The United States already has a so-called "single payer" health care system: the one in the U.S. military. Self-appointed experts who crave government-run medicine call it the model, the best health care system in the world. They're wrong. But they never listen to horror stories (there are many) from people harmed by this system. Facts are inconvenient. Besides, what could be better than "free" medical care?

Mark was a student in the Naval Flight Officer program, and the Navy had already spent hundreds of thousands of dollars training Mark when he contracted prostatitis. Prostatitis has a high cure rate if treated correctly. Alas for Mark, the Navy doctor got it wrong, and relapse was inevitable.

Mark had a relapse, and his performance suffered; he got sent to a psychologist. The shrink said the problem was Mark's mother. (Yes, really. This tower of competence previously diagnosed another student, a victim of "the bends" from decompression training, as a hypochondriac.) Mark finally got the correct treatment from a real doctor. Then an allergic reaction to the medication almost killed him.

The reaction was bad enough, but Mark almost died in the waiting room of an Air Force E.R. because a civilian clerk refused to let him be seen. Mark defied the clerk's threats of "reporting" him for seeking treatment -- barely in time, according to the E.R. doctors. The clerk skated.

A few days later, Mark almost died again when his throat slammed shut from allergic swelling. An ambulance took him to an Army hospital E.R. Despite obvious hives and facial/throat swelling, the inexplicably malevolent (a common feature of anything government-run) nurse-in-charge ran Mark out of the E.R., publicly threatening court martial charges for "malingering."

Mark was now officially an embarrassment. Solution? Pretend nothing's wrong. The problem goes away, not for the patient, who doesn't count, but for the quacks and the bureaucrats who enable them.

Doctors now openly refused to treat Mark. His doctor appointments invariably ended up in the psychologist's office. The psychologist obligingly agreed that Mark had never been sick: fear of flying was generating phony symptoms. Mark was banned from the Flight Medicine clinic and run out of flight school. No reason was ever given, and Mark was threatened with unspecified disciplinary action when he off-handedly asked to see his file.

The non-aviation clinic wouldn't treat Mark, either: they read the psychologist's "diagnosis" and packed Mark off to specialists. It took weeks, sometimes months, to get an appointment with a specialist. Mark's infection smoldered, but hey, he was getting FREE health care, right? The specialists at two military hospitals also read the psychologist's entries, then literally laughed Mark out of their offices.

The saga lasted three years. Mark was stuck: a medical discharge, several government doctors gleefully assured him, would be psychiatric, because the psychologist (who had no medical training) had diagnosed the problems as imaginary: malicious and mendacious, a classic government cover-up.

Mark spent thousands on a civilian doctor and civilian-market medicine. The civilian doctor made a written diagnosis so unequivocal that not even government bureaucrat-doctors could ignore the truth anymore. Then they simply started denying Mark the proper medication: too expensive, they said. In this "free" health care system, Mark had to buy his own medication for several years, close to \$200 a month. Mark was thankful he had the option; given his symptoms, the alternative was unbearable.

The defining moment occurred in Virginia. Mark was taking a miracle antibiotic, the only thing that worked without killing him. The doctor treating Mark, who happened to be Chief of Urology at a Naval Hospital, disapproved of this miracle drug that Mark and many others were taking: too expensive.

Not really: wholesale, less than \$5 a day to treat someone like Mark. But the government was into penny-ante savings at the time. The solution to a phony cost "problem," every place Mark was stationed, was to stop buying the miracle drug. The Chief of Urology approved; government bureaucrats are always pleased when scores of people are deprived of a relatively inexpensive miracle drug, if it saves a few bucks and makes the bureaucrat look good. "What do you expect?" said the Chief of Urology. "It's free!"