



The Daily Dish

Reality Check-Up

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Even with a new president in the White House and a new administration in the executive branch, the left's assault on the U.S. health care system continues unabated. Its most vocal critics - Senator Bernie Sanders, for example - argue that the key problem is essentially poor productivity. As he put it [recently](#), "Our life expectancy is substantially lower than many other countries around the world, including countries like Portugal that spend a fraction of what we spend on health care."

This rhetoric pulls at the heart strings, is a guaranteed crowd-pleaser, and is totally off-point. The reality is that most of what makes us healthy or unhealthy has nothing to do with health care. The [vast majority of our health](#), more than 80 percent by most estimates, is determined by genetics, environment, diet, exercise, and other factors such as the use of alcohol, drugs, and tobacco. If you want to improve health, this is where you should focus.

So, if most health outcomes are determined by individual choices, what is health care for? Health care is about access to good preventive care and, especially, to the most innovative treatments when, God help us, we need them. America does *that* better than any country in the world. If you need innovative diagnostics and the latest treatments, you can put socialized systems around the globe in your pipe and smoke 'em. (But don't; see the determinants of health, above.)

Notably, critics of the U.S. system aren't targeting their efforts at improving it. Instead, their goal is to replace the U.S. system with one that is government-run, directly employs doctors and hospitals, and makes every decision regarding care, medicine, and medical investments. The result is that political decisions alone will govern which new treatments deserve investment. While the facts on the ground around the world make clear this is a step in the wrong direction, proponents of single payer maintain the fantasy that this will provide universal improvement in access to care.

This is a half-truth - and the full truth is that, when countries select their health care regime, they waded through a series of trade-offs that determine the strengths and weaknesses of their systems. By and large, the European countries chose systems that prioritized the values of low cost (individual, not collective) and equality, mostly to the detriment of innovation and service. The most honest argument for a socialized system isn't that it will provide better care but that it will provide equal care - equal, yes, but generally worse in most other regards. It is no surprise that, for a great number of Britons, the option to secure private insurance over National Health Service coverage is [generally viewed as an upgrade](#).

More generally, these systems are creating a crisis in the access to the most basic and humane care. Or even a room. In the United Kingdom, patients are parked in [corridors](#) and subjected to horrific conditions. In Canada, cancer patients often [cannot get drugs](#), even if they are approved, and sometimes they are then taken away. And long waits are the global shared misery of these systems. Canada just reached a record [30 weeks](#). (That's nearly two football seasons for those keeping score at home.)

The upshot is that U.S. health care system isn't perfect - far from it - but replacing it with one in which the government dictates every aspect of care will inevitably lead to less access, not more. To further this discussion, AAF is starting a new initiative, "Reality Check-Up: The Truth About Single-payer Systems" about how other countries' health systems perform and to provide fact-based comparisons with the U.S. health care system. Stay tuned.