



Written by [henrylampman](#) on October 28, 2010

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## Dr. Kurisko Speaks Out Against ObamaCare

As part of its Choose Freedom — Stop ObamaCare campaign, The John Birch Society has been sponsoring talks by distinguished doctors all across the country. On October 25, Dr. Lee Kurisko spoke to hundreds of concerned citizens in Albany, New York. Dr. Kurisko, author of *Health Reform: End of the American Revolution?*, knows the risks of centrally planned healthcare firsthand from his experiences under the socialist healthcare system in Canada, where he practiced medicine before relocating to the United States.



Dr. Kurisko explained that he used to firmly believe in the sort of rhetoric that we now hear in support of ObamaCare. He viewed healthcare as a human right and thought that government could adequately provide it. Then he entered the medical field. Working in family practice, emergency care, and eventually diagnostic radiology (where he rose to Director of Diagnostic Imaging for Thunder Bay Regional Hospital in Ontario), he grew increasingly frustrated with restrictions and failings under the Ministry of Health. He began to examine the practical, economic, and moral dimensions of healthcare and explored the writings of Ayn Rand, Thomas Sowell, and Ludwig von Mises. He arrived at the conclusion that only a free market could adequately meet the needs of the public and eventually relocated to the United States. He has since joined the board of directors of Consulting Radiologists Ltd. in Minneapolis and co-founded [Medibid](#), an interactive Web portal to a global network of healthcare providers seeking to offer consumer choice.

He began his discussion of the Canadian system by asking the audience to consider scenarios he actually encountered:

Imagine having a critical narrowing diagnosed within one of the main blood vessels to your brain and then having to wait three months for the surgery, just enough time for it to block off completely. Imagine waiting months for your MRI only to find out that your back pain was caused by a huge tumor or rampant infection rather than a disc problem. Imagine waiting weeks or months for your CT scan to have your tumor diagnosed and then waiting weeks again for a diagnostic biopsy, while the tumor continued to grow and spread.

Dr. Kurisko observed that while the average wait in Canada in many cases was seventeen weeks, he personally knew physicians in his province with wait times in excess of two years. He commented that government rationing forced him to triage so many patients that he lost sleep over it.

The doctor explained that according to professional recommendations, there should be at least one radiology specialist for every 13,000 patients; however, in his area of Canada there were only three for a population of 250,000. Shortages were so severe in specialty fields such as dermatology that some patients had actually sought treatment from veterinarians. Dr. Kurisko emphasized that there was not only a severe lack of appropriate diagnostic equipment such as CT and MRI scanners, but also that many of the ones in use were in extremely poor condition. Contrasting this with what even the limited



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market conditions in the United States have provided, he noted that such equipment is not only abundant but is often widely accessible and in excellent condition.

Dr. Kurisko explained the situation in terms of free markets versus central planning. He asked why it is that in Manhattan — an island with no farm land — one can purchase even the most exotic foods at almost any time of day and for very reasonable prices. He replied that it was only the “cascade of decisions” from rational actors in the market that makes this possible. Such a feature is absent in centrally planned systems such as the former Soviet Union, under which people regularly went hungry. Drawing a comparison to the weather, he commented: “The further out we try to predict, the less accurate the prediction.... The problem is the requirement for absolute accuracy in the data used and the slightest change in data changes the prediction drastically.” American hospitals may currently be burdened with the need to budget on a monthly basis, but Canadian hospitals are subject to nationwide planning on a yearly basis from a central bureaucracy. As such, these shortcomings should not only be expected but are also inevitable. So why would anyone support such a transformation in this country?

A lot of it has to do with bad information. Dr. Kurisko addressed some of the common myths that have been used to support greater government control. For instance, statistics on life expectancy and infant mortality are often used to suggest better care in Canada. However, differences in life expectancy between Canada and the United States are often influenced more by demographic differences than by actual differences in treatment. He also noted that different standards are often used in determining such values as infant mortality. For instance, American statistics take into account live births, whereas Canadian statistics employ a weight standard. There is also the claim that over 46 million Americans are uninsured under our current system, but that statistic is profoundly misleading. The doctor offered the following notes on that number:

- 12 million or more are illegal aliens and not Americans by definition;
- 14 million actually qualify for existing programs;
- 28 million make over \$50,000 per year;
- 10 million earn more than \$75,000 per year; and
- Many are only uninsured as a temporary condition.

Considering the last point, health insurance is often tied to employment, so complications should be expected with high unemployment. How did this become the case? As Dr. Kurisko explained, the employer system was not an invention of pure market principles but a response to governmentally inflicted price and wage controls. The idea that the “free market is failing” is largely a myth because there is a long history of increasing government intervention in American medicine. Currently, 47 percent of all healthcare costs in America are paid by government, and that number jumps to 56 percent if the health insurance of government employees is counted. It has skewed the purpose of insurance to maintenance and radically increased costs.

So the statist misdiagnoses the problem in American medicine, stressed Dr. Kurisko. What about the prescription? He suggested that, while ObamaCare is not a single-payer system, it could actually be more destructive. The Canadian system involves 13 pages of regulations and two bureaucracies. ObamaCare involves thousands of pages of regulations and stifles the market with a complex collage of bureaucracies. Dr. Kurisko’s prescription entails not just getting rid of ObamaCare but addressing the actual causes of our problems. As he puts it, the issue here is really a matter of “externalized control versus individual freedom. It is tempting to be wooed by the sense of safety that a move towards



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government health care purports to offer but, Benjamin Franklin said it best: 'Those who give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety.' "

*Photo: Dr. Lee Kurisko*





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