



Most readers I imagine reacted in shock this week to the passing of the deeply controversial National Health Bill which the ANC's voting cattle used their Parliamentary majority to steam-roller through on Tuesday.

We probably need not worry for several pertinent reasons of which the most important is the likely loss of that majority which means that the Act will likely be challenged, withdrawn or significantly modified before it ever comes into universal application in South Africa. And then there is, notwithstanding its highly vocal election promises, Government's internal paralysis.

That it has faced a barrage of criticism from the private sector in the three weeks since it was approved by parliament's portfolio committee on health, highlights the grave concerns of most medical authorities. Most believe it is entirely unworkable in its present form, not least, because they believe it is entirely unaffordable. Worse, because it seeks to close down the Medical Aid system which serves nine-million South Africans whose taxes are the only thing keeping Government going, it suggests that practical access to good quality medical care is likely to disappear if the Act is implemented in its present form...and that is likely to massively accelerate the emigration of taxpayers leading ultimately to an ungovernable state.

Even worse, it guarantees that a large number of working medics will now either retire or move abroad to countries that will welcome them with higher pay cheques and fewer issues like political uncertainty, crime, load-shedding and all the other annoyances which currently make the gardens seem greener overseas.

On a personal note, when my wife needed emergency surgery last year she copied in her Canadian medic brother step by step on her journey. Since I had always thought the Canadian national health model to be closest to the ideal model, I was deeply surprised by his eventual observation that nowhere in the world could she have got better treatment than she received from the team in Durban.

Meanwhile the unhealthy state of our medical industry in South Africa is adequately depicted by the share price graphs of its listed hospital groups. On the right is the price history of Netcare over the past nine years.



The best one can say about that is that over the past three years Netcare has been going nowhere as uncertainty over private medicine has gripped the sector.

My second graph plotting the recent history of the Life hospital group perhaps puts a more realistic perspective on the health of private hospitals.

Even that great local success story, drug maker Aspen has had a troubled few years although it seems recently to have regained its modest compound 13.5 percent growth path. But it is important to put Aspen into perspective by comparing it with the JSE All Share Index in my third graph on this page which, by applying the same 'least squares fit' trend line shows that the market as a whole has only managed 12.8 percent compound over the past three years:

My personal assessment is that the ANC, has rushed this through in panic to give it something to shout about in the coming election because it knows it is set to lose. At best, it might retain power by entering into some very dubious coalitions which, recent experience has proven, will be nearly impossible to manage because many who aspire to be our next President have potential jail sentences hanging over them.



Not that this would necessarily be unprecedented. Though poll results suggest that President Joe Biden is the clear favourite to win the US 2024 election, disgraced former President Donald Trump is presently the outright leader among those currently hoping to win the Republican nomination. About 43% of self-identified Republicans have declared Trump their preferred candidate, compared with 22% who picked Florida governor Ron DeSantis. In early May, Trump led DeSantis 49% to 19%.

Trump has been indicted for illegally retaining classified government documents after leaving office in 2021 and is currently under indictment in New York state court for allegedly using falsified records to conceal hush money payments he paid to a porn star, while Georgia prosecutors are investigating his efforts to overturn the results of the 2020 election in that state.

However, constitutional experts state that none of the charges would bar Trump from taking office if he is convicted. A trial would take place many months from now, and Trump can freely campaign during this time. The US constitution only requires that presidential candidates be natural-born US citizens who are at least 35 years old and have lived in the country for 14 years. Experts are thus arguing that even were he to be sitting in a jail cell, if he were elected president he could still legally govern the USA.

Politics, as we are all experiencing, seems to be completely detached from the realistic hopes and desires of ordinary folk. This is, to me, just another manifestation of the lunatic card castle politicians have built for themselves.

Surely there has to be a better way of governing ourselves!

Returning to our own National Health Bill, it is thus important to note that in forcing the Bill through the house, the ANC seems to have completely disregarded warnings that have been sounded by Business Leadership SA; the Board of Healthcare Funders and the Health Funders Association (which both represent medical schemes) the two biggest professional organisations for doctors and medical specialists, and SA's biggest medical scheme administrator Discovery Health.

During MPs' consultation on the bill, concerns were also raised by civil society organisations, patient advocacy groups, and parliament's legal advisers, who warned that it may be unconstitutional.

One of the bill's most contentious aspects is its provisions on medical schemes, which when NHI is fully implemented will only be permitted to provide "complementary" cover for services not covered by the fund. These measures have been opposed by a wide range of private sector players that say it will destabilise the private healthcare sector.

Critics have warned these measures would be at odds with the constitution because they would reduce members' access to healthcare services. The bill has also been panned for what critics say are its weak governance provisions, which they say leave the NHI fund open to corruption.

Given all of this and, above all the simple fact that nobody knows where the money will come from, readers can probably rest assured that this is merely an election ploy which, in reality, is going nowhere.

The month ahead:

New York's SP500: I wrongly predicted that short-term indicators were suggesting a few weeks of retraction. Now I see continued gains until at least the first week of July. But beyond that the market seems likely to retract until mid-September.

Nasdaq: I correctly predicted gains but now a lumpy sideways trend appears likely turning down later until the end of August.

London's Footsie: I correctly predicted a brief upward spurt which now seems likely to last until around July 10 followed by weakness until the end of August.

France's Cac 40: I correctly predicted a short recovery which I now see lasting until mid-July within a longer-term declining trend set to last until mid-December.

Hong Kong's Hangsen: I correctly predicted the start of a recovery which appears likely to last until November.

Japan's Nikkei: I correctly predicted a very volatile upward trend to the end of the year.

Australia's All Ordinaries: I correctly predicted a brief recovery within an overall declining trend likely to last until the end of October.

JSE Top 40 Index: I correctly predicted a brief recovery lasting until the first week of July, but the longer-term trend remains the likelihood of a downward trend until at least the end of October.

ShareFinder JSE Blue Chip Index: I correctly predicted a brief bounce lasting until the end of this month followed by retraction in July and then a long-term recovery beginning early August.

Rand/Dollar: I correctly predicted a long recovery until mid-November.

Rand/Euro: I correctly predicted gains until the end of February.

The Predicts accuracy rate on a running average basis since January 2001 has been 86.92 percent. For the past 12 months it has been 92.39 percent

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By Alexandra Sifferlin

Senior Staff Editor, Opinion

The United States spends an extraordinary amount of money on health care, despite being one of the few higher income countries without universal coverage. Health care reform — once a central political debate — for now seems to have faded to the fringes.

Aaron Carroll, who writes frequently for Times Opinion about health care, finds all of the above frustrating. But he shared recently that what he also finds perplexing is the fact that when debate about the future of U.S. health care is happening on the public stage, it seems limited by a frequent assumption that there are only two options: the “private” system we have now or a single-payer system, like Canada’s.

“That’s always been an odd choice to me because true single-payer systems like that one are relatively rare in the world, and Canada performs almost as poorly as we do in many international rankings,” [he writes in a guest essay](#). “Moreover, no one has a system quite as complicated as ours.”

Carroll visited five countries recently with the goal of better understanding their health care systems: Britain, France, New Zealand, Australia and Singapore. What he concluded was that there’s a far greater breadth of options for improving health care in America. He shares those options in his guest essay, with the goal of pushing the health care reform debate in a more creative direction.

Carroll’s own views on the best approach to health care in America have evolved over time, though one takeaway has held steady: Coverage should be universal. “Today, though,” he writes, “I really don’t care how we get to universal coverage.” It’s a worthy goal, and one worthy of much more innovative thinking.

As Carroll writes, “We could change things if we wanted to.”



By John Guida

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Today marks the latest moment when the legal peril of Donald Trump's past presidency collides with his very active presidential candidacy. Covering him as an opinion editor means trying to make sense of these distinct, and often seemingly contradictory, strains.

On the one hand, Trump is scheduled to appear in federal court in Miami today, facing a 37-count indictment that charges him with violating the Espionage Act and other laws. As Trump's former attorney general Bill Barr [said](#) on "Fox News Sunday" last weekend, if "even half" of the indictment is true, then Trump is "toast."

On the other hand, in the latest entry of [our Times Opinion candidate scorecards](#), which feature evaluations by columnists and other writers, Trump received the highest score (8.2) of all current G.O.P. primary contenders. Ron DeSantis, at 6.1, and Tim Scott, at 4.6, are his closest competitors.

Our coverage has followed these parallel, and sometimes intersecting, tracks.

As a matter of law, the legal experts Norman Eisen, Andrew Weissmann and Joyce Vance lay out in a [guest essay](#) a road map for Trump's prosecution. They identify four hurdles that will need attention from the special counsel: keeping the case simple, a good strategy against Trump's potential defenses, beating a ticking clock and persuading the American public of the merits and importance of the case.

The Times's editorial board also [stresses](#) that "it is hard to overstate the gravity of the criminal indictment" and notes that the actions described in it "underscore, yet again," why Trump is "unfit for public office."

And in another guest essay, Oona Hathaway, a law professor at Yale and a former special counsel to the general counsel at the U.S. Department of Defense, focuses on the Espionage Act charges and [points out](#) that "an ordinary person facing these charges would almost certainly enter a plea deal and spend years in prison."

She also notes that Trump's "own Justice Department vigorously enforced the Espionage Act, sending people to prison for much less than the actions described" in the indictment.

But then there is the somewhat different matter of presidential politics. In a guest essay, [Damon Linker writes](#) that "Our country has a history of lionizing outlaws — folk heroes who defy authority, especially when they claim to speak for, channel and champion the grievances and resentments of ordinary people against those in positions of power and influence."

Just as Trump's poll numbers improved after he was indicted by the Manhattan district attorney Alvin Bragg, the indictment by the special counsel "could well boost him further, placing him in a position of even greater advantage against his rivals for the Republican nomination."

What about those competitors for the G.O.P. nomination? In [The Conversation](#) with Gail Collins and Bret Stephens, Collins points out that “most of Trump’s would-be Republican opponents are dodging this whole, deeply startling, issue. Or pretending it’s a Democratic plot.” To which Bret responds: “Pathetic. As usual.”

Trump’s presidency was singular, so it should not be a shock that he is, as an ex-president and potential future president, blazing a unique path. In fact, what is “shocking,” as Maureen Dowd wrote in a recent [column](#), is “how easy it is to imagine Donald Trump campaigning for the presidency from prison.”