SINGLE-PAYER HEALTH CARE: AMERICA ALREADY HAS IT

PETE HEGSETH

Would a government-run, Canadian-style health care system work in the United States, a nation of 320 million people?

Well, we already know the answer. Just ask America's veterans—they've had government-run health care for decades.

The U.S. Department of Veterans Affairs (known as the VA) runs the largest hospital and health care system in America. The VA employs over 340,000 people—twice the size of the Marine Corps. And it has a $180 billion annual budget, making it the second largest department in the Federal Government. Only the Department of Defense budget is bigger.

The VA is a true single-payer health care system. It runs over 150 hospitals and 1,400 community-based clinics across all 50 states. The doctors, nurses, administrators – everyone that works for the VA – is a government employee. The system actively serves some 7 million patients—one-third of the 21 million veterans alive in the U.S. today.

Sounds impressive, right?

But for the past few decades—and especially for veterans of the war in Vietnam, as well as the wars in Iraq and Afghanistan, where I served—the VA has been an abysmal failure: inefficient, bureaucratic and sometimes deadly.

Among veterans, horror stories about the VA abound. These stories were tragically brought to light in 2014, when whistleblowers in Phoenix revealed that 1,700 veterans there had waited an average of 115 days just to receive an initial appointment. According to the VA's official policy, that wait time should have been no more than 14 days.

As if that wasn't bad enough, the Phoenix VA then lied about it, releasing falsified waiting lists to the public to cover its tracks.

Phoenix turned out to be the norm, not the exception. The VA's inspector general found systemic problems across the country.

In Fort Collins, Colorado, for example, clerks were instructed to falsify records to show that doctors were seeing more patients than they actually were.

In Columbia, South Carolina, delays in diagnosis and treatment directly led to the deaths of multiple patients. The VA program there had nearly 4,000 backlogged appointments despite

a $1 million grant earmarked to reduce delays.

And in the VA's hospital in Pittsburgh, in 2011 and 2012, there was an outbreak of Legionnaires' Disease that officials knew about for more than a year before informing patients. At least six veterans died as a result.

The Obama Administration's own Deputy Chief of Staff, Rob Nabors, revealed that VA health care has a "corrosive culture" with "significant" and "systemic failures."

The politicians' response to this debacle? Spend more money -- a lot more money. The VA's budget has almost doubled since 2009. They've hired 100,000 new people in the past decade. Wait times have actually gone up, yet not one administrator was fired for the wait-list scandal.

The real solution to the problem is not more government, more money, and more bureaucracy; it's more competition, accountability, and transparency. Let the money follow the veteran. If veterans were given vouchers that they could use at any health care provider – private or government – they would control their own care. This, in turn, would force the VA to compete for their business, encouraging staff to treat patients as customers, not just as names on a waiting list.

Until then, veterans will remain at the mercy of politicians and bureaucrats who continue to insist that the government can deliver quality and timely health care despite overwhelming evidence to the contrary.

The reality is that it can't.

This probably best explains why two-thirds of all veterans – 14 million people – don't use the VA at all. And those who do use the VA still get 75 percent of their healthcare outside of the VA system even though they have to pay more for it.

In short, whoever can afford not to use the VA doesn't use the VA.

Hardly a ringing endorsement of the system.

So, could government-run, Canadian-style health care work in the United States?

Given America's experience with the government-run, single-payer VA, why would we even want to try?

I'm Pete Hegseth for Prager University.