



## The Liberal Mind

By **John C. Goodman**

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Have you ever noticed that people on the left hold the public sector and the private sector to a different set of standards? If a public official and a private citizen commit the exact same wrongful act, the private citizen will be judged much more harshly.

Consider this revelation in the news the other day:

- Arizona...plans to limit adult Medicaid recipients to 25 days of hospital coverage a year, starting as soon as the end of October.
- Hawaii plans to cut Medicaid coverage to 10 days a year in April.
- Other states have already limited hospital stays under Medicaid: the limit is 45 days in Florida, 30 in Mississippi, 24 in Arkansas and 16 in Alabama.

What if you are in Hawaii and you need 15 days of hospital care instead of 10? Apparently you must pay out of your own pocket or forgo needed care.

What was the reaction to this news in the left wing press? Virtual silence. It was ignored by the editorial page of *The New York Times*, which ordinarily has an opinion on almost everything. Ditto for *The Washington Post* and *The New Republic*. Can you imagine the outrage that would have ensued if BlueCross had done the same thing?

Two provisions in the health reform act (ObamaCare) make this apparent double standard even more surprising. First, private insurers will not be allowed to have *any* annual or lifetime caps whatsoever on the amount they will spend on an enrollee under the new law. At the same time, half of the newly insured under the act will be enrolled in Medicaid — where the limits will apparently border on the unconscionable!

The inability to judge private and public programs by the same set of ethical norms has long affected left-of-center thinking.

If a private insurance company denies a breast cancer patient a bone marrow transplant, that's considered a moral outrage — even if the procedure is experimental and is later shown not to work anyway. If the Arizona Medicaid program denies people organ transplants that do work and save lives, that is considered an unfortunate budget issue.

If **25,000 British cancer patients die every year** because the National Health Service won't buy the drugs that would have prolonged their lives and they cannot afford to pay for those drugs out of their own pockets, that is considered, again, an unfortunate budget problem. But if even one uninsured American dies prematurely because he or she cannot afford those very same drugs, that is ethically unacceptable.

Many people in health policy viscerally dislike the idea of private Medicare Advantage plans. They instead would like to see everyone in conventional Medicare — a public plan. You would be amazed at how many otherwise knowledgeable people are completely unaware of the fact that **Medicare is not actually run by the federal government**. It's run by private contractors, including such private insurers as Cigna and BlueCross.

The view that public Medicare is good and private Medicare is bad really amounts to saying that when BlueCross is called "Medicare" it is good and altruistic, but when the same company is called "private insurer" it is bad and selfish. It makes no sense, but there are a lot of people on the left who think exactly that way.

If I can indulge in a bit of psychoanalysis, I believe most people on the left care much more about process than they care about results.

Take the Canadian health care system. I've engaged in many, many debates through the years over whether it's better than our own. On such occasions I point out that (a) the U.S. system is more egalitarian than the Canadian system (and more egalitarian than the health systems of most other developed countries as well!), (b) uninsured Americans get as much or more preventive care than insured Canadians (as many or more mammograms, PSA tests, colonoscopies, etc.), (c) low-income whites in the United States are in better health than low-income whites in Canada,

(d) although minorities do less well in both countries, we treat our minority populations better than the Canadians do, and (e) even though thousands of people in both countries go to hospital emergency rooms for care they can't get anywhere else, people in our emergency rooms get treated quicker and better than they do in Canadian emergency rooms. [Interested readers can find all of this and more at **my blog**.]

Now I know what you are wondering. Have I ever convinced anyone to change his mind with such arguments? Not on your life. Not when the opponent was a real, true blue collectivist. What I discovered after many frustrating conversations with people who seemed perfectly rational throughout was that those who like the way health care is organized in Canada do not like it because of any particular result it achieves. They like it because they like the process.

In Canada, what care you receive, where you receive it and how you receive it is not determined by individual choice and the marketplace. It is determined collectively. For collectivists, that's an end in itself.