What’ll it Cost When it’s “Free”?

Outrigger/OHANA Hotels & Resorts provide members of our ‘ohana with a wide variety of health care benefits, including insurance coverage for medical, surgical, hospitalization, prescription drugs, dental services, vision care, and more. We will continue to keep the health and welfare of our employees and their families a priority. This is why it is important that we all keep our eyes on the national debate over health care and the many proposals to dramatically alter the way it is paid for.

There is no question that there are significant flaws in the current U.S. health care system. However, by most measures, our country has arguably the best system of health care in the world. In my opinion, the vast majority of Americans are satisfied with their health care, and it would be a shame to throw that system out in an effort to correct the flaws that make it difficult for some groups of people to get health insurance. I believe it would make more sense to focus on solving the problems of those groups rather than imposing massive government regulations and bureaucracy on those who are happy with their current health care and health insurance situation.

Note that I distinguish between health care and health insurance. While it is true that many people in the U.S., including millions of illegal immigrants, do not have health insurance, very few do not have access to some sort of health care through a network of hospitals, clinics, and charitable organizations.

Activist filmmaker Michael Moore polarized the health care debate when he released the film Sicko earlier this year. He strung together a series of vignettes showing people who were allegedly denied health care for one reason or another. Then he focused on the government-run health care systems in Canada, France, England and—of all places—Cuba, whose citizens not only live in a police state, but suffer from a catastrophically failed economy that supplies the average family with little more than the most basic of needs. He conducted interviews with people in those countries extolling the benefits of their “free” systems. He made a case that looks appealing—until you examine those systems more closely.

There’s an old saying that goes something like this: “You can have your product or your service cheap, fast, or good—choose two.” In other words, it’s just not possible to get all three. If you want something cheap, it may also be fast, or it may also be good, but it will certainly not be both fast and good. And if you want something that’s fast and good, it will not be cheap.

In Canada’s mandatory giant government-run HMO:

• Health care appears to be cheap to the average citizen because they don’t pay for it at the time of service. (Its costs are hidden in their taxes.)
• Health care is probably good.
• But Canadians do not get fast health care service.

According to a 2006 report by the Canadian Institute for Health Information:

• 1.2 million Canadian adults are unable to find a family doctor.
• One out of six Canadians have trouble getting routine health care.
• 25 percent waited six or more days to see a doctor when sick.
• 57 percent waited four or more weeks to see a specialist.
• 75 percent waited up to two months to get an MRI, CT, or angiogram.
• The median wait for a knee replacement was seven months!

Compare that to the health care former president Bill Clinton received a few years ago when he had some discomfort in his chest. He saw a specialist, had an angiogram and angioplasty, all in a little over 48 hours. Most Americans receive nearly equal service on a routine basis every day of the year.

In health care, speed is often the key to better outcomes and survival rates. Betsy McCaughey reports in the Wall Street Journal that last month, the largest-ever international survey of cancer survival rates showed that in the U.S., 66 percent of men and 63 percent of women are alive five years after diagnosis—the highest survival rate in the world. Compare that to 45 percent for men and 53 percent for women in Great Britain, which has had a universal health care system for half a century.

As you listen to and watch the presidential candidates debate health care, ask yourself the following: Knowing how well government handles driver’s license renewals, motor vehicle registration, immigration, border security, public education, and a whole host of other services, do you really want it involved in delivering your health care through a giant government-run HMO? These quotations might help you decide.

• “Magnificent promises are always to be suspected.” — Theodore Parker (1810-1860)
• “A government big enough to give you everything you want, is strong enough to take everything you have.” — Thomas Jefferson (1743-1826)
• “If you think health care is expensive now, wait until you see what it costs when it’s free!” — P.J. O’Rourke (b. 1947)

In the future, I’ll write more about health care and some of the changes needed to improve its affordability and access for all.