

PREFACE

Why we choose to publish this book

During 2009, a plethora of books, articles, radio and television programs about health care reform in the United States have flooded our consciousness. That is a good thing, because we need to have this discussion. Unfortunately, most of the discussion is either from an academic perspective or driven by emotions: They are nice in theory, but untested in the real world.

Lee Kurisko, a diagnostic radiologist from Minnesota, lived with the dangerous outcomes of health system theory while serving as the chief of Thunder Bay Regional Hospital's radiology department. What Ontario Province believed to be true about the best and most cost-efficient way to deliver health care set the limits of Kurisko's medical practice. Those limits became dangerous to his patients and to him.

With great reluctance, Kurisko left Canada to practice in the United States in 2001. But he still loves and misses Canada. At the same time, he has come to love the United States, and especially, the freedom the U.S. offers him in his medical practice.

Dr. Kurisko asked me to help him with this book because he wants those of us south of the border to understand what is at stake in the current health reform debate. At all costs, herein Kurisko warns us to avoid an expansion of federal government control over private health care. Do not go the way of Canada, he urges us, and he gives us the overwhelming evidence why this is so.

Many other Canadian expatriates have written about waiting lines, threats to personal health, shortages, and the bureaucratic nonsense that cripples Canadian health care and threatens its patients. Kurisko, too, identifies these, but in a different way.

Before leaving Canada, Kurisko had become a student of economics, especially free market economics. It is from that perspective that he wrote this book. He understands that the academicians and politicians that dominate government-run health care all too often try to violate economic laws. As they do, the system fails to respond effectively; people suffer needlessly and die without the care readily accessible to them in a market-based system.

Health Reform – The End of the American Revolution?

As Kurisko watched the United States march incrementally toward government-run health care, he felt impelled to speak out. “Don’t go there!” might be the shout of this book. “Does the United States really believe it can do socialism better than other countries?”

In these pages, then, you find the heart and mind of a man with experience. Kurisko reads what the academics and politicians have to say, but he lives with their too-often misguided reform methods, and knows they are leading us in the wrong direction.

Lee Kurisko is a very bright, energetic, well-read, passionate man. Mostly, though, he is a man on a mission to help protect the United States from the devastating effects of centrally-managed health care, and instead, enjoy the fruit of the free market.

We are glad to help him in this journey, and know you will find his thoughts and experiences intriguing; maybe even motivating.

Dave Racer, MLitt
CEO, Alethos Press LLC

FOREWORD

Years ago, as a Canadian citizen, (that benevolent, beautiful land), I “knew” that United States’ residents suffered from a chronic lack of affordable medical care. Canadians, I believed, had superior health care services because our government supplied them. On the other hand, we Canadians “knew” that millions of Americans lived with the constant threat of dying from lack of health insurance. After all, we “knew” that in the U.S. people were at the mercy of profiteers and the cruelties of a market-based health system.

I married, had children, and became a successful insurance agent. Life felt good. I began to hear some of the tragic stories about Canadians’ encounters with their health systems. And I began to explore the facts and causes of their concerns. Finally, reality, in the form of family experiences, convinced me that for a lifetime, I, like other Canadians, had been fed a story, and too often, this story had a tragic ending.

One day I received a call from the local police. They said a speeding car had hit my son while he had been riding his bicycle. I rushed to the scene where I saw him in a neck brace and backboard, lying on the road. I saw his bicycle, a twisted mess of metal lying nearby, and the puddle of blood under his head. The only confidence I had was that Canada’s superior health care system would soon be treating my son.

At the hospital, I stood by my son’s side for three hours as he laid on a gurney, just waiting for someone to do an X-ray. The experience astonished me and made it clear that rumors of medical shortages were actually true and dangerous. Years after this event, I met Dr. Lee Kurisko. He explained that the type of trauma suffered by my son, especially involving a car moving at over 35 miles per hour, should always call for a CT scan. I lived in a region with a population of some 300,000 people, and the closest CT scanner sat 85 miles away, and it was booked for months. Never mind my son’s emergency need, and the life-saving potential of an adequate supply of CT scanners. In Canada, this is not possible.

In Canada, when these life-threatening events occur, a good Canadian just writes it off as the way life is. After all, the good of all people is the most important element, not the life of one young boy. For certain, my personal experience caused me to discard those notions of the superiority of the Canadian health system.

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People who know me know I am loyal and stubborn. I think these are good traits. Yet, when my wife, as had my son, fell victim to the Canadian system of health rationing, I decided the time had come to move on. She needed simple foot surgery to reduce extreme pain that threatened to relegate her to life in a wheel chair. The best the Canadian health system could do was place her on a waiting list. The doctor told her to expect at least a 30-month wait.

We learned that many Canadian surgeons work only seven or eight months of the year. Then their budget is exhausted. This is a result of government-imposed quotas on the number of patients they can see.

We chose to move to California. By then, my wife was nearly crippled. In the United States, we “suffered” a two-day wait for surgery. We negotiated the price, and paid only \$2,800 for it. This is a perfect example of the difference between government-run, socialized Canadian health care, and the type of free market care still available in the United States.

My mother still lives in Canada. Where she lives, chemotherapy and radiation treatment are not available. When she developed breast cancer, the only option was a radical mastectomy.

My experience is common among Canadians. It is a major reason why I moved to the U.S. In the U.S. we are having a vigorous debate about the direction health care might take. That does not happen in Canada, because their fate is already set, thanks to a government-run socialized health care system.

I met Dr. Lee Kurisko in 2007, first through email contacts, and later, by telephone. We became allies in the battle over ideas, especially in the fight to inoculate Americans against a top-down, government-run socialized health care system. When I learned of Dr. Kurisko’s book, I knew it would be a vaccination against the disease of Canadian-style health care, and now that it is done, I am sure of it.

Dr. Kurisko goes beyond anecdotal stories, as important as they are, and explores the economics of health care. Once you finish this book, you will see why you do not want to entrust your son, wife, or mother to a system such as the one in Canada.

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