit. Collective suicide is never factored into quarterly profit reports. Forget all those virtuous words they taught you in school about our

system of government. The real words to describe American power are "plunder," "fraud," "criminality," "deceit," "murder" and "repression."

Those native communities that were most accommodating to the European colonists, such as the peaceful California tribes—the Chilulas, Chimarikos, Urebures, Nipewais and Alonas, along with a hundred other bands—were the first to be destroyed. And while I do not advocate violence, indeed will seek every way to avoid it, I have no intention of accommodating corporate power whether it hides behind the mask of Barack Obama or Mitt Romney. At the same time, I have to acknowledge that resistance may ultimately be in vain. Yet to resist is to say something about us as human beings. It keeps alive the possibility of hope, even as all empirical evidence points to inevitable destruction. It makes victory, however remote, possible. And it makes life a little more difficult for the ruling class, which satisfies the very human emotion of vengeance.

"Whenever the legislators endeavor to take away and destroy the property of the people, or to reduce them to slavery under arbitrary power," wrote the philosopher John Locke, "they put themselves into a state of war with the people who are thereupon absolved from any further obedience."

The European colonists signed, and ignored, some 400 treaties with native tribes. They enticed the native leaders into accords, always to seize land, and then repeated the betrayal again and again and again until there was nothing left to steal. Chiefs such as Black Kettle who believed the white men did not fare much better than those who did not. Black Kettle, who outside his lodge often flew a huge American flag given to him in Washington as a sign of friendship, was shot dead by soldiers of George Armstrong Custer in November 1868 along with his wife and more than 100 other Cheyenne in his encampment on the Washita River.

The white men "made us many promises, more than I can remember," Chief Red Cloud said in old age, "but they kept but one. They promised to take our land, and they took it."

Native societies, in which people redistributed wealth to gain respect, and in which those who hoarded were detested, upheld a communal ethic that had to be obliterated and replaced with the greed, ceaseless exploitation and cult of the self that fuel capitalist expansion. Lewis Henry Morgan in his book "League of the Iroquois," written in 1851 after he lived among them, noted that the Iroquois' "whole civil policy was averse to the concentration of power in the hands of any single individual, but inclined to the opposite principle of division among a number of equals. ..." This was a way of relating to each other, as well as to the natural world, that was an anathema to the European colonizers.

Those who exploit do so through layers of deceit. They hire charming and eloquent interlocutors. How many more times do you want to be lied to by Barack Obama? What is this penchant for self-delusion that makes us unable to see that we are being sold into bondage? Why do we trust those who do not deserve our trust? Why are we repeatedly seduced? The promised closure of Guantanamo. The public option in health care. Reforming the Patriot Act. Environmental protection. Restoring habeas corpus. Regulating Wall Street. Ending the wars. Jobs. Defending labor rights. I could go on.

There are few resistance figures in American history as noble as Crazy Horse. He led, long after he knew that ultimate defeat was inevitable, the most effective revolt on the plains, wiping out Custer and his men on the Little Big Horn. "Even the most basic outline of his life shows how great he was," Ian Frazier writes in his book "Great Plains," "because he remained himself from the moment of his birth to the moment he died; because he knew exactly where he wanted to live, and never left; because he may have surrendered, but he was never defeated in battle; because, although he was killed, even the Army admitted he was never captured; because he was so free that he didn't know what a jail looked like." His "dislike of the oncoming civilization was prophetic," Frazier writes. "He never met the President" and "never rode on a train, slept in a boarding house, ate at a table." And "unlike many people all over the world, when he met white men he was not diminished by the encounter."

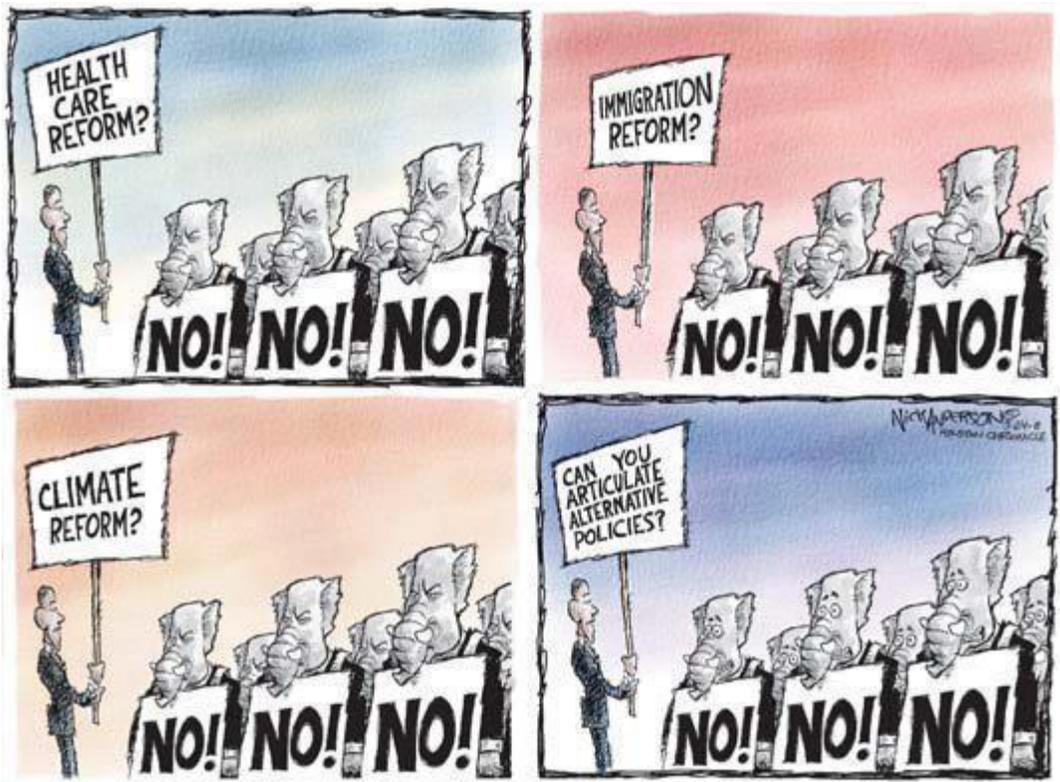
Crazy Horse was bayoneted to death on Sept. 5, 1877, after being tricked into walking toward the jail at Fort Robinson in Nebraska. The moment he understood the trap he pulled out a knife and fought back. Gen. Phil Sheridan had intended to ship Crazy Horse to the Dry Tortugas, a group of small islands in the Gulf of Mexico, where a U.S. Army garrison ran a prison with cells dug out of the coral. Crazy Horse, even when dying, refused to lie on the white man's cot. He insisted on being placed on the floor. Armed soldiers stood by until he died. And

when he breathed his last, Touch the Clouds, Crazy Horse's seven-foot-tall Miniconjou friend, pointed to the blanket that covered the chief's body and said, "This is the lodge of Crazy Horse." His grieving parents buried Crazy Horse in an undisclosed location. Legend says that his bones turned to rocks and his joints to flint. His ferocity of spirit remains a guiding light for all who seek lives of defiance.

(Chris Hedges spent nearly two decades as a foreign correspondent in Central America, the Middle East, Africa and the Balkans. He has reported from more than 50 countries and has worked for *The Christian Science Monitor*, National Public Radio, *The Dallas Morning News*, and *The New York Times*, for which he was a foreign correspondent for 15 years.)

[MARVELOUS, DENNIS! I have always loved Native American culture and history and have always found lessons applicable to life and art. So many great people so despised... "Pesky Redskins!" --SteveB]

20120702-24 23:57 SteveG Cartoon: No! No! No!





<http://www.snopes.com/photos/accident/mooseheads.asp>



Steven W. Baker (SteveB), Editor/Moderator

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