

Code Red [Ink]: Hidden Assumptions, Unhealthy Statistics

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September 4, 2006

The just-released “Code Red” report alleges a health care crisis in Texas because 25.1 percent of us are without health insurance. The path to tyranny and poverty is paved with good intentions and misleading statistics.

“Code Red” assumes that a 25.1% ‘un-insurance rate’ means 25.1% cannot purchase health care, which is unacceptable, and that government intervention is the solution, not the problem. Credible leadership is needed to address each of those questionable assumptions and avert a renewed government assault on our prosperity, liberty, and the well-being of the sick and injured.

The uninsured are a constantly changing set of people. The much more informative, rarely published number is the long-term uninsured. Many counted as part of the 25.1% are briefly between jobs, and others have simply made an economic decision to not spend their limited funds on expensive health insurance and pay out of pocket if necessary. Based on a quick internet search, I estimate that only about ten percent of Texans lack non-emergency room access to health care for an extended period; a much less scary number than 25.1%. We need to demand that our leaders - the people with their hands in our pockets – deliberate on the basis of relevant numbers, not sensationalist, misleading numbers.

With a clearer picture to work from, we can discuss the underlying assumptions. Many people equate ‘no insurance’ with ‘no access’ because health care and health insurance has gotten very expensive. Because of past government interventions, prices have shot up because hardly anyone directly pays for their own health care. Do it doc, someone else is picking up the tab. Now that our policies have driven up the prices to those outside the ‘someone else will pay’ club, many people demand additional government intervention to address the impact of that.

Many assume that the earnings of the successful should be taxed to pay for care for those who do not earn enough to buy it for themselves; that those who earn little should not have to rely on charity. As we expand ‘rights’ to the earnings of others, we move towards socialism; certainly with good intentions, but the effects are the same. Liberty and prosperity retreat across the board. Even our poor are better off than the average citizen in the socialist paradises of North Korea and Cuba.

Do we want the same political process that created ‘Nation at Risk’ quality public schooling to have a larger role in the delivery of our health care? In so-called single-payer, Government-controlled health care systems around the world, patients have lost freedom of choice, and the sick are literally dying while on wait lists for critical care.

It's going to take exceptional leadership to separate sympathy and politics. Increasingly, as medical technology advances, it is impossible to promise universal access to everything that we know how to do. Attempting to do so, or just failure to face this economic reality, will reduce the efficiency of the entire system. That means longer wait times, higher prices, and lower quality care.