

"All that is necessary
for the triumph of
evil is that good
men do nothing . . ."
— EDMUND BURKE.



THE NEW TIMES

SURVEY

THE AUSTRALIAN

LEAGUE OF RIGHTS

Vol. 26 No. 11

November 2025

IN THIS ISSUE

The Health Care Barrier: How Canada's "Socialized Medicine"
Protects Its Sovereignty By M. Oliver Heydorn

1

The Health Care Barrier: How Canada's "Socialized Medicine" Protects Its Sovereignty By M. Oliver Heydorn

In the wake of the re-election of the tired and corrupt Liberal Party in Canada earlier this year—with former Central Banker Mark Carney parachuted into the Prime Minister's Office with the support of a mere 30% of the voting public—many Canadians have become seriously disaffected and are openly talking about separation, independence, joining the United States, etc. Both before and during the election campaign, it was Donald Trump who appeared greatly dissatisfied, having threatened to take Canada over so that it could no longer "take advantage" of the U.S. in trade relations, i.e., by consistently winning "favorable" balances of trade vis-à-vis the U.S., or by relying on the U.S. for "free" defence.

Trump's aggressive rhetoric and tariffs were actually among the factors most responsible for the collapse of the Conservatives' 20-point lead in the polls and the election of Mark Carney's governing Liberals, and some suggest that this was, in fact, coordinated. Both Carney and Trump appear to be working for the same powerful interests who are gunning for a North American Union. The NAU is, of course, a globalist project and not in the interests of the common citizen of either country. Be that as it may, there is a huge barrier to any prospective "North American Union": Canada's socialized medical insurance system. This barrier is so great that probably the only thing that could overcome it would be Canada's economic collapse. Unfortunately, after ten years of the disastrous reign of Justin Trudeau, during which Canada experienced some of the slowest growth rates of any country in the Western world while suddenly and unprecedentedly importing millions of temporary workers, a controlled demolition would appear to be in the cards.

Among the many cultural and institutional differences separating Canada and the United States, perhaps none is more defining—or more politically charged—than their respective approaches to health care. For many Canadians, universal public health insurance is not merely a policy; it is a pillar of

national identity and a moral statement about the relationship between citizens and the state. For Americans, by contrast, health care remains primarily a private commodity, distributed through a patchwork of employers, insurers, and government programs. These systems are not just different in design; they embody opposing philosophies of social responsibility. That opposition creates an underappreciated but profound barrier to any notion of political union between the two countries. In fact, Canada's single-payer system may well serve as one of the strongest institutional guarantees of its continued independence.

This argument can be formulated as a kind of political catch-22. If Canada were ever to join the United States, either it would have to give up its universal health care—something Canadians would not accept—or it would be allowed to keep it ... but if Canada were to keep it, the incompatibility between the two systems would be seriously destabilizing, economically and politically, on both sides of the existing border. This means that integration is either politically impossible or practically impossible (or rather both).

A Pillar of Identity

Canada's system of universal health insurance, established nationally through the 1960s and 1970s, has become a defining element of Canadian identity. Opinion polls have consistently shown that Canadians view "medicare," as it is colloquially known, as one of the country's greatest achievements and as a marker of collective decency. It embodies an ethic of solidarity—access to care based on need, not wealth—that Canadians often contrast, explicitly or implicitly, with the market-driven inequities of the American system. This contrast is so deeply internalized that "free health care" functions almost as shorthand for being Canadian.

In describing it as such, we are, of course, not defending the Canadian system as the best or optimal system. Many Canadians openly admit that the system is far from perfect. Wait times, funding disputes, and access disparities are persistent issues. From a strictly Douglas Social Credit point of view, we might further note that there are serious structural problems with the Canadian system involving underfunding, violations of natural law, and artificial limitations on choice (including the complete inability to contract out of things one does not wish to fund), which render it unsuitable for incorporation "as is" into a Social Credit Commonwealth.

Political Unacceptability

Having said all of that, the principle of universality (i.e., everyone who needs health care should be able to get it without going bankrupt and independently of how much or how little they earn) embodied in the existing Canadian system is quite valid, and it has seeped so deeply into the public consciousness that any political arrangement requiring the abandonment of public health insurance

would be seen not as a technical reform but as an existential betrayal. That broad consensus gives the system its political power. Even critics rarely question the fundamental principle of universality. It is the one institution no party, province, or foreign partner can credibly threaten without facing overwhelming public opposition. Thus, in a hypothetical scenario of annexation or deep integration, health care would be the red line—the feature of Canadian life that could not be traded away. Even the mildest encroachments on universal coverage would spark the fiercest debate within Canada. The notion of eliminating it altogether is inconceivable. For any Canadian government to accept U.S.-style privatization as a condition of entry into the union would be political suicide. Thus, the first horn of the dilemma is political: integration cannot proceed if it demands the surrender of a foundational national value and an individual social benefit to which people are deeply attached.

Structural Incompatibility

The second horn of the dilemma is institutional. The Canadian and American systems are not two variations on a theme; they are built on an entirely different logic of financing and delivery. Canada operates a decentralized single-payer model, administered provincially but guided by federal standards of universality and accessibility. The United States, by contrast, relies on multiple private and public insurers, with access and cost tied to employment, income, and geography. These systems are so divergent that they could not coexist under one federal framework without generating severe distortions.

Perhaps the most tangible manifestation of this incompatibility would be migration. Health care is not just a moral or political preference; it is a powerful driver of mobility. In a hypothetical North American Union allowing free movement between territories with radically different health regimes, millions of Americans might move to former Canadian provinces simply to gain access to guaranteed medical coverage. Such a population shift would overwhelm provincial resources, inflate housing and service costs, and undermine the fiscal sustainability of the system itself. Employers might also relocate operations northward to benefit from publicly funded health coverage for workers, distorting labour markets and tax bases across the continent. At the same time, political pressure would mount in the rest of the United States to extend the same benefits nationwide. In effect, maintaining Canada's single-payer system inside a unified country would force the U.S. either to adopt it universally or face unmanageable internal inequalities and migrations.

However, just as it seems impossible that Canadians should freely give up publicly funded medical insurance for all, it seems equally impossible that the United States could give up its ideological commitments to free-market health care insurance or undercut the powerful vested interests that hold heavy

stakes in the present system. The very existence of a universal system within a non-universal federation would trigger centrifugal forces that neither side could control. Either scenario leads to great instability: harmonization upward is economically and politically impossible in the current U.S. context, while harmonization downward is socially and politically unacceptable in Canada. Any attempt to force it would provoke a political fracture within the federation. The systems' incompatibility thus acts as a structural firewall against union.

The Incoherence of Underlying Social Philosophies

The political and structural barriers to integration are rooted in fundamentally different social philosophies. In Canada, health care embodies a vision of the state as a guarantor of collective welfare, where access is a moral right rather than a privilege. In the United States, by contrast, health care is framed around individual responsibility and market choice. These are not merely policy differences; they reflect deeply held cultural and philosophical commitments. Attempting to merge the two systems would provoke profound questions about taxation, rights, and the social contract. For Canadians, universal health care is a binding element of national cohesion; for Americans, it remains a politically divisive issue.

A Sovereignty Anchor

For all these reasons, Canada's "socialized medicine" functions as a kind of sovereignty anchor. It ties the country's identity, politics, and institutions together in a way that resists absorption. While geography and trade have always bound Canada closely to the United States, health care represents a philosophical and structural divergence that keeps the two nations distinct. It is, paradoxically, Canada's most successful act of quiet resistance—a social institution so widely supported that any attempt to dismantle it would amount to dissolving the country itself.

The Broader Lesson

The health-care paradox offers a broader insight into how nations maintain independence in the face of globalism. Political sovereignty is not only protected by borders or armies; it is also embedded in social institutions that express collective values. When those institutions are deeply internalized—as Canada's single-payer system has been—they create what might be called institutional sovereignty: the inability to merge with another system without dismantling the moral foundations of the nation itself.

In this sense, Canada's universal health care does more than treat illness—it defends the very idea of Canada. It delineates a moral and administrative boundary that no trade deal or continental integration scheme can easily cross. The irony is rich: what some American critics dismiss as "socialized medicine" may, in the end, be the strongest guarantor of Canadian independence. ***