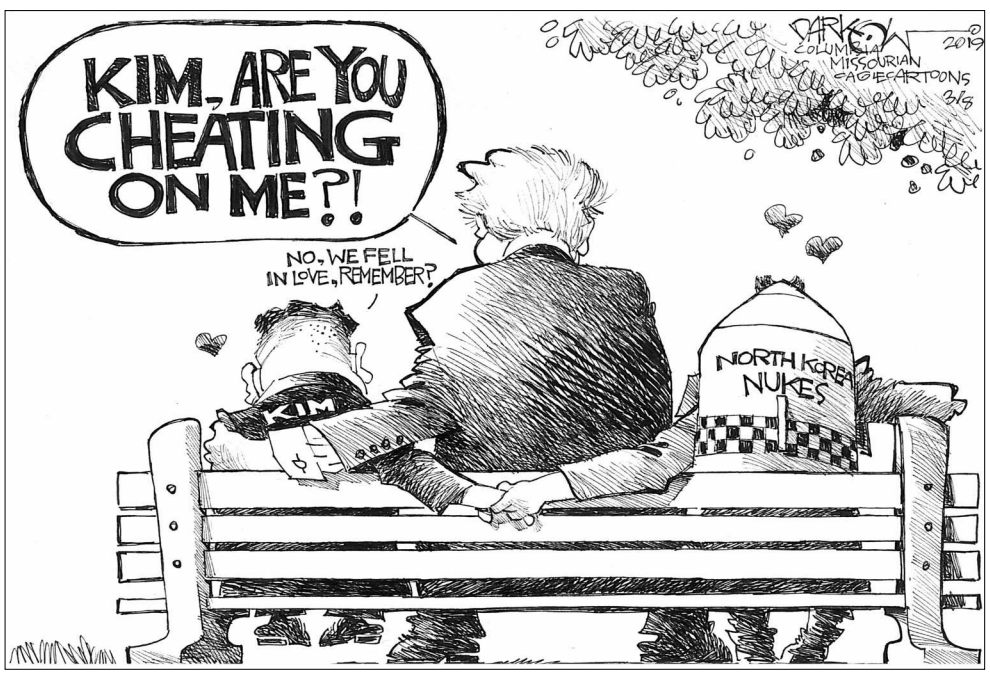

On the Fence

Should health care be public or private?

We need both: The problem is in the design

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UNION COUNTY
PROGRESSIVES/DEMOCRATS

Asking whether American health care should be private or public is like asking whether a house should be built with wood or cement. The answer is always both. This is why all developed countries have a mix of private and public health care.

The United States has a uniquely expensive health care system. We spend 50 to 100 percent more than other developed countries on health care, whether that is measured as percentage of GDP or per capita (healthysystemtracker.com). We get unusually poor results despite that expenditure whether it is measured by life expectancy (CBS News), mental health (ourworldindata.org/mental-health) or infant mortality rate (healthysystemtracker.com). Even worse, we are the most obese (worldobesitydata.org) and most drug addicted developed people on the planet (United Nations data, un.org). We have lost our way.

The problem is not public vs. private, cement vs. wood — we need both. The problem is the house design. We have a system in which insurance companies, hospitals, pharmaceutical manufacturers, nonprofits, doctors, equipment manufacturers and the research industrial complex chase public and private money like drunks at a feast. Add layer after layer of state and federal regulations (often written with the best of intentions) and the billions spent on lobbying by "stakeholders" and you have a truly dysfunctional mess. Imagine a house with a million dollar budget, no general contractor and the subcontractors writing their own checks. In the end the house could look pretty crazy.

What health care really needs is a blueprint and a general contractor who, with knowledge, experience and common sense, negotiates with subcontractors and manages overall construction focusing on cost and quality. A building code is fine, but it should be tempered with common sense. The contractor would have to be the government, something like the Marines, an agency built on integrity, honor, courage and commitment. It would have to have full control over the mission. The mission would be to leave no patient behind, to provide the best and most cost-effective care on the planet. Serving in this agency, like the military or NASA, would be a calling, not just a job. Every employee should feel like her real boss is the American people. We have the world's best military, and we could have the world's best health care system.

What would happen to the insurance companies, hospitals, pharmaceutical manufacturers, nonprofits, doctors, equipment manufacturers and researchers? Those that provide good service at a reasonable price would flourish. Medical school and other training would be free, like West Point. Doctors would pay back with their service. The highest-ranking medical professionals would make about what generals make. Pride would make up for any loss in pay. Insurance could be entirely private like Switzerland or primarily governmental like Great Britain.

Medical clinics would function like platoons. Every citizen of the United States would have a well trained MD as a primary care provider. We would have a universal electronic medical record as in other countries. Basic needs such as diet, exercise, stress management and sleep would be addressed in quartermaster fashion. Pharmaceutical and medical equipment cost would be controlled by the platoon and the Chiefs of Staff.

Eisenhower warned of the "military industrial complex" (and this has certainly come to pass), but it is nothing compared to the "medical industrial complex" that has gutted the integrity, honor, courage and commitment of medicine. Eisenhower believed the military was too important to be left to the immorality of the almighty dollar, too important to be left to industry. The same can be said of medicine. This does not mean entrepreneurial enterprise and financial profit abandon their roles as primary engines of change. However, it means the private sector is given a "mission" and a set of rules based on a deep commitment to the country above and beyond the almighty dollar. ■

One size does not fit all with health care

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REPUBLICANS

Health care in the United States is flawed; however, a universal health care system would be a disastrous over-correction and would have people believe that there are not devastating tradeoffs for this "free" government program.

One of the pitfalls we see in other countries in implementing public health care is the quality and access to health care dramatically decreases. In comparative performance studies between private and public health care, the results are fairly consistent — private health care providers, whether for profit or not, were more responsive, spent more time with patients, had more access to medications and were more able to adjust for communicable diseases.

An argument for public health care is that it will increase access and therefore encourage individuals to get regular checkups, thereby preventing diseases or the progression of potentially fatal illnesses that were caught early. However, in countries where large public health care systems are in place, access is more limited due to perpetual triage that these systems have to do because the demand for health care is so high. For example, the National Health Service in the U.K., the largest single-payer health care system in the world, organizes medical consultations and treatments by medical priority, which creates long waiting lists where patients wait months for surgeries or consultations. The wait time in the 1990s was up to two years and they had to create laws to reduce the wait time from years to months. In Sweden, the 2016 nationwide average wait for even prostate cancer surgery was 17.4 weeks. The Frazier Institute of Canada reports last year the wait time for medically necessary treatment was 19.8 weeks and roughly 52,513 Canadians seek medical care in the United States every year.

In these public health care systems it has become common for individuals to pay for private insurance so they can be seen quickly, then they are taxed for their national health care as well as paying for private insurance. In Sweden, it is estimated one in 10 people now have to buy private insurance. Then, when they are finally seen, because coverage for treatments and medications has been decided by bureaucrats, coverage for necessary medications or treatments is limited and things such as diabetes medication, cancer treatment and many others are not covered.

The next big concern is expense. Using the projected cost of a single-payer health care system such as "Medicare for All" as an example, a George Mason University study projected in 2018 that "Medicare for All" would, by a conservative estimate, cost the United States government an additional $32.6 trillion over the next 10 years. Charles Blahous, the author of this study, states, "Doubling all currently projected federal individual and corporate income tax collections would be insufficient to finance the added federal costs of the plan." The Canadian Institute for Health Information believes Canada spent approximately $228 billion on health care in 2016. That's 11.1 percent of Canada's entire GDP, and $6,299 per year or roughly $525 per month for every Canadian resident. However, the demand for health care is increasing dramatically every year thereby inevitably increasing the federal budget's allotment for health care and ultimately increasing taxes.

Once again, it is clear that private health care has its failings, but idealizing universal health care instead is not the remedy.

One particularly off-putting deterrent to public health care is the matter of medical research. The United States currently spends more on biomedical research than any other country with nationalized public health care. The vast majority of that spending comes from the private sector because they can profit from any advances in medical research. This profit is a great motivator to invest in more research, which allows for new treatments and cures. It is not perfect, but the free market for insurance companies and health care providers in the United States keeps these profiting groups competitive and, best of all, it is not funded through taxes.

I would rather have the freedom to choose my insurance, even if it is expensive, than be forced to pay significantly more in taxes for an expensive and inefficient public health care plan. One size does not fit all. ■

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