

## TOO MANY PEOPLE CHASING TOO FEW HEALTHCARE PROVIDERS: HOW POPULATION GROWTH CAN MAKE YOU SICK

An NPG Forum Paper  
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### ABSTRACT

The topic of immigration is in the national spotlight as the US presidential election cycle rages on, which is why we're hearing so much about Springfield, Ohio lately. As nearly everyone knows by now, Springfield has been hit by a sudden rapid increase in its population. The city is buckling under the pressure, and the long-time residents there have legitimate concerns. But the debate over what happened in Springfield masks a larger issue. Immigration is generally not a problem if it's kept at reasonable levels with the aim of allowing population decline. And we need to see population decline, not rapid population increase. *Understanding that nearly all future population growth in the US will be driven by immigration, NPG recommends a cap of no more than 200,000 legal immigrants per year.* Federal immigration policy is pushing the nation's population higher and higher. It has caused Springfield's population to explode in three years and as a consequence housing costs have soared, and the city's healthcare infrastructure is under immense strain. These concerns match complaints about stressed healthcare systems heard from Canada and the United Kingdom. The US federal government is now doing this to the entire nation. American healthcare is already a mess, and as I've argued before, no problem is ever solved by increasing the number of people suffering under it. As America's population swells and swells US healthcare outcomes will deteriorate further. It's time to discuss how population growth is making America's healthcare system worse, not better, pushing potential solutions farther and farther away.

### SICK OF WAITING

A few years back, my wife had something of a minor yet potentially serious health scare. We knew her issue didn't constitute an emergency requiring an ambulance, but we needed a doctor to look at her sooner rather than later because it was the kind of health concern that could quickly worsen and lead to lifelong complications. So, I called a doctor to see if we could make an appointment to get her checked out. Yes, the doctor would be pleased to check her out, we were told – in three months.

I balked. They told me to take her to the emergency room. But it wasn't an emergency, I protested. The emergency room was also a very expensive response to something that could easily be handled by a family physician. That didn't matter, we were advised. I eventually relented and took her to an emergency room that was in-network as far as our

insurance was concerned. Naturally and in true American fashion, the hospital may have been an in-network one but it turned out the doctor they assigned to us was not. They of course didn't bother to tell us this in advance. We fought the outrageous bill for over a year and eventually had to get a specialized state office involved on our behalf. The wait for her original "emergency" to get attended to was three hours – the ER was packed and we were not exactly a priority.

It's for this and many other reasons that I am deeply distrustful of the US healthcare system, but I have been for a long time.

America's healthcare system is the developed world's most expensive and least efficient, and it produces the worst outcomes. I knew all of this going in. But I was anyway determined to figure out this one thing: Why were we told that it would take us

three months to see a non-emergency family doctor? Eventually, it was explained to me that the doctors I could make appointments with had seen their patient rolls explode in recent years. That's because we were living in one of the fastest-growing cities in the United States. The doctors and hospitals weren't keeping up with the increase in demand driven by the population influx. Wait times exploded as a consequence; appointments had to be booked months in advance when it used to take mere days to book a visit. And more and more residents were relying on a strained, overworked, and understaffed network of emergency rooms as a result.

At that time, the population explosion happening in the city I was living in was caused by people coming from other parts of the US, not from overseas, but the effect was the same: too many people rushing in too quickly, spiking housing costs and extending the time it takes to see a doctor and get some health issues looked at.

Immigration usually isn't a problem if the levels are reasonable and sustainable. Rapid population increase is. Economists may love it, but it causes the people experiencing it enormous stress and strain. Any jurisdiction can expand its population faster than it can expand its housing stock. Canada is now learning this the hard way. So is America, perhaps.

Another lesson Canadians are taking from rapid population growth is that it tends to greatly strain a nation's healthcare infrastructure, as well. Since it takes several years and hundreds of thousands of dollars to train a new doctor, it's more than safe to also point out that a country's population can aggressively expand faster than any healthcare system in the world can be scaled up to meet the additional demand.

Healthcare in America is awful, partly because care providers are allowed to charge whatever they want. The International Monetary Fund (IMF) confirmed this in a detailed report on American healthcare spending published a few years back.<sup>1</sup> The IMF says US hospitals and doctors have been able to double their prices unchallenged since the 1980s, resulting in the highest healthcare costs of any place in the world. Meanwhile, government efforts to increase access to care like the Affordable Care Act (otherwise known as Obamacare) and Medicaid expansions have increased healthcare demand but exacerbated cost increases by doing nothing on the supply side.

In other words, the IMF concludes that Americans' healthcare costs have skyrocketed because demand has exploded while supply has been artificially constrained. "Policies which increase insurance coverage and boost demand for healthcare – and do not go hand-in-hand with supply-side measures that lessen barriers to entry and make supply more elastic – could make resources scarcer, potentially increasing the market power of providers," the IMF says. "In addition to the direct costs of increasing coverage, resulting increases in demand may also lead to some price increases."

This means the US government has been encouraging an ever-rising demand for healthcare while keeping certain rules in place that more or less put a cap on the number of doctors, hospitals, and other health practitioners America can or will have. What the IMF is too shy to say is that one of the policies pursued by the federal government that has led to an explosion in healthcare demand and skyrocketing healthcare costs is the rapid expansion of the US population.

America was home to about 226 million people in 1980. About 337 million people live here today. That means almost 111 million more people have been added via natural increase and immigration since 1980. Over that time, it has not become easier to become a doctor or a nurse in the US. On the contrary, one could argue that it's become substantially more difficult than ever given the huge volumes of debt that must be accrued to clear medical school these days. We should also make note of the rise in Caribbean medical schools. They sprang up in such far-flung places as Grenada, Saba, and Bonaire because the United States mainland has put an artificial cap on the number of medical students our medical schools will accept in any given year.

A massive increase in demand coupled with constraints on supply, and it's no wonder hospitals have been able to gouge American patients and insurers with abandon, especially as the US has no federal policies to keep prices under control. Our government only very recently granted itself the ability to negotiate drug prices for Medicare patients (and Medicare exists, of course, because private insurers would absolutely let our elderly population suffer with no coverage whatsoever in its absence).

For decades, our lawmakers have looked on with indifference as the American population grew sicker, as healthcare became more unaffordable, and as wait times for care have become longer and longer, forcing

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more of us into expensive emergency room options even when we simply need a checkup and not an ambulance.

Back when I was struggling to find a doctor for my wife to keep her out of the expensive emergency ward, the US government had just proudly announced a major increase in legal immigration, and lawmakers were busy mulling another amnesty for millions of illegal immigrants. Many in Washington are still arguing that the US needs much more rapid population growth, through immigration or by any other means. Will federal government leaders, the president and lawmakers alike, ever agree to spend even an extra nickel to help cities across the US deal with the influx in demand for housing, schooling, groceries, or healthcare that these policies cause? Of course not. They never will. As usual, the cities and towns will be left to deal with this mad rush of warm bodies all on their own. That's how it has been since Republicans and Democrats both eagerly helped boost our nation's population by 111 million in four decades.

The IMF argues that America should fix its mounting healthcare woes by making it easier to become a doctor. "Licensing requirements or limits on the flow of new medical professionals intended to underpin the quality of services may have become an increasingly binding constraint to entry and may need to be recalibrated," it said.<sup>2</sup> That alone won't fix the problem, not by a long shot. Plus, it will never happen. Another idea may be to halt the rush in demand, at least until existing systems can catch up to match the needs of new healthcare customers.

Very few people are foolish enough to say that the US has "the best healthcare system in the world" these days. To say such a thing is to admit that you're blind to reality. Americans' average life expectancy is declining. Chronic illness has exploded and is poised to get worse. People are routinely driven to bankruptcy from medical debt because they unwisely become sick (how dare they).

There's always a vigorous debate underway about what to do about this mess. The question of population growth is never brought up during any part of this discussion.

Maybe it's time we change that.

The IMF is too reluctant to discuss this factor. America's politicians are, as well. However, the public in the United Kingdom and Canada are growing bold enough to broach the topic of the effect rapid population growth may be having on worsening

public healthcare outcomes, including longer and longer wait times to see a physician. So are the residents of Springfield, Ohio. We should listen to their concerns and be willing to discuss them.

Let's all have the courage to talk about this.

Are Americans becoming sicker than ever because there are far too many of us and our numbers keep swelling? Is healthcare getting farther out of reach because prices are skyrocketing and wait times are worsening, all due to the simple fact that supply isn't nearly keeping pace with the demand spike driven by population growth? These are all important questions that deserve frank, open, and honest consideration. Let's find the courage to have this frank and open conversation. After all, other people are. They're busy having this conversation in the United Kingdom, Canada, even Australia and New Zealand. And now in Springfield, Ohio.

## **WHAT'S THE MATTER WITH OHIO?**

Haitian immigrants in Ohio are not guilty of the outlandish things the internet has accused them of. But that doesn't mean they aren't causing some problems, even if they never intended to. These are problems that the federal government is doing nothing about; problems "such as housing concerns, resources needed for our schools, and our overwhelmed healthcare system," as Springfield Mayor Rob Rue told one local news affiliate.<sup>3</sup>

That this otherwise unremarkable city is in the news at all is because Washington decided, as a matter of policy, to encourage 15,000 new residents to descend onto this small Midwestern city in just three years. This has overwhelmed many community services, pushed their residents to their breaking point, and attracted media attention of both the wanted and unwanted kind.

Look beyond the sensational lies about unfounded rumors and you'll hear legitimate concerns that most of the press corps has dismissed as bellyaching – a spike in traffic accidents, packed school buses, overflowing classrooms, and longer waits to see a physician. Then there's the spike in housing costs, hitting the citizens of Springfield right in their pocketbooks. Reporters who are eternally convinced that population growth is only ever good and pure and never harmful or burdensome are focusing on the sensational rumors while largely dismissing the other problems that Washington has "blessed" Springfield with. In one representative segment that nearly caused my blood to boil, the on-air TV personality more or



less declared that the citizens of Springfield should consider themselves lucky; other communities would love to have their problems, he said.

This was a heartless, insensitive, and utterly ignorant thing to say, but I can forgive him for saying it. He was only echoing the Washington consensus that most American reporters have been marinated in for a very long time.

For sure, looking beyond the sensational rumors and baseless anti-immigrant claims, we at least know this: federal policy led to Springfield's population exploding by 20% in just three years. Springfield is proof that the federal government believes that flooding communities with more and more people is a good thing in and of itself; that these communities should consider themselves lucky when Washington policymakers inundate their towns with tens of thousands of newcomers and leave them to fend for themselves. "You're welcome, Springfield," I can hear the White House saying now.

Since the federal government won't do anything to help – like sending money, or a small army of service providers, building more housing to accommodate the flood, or dispatching more medical personnel to deal with the longer wait times and strains at hospitals and physicians' offices – it's been left to Springfield itself and Ohio's state government to try to see if some assistance to the beleaguered community can be organized. And that seems to be happening now.

Tired of waiting for the federal government to care, "Governor Mike DeWine announced state support for Springfield, Ohio Tuesday afternoon after hearing concerns about healthcare and public safety strains on the city," local TV station WBNS reported recently.<sup>4</sup> The situation has gotten so out of control that the state's attorney general said he's now exploring legal avenues available to the city to stop the federal government from dumping an unlimited number of newcomers onto Ohio's communities, Springfield and others included (no doubt, the Biden administration will fight him tooth and nail).

As we all know, Springfield isn't the only town the feds have done this to. Again, to reiterate my point, the problem isn't immigration (if it's within limits). The problem is squarely "way too many migrants in a short period of time," as Ohio Attorney General Dave Yost told local media. The WBNS report, refreshingly honest, explains that the residents

have been shouting for some time now that this huge artificial population boom "gifted" to them is putting enormous strains on what matters most to them, and that they're near the end of their collective rope. "The *rapid population increase* has strained local government services and put pressure on public safety, healthcare, housing, and education resources," the report openly says, emphasis mine.<sup>5</sup>

That's the problem: population growth.

And just as it has been driving housing costs across the US sky-high, the fast clip of population growth that America has been experiencing for some time has been driving medical costs higher and higher. Wait times are getting worse, as well, at least in cities where aggressive population expansion is outstripping the ability of our society to expand the healthcare network to meet the increased demand.

American healthcare is already "on the brink" as one academic journal article highlights.<sup>6</sup> This recent study estimates that given America's aging population, the nation will need at least 80 million workers employed in healthcare by 2030 to meet the medical needs of the aging demographic. Yet, the same study estimates that the US will have less than 54 million healthcare workers by that year. "The US is facing a healthcare paradox," the authors wrote. "On one side, there is an aging population with increasing healthcare needs, and on the other, there is a strained healthcare system grappling with workforce shortages, capacity challenges, and fragmentation." They don't mention it, but I'll add one more factor to this conundrum: population expansion, which in the US today is driven almost entirely by excessive levels of immigration that our society cannot keep up with.

Regardless of who wins the presidential election, it's possible that the federal government will continue importing mass numbers of humans in an artificial bid to keep US population growth going on indefinitely. Just over the next four years we might see D.C. policymakers expanding the population by roughly 3 million per year, meaning an additional 12 million people in need of doctors and nurses even as an aging demographic bubble presses ever greater demands on the healthcare system. And yet, the authors of this study say we'll need at least 80 million healthcare workers by then but will only have access to less than 54 million. This means exactly what you think it means: get ready for higher medical costs and longer waits to see your doctor.

## HURRYING UP TO WAIT

Canada's healthcare system has long been seen as a model for America to aspire to. We are nowhere near matching the affordability of Canadian healthcare, but some parts of the USA could be catching up to our neighbors to the north in terms of the epically long wait times for non-emergency care that Canadian healthcare is famous for.

A study published last month paints a very unflattering picture of Canada's healthcare system, with a focus on wait times for care that are getting longer and longer as Canada's population grows larger and larger. "Canadian health systems fare poorly in providing timely access to elective surgical care, which is crucial for quality, trust, and satisfaction," Jager et al. explained in the journal *PLOS ONE*.<sup>7</sup> Looking explicitly at wait times across Ontario, the largest province, they found wide regional variations in the lengths of time Canadians wait for some health services and found that access to timely care in Canada is getting worse. For example, the researchers reported that it isn't uncommon for Canadians to have to wait 184 days to get cataracts removed or for gall bladder surgery. And that was before the pandemic and prior to Ottawa's aggressive expansion of immigration. Some patients waited 548 days to get surgery on their knees.

Acknowledging the scale of the problem, these authors have the courage to admit that booming demand for healthcare is to blame just as much as a shortage of caregivers. "Only increasing the supply of surgical services will not necessarily reduce the longest wait times without a coordinate system that better matches demand to supply," they wrote.<sup>8</sup> Other studies point to obvious problems with healthcare wait times in the United Kingdom which, like Canada, has also seen a strong expansion of its population driven by immigration, at least until the UK famously withdrew from the European Union. Though the press corps largely sneered at complaints referencing expanding waiting times for care made by the pro-BREXIT population they weren't lying; independent assessments later confirmed that the UK medical system is under strain, and one sign is the longer times it's taking for UK citizens to see a doctor.

America has a way to go before we force people to wait more than 500 days to get their knees fixed. But what's happening in Canada and the UK is now starting to happen here, and increasingly long waits to get examined by a doctor are almost certainly costing Americans their lives.

A separate study also published last month found that it's not uncommon for residents of New York City to wait 50 days on average before seeing a dermatologist. This can be a fatal problem because, while there are many reasons to visit a dermatologist, one common reason is for the doctor to check for signs of skin cancer. "Early detection and timeliness of treatment is paramount for optimal melanoma outcomes," the authors point out. The problem is quantifiable. "Beyond the human cost, the financial burden of melanoma cancer care in the US has increased more than 16% in the span of only 5 years from \$4.9 billion in 2015 to \$5.7 billion in 2020."<sup>9</sup>

The problem is creeping into the emergency wards, as well, something my wife and I experienced first-hand years ago.

"Prolonged [emergency department] wait time continues to be a system-wide problem," one team of medical researchers wrote, "and warrants multilayered interventions to address this challenge for those who are in acute need of immediate care." This study looked at the effect of some hospital ERs introducing self-check-in kiosks to speed up their line.<sup>10</sup> These kiosks did reduce wait times, but the researchers concluded that this is not the ultimate solution – after all, someone who's bleeding out in an emergency or in severe pain probably won't be able to focus enough to input their personal information into a machine while they wait to have their emergency attended to. Emergency rooms of course triage the patients coming in to prioritize the most severe cases, but this study found it common for ER patients to wait 40 minutes to an hour before speaking with a physician. Many patients are turned away only to come back 72 hours later in worse shape.

We don't need studies to understand that our hospitals are in high demand while they are understaffed and struggling to cope. In Springfield, residents and city managers have complained that an explosion in people enrolled in Medicaid is causing substantial challenges for the healthcare system there. They also fret about the sudden need for hospitals to find enough folks capable of interpreting between English and Haitian Creole. The news may be saying it now, but these are hardly new concerns – research has already shown that Medicaid expansion taxes healthcare systems more, as does a rapidly increasing population of non-English speakers seeking care in hospitals where they can't clearly communicate to doctors about what their problems are and what type of care they are seeking.

Is the situation in America getting worse? The Organization for Economic Cooperation and Development, or OECD, seems to think so.

In looking at wait times for medical care across OECD nations, they found that the US didn't quite stack up to Canada's famously long waits for treatments or surgeries. That's no cause for celebration, however. Taking a look at seven years' worth of data from 2010 to 2016 "waiting times for a specialist appointment have remained fairly stable," OECD said, "although the survey results suggest the situation has worsened in Norway, the United Kingdom, and the United States." This same OECD study found that the US ranked just behind Canada in the number of respondents who said they often leave a doctor's office without any definitive answers as to what's wrong with them.<sup>11</sup>

Healthcare delivery in America is getting worse, and it needs to be dealt with. Making it easier to become a doctor or nurse, as the IMF suggests, probably isn't the best way to go, and it won't work anyway so long as America's population continues to swell even as the population grows older (and some politicians will no doubt press for ever higher levels of immigration to deal with this aging demographic). Adding more people to the healthcare system will result in longer waits for nearly all treatments, from the basics, like cataract surgery, to the potentially life-saving such as early detection of skin cancer.

The picture is clear: longer waits will lead to an increasingly unhealthy and unhappy population, one that needlessly dies earlier than it should. I fail to see how we can solve this dilemma by increasing the number of people who must experience it. Experts already know this. "Worsening wait times have been shown to be associated with patient dissatisfaction, delayed access to treatments, poorer clinical outcomes, increased costs, inequality, and patient anxiety," as one pertinent study warns.<sup>12</sup>

### **TO REPEAT NEEDLESSLY: POPULATION GROWTH IS THE PROBLEM**

To suggest that there should be any controls or restrictions on immigration in the United States is to invite some in the US media or academia to label your views as "anti-immigration," which is, of course, a lie. To be anti-immigration, one must be opposed to any and all immigration into the US whatsoever, and I've never met anyone who actually holds this view.

I'm sure they exist, but I've never met or spoken to such a person.

Most American reporters and pro-population growth advocates, however, seem to hold the view that unfettered immigration is the best kind, indeed the only kind, and to voice any doubts on this means you're guilty of bigotry or xenophobia. Some people hear something that they don't like, so they resort to ad-hominem attacks against the people uttering these thoughts that they deem unpleasant. "You think immigration levels should be a bit lower? You're anti-immigration! You think America is too crowded? You're anti-human!" This is the recourse of simple minds, the kind of pathetic person who says: "I don't agree with you, therefore, you are a bigot, and I am pure and good, not like you." Too many people hear what they want to hear, or only read what they want to read; views that don't align with theirs perfectly are dubbed evil, abhorrent perspectives that must be attacked and suppressed by any means necessary.

So, allow me to clarify for anyone still in the dark about immigration-driven population growth who may be reading this now.

Until very recently, I was technically an immigrant to Japan. I will achieve this status again someday. I married an immigrant. Many of my good friends are immigrants, both within and outside the United States. I'm not worried about immigration. I neither hate nor fear it. On most days, I'm utterly indifferent to the topic. Personally, I wish we would focus more on global warming in our nightly news instead of the pop culture-driven discourse presented to us every evening.

My fears are that the increasingly massive, increasingly crowded population of the United States of America is increasingly making our country quite an unpleasant place to live in. That's where my concerns lie.

The collapsing birth rate is the surest sign that overpopulation is making life worse in the United States. Younger people aren't having children because they can't afford to considering the high cost of living in this hyper-crowded, hyper-expensive place. Sky-high housing costs and the end of the "American dream" of homeownership for an entire generation is another sign, one that's also fueling the fall in national fertility (which I don't see as a "crisis" at all, just an inevitable consequence of overpopulation).

Now, we can add the buckling of our nation's healthcare system to the lengthening list of signs that



there are simply too many of us. This is demonstrated by the ever-longer wait times for basic and even lifesaving care. This problem brings with it worsening health outcomes and a greater burden on the economy and on society. An overpopulated country and planet are not healthy ones. There's plenty of evidence for this.

I understand the emotional reactions of reporters and immigration advocates who balk at the notion that there is good immigration and bad immigration, or who rear up in horror when told that there is such a thing as too much immigration. But these journalists, like the ones who dismiss the concerns of folks in Springfield, are all heart and no head. They love the idea of immigration on ideological grounds and render themselves incapable of imagining that it could cause anyone any serious problems. This could be because they themselves are largely insulated from these issues. The federal government can dump 15,000 people onto some hapless city in the Midwest because it's out of sight and out of mind and doesn't affect the folks working in the White House or on Capitol Hill. Following the invasion of Iraq, thousands of Iraqi refugees were relocated to Lincoln, Nebraska. No one thought to put them in Bethesda or Silver Spring, Maryland.

Being pro-immigrant in the extreme, and thus pro-aggressive population growth, allows these people to feel good about themselves while ignoring the consequences that communities and the immigrants themselves must contend with. Overcrowding hits everyone equally. Rapid population growth causes problems that aren't easy to address, like a health care crisis.

Immigration is great. But there must be reasonable limits because overpopulation is not so great. And unfortunately, you can't address overpopulation without at least beginning to discuss how mass immigration is the primary driver of US population growth.

Perhaps the overly emotional pro-immigration, pro-population growth camp can be persuaded by having someone who is worried about the overpopulation of Earth tell them calmly and rationally that yes, immigration is good (I certainly think so), but too much of a good thing can be a bad thing. Water is good, but drinking too much can kill you. Farming requires CO<sub>2</sub>, but too much CO<sub>2</sub> in the atmosphere delivers massive problems. There are ample examples like this.

Immigration is good. Having way too many people on the planet is bad – it's bad for the environment, bad for biodiversity, bad for individuals, and bad for families. It's bad for people trying to enjoy nature at national and state parks. It's bad for traffic and for people trying to get home a bit quicker to enjoy time with their families. It's bad for travelers – waltz through any American airport on any given day but especially around the holidays if you don't believe me. It's bad for the climate, at least those who still care about this problem think so.

Overpopulation is also bad for public health – too many people chasing too few healthcare providers is never a good problem to have, no matter what that reporter airing his report from Springfield says. It's not a problem you solve by throwing more people at it.

America is aging. Our outlandishly expensive, hyper-inefficient healthcare system is not the envy of the world. Far from it. And this broken system is about to meet a demographic bubble of elderly patients that will require more care than ever before, a demographic that is experiencing far more health problems than previous generations. And they'll be waiting far longer for this care than those prior generations.

The solution, I'm sometimes told, is to add even more people to the US to become the workers and taxpayers who will pay for all this forthcoming healthcare demand from a swelling elderly population. But won't these workers need healthcare, too? Won't they grow old, as well? What then? Do we add ever more people from distant shores to ours to shore up this matter economically? Is this to be some kind of treadmill that we'll be stuck on forever? Normally, walking on a treadmill makes you healthier. In this analogy, the opposite is true.

We're stressed. We're stretched financially. We're tired. We're sick. And we're waiting longer than ever to receive worsening care at the hospitals and doctors' offices. Misery loves company, but will we really be better off by inviting more people to share our plight? Perhaps the time has come for us to have the courage to think in the other direction.

Maybe there are some good ideas out there for increasing healthcare supply in the US, like those the IMF proposes. But how do we tackle the demand side of this equation? I have an idea.

## NOTES:

1. “US Healthcare: A Story of Rising Market Power, Barriers to Entry, and Supply Constraints.” IMF Working Paper WP/21/180, July 2021.
2. Ibid.
3. “Taking away from the real issues – Springfield leaders say health care and are at risk, not pets.” Valerie Lyons, WCPO Cincinnati, September 11, 2024.
4. “DeWine announces state support for Springfield amid influx of Haitian immigrants.” WBNS Channel 10, September 10, 2024.
5. Ibid.
6. Charles Jones and Mikael Dolsten. “Healthcare on the brink: navigating the challenges of an aging society in the United States.” *npj Aging*, vol. 10 no. 22. April 6, 2024.
7. Jager et al. “Surgeon and hospital-level variation in wait times for scheduled non-urgent surgery in Ontario, Canada: A cross-sectional population-based study.” *PLOS ONE*, August 8, 2024.
8. Ibid.
9. Basch et al. “Wait times for scheduling appointments with hospital-affiliated dermatologists in New York City.” *Archives of Dermatological Research*, August 17, 2024.
10. Mahmood et al. “Self-check-in kiosks utilization and their association with wait times in emergency departments in the United States.” *Journal of Emergency Medicine*, January 2020.
11. OECD. “Waiting times for health services: Next in line.” *OECD iLibrary*, May 28, 2020.
12. McIntyre D, Chow CK. “Waiting Time as an Indicator for Health Services Under Strain: A Narrative Review.” *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2020.



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