

# The Human Cost of Healthcare: but It's Free in Canada

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If I were you, sitting on the other side of this podium, I'd be wondering, "Who the heck is this?" That's a good question. My name is Susan Riggs. I am a Canadian citizen, and I am not a doctor. [I am] unconnected to any American political candidate or health insurer, not a healthcare practitioner, not even employed in the healthcare field. I go to the doctor from time to time as do approximately 300 million North Americans.

Maybe the question we should be asking is, who are you? You as Americans? You as doctors? "Marcus Welby, healthcare provider" doesn't have the same ring does it?

As a writer, I try to understand why we use the language that we do.

Particularly intriguing is how we use language today to define who we are. For six years now, I have written about how the United States and Canada self define on issues such as censorship, foreign relations, arms control, culture and, of course, healthcare.

I am grateful to be here today at the invitation of Dr. Bob Urban, who has published my work in his S.E.P.P.I.A.N, the Society for the Education of Physicians and Patients. I would also like to publicly acknowledge and thank, in absentia, my Tennessee connection, Mr. Phil Hamby at the *Knoxville Journal*. Phil has published the majority of articles in my "America" series.

My first article was entitled, "A View from the Other Side," and ran in the *Tampa Tribune* in 1994. In this, I speak about freedom and censorship in Canada, the impact of increasing socialization, and the reasons why I hope the United States will not walk that road, particularly with respect to its medical services.

The *Tribune* editor ran an impressive graphic with that first article. It was a picture of the American flag blasted into the shape of a cookie cutter maple leaf. It was a shocking and startling image (and one I kept hidden in a drawer for a long time). Two years later, Americans were still calling up and saying, "I love what you did with that flag." (Of course, I had nothing to do with that.) In July 1994, the same article ran on the cover of the Independence Day edition of the *Detroit Free Press Magazine* and from there was distributed by the Knight Ridder News Service, as have been most of my articles.

Since that time I have spoken via newspapers and radio talk shows to Americans from all walks of life—from the office of a U.S. senator to a presidential candidate (neither of the two [now] running), to a fellow in the Midwest who asked me to help him script a documentary depicting a takeover of the White House. (That one felt a little too real to be comfortable.)

In my writing and my conversations, I always emphasize that I speak as an independent. I believe this is an important point, given that one of my objectives is to discuss topics from a fresh perspective, unfettered by baggage on either side of the political equation or, for that matter, on either side of the border.

Getting back to the question of who I am and why I am here, maybe the easiest way to sum it up is this: who I am relates to who you are—as Americans.

You are citizens of a country that values freedom of expression almost above all else. If this were another country, I probably would not be here today. I almost certainly would not have been published in almost every state of the Union. I am living proof that the single voice can be heard and respected in America, just as America is living proof that the single voice can be heard and respected around the world.

Of all the topics I have written about over the past six years, healthcare is the most contentious.

Many Americans take issue with my views on socialized medicine. I have had radio callers berate me. One lady...asked, "Why are you trying to destroy the dreams of so many Americans who hold up Canadian medicare as a fine example to follow?"

That's quite an accusation, and all I can say is that a fully government-run system of healthcare has failed my country, and it will fail yours. When it does, the results will be profound for Canada as well as the United States.

Many Americans realize that government-run medicine fails, but they don't understand how it fails.

As you know, Canada has a fully government-run healthcare system that allows for a minimal amount of private, supplemental coverage for nonessential medical care only.

In Canada, universal healthcare didn't simply drop out of the sky and land in a field. It evolved incrementally. An early plan focused primarily on hospital care; a 1968 Medical Care Act concentrated on personal services; there was more fine tuning in 1977; and finally, in 1984, passage of the Canada Health Act which, in effect, outlaws private medicine for primary care.

The Canada Health Act is a federal initiative mandating that universal healthcare be publicly funded and equally administered across Canada. The heavy-handedness of this utopian dictate is not obvious in practice because the provinces are stuck with the task of implementing the mandate.

Therefore, the Health Act looks like more of a collaborative effort than it is.

The federal government watches and penalizes the provincial governments for any breach of the Canada Health Act, for any move toward substantive private healthcare. In fact, supplementary providers like Liberty Health must be extremely careful to present themselves appropriately in Canada so as not to appear to compete with the government-run system. In fact at one point, Liberty Health took out a full-page ad, stating its unqualified support for Canada's national system of healthcare.

By prohibiting free enterprise in the system, the Canada Health Act prevents the provinces from exploring real solutions to the healthcare challenge. This Act binds the hands of the provinces, who are like people who are tied up, thrown into a deep lake, and told to swim. Some provinces try to buy their

way out of health shortages by throwing good money after bad; some try to conserve their energy by making cuts, but since private medicine is not allowed to take up the slack, those cuts are bound to hurt.

Back in the early 1980s, the provinces tried and failed to stop passage of the Canada Health Act. The federal government won on the argument that doctors should not be a law unto themselves. After all, doctors hold a monopoly on an essential service. That makes you powerful to a point, but it also makes you a threat if you become too closely aligned with market forces.

Today, provincial governments like Alberta and Ontario are making fine attempts to improve the healthcare situation. Both provinces encourage supplemental care as far as they are able. However, private coverage is still outlawed, and the law is the law. No one dances out the door and away from a federally mandated system of government control.

America is fortunate to have a free-market healthcare system. I know that some Americans think they might as well have government-run medicine because they dislike the current system so much. Still, you don't have a fully "universal" system yet—run when you hear that word.

When universal anything comes to town, big government is always riding high in the saddle, holding the reins and spoiling for a fight.

A clue that you don't live in a socialized system is this: you still call it "socialized medicine." Once inside a government-run system, 24 hours a day for life, it simply becomes "the system." People realize there are huge problems with it, but the system is the system. Big government runs it, funds it, and when it sputters along on empty, most look to big government to solve its problems.

So, it may feel like you have it, but you don't—yet. On another positive note, I find that most Americans do not like the idea of big government even if they support it. This must pose a problem for the pro-government [advocates] here.

They must wonder how to present universal care as a positive alternative.

My guess is that—as was the case in Canada—responsibility for running the system would devolve—at least in the beginning—to the states. Also, you might hear about government "partnering" with the private sector, ostensibly providing a variety of options. All this would be designed to mitigate the Big Brother image.

Those who dislike government-run medicine face one big problem: in the beginning, a socialized system appears to address the access problem. There is no point in denying this.

Furthermore, a government-run system could feed off the drive and impetus of its free-market predecessor for a few years. The United States has an excellent healthcare system now. Government-run medicine could ride that wave for some time before finally succumbing to the problems of a socialized system.

After a few years of government-run medicine, however, access again becomes a huge problem, this time because of overcrowding and abuse of the system. As a result, people die waiting for treatment. You will end up with an access problem much worse than what you have now. In addition, you will have a healthcare system with deteriorating standards, a shortage of technology, and all the other consequences of a system devastated by a lack of competition.

Fast forward a few years and you may wake up to [reports like the following], as Canadians did this year.

Now you live in a world where a hospital owes no formal

obligation to its patients, where the quality and amount of technology approach that of a Third-World country. This fall, our Canadian medical equipment was rejected by a Cambodian refugee camp and a British Columbia veterinarian. [Computerized tomography] CT scan machines have notes on them stating that replacement parts are no longer available (including the on-off switch). Angiogram machinery breaks down regularly. The Canadian Radiologist Association certified only 50 per cent of mammography units because they are so old. MRIs [magnetic resonance imaging] are easier to get if you're a cocker spaniel than a citizen. Why? Pets gain access to hospitals under a clause that allows "third party access," and our hospitals desperately need the money that third parties pay under this supposedly "no tiered" system of treatment. The result: Fluffy and Spot get MRIs; you and your patients wait six months.

People often reach an "Aha!" point—when the problems really hit home. This usually happens when a close friend or family member suffers an illness and requires hospital care. My moment of truth came when I accompanied a friend, entering for a hysterectomy, to a prominent Toronto teaching hospital. Imagine this scenario: you arrive at the hospital at 6:30 a.m. Three hours later, you are taken to a small room, handed a plastic garbage bag and told to change. You exit in your hospital gown, hand the garbage bag to an attendant, and walk down a corridor to a chair where you are sedated. Finally, a nurse shows up to accompany you on your walk to the operating room, where you hop up on the gurney. After the operation, you wake up in mind-numbing pain and remain in this state for over an hour. No one has noticed that your morphine pump has been leaking onto the floor instead of into your IV. You have regained consciousness with no painkiller.

About this point in my conversation with Americans—especially those who favour government-run medicine—I hear that all this could never happen in America: "We'd sue," they say. "We'd protect our rights."

True, it is bred in the bones of Americans to seek rights. Your Constitution, fueled by your free-enterprise system, endows you with great confidence, and so it should. America has a topnotch healthcare system which—despite the access problem—is still unsurpassed anywhere in the world.

That is the whole point, isn't it? Your actual system, when you can access it, works. It won't work for long under government-run medicine. And whether a country likes government or not is irrelevant if you give that government undue power. Demanding your rights only succeeds when you foster competing interests [that are] ready, willing, and able to meet your needs. Under socialized medicine, you may still technically have your rights, but you will not be able to exercise them effectively. With long wait lines, outmoded technology, and plain bad service, what are you going to do? Sue your government for services that no longer exist?

And when all these government-run chickens come home to roost, to whom will America turn for help?

Canada has the United States. The full devastation of Canadian healthcare often goes unnoticed because Canada siphons off its problems south of the border. When Canadian medicine can't fill the need, Canada cherry picks from the American free-enterprise system. There are medical facilities in the United States set up to treat only Canadian patients who can't get treatment in Canada. Don't think that doesn't rankle many Canadian government bureaucrats, who would sacrifice their own citizens for their principles, if they could. Some would like to prevent Canadians

from seeking help in the U.S. on the grounds that it supports two-tiered medicine....

Then there are Canadians who try to convert Americans to a Canadian-style system of government-run medicine. (If this isn't killing the goose that lays the golden egg, I don't know what is.) A few months ago, a Canadian physician spoke at a march in Washington and she assured the crowd that "Canada is not burning."

If Canada is not burning, it is because the United States has put out the highest flames.

And if Americans do not understand that, then healthcare on our whole continent may burn.

In evaluating our respective healthcare systems, it may prove beneficial to apply a kind of litmus test, to study the same organization working in both the United States and Canada and examine how the results differ from country to country.

One such fine organization is the Red Cross.

The Red Cross operated in both Canada and the United States throughout the troubled 1980s, at the time of the tainted blood crisis that swept through North America and the rest of the world.

Today, when Americans tune into the Red Cross site on the internet, they see the smiling face of Elizabeth Dole donating blood as an example for all Americans.

There is no happy face on the Canadian Red Cross, which has closed its doors to blood services altogether and nearly declared bankruptcy in 1998.

Why did the American Red Cross survive the blood crisis while the Canadian one did not?

The American organization operated within a competitive system that forced change and compliance with safety standards at a relatively early stage in the crisis. I know there was the occasional disreputable U.S. blood dealer back then, but it is a fact that by 1983, the United States had contained the blood crisis both from the standpoint of technology (i.e. heat-treated blood), effective screening procedures, and outreach and educational programs targeted at high-risk populations.

In contrast, the Canadian Red Cross lagged behind its U.S. counterpart every step of the way. It failed to contain the rapidly spreading blood problems, and contributed to the needless infection of thousands of Canadians with blood-borne diseases—cases that are still before the courts in Canada. A 1993 inquiry into the blood tragedy revealed a lackadaisical attitude of stunning proportions everywhere in the system.

In Canada, the Red Cross had a 50-year monopoly on running blood services. It worked hand-in-glove with various levels of government. Such was the confusing structure of federal-provincial blood management, that one American expert, testifying at the inquiry, claimed that it took him and his colleagues 4 months to sift through the various levels of control to figure out who did what in this tangled, bureaucratic heart of darkness.

The Red Cross bore a large share of the responsibility for the crisis. It attached itself to government prohibitions against two-tiered medicine, denouncing, for example, parental blood donations to a child undergoing surgery on the grounds that such a private donation detracted from the universality of the system.

However..., from the results of the inquiry, one can infer that the Red Cross was more sinned against than sinning. It tried to purchase heat-treated blood from a reputable California company but was prevented from doing so by its own government, which forced it to deal with a Canadian lab known for poor blood quality and an inability to produce heat-treated blood.

When the heat-treated blood finally arrived in Canada, the

Red Cross had to ration the blood and distribute it to children and newly diagnosed hemophiliacs first. (It was assumed that the others had probably already been infected.) Worst of all, unlike the United States where non-heat-treated blood was destroyed, Canada used up its unsafe blood supply while the safer products sat unused on the shelf.

Judge Horace Krever, who headed up the Royal Commission investigating the crisis, met with a great deal of hostility from the government when he tried to delve into instances of individual responsibility. One government agency shredded documentation, and the federal arm threatened to shut down the inquiry. Judge Krever was taken to court when he threatened to implicate individuals. (The problem with these Royal Commissions is that guilt can be implied but not explicitly stated.) In the end, the Judge was allowed to name 17 individuals, 14 of whom were Red Cross officials. None were senior government officials.

We will never really know who bears final responsibility for the blood tragedy in Canada—the Red Cross, the various levels of government that restricted the Red Cross but provided little supervision, or a combination of factors.

However, one fact is clear: the Red Cross survives in the United States today because it operates as part of a competitive system. The American boat rose with the free-enterprise tide. The Canadian boat capsized under the wave of socialized medicine.

Ironically, despite the multiple layers of bureaucracy, the Canadian Red Cross operated without a net—with almost no supervision. Maybe the tragic irony of too much government control is this: when government is everywhere it should not be, it fails in those areas where it may have a legitimate role to play.

The poet John Milton once said that humanity must remain "sufficient to stand, but free to fall."

Maybe that line can guide us in this whole question of government intervention.

We must be sufficient to stand—and for this we may need good, minimal government. After all, we live a collective, as well as individual, existence.

It is also natural that we should seek security in our lives by minimizing risk to our livelihoods, our material possessions, and...most of all to our lives.

However, minimizing risk, even condoning a reasonable amount of government regulation, is a far cry from falling prey to the promise of a 100 per cent government-backed guarantee (and it is never a money-back guarantee).

Whether we like it or not, we cannot simply give away "the freedom to fall" by giving away our self-sufficiency.

What will fall will be the system.

No one should have to suffer financial bankruptcy because of illness. By the same token, no one should have to suffer loss of life because of a system of healthcare that bankrupts itself.

Perhaps if Americans and Canadians engaged in more dialogue, as we are doing here today, we could explore innovative approaches to the many challenges, like healthcare, that face us in the 21st century.

In the final analysis, we must remember that while Americans and Canadians are not identical, we share an important identity as North Americans.

We need to build on that identity. We need to prove to one another that we share a mutual, ever-deepening commitment to the security, prosperity, and continued well-being on what is, arguably, the most wonderful continent in the world.

Thank you for inviting me here today.