# Exotic Solution to Preserving High-Quality Medical Care

July 7, 1994 *by Phyllis Schlafly*

The Clinton health bill may be dead, but its components are very much alive in the various bills that are being haggled over this month in Congressional committees. The liberals seem determined to give us a national health board, a one-size-fits-all benefit package that every-one will be forced to buy regardless of need or choice, price controls, rationing through gatekeepers, and some kind of mandate for taxes.

Representative George Miller, one of the principal pushers for federal daycare and for federalizing all education (including private schools and homeschools), says the liberals have waited 30 years for the opportunity to take over health care, and now is the time. Senator Jay Rockefeller says that the Democrats are going to give Americans a health bill whether they want it or not.

America today has the best health care in the world and 81 percent are satisfied with their present insurance. That's why people from all over the world want to come here - they want treatment from our superior specialists and technology and our wonder drugs that substitute for surgery.

America's poor in 1994 have access to better health care than our middle class enjoyed in 1950. Middle-class Americans today have high quality health care greatly exceeding what the wealthiest could buy in 1950.

On Tom Brokaw's recent two-hour NBC health care program starring Hillary Rodham Clinton, several people were given time to extol the supposed advantages of Canada's socialized medicine. Funny thing, though, while we hear about a great many Canadians coming to the United States for medical treatment, we don't hear about any Americans going north of the border for health care.

If the government takes over the practice of medicine through any of the Clinton or Clinton Lite bills, the best and the brightest physicians will opt out rather than let petty bureaucrats tell them how to practice medicine or care for their patients. When Canada socialized its health care system, 10,000 specialists immigrated to the United States.

The same exodus happened when England adopted socialized medicine in the 1950s. While Britain was offering mediocrity and income caps in order to pay for the welfare state, America offered private enterprise and commensurate pay.

So, Britain's brightest physicians immigrated to the United States where they could use their medical, engineering and entrepreneurial skills. Britain's brain drain was our gam.

Talk to some of our country's specialists and you will hear frightening forecasts. You will find that many of our best physicians are planning to opt out; if they are over 50, they will probably retire now; if they are under 50, they are talking about setting up facilities outside the country, beyond the reach of Clinton's medical

commissars.

Some of them have already traveled overseas to investigate sites in Scotland, Switzerland, and even in former Communist countries. Mexico might not be a safe haven under NAFTA's regulations.

Dr. Richard Mark Conway, a Texas physician, has an original twist to these ideas. He suggests an ingenious way to set up medical facilities within the borders of our country but outside the reach of Donna Shalala's regulators: on Indian reservations!

Slightly more than 200 of the *545* federally recognized American Indian tribes in the United States offer legalized gambling, free from federal and state control. Even more are deliberating other adaptations of the gambling loophole.

Using Dr. Conway's idea, each tribal enclave could become an oasis of opportunity for headquartering America's finest medical practitioners along with pharmaceutical development and sale of existing and new medicines. It is unthinkable that Native Americans would accept casinos and reject 24-carat health care.

Let's call them Medical Enterprise Zones. Under private enterprise and competition, quality would be maintained while costs would come down when physicians and pharmaceutical firms were freed from the oppressive government bureaucracies of CLIA (lab), EEOC, OSHA, COLA (Commission on Office Lab Accreditation), and HCFA.

These Medical Enterprise Zones could become the prime destination of American and foreign travelers seeking the most innovative medical treatment, drugs, and alternative medicine. Wall Street could easily raise the necessary funding to build hospitals and clinics, pharmaceutical headquarters, airports and hotels.

Groups of physicians could make their deals with the Native Americans either by buying or leasing the land or by providing the residents of the reservation with free medical benefits. If the land on the reservations is available for casinos, why not for hospitals?

Even Tom Brokaw on that two-hour NBC propaganda pitch for government health care admitted that 57 percent of Americans are so confused about various plans that they would rather wait until next year for Congress to act on health care.

If Congress refuses to pass a health care bill this year, that's not gridlock; it's sanity.